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	B059006	A. BUILDING: _____ B. WING _____	05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CARE OF MCPHERSON	1411 DOVER ROAD MCPHERSON, KS 67460

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint 188481 and 192377 at the above named Home Plus conducted on 05/21/25, 05/22/25 and 05/27/25.	S 000		
S5026 SS=J	26-42-101 (f) (1) Staff Treatment of residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: 5026 KAR 26-42-101(f)(1)(B) The facility reported a census of six residents. The sample included three residents with one closed record review. The facility identified one resident who wandered and was at risk for elopement. Based on observation, interview, and record review the administrator failed to ensure all exit doors were properly secured for resident safety. On 12/15/24 between 10:00 AM and 11:29 AM cognitively impaired R102 exited the facility through an unalarmed exit door without staff knowledge and was unaccounted for by staff for approximately 90 minutes. R102 fell and fractured his nose requiring him to be sent to the	S5026		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S5026	Continued From page 1	S5026		

emergency room for treatment. This placed R102 in immediate jeopardy.

Findings included:

- R102's medical record revealed he moved to the facility on 08/27/24 with a diagnosis of dementia.

R102's "Functional Capacity Screen" (FCS) dated 08/27/24 revealed he was independent with transfers and mobility without the use of a walker. R102 had a cognitive score of four indicating he had severely impaired cognition with long-term memory, short-term memory, memory/recall and decision-making impairments. The FCS identified R102 as at risk for wandering.

R102's "Negotiated Service Agreement" (NSA) dated 08/27/24 identified R102 was independent with transfers and ambulation but did not address what services staff provided concerning his wandering.

R102's signed "Service Plan" dated 08/27/24 documented R102 was at moderate risk for elopement due to memory loss. Interventions in place included staff to frequently check on R102 and to make sure doors were secure.

Review of R102's medical record revealed the following:
Review of the 12/15/24 "Abnormal Occurrence Assessment Form" documented staff last observed R102 at 10:00 AM and at approximately 11:29 AM "Certified Medication

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Aide" (CMA) D notified the facility nurse that he could not find R102. The nurse completed another check of entire facility and outdoors with the CMA and then called the facility operator. The nurse noted an ambulance and emergency vehicle approximately one block away from facility and upon investigation found R102 had fallen and was transported to the emergency room for evaluation.

A signed witness statement obtained from CMA D on 05/23/25 reported that on the day R102 eloped the resident was in a very good mood. R102 walked laps around the living room like he did at times. CMA D was in the kitchen cooking lunch and doing some laundry. At approximately 11:30 AM CMA D went to R102's room to get him for lunch but he could not find R102 in his room or in the living room. CMA D notified the facility nurse who went out to search for R102.

Review of the "ED Patient Discharge Instructions" dated 12/15/24 revealed R102's nose was fractured.

An observation on 05/21/25 at 04:00 PM revealed R102 independently walked around the common areas of the home without an assistive device and asked where his wife was. Staff redirected R102. There were door alarms in place that chimed when an exterior door was opened.

Weather conditions at the time of the elopement on 12/15/24 at 11:30 AM as verified on https://www.wunderground.com/ revealed it was daylight, 54 Fahrenheit, winds out of the south at 17 miles per hour, no precipitation.

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S5026	Continued From page 3 On 05/27/25 at 02:40 PM Administrative Staff B stated the door chimes were installed soon after R102's elopement and one-hour checks on R102 were initiated. Administrative Staff B stated she talked to CMA D and confirmed that staff received elopement prevention education on the same day the elopement occurred, and staff signed the reports sheets, but these report sheets were not retained. On 05/22/25 at 01:30 PM Administrative Staff A and Administrative Staff B were informed of the findings, which resulted in immediate jeopardy regarding a cognitively impaired resident exiting the facility unsupervised out of an unalarmed exit door. Administrative Staff A submitted an abatement plan which included the following: Immediate corrective actions taken: 1. Alarms placed on all exit doors on 12/15/24. 2. Visual checks set for hourly on 12/15/24. 3. The previous operator reported that staff received education on elopement prevention on 12/15/24. The immediate jeopardy was removed on 05/22/25 at 02:51 PM based on the facility's immediate corrective actions that took place on 12/15/24 and approved by the department.	S5026		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:	S5116		

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S5116	Continued From page 4 (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: 5116 KAR 26-42-202(d)(4) The facility reported a census of four residents. The sample included three residents and one closed record review. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)104 was reviewed and revised after she experienced a significant change in condition. Findings included: - R104's medical record revealed she moved into the facility on 01/23/21 with a diagnosis of Alzheimer's Disease. R104's most recent "Functional Capacity Screen" (FCS) dated 02/27/25 was completed due to a significant change in condition and revealed R104 had short-term, long-term, memory/recall	S5116		

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S5116	Continued From page 5 and decision-making cognitive impairments. R104's medical records lacked documentation to show a revised NSA was completed after the 02/27/25 FCS identified she experienced a significant change in condition. On 05/27/25 at 01:29 PM Licensed Nurse C stated designated staff did not review and revise R104's NSA to go along with the updated FCS completed on 02/27/25 after R104 experienced a significant change in condition. The operator failed to ensure designated staff revised the NSA for R104 when she experienced a significant change in condition.	S5116		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: 5126 KAR 26-42-202(h) The facility had a census of six residents. Three residents were included in the sample with one closed record review. Based on interview and record review the operator failed to ensure each individual involved in the development of the	S5126		

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S5126	Continued From page 6 "Negotiated Service Agreement" (NSA) signed the agreement for resident (R)102. Findings included: - R102's medical record revealed he moved into the facility on 08/27/24 with a diagnosis of dementia. The 08/27/24 "Functional Capacity Screen" (FCS) revealed R102 had short-term and long-term memory loss, memory/recall and decision-making impairments. R102's NSA dated 08/27/24 was not signed by R102's legal representative. On 05/27/25 at 02:40 PM Administrative Staff B confirmed R102's NSA was not signed by all involved in the development of it as it was missing R102's legal representative's signature. The operator failed to ensure R102's NSA was signed by his legal representative.	S5126		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe	S5192		

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S5192	Continued From page 7 enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: 5192 KAR 26-42-206(e) The facility had a census of six residents. All six residents ate food prepared in the same kitchen. Based on observation and interview, the operator failed to ensure food items were cooked and served at the proper temperature. Findings included: - On 05/21/25 at 02:40 PM an observation of the kitchen revealed there was no documentation food temperatures were monitored prior to serving to the facility residents. On 05/21/25 at approximately 02:50 PM Administrative Staff B stated the previous operator was informed that if a facility had less than eight residents, they did not need to obtain food temperatures since they served resident meals right from the stove. A policy concerning food temperatures was requested from the facility but non was provided.	S5192		

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S5192	Continued From page 8 According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or higher and cold foods must be maintained at an internal temperature of 41 F or below. The operator failed to ensure food items were cooked and served at the proper temperature.	S5192		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: 5320 KAR 26-42-207(c) The facility reported a census of six residents. Based on interview and record review for three residents and five new employee records, the operator failed to ensure the facility remained in	S5230		

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S5230	Continued From page 9 compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Review of five newly hired staff records revealed the following: Certified Medication Aide E's employee record revealed a hire date of 04/30/25. The operator failed to ensure a TB Symptom Screen Questionnaire was completed and a two-step TB skin test was started within seven days of employment. On 05/27/25 at 02:48 PM Administrative Staff A stated the Symptom Screening Questionnaire and TST were not completed for CMA E within seven days of being hired. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of ...employment ...Each new ...employee hall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of ...employment ..." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees.	S5230		

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S5335	Continued From page 10	S5335		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: 5335 KAR 28-39-437 (a) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - Observations during initial tour on 05/21/25 revealed the following: At 01:05 PM the under the stair closet (lockable) was unlocked and contained numerous containers of chemicals with a warning to "Keep Out of Reach of Children"to include: One 32 ounce (oz.) spray bottle of Windex glass cleaner One 17 oz. container of Bar Keepers Friend cleanser	S5335		

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S5335	Continued From page 11 One spray can of Pledge multi-surface cleaner One 32 fluid (fl.) oz. spray bottle of Clorox daily shower cleaner One spray can of Scrubbing Bubbles bathroom grime fighter One 15 oz. spray can of Brody Chemical disinfectant spray One 32 fl. oz. spray bottle of Great Value Glass cleaner One 20 oz. spray can of Scrubbing Bubbles Bathroom grime fighter One 32 fl. oz. spray bottle of Great Value Lemon Scent Multi-purpose cleaner. There was also a cleaning caddy located in this closet with numerous containers of chemicals. At 01:25 PM the following unlocked chemicals with a warning to "Keep Out of Reach of Children" were observed to be stored by the hair washing sink located in the laundry area: One 16 fl. oz bottle of Hydrocide Germicide and Disinfectant One 4 fl. oz. bottle of neutralizer One 3.75 fl. oz. bottle of waving lotion At 02:40 PM the kitchen observation revealed a cabinet under the sink with a defective child-safety lock contained the following chemicals:	S5335		

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S5335	Continued From page 12 One spray bottle of Windex One spray bottle of Febreze air freshener A policy on chemical storage was requested on 05/27/25 at approximately 03:30 PM but none was provided. The operator failed to ensure staff kept chemicals locked for resident safety.	S5335		