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	N001006	A. BUILDING: _____ B. WING _____	02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSTONE RESIDENTIAL CARE	2620 N KENTUCKY STREET IOLA, KS 66749

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 185614, 185528, 181741, 179690, 179518, 179081 for the above named facility conducted on 02/08/24 and 02/12/24.	S 000		
S 140 SS=F	26-39-103 (i) Resident Right Privacy and Confidentiality (i) Privacy and confidentiality. The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records. (1) The administrator or operator shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. (2) The administrator or operator shall ensure that the personal and clinical records of the resident are maintained in a confidential manner. (3) The administrator or operator shall ensure that a release signed by the resident or the resident's legal representative is obtained before records are released to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law. This STANDARD is not met as evidenced by: K.A.R. 26-39-103 (i) (2) The facility reported a census of 15 "Residents'" (R). Based on observation, interview, and record	S 140		

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

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review, the operator failed to ensure that the personal and clinical records for R's 1, 4, 5, 6, 7, 8, 9, 10, 11, and 12 were maintained in a confidential manner.

Findings included:

- Observation on 02/08/24 at approximately 11:00 AM showed 2 white binders in the common dining room laying on top of the fireplace mantle. The binders contained a typed document with two columns. The first column was titled "Full Code", and listed R4, R9, R11, R10 and R12. The second column was titled "Do Not Resuscitate" (DNR), listed R1, R5, R6, R7, and R8.

Record review on 02/02/24 of the binders revealed they contained eight documents titled "Resident Profile". The "Resident Profile" documents contained the following information:

The first "Resident Profile" identified R 4, her apartment number, and there was a check mark by the word "Code". The document revealed R4 required partial assistance twice a week on Monday and Thursday evenings for bathing. The document revealed R4 was independent and required partial assistance with putting on her compression stockings and her undergarments. The document instructed staff to monitor R4 for cleanliness and they were to perform her nail care with her showers, provide cranberry juice with meals, and when R4 was "manic" to encourage her to have healthy and nutritious snacks. The document also instructed staff to encourage R4 to elevate her legs to prevent

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edema.

The binder contained a typed document for R4 dated 08/11/19 revealing R4 had a fall on 08/10/19 and received a laceration above her left brow. The document revealed R4 was sent to the emergency room for evaluation and had returned to the facility with four sutures and a dressing in place. Staff were instructed to ensure R4 had on appropriate footwear.

The second "Resident Profile" identified R6, her apartment number, and had a check mark by DNR. The document revealed R6 would require partial assistance with bathing twice a week on Tuesdays and Saturdays on the evening shift. R6 used a wheelchair and a walker with standby assistance. R4 was identified as a fall risk and she required assistance with dressing in the mornings and undressing in the evenings. Staff were instructed to remind R6 to use her call light, and they were to provide stand by assistance for all transfers. Staff were instructed to provide standby assistance when R6 went to the bathroom and remind R6 to perform hygiene after toileting. The document revealed R6 had allergies to Sulfa, Cipro and Morphine. Staff were to remind R6 to go to the toilet every two hours during the day and every four hours at night. Staff were to assist with the "Continuous Positive Air Pressure" (CPAP) machine at night.

The third "Resident Profile" identified R5, her apartment number, and there was a check mark by DNR.
The document revealed R5 would require partial assistance two times a week on Thursday and Sunday evenings for safety with bathing. The

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document continued to reveal R5 would have her toenails attended to by her medical provider.

The fourth "Resident Profile" identified R7, her apartment number, and there was a check mark by DNR. The document revealed R7 would require partial assistance three times a week on Monday during the days Wednesday evenings and Friday during the days for safety. Staff were to provide nail care with her shower. The document revealed R7 may need assistance with dressing as needed due to shoulder or back pain. The document further revealed R7 was on a fluid restriction of 2 liters of fluid every 24 hours, and R7 was capable of measuring her own fluid. The document identified R7 having the following allergies to: Aricept Cipro, Ativan, Levaquin, Lyrica, Namenda, Sulfa antibiotics and Vesicare. The document identified R7 of having the diagnosis of depression, and instructed staff to monitor for symptoms of decreased appetite loss of interest in activities or increased fatigue.

The fifth "Resident Profile" identified R11, her apartment number, and there was a check mark by the word "Code". The document revealed R11 would turn on her call light when getting into the shower on Thursdays and Sundays during the day shift, and staff were to provide assistance with nail care after her showers. The document further revealed R11 would require assistance with the placement of bilateral ankle braces in the mornings and removal of the bilateral ankle braces in the evenings.

The sixth "Resident Profile" identified R9, his apartment number, and there was a check mark by the word "Code". The document revealed R9

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would require reminders to shower, and assistance to wash his back twice a week on Wednesdays and Saturdays during the day shift. Staff were to monitor R9 for cleanliness and trim his nails during his shower.

The seventh "Resident Profile" identified R10, his apartment number, and there was a check mark by the word "Code". The document identified R10 would require assistance twice a week with showers on Mondays and Fridays during the 2nd shift, and staff would assist with bathing of his feet and legs. The document identified that R10 like to keep his beard short. The document revealed R10 was hard of hearing, a diabetic, and the nurses were to do his toenails. The document revealed R 10 was allergic to penicillin and he had a dog.

The eight "Resident Profile" identified R12, her apartment number, and there was a check mark by the word "Code". The document identified R12 had no teeth and a dog.

Interview on 02/12/24 at approximately 02:30 PM with Operator A, Administrative Nurse B, and Licensed Nurse C, confirmed all resident records should be in an area that is not accessible to the public.

Request on 02/12/24 for the facility policy on the storage of resident records was made. The facility failed to provide a policy.

the operator failed to ensure that the personal and clinical records for R's 1, 4, 5, 6, 7, 8, 9, 10, 11, and 12 were maintained in a confidential manner.

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S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The facility reported a census of 15 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure facility staff fully documented the screening performed for R2 when a change of condition was identified. Findings included: -Record review for R2 revealed an admission date of 11/11/23 with diagnoses of coronary artery disease, osteoarthritis, hypertension, atrial fibrillation, chronic systolic heart failure. Review of R2's unsigned FCS dated 02/01/24	S3080		

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S3080	Continued From page 6 revealed R2 required physical assistance with bathing, dressing, toileting, eating and walking/mobility; was unable to perform management of medications and treatments; he is frequently incontinent of bladder; has short-term and memory/recall cognitive difficulties; and was marked for falls and impaired hearing. The 02/01/24 "Negotiated Service Agreement" (NSA) directed hospice staff to provide R2 physical assistance of one staff with bathing; facility staff to provide dressing assistance; physical assistance with toileting and walking/mobility; with transfers; facility staff manage medications and treatments; he wears incontinence products for bladder incontinence and colostomy care; facility staff assist with hearing aids. On 02/12/24 at approximately 02:30 PM at findings meeting Administrative Staff A, Administrative Nurse B and Nurse C confirmed R2's most recent "FCS" was performed on 02/01/24 for a significant change in condition and they further confirmed the second page of the screening form lacked any documentation including the signature of person performing the screen. The operator failed to ensure facility staff fully documented the screening performed for R2 when a change of condition was identified.	S3080		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice	S3171		

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S3171	Continued From page 7 (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (i) The facility reported a census of 15 residents. The sample included three "Residents" ((R)'s 1, 2, and 3). Based on observation, record review and interview, the operator failed to provide healthcare services for R2 in accordance with professional standards of practice when Operator A failed to conduct a periodic review of R2's bed assist device to ensure the device posed no risk for entrapment, confirmed the device was not a restraint, and R2's ability to safely use the bed assist device. The operator further failed to ensure the "Licensed Nurse" (LN) provided healthcare services in accordance with professional standards of practice when the LN documented dates prior to her employment and dates in the future on R2's Tuberculosis screening form and his Negotiated Service Agreement addendum signature page. Findings included: - Record review for R2 revealed an admission date of 11/11/23 with diagnoses of coronary artery disease, osteoarthritis, hypertension, atrial fibrillation, chronic systolic heart failure. Review of R2's unsigned "Functional Capacity Screen" (FCS) dated 02/01/24 revealed R2	S3171		

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S3171	Continued From page 8	S3171		

required physical assistance with bathing, dressing, toileting, eating and walking/mobility; was unable to perform management of medications and treatments; he is frequently incontinent of bladder; has short-term and memory/recall cognitive difficulties; and was marked for falls and impaired hearing.
The FCA lacked documentation of a bilateral bed assist device in the comment section.

The 02/01/24 "Negotiated Service Agreement" (NSA) directed hospice staff to provide R2 physical assistance of one staff with bathing; facility staff to provide dressing assistance; physical assistance with toileting and walking/mobility; with transfers; facility staff manage medications and treatments; he wears incontinence products for bladder incontinence and colostomy care; facility staff assist with hearing aids.

The NSA lacked a description of the bilateral bed assist device.

R 2's record lacked the documentation of an assessment being performed to confirm the device was not a restraint, R 2's ability to safely use the device and documentation of the findings in R2's record.

Observation on 02/12/24 at approximately 2:34 PM of R 2's bed revealed there was a half rail attached to each side of the head of his bed. The rails were attached to the bedframe and had no large open areas.

Interview on 02/12/23 at 03:20 PM with Nurse C revealed a bedrail assessment should have been

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S3171	Continued From page 9 in R2's medical record. Interview on 02/12/24 at 03:20 PM with Nurse C confirmed R2's medical record lacked documentation of an assessment being performed to confirm the device was not a restraint, R 2's ability to safely use the device and documentation of the findings in R2's record. The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following: Complete an assessment of the resident to confirm that the device is not a restraint. Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record. Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record. If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the comments section. Include a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA.	S3171		

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S3171	Continued From page 10	S3171		

Document periodic reassessments of the resident's use of the device and their ability to use it safely and reassessment of the safety of the device in the resident's record.

The operator failed to provide healthcare services for R2 in accordance with professional standards of practice when Administrative Nurse A failed to perform an initial assessment of R2's bed assist device to ensure the device posed no risk for entrapment, confirmed the device was not a restraint, and R2's ability to safely use the bed assist device.

- Record review on 02/12/24 of the facility provided document titled "Personnel Hired Since Last Survey" revealed Administrative Nurse B had a hire date of 12/26/23.

Record Review of the facility provided document of the facility current employee list revealed administrative nurse B had a hire date of 12/26/23.

Review on 02/12/24 of R2 medical records revealed a document titled "Negotiated Service Agreement Updates" with the date signed as 12/19/24 by Administrative Nurse B.

Review of R2's "Tuberculosis Symptom Review Questionnaire" revealed the screen was performed on 12/19/23 and signed on 12/19/23 by Administrative Nurse B.

Interview on 02/12/24 at 02:30 PM with Operator A, Administrative Nurse B, and Licensed Nurse C revealed Administrative Nurse B could not

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S3171	Continued From page 11 remember her hire date. The operator further failed to ensure LN provided healthcare services in accordance with professional standards of practice when the LN documented dates prior to her employment and dates in the future on R2's Tuberculosis screening form and his Negotiated Service Agreement addendum signature page.	S3171		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (g) (3) The facility reported a census of 15 residents. Based on observation and interview the operator failed to ensure a "Licensed Nurse" (LN) or a Licensed Pharmacist placed the full name of the resident on the "Over-the-Counter" (OTC) medications.	S3211		

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S3211	Continued From page 12 Findings included: - Observation on 02/08/24 at approximately 11:05AM with Administrative Nurse B and LN C in the facility medication room, Administrative Nurse B unlocked the locked cabinets and revealed the following OTC medications that lacked the full name of the resident: 1bottle Ibuprofen 200 milligrams 1 bottle Stool Softener 1 bottle Fluticasone spray 1 bottle Stomach Relief tablets 1 bottle Bayer Aspirin 81milligrams 1 tube Anti Itch Cream 1bottle L-Lysine 1bottle Melatonin 1 bottle Glucosamine Chondroitin 1 bottle of Fish oil capsules 1 bottle of Iron 1 box Pseudoephedrine Hydrochloride 120 milligrams Interview on 02/08/24 at approximately 11:20AM with Administrative Nurse B and LN C confirmed the OTC's were not labeled with the resident's full name. The operator failed to ensure a LN or a Licensed Pharmacist placed the full name of the resident on the OTC medications.	S3211		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in	S3215		

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S3215	Continued From page 13 accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(2) The facility reported a census of 15 residents. Based on observation and interview, the	S3215		

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S3215	Continued From page 14 Operator failed to ensure that each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. Findings included: - Observation on 02/08/24 at 10:20 AM revealed the assisted living front lobby had an unlabeled over the counter medication located beside the couch on the side table. Medications included, an opened and partially used bottle of Visine eye drops, a tube of Bengay cream, a bottle of nasal spray and a bottle of Dry Eye drops. Interview on 02/08/24 at approximately 11:00 AM Administrative Nurse B and Nurse C confirmed the over the counter unlabeled medications of a bottle of Visine eye drops, a tube of Bengay cream, a bottle of nasal spray and a bottle of dry eye drops were opened and partially used located in the front lobby of facility beside the couch on the side table. The Operator failed to ensure that each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides.	S3215		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration,	S3248		

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	N001006	A. BUILDING: _____ B. WING _____	02/12/2024

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S3248	Continued From page 15 certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1) The facility reported a census of 15 residents. The sample included three residents and five newly hired employees. Based on interview and record review the administrator failed to ensure there was evidence of the licensure, registration or certification for each employee performing a function that required specialized education or training for two out of five sampled staff, (Administrative Nurse B and Certified Nurse Aide D).	S3248		

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S3248	Continued From page 16 Findings included: - Review of Administrative Nurse B's employee record revealed a hire date of 12/26/23. Her personnel record lacked evidence of the required Board of Nursing registry check. Review of Certified Nurse Aide (CNA) D's employee record revealed a hire date of 07/07/23. Her personnel record lacked evidence of the required certification check. On 02/12/24 at approximately 03:30 PM Administrative Staff A confirmed Administrative Nurse B and CNA D's records lacked evidence employee licensure and certification had been confirmed through the appropriate credentialing web sites. The administrator failed to ensure there was evidence of the licensure, registration or certification for each employee performing a function that required specialized education or training for Administrative Nurse B and Certified Nurse Aide D.	S3248		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency	S3280		

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S3280	Continued From page 17 procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(4) The facility reported a census of 15 residents. Based on interview and record review the operator failed to provide an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. Findings included: - Review of the facility's emergency plan records lacked evidence of documentation of an emergency drill being conducted annually with staff and residents during the year of 2023. On 02/08/24 at approximately 11:30AM Administrative Staff A confirmed receipt of email sent on 02/08/24 at 11:01AM requesting documents needed for the survey process which included request for the last full evacuation. On 02/12/24 at 02:30 PM Administrative Staff A confirmed the facility's record lacked	S3280		

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S3280	Continued From page 18 documentation that an emergency drill that shall include evacuation of residents was conducted annually with staff and residents. The administrator failed to provide an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S3280		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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	S3305		

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S3305	Continued From page 19 setting; and (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (b) (4) The facility reported a census of 15 residents. All 15 residents ate food prepared in the same kitchen. The administrator failed to ensure sanitary conditions for food service by not ensuring the dishwasher chemical strengths were tested and documented daily. Findings included: - Observation on 02/08/24 at approximately 11:15AM during the tour of the facility of the kitchen revealed a clear plastic sleeve 8 x 11 inches taped to the short wall that went from the kitchen to the dirty dish room. Within the sleeve were two white plastic tubes that contained the test strips for the dish machine sanitation checks. Administrative Staff A confirmed at the time of the observation that there were no log sheets for dish machine sanitation checks and facility staff is not performing sanitation checks with strips. On 02/12/24 at approximately 02:30PM requested the policy for the dish machine water	S3305		

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S3305	Continued From page 20 temperature and sanitation checks from Administrative Staff A. No policy was provided as requested. The administrator failed to ensure sanitary conditions for food service by not ensuring the dishwasher chemical strengths were tested and documented daily.	S3305		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care 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. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced	S3320		

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S3320	Continued From page 21 by: K.A.R 28-39-254 (a) The facility reported a census of 15 resident. Based on observation and interview the operator failed to ensure the facility was maintained to protect the health and safety of the residents, personnel and the public. Findings included: - Record review of the facility provided resident roster on 02/08/24 revealed the facility had seven residents who were cognitively impaired Observation on 02/08/24 at approximately 10:45AM revealed the housekeeping closet door was propped open with a white plastic door stop. The opened housekeeping closet held the following unsecured chemicals: 1 can of furniture polish, 1 bottle of Pine Sol which had no lid on the bottle, 1 can of Brody disinfectant spray, 4 cans of Comet cleaner, 1 bottle of Awesome cleaner de-scaler, and 1 bottle of Lysol spray. Across the hall from the housekeeping closet was the facility beauty shop with the door standing open and in the unlocked cabinet on the left side of the east wall was an unlabeled gallon plastic container with a large, mouthed opening, and contained a blue solution with a hairbrush floating in the solution. In the facility common television room there sat a dinette set with 4 chairs. The backs of the chairs were mesh. Two of the four chairs had a large hole in the mesh measuring approximately 6 inches by 6 and 1/2 inches. Observation during the facility tour at 11:05 AM	S3320		

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S3320	Continued From page 22 with Administrative Nurse B and "Licensed Nurse" (LN) C, revealed in the storage closet down the southwest hall across an oxygen tank sitting freely on the floor next to the oxygen tank holder, and a can of Brody disinfectant spray. Observation of the janitor closet in the middle of the southwest hallway, revealed the door freely opened and the closet contained the following unsecured chemicals: 2 large containers of Pine Sol, 5 large bottles of Clorox liquid, 1 can of Pro Spray, 4 cans of Bed Bug Spray, a container of Hot Shot bed bug dust, 4 cans of Hot Shot Spray, and 8 cans of Champion furniture polish. Interview on 02/12/24 at approximately 02:30PM with Operator A, Administrative nurse B, and LN C, confirmed the facility should have the chemicals secured, the broken chairs had been removed and the oxygen tank had been placed in the oxygen tank holder. Request for the facility policy on chemical storage was made on 02/12/23 at 02:30PM, and the policy was not provided. The operator failed to ensure the facility was maintained to protect the health and safety of the residents, personnel and the public.	S3320		
S3395 SS=F	28-39-255 LAUNDRY (c) Laundry facility. (1) The facility shall store soiled laundry in a manner which prevents odors and spread of disease. (2) If laundry is processed in the facility, the	S3395		

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S3395	Continued From page 23	S3395		

facility shall provide washing and drying machines. The facility shall arrange the work area to provide a "one-way flow" of laundry from a soiled area to a clean area.

(3) The facility shall provide a work counter and a locked cabinet for storage of chemicals and supplies.

(4) The facility shall provide a handwashing lavatory with a non-reusable method of hand-drying within or accessible to the laundry facility.

This REQUIREMENT is not met as evidenced by:
KAR 28-39-255(c)(1)

The facility reported a census of 15 residents. Based on observation and interview the operator failed to ensure the facility provide storage for soiled laundry in a manner which prevents odors and spread of disease.

Findings included:

- Observation on 02/08/24 at approximately 10:30 AM of the unlocked and open door to the laundry room revealed soiled laundry located on the floor which was not contained to prevent odor and spread of infection.

On 02/08/24 at approximately 01:28 PM Administrative Staff A, Administrative Nurse B and Nurse C confirmed the unlocked and open laundry door with soiled laundry on the floor not contained.

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S3395	Continued From page 24 The operator failed to ensure the facility shall provide storage for soiled laundry in a manner which prevents odors and spread of disease.	S3395		