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	N002001	A. BUILDING: _____ B. WING _____	03/04/2022

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey with complaint investigations #160214, #165327, and #167529 for the above name assisted living facility conducted on 2/28/21 & 3/1,2,3,4/2022.	S 000		
S 215 SS=E	26-39-102 (j) Discharge/Transfer Sufficient Information (j) If the resident is transferred or discharged to another health care facility, the administrator or operator, or the designee, shall ensure that sufficient information accompanies the resident to ensure continuity of care in the new facility. This REQUIREMENT is not met as evidenced by: KAR 26-39-102 (j) The facility reported a census of 15 residents (R). The sample included 1 (R 600) closed record review who transferred to the hospital emergency department via ambulance for emergency services. Based on interview and record review for all residents who may have used Emergency Management Services (EMS) related to Ambulance transport services, the facility failed to ensure that sufficient information accompanied the resident for transfer to another health care facility to ensure continuity of care in the new facility. Findings included. - Review of R 600's medical record revealed the resident moved into the facility on 06/28/19 with diagnoses of Parkinson's, dementia, and	S 215		

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S 215	Continued From page 1	S 215		

hyperlipidemia.

Review of the R 600's progress notes included the following:
03/01/21 at 09:41 PM revealed the resident left the facility to the emergency room via ambulance.
03/01/21 at 10:00 AM revealed "This nurse was contacted regarding residents change in condition. Advised staff to send for evaluation and treatment per family wishes."

During an interview on 03/01/22 at 02:07 PM Certified Medication Aide (CMA) C reported the nurse aides did not have access to the medication room so they would not be able to send any paperwork with EMS. If the nurse aide could get in the medication room, she would be able to make copies out of the resident chart. CMA C Stated "maybe that was why the techs. are not happy with us".

On 03/01/22 at 02:15 PM CMA C was in the office with Licensed Nurse (LN) B discussing paperwork to send with EMS services. LN B stated she did not think the Certified Nurse Aides (CNA) had access to the medication room where resident charts were located. LN B confirmed if the aides did not have access to the medication room there was no readily available information packets for the CNAs to provide to EMS for resident transport.

During an interview on 03/01/22 at 05:53 PM Certified Nurse Aide (CNA) F reported if she had to call EMS to pick up a resident, she would not know what paperwork to send or how to copy it.

During an interview on 03/01/22 at 06:07 PM CMA G reported if she had to send someone to the hospital via EMS she sent a copy of the

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S 215	Continued From page 2 current medication administration record (MAR) with them. During a confidential interview on 03/02/22 at 08:07 AM it was reported to the surveyor that when a resident required emergency transport on night shift, there were multiple times when staff did not have access to the offices to get any paperwork for EMS to know who the resident's physician was, code status, Durable Power of Attorney (DPOA), or other pertinent information to provide emergency care to the resident while in transport or upon arrival to the hospital emergency room. During an interview on 03/02/22 at 01:30 PM Operator A reported CNA's did have access to the medication room and were supposed to make a copy of the resident's MAR and give it to the EMS team for transport. Operator A reported the MAR included the resident's physician, allergies, code status, diagnoses, and current medications. However, she confirmed it would not include DPOA or other family contact information. The facility failed to ensure sufficient information accompanied residents for transfer to another health care facility to ensure continuity of care in the new facility, when transported out of the facility by EMS.	S 215		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days;	S3092		

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S3092	Continued From page 3 (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, facility 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: KAR 26-41-202(d)(2) The facility reported a census of 15 residents (R). The sample included 3 residents and 2 closed record reviews. Based on interview and record review the operator failed to ensure designated staff reviewed/revised 1 (R 400)) of 3 resident's negotiated service agreement following a significant change in condition related the therapy services. Findings Included: - Review of R 400's medical record revealed he moved into the facility on 04/01/21 with diagnoses of chronic obstructive pulmonary disease, unsteadiness on feet, and hypertension. Review of the resident's "Combined Functional Capacity Screen/Negotiated Service Agreement/Health Care Service Plan (FCS/NSA/HCSP) dated 04/01/21 revealed the resident was independent with all activities of daily living, and required staff to provide physical assistance with medication and medical treatment management.	S3092		

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S3092	Continued From page 4 Review of the Combined FCS/NSA/HCSP dated 04/01/21 revealed the resident used a rolling walker to aide in mobility and staff administered the residents medications. Review of the resident's record included an amended NSA/HCSP for licensed nursing but had no revisions to identify that the resident received outside services for physical and occupation therapy from a local home health (HH) agency. Review of the residents record included included the following documentation in the progress notes: 08/30/21 - returned from appointment... and is to receive HH services. 11/08/21 - Evaluation by (name) HH. During an interview on 03/02/22 at 12:20 PM neither Operator A or Licensed Nurse B recalled the resident receiving HH services. Operator left the office and returned with a notebook with the HH agency name on the outside of the notebook. Review of the HH notebook included physical therapy and occupational therapy notes from 8/31/21 to 10/25/21. On 3/2/22 at 12:27 licensed nurse B confirmed there were no revisions to the NSA for when the resident received HH services. The operator failed to ensure designated staff revised R 400's Combined FCS/NSA/HCSP when he received services from an outside HH agency for Physical and Occupational therapy.	S3092		

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S3171	Continued From page 5	S3171		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (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: KAR 26-41-204(i) The facility reported a census of 15 resident's (R). The sample included 3 resident's and 2 closed record reviews. Based on observation, interview and record review the operator failed to ensure that all health care services were provided to 2 (R 200 and R 700) in accordance with standards of practice regarding the assessment and safety of bed canes attached to each resident's bed used as an assistive device. Findings included: - During initial tour on 02/28/22 between 2:47 PM 3:30 PM observations revealed R 200 and R 700 had upside down U shaped bed canes attached to their beds. The canes were the same style, both had a netted pockets that covered the gap between the cane bars itself and measured directly even with the mattress and downward. From the netted pocket to the top of the cane and the gap between the bars on both beds was greater than the allowed 4 3/4 inches. Review of of R 200's record lacked an assessment for the safety and resident use of the hand rail.	S3171		

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S3171	Continued From page 6 Review of R 700's record included an assessment but the assessment failed to include evaluation of the cane for safe gap measurements to prevent entrapment. On 03/02/22 at 12:10 PM Licensed nurse B looked at R 700's bed cane and confirmed the gap between the cane bars and between the netted pocket and the top of the bar as being greater than 4 3/4 inches and was large enough for potential entrapment. The operator failed to R 200 and R 700's bed canes attached to the beds, were provided for assistive devices in accordance to acceptable standards of practice related to safe gaps in the bed canes to prevent resident entrapment.	S3171		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.	S3175		

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S3175	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a) (1) The facility reported a census of 15 residents (R). The sample included 3 residents and 2 closed record reviews. Based on interview and record review for 1 (R 200) of 1 residents who self-injected her insulin, the operator failed to ensure a licensed nurse assessed the resident to ensure she was able to safely and correctly self-inject her insulin. Findings included: - Review of the R 200's medical record revealed she moved into the facility on 8/2/21 with diagnoses of diabetes mellitus, osteoarthritis and hypertension. Review of the "Combined Functional Capacity Screen/Negotiated Service Agreement/Health Care Service Plan" (FCS/NSA/HCSP) dated 08/02/21 the resident could not manage her medications or medical treatments used an assistive devices of a walker and wheelchair. Review of the Combined FCS/NSA/HCSP dated 08/02/21 revealed the resident required the facility staff to set up, manage, and administer her medications. It did not identify that the certified medication aide dialed the resident's pen to the ordered dosage and then the resident self-injected her insulin. Review of the resident's record lacked a nurses assessment to ensure the resident could safely and correctly inject her insulin.	S3175		

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S3175	Continued From page 8 On 03/01/22 at 04:37 PM R 200 reported the staff gave her all of medications and handed her the insulin pen for her to inject. On 03/02/22 at 09:41 AM Licensed Nurse B confirmed there should be an assessment from the nurse that the resident could self-inject her insulin. LN B looked through the resident's record and confirmed the record lacked an assessment to self-inject insulin and the NSA did not identify the resident self-injected her insulin. The operator failed to ensure a licensed nurse assessed R 200 to ensure she was able to safely and correctly self-inject her insulin.	S3175		
S3201 SS=D	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered.	S3201		

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S3201	Continued From page 9	S3201		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205 (d)(3)(C)

The facility reported a census of 15 residents. The Sample included 3 residents and 2 closed record reviews. Based on interview, and record review the operator failed to ensure facility staff followed professional standards of practice while administering medications for 1 (R 400) of 3 residents by the failure of the medication aides to remain with the resident until the medication is ingested.

Findings included:

- Review of the resident (R) roster provided by licensed nurse B revealed all of the residents had their medications administered by the facility staff, licensed nurses and/or certified medication aides and none of the residents self-administered any of their own medications.

Review of R400's medical record revealed he moved into the facility on 04/01/21 with diagnoses of chronic obstructive pulmonary disease, anxiety disorder, major depressive disorder, and pain.

Review of the residents "Combined Functional Capacity Screen/ Negotiated Service Agreement/Health Cares Services Plan" dated 04/01/21 revealed the resident required physical assistance with management of his medications and facility staff would store/set up and administer his medications.

Review of the residents record included a Self-Administration medication assessment dated

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S3201	Continued From page 10 04/28/21 which revealed the resident could self-administer his Carafate 1 gram and Oxycodone (narcotic pain med.) 10 milligrams as needed. It noted a lock box would be kept in the facility medication room and be accessible to the resident at midnight. During an interview on 03/01/22 at 06:07 PM Certified Medication Aide (CMA) G reported on evening shift the medication aides get the resident's Oxycodone out of the locked narcotic drawer in the medication cart and give it to him at 10:00 PM. Resident 400 then takes it and puts it in his top drawer to take later. During an interview on 03/02/22 at 12:18 PM Operator A stated the resident did have a self-administration assessment done and he can do his own medications but since the Oxycodone is a narcotic the nurse made the decision to keep it in the locked narcotic drawer of the medication cart. The operator failed to ensure medications that were the responsibility of the facility to manage and administer, were administered to R 400 according to professional standards of practice when staff punched the medication out of the narcotic card and gave it to the resident to take at a later time. Therefore the staff failed to remain with the resident until the medication was ingested.	S3201		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas	S3202		

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S3202	Continued From page 11 nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d)(4) The facility reported a census to 15 residents. The facility identified the facility managed medications for all 15 residents and 3 residents received insulin. Based on interview and record review the Operator failed to ensure a licensed nurse delegated the nursing procedure of setting up and dialing a resident's insulin pen to the correct ordered, which is not part of the Kansas Medication Aide curriculum, to a newly hired Certified Medication Aide (CMA) under the Kansas nurse practice act, K.S.A 65-1124 and amendments thereto. Findings included: - On 02/28/22 Operator A provided a resident roster which indicated all 15 residents had their medication managed by facility staff and 3 of those residents received insulin. Review of newly hired personnel records revealed 1 (CMA G) of 2 current CMA's did not include delegation information that a licensed nurse had provided specific directions for preparing and dialing an insulin pen to the ordered dosage for a resident to self-inject that was signed by the LN and CMA. Interview on 03/02/22 at 10:59 AM Operator A reported the Licensed Nurse quite about the time when CMA G was hired and that is why it was not done.	S3202		

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S3202	Continued From page 12 The Operator failed to ensure the Licensed Nurse delegated the set up and dialing of insulin pens to CMA's according to the Kansas Nurse Practice Act.	S3202		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 15 residents (R). The sample included 3 residents and 2 closed record reviews. Based on interview and record review the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury, treatment provided and effectiveness of the treatment, for 2(R 200 and R 300) of 3 sampled residents. Findings included: - Review of the R 200's medical record revealed she moved into the facility on 8/2/21 with diagnoses of diabetes mellitus, osteoarthritis and hypertension. Review of the Combined Functional Capacity	S3261		

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S3261	Continued From page 13 Screen/Negotiated Service Agreement/Health Care Service Plan (FCS/NSA/HCSP) dated 08/02/21 the resident could not manage her medications or medical treatments, had a risk for falls and needed physical assistance with bathing. The residents also used assistive devices of a walker and wheelchair. Review of the Combined FCS/NSA/HCSP dated 08/02/21 revealed the resident required assistance with bathing, staff stored/set up and administered her medications and treatments. Review of the resident's progress notes revealed the following documentation: 10/03/21 at 11:15 PM another resident alerted staff that R 200 was making strange sounds from her room. When staff checked on the resident her blood sugar registered 38 milligrams per deciliter (mg/dl) and staff sent the resident to the hospital via ambulance. The resident's record lacked further documentation as to when the resident returned to the facility, treatment done at the hospital and any further assessment/monitoring of blood sugars upon the residents return to the facility. 12/01/21 at 10:00 PM the resident's blood sugar registered 445 mg/dl and staff took later and even higher. Resident refused to go to the emergency room so ongoing shift to continue monitoring the resident. The resident's record did not include any additional monitoring of blood sugars to ensure it did not continue to go higher or resident's overall status. 12/05/21 (no time) revealed resident planned to go out with family and then stayed in facility due to loose stools. Staff administered imodium.	S3261		

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The resident's record lacked documentation that the imodium was administered or if the resident's loose stools resolved.

01/11/22 at 10:00 AM received order for Melatonin 5 milligrams (mg) 1 tablet at bedtime. 02/03/22 (no time) received signed order to increase Melatonin 10 mg related to resident complaint of not sleeping.
The resident's record lacked document of nursing assessment of effectiveness of medications.

On 03/02/22 at 9:52 AM Licensed Nurse B stated if a resident returned from the doctor or hospital staff needed to document for 72 hours post for any new treatments and resident status. LN B confirmed R 200's progress note documentation lacked follow up related to the resident going to the hospital, symptoms of loose stools and medications effectiveness.

The operator failed to ensure R 200's record included documentation of all incidents, symptoms, of illness or injury including the time of occurrence, actions taken and results of the action.

- Review of R 300's medical record revealed the resident moved into the facility on 5/18/19 with diagnoses of hypertension, atrial-fibrillation, and type 2 diabetes.

Review of the resident's Combined FCS/NSA/HCSP dated 06/11/21 revealed the resident required physical assistance with bathing, unable to manage her medical treatments and medications, had risk of falls, had bladder incontinence and had short term memory deficit.

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S3261	Continued From page 15 Review of the resident's Combined FCS/NSA/HCSP dated 06/11/21revealed staff assisted the resident with showering, ensured she had on proper foot wear, staff administered the residents medications and medical treatments. Review of the resident's progress notes revealed the following: 05/27/21 at 12:30 PM "res ambulated to meals with walker did tell staff that her left foot is swollen some and some discomfort took vitals is as follows..." The record failed to identify is staff notified the licensed nurse of the resident with swollen foot or if the nurse assessed the residents for for any potential injury. 12/06/21 Late entry for 12/5/21 - (no time) resident twisted ankle and fell and guarded left ankle when bearing weight. Resident refused to go to ER, physician notified. 12/06/21 (no time) - physician wants to send resident to emergency department for x-rays. 12/06/21 at 2:30 PM resident returned from emergency department with ankle sprain and air cast on. 12/07/21 at 03:00 PM "residents air cast not to be removed, notify nurse." The resident's record lacked a nurses assessment of the residents ankle, how long the resident needed to and wore the air cast and follow up on effectiveness of treatments. On 03/02/22 at 12:52 PM Licensed Nurse B confirmed the residents record lacked nurse follow up on the residents status regarding her swollen foot and ankle air cast. The operator failed to ensure designated staff	S3261		

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S3261	Continued From page 16 included a nurse assessment when the resident had a swollen foot and follow up when the resident sprained her ankle and needed an air cast.	S3261		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. 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 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: KAR 26-41-206 (d) The facility reported a census of 15 residents. Based on observations, interview and record review the operator failed to ensure dietary staff prepared food under safe methods by the failure to thaw foods safely. Findings included:	S3298		

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S3298	Continued From page 17 - Observations during tour of the kitchen on 02/28/22 at 1:57 PM revealed thawed package of meat on the kitchen counter. There was also a frozen chub of hamburger in the kitchen sink which dietary staff D moved to the refrigerator. On 02/28/22 at 2:04 PM dietary staff D reported the meat on the counter was the turkey they were having today and stated it had been sitting out on the counter to thaw since mid morning. She also stated the package of hamburger she had in the sink was in there to thaw and someone would have to come in later to put it in the refrigerator when it completely thawed out. ********** Review of the focus on food safety dated 2017 directed that food should never be thawed at room temperatures. The operator failed to ensure dietary staff prepared foods using safe methods while thawing to prepare for cooking.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by:	S3299		

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S3299	Continued From page 18 KAR 26-41-206 (e) The facility reported a census of 15 residents. Based on observations and interview the operator failed to ensure designated staff stored all food under safe and sanitary conditions. Findings included: - During initial tour on 02/28/22 at 01:55 PM revealed Dietary Staff (DS) D in the kitchen preparing biscuits. Observations of food storage revealed the following: box of quick oats in cabinet with the whole end of the box bent upwards with contents exposed, on the cabinet was a tub labeled blue bonnet butter with a knife in it uncovered. At 1:56 PM DS D stated they always leave the butter on the counter and the lid must have gotten knocked off. She found the lid on the counter and just laid it on top of the tub but did not put it on securely. At 02:10 PM, observations in the white fridge/freezer included the following: the freezer had a bag of what looked like biscuits that were not dated or labeled and a large undated, unlabeled plastic wrapping the had 3 hamburger patties in it. As surveyor opened the refrigerator door DS D stated that whatever has been in there a couple of days will get thrown out today. Observations revealed 2 uncovered, undated small styrofoam cups with pineapple pieces and brown banana slices on top, an undated plastic tub of corn, a partially covered paper plat without a date or label had fried chicken and cooked carrots on it and then another paper plate on top of it with a small piece of desert that was partially covered with foil. At 02:12 PM, DS D stated the plate was saved for supper last night and the resident did not come and get it. The refrigerator	S3299		

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S3299	Continued From page 19 also had an undated/unlabeled plastic container with some type of mashed potatoes and vegetable in it. There was another plastic container with whit colored food without a date or label on the container. There was a plastic container labeled "beets" dated 02/19 (9 days old, a pitcher of uncovered/unlabeled tea that DS D thought was made 3 days ago. There was a pitcher labeled "orange juice" and dated 2/21/22, (1 week old), a chub of frozen hamburger that had been in the sink and DS D put in the refrigerator on the middle shelf without being in a container to thaw. At 02:20 PM, dietary staff E arrived as surveyor made observations in the double refrigerator. DS E started to take food items out of the refrigerator and move them around. There was a package of pork loin that was 2 shelves from the bottom not in a container to catch possible drippings. DS E took the pork loin and moved it down to the bottom shelf and put it on a serving tray. She took 2 undated/unlabeled plates covered in aluminum foil to throw away and the cook said the top one was left over bacon from this morning. As surveyor opened the other door to the refrigerator and started to look at the labels on top DS E said those should have been thrown away and took them and threw them away. There was a package of unknown type of meat that had leaked liquid all over the bottom of the refrigerator and the DM took that meat and threw it out. There was also a ham on the bottom of the fridge laying in the leaked liquid and the DM took it and moved it onto a serving tray. On 02/28/22 between 02:20 PM and 02:30 the DS E confirmed that there were problems in the kitchen with storage of food.	S3299		

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S3299	Continued From page 20 Review of the focus on food safety dated 2017 directed to store cooked, ready-to-eat foods above raw animal foods, such as beef and pork. It also identified stored foods needed to be covered (sealed), dated if prepared on-site, commercially processed, after the original container is opened and held under refrigeration as well as any foods held for more than 24 hours. It also identified food can be held for seven days after it is stored in adequate refrigeration. The operator failed to ensure dietary staff stored food under safe and sanitary conditions.	S3299		
S3310 SS=F	26-41-207 (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; and (c) Each administrator or operator shall ensure the facility ' 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: K.A.R 26-41-207(c) The facility reported a census of 15 residents.	S3310		

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S3310	Continued From page 21 Based on interview and record review for 5 of 5 newly hired employees and 1 (R 400) of 3 sample residents, the Operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure had the potential to affect all residents in the assisted living facility. Findings included: - Review of 5 newly hired employees files on 03/01/22 revealed the following: Certified Medication Aide (CMA) H hired on 09/17/20 with a start of work date of 10/04/20 did not have the TB questionnaire completed within 7 days of hire. Dietary staff D hired on 06/19/20 did not have the TB questionnaire completed or receive a 2 step TB skin test within 7 days of hire. CMA G hired on 09/28/21 did not have the TB questionnaire or receive a 2 step TB skin test within 7 days of hire. CMA C rehired on 01/03/22 after taking a year off did not have the TB questionnaire completed or receive a 2 step TB skin test within 7 days of rehire. During an interview on 03/02/22 at 10:57 AM Operator A reported new employees get at 2 step skin test done when hired and then get another test every 2 years. - Review of Resident (R) 400's record revealed	S3310		

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S3310	Continued From page 22 he moved into the facility on 4/1/21. R 400's record lacked evidence of TB questionnaire or a 2 step skin test. During an interview on 03/02/22 at 12:16 PM Licensed Nurse B found a TB form in the chart where the resident had been given the first TB skin test but it had not been read and he had not received the second TB skin test or had the TB questionnaire completed. Review of the undated "TB Policy" provided on 03/02/22 revealed the following: TB questionnaire should be done yearly on staff and residents. TB test will be done upon hire of staff (two step). For 4 of 5 newly hired employees and 1 sampled resident, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		
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	S3320		

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S3320	Continued From page 23 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 by: KAR 28-39-254 (a) The facility reported a census of 15 residents. Based on observation and interview the Operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - Observation on 02/28/22 at 01:41 PM the beauty shop was unlocked, had a housekeeping cart in it and the room lead to the laundry room. On the counter in the laundry room was a container of Prospray wipes and a can of Brody chemical disinfectant spray. Both items had warning labels on them to keep out of reach of children. The housekeeping cart in the beauty shop was not locked and had a step stool with an unlocked storage area which contained the following chemicals: Chase's bathroom cleaner, ACS lemon disinfectant, The works classic cleaner, Window clean vitre, Prospray wipes, and Brody disinfectant spray. All of the chemicals had warning labels on them. On 02/28/22 at 01:44 PM while surveyor checked the housekeeping cart, Certified Medication Aide	S3320		

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S3320	Continued From page 24 (CMA) C reported the cart was not supposed to be out when not in use and needed to be kept in the closet at the end of the hall. At 01:49 PM CMA C took the cart and put it in the closet at the end of the hall. On 02/28/22 at 01:51 PM Surveyor walked across the hall to an unlocked closet labeled "Janitor", opened the door which revealed multiple chemicals on shelving unit in the closet. Chemicals included an open gallon of no rinse bio floor cleaner, gallon of ACS lemon disinfectant, spray bottle of resolve urine destroyer, bottle of cook top cleaner , and gallon of ACS super soak powder. All items had warning labels on them. On 02/28/22 at 01:55 PM CMA C reported the Janitor closet is supposed to be kept locked. On 02/28/22 at 5:15 PM operator A confirmed the housekeeping cart, beauty shop door and the Janitor closet were supposed to be kept locked and not accessible to residents. The operator failed to ensure staff kept chemicals locked and not accessible to residents for their safety.	S3320		
S3420 SS=E	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC.	S3420		

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S3420	Continued From page 25 (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256(c)(2)(B) The facility reported a census of 15 residents. Based on observation, and interview the facility	S3420		

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S3420	Continued From page 26	S3420		

failed to ensure the temperature of hot water ranged between 96 degrees Fahrenheit (F) and 120 degrees F at sinks and lavatories in resident use areas. This not only had the potential to affect the resident rooms with temperatures greater than 120 but also any resident who used the spa restroom

Findings included:

- On 03/01/22 between 04:19 PM and 04:33 PM while checking resident room temperatures findings revealed 3 resident rooms had temperatures greater than 120 degrees Fahrenheit (F). Findings included: Room 118's bathroom sink registered 126.8 degrees F and then started to go down; Room 114's bathroom sink registered 136.9 F; and room 112's bathroom sink registered 137.6 F. These rooms are all on the same hall on one side of the facility.

Observations on 03/01/22 at 05:52 PM with Operator A and using her thermometer, revealed the following resident room bathroom sink water temperatures; room 111's sink registered at 129 degrees F, room 112's sink registered at 134 degrees F, room 114's sink registered at 135 degrees F, and room 113's sink registered at 131. The spa room's sink on the opposite side of the building registered 134 degrees F. All other resident rooms bathroom sinks checked were within regulation range.

On 03/01/22 at 05:58 PM Operator A reported the staff checked the water temperatures of some of the rooms every week and had not noted a problem. Staff A did state however, that the spa tub just as room 118 will heat up and the will not maintain hot water. The spa tub registered 117 and then started to cool down. Staff A stated a

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S3420	Continued From page 27 local company came and adjusted the water temperature recently because the spa tub did not maintain hot water. Staff A also stated she would contact the company again to have them come and adjust as needed to ensure water temperatures in resident areas within appropriate range. The operator failed to ensure the temperature of hot water ranged between 96 degrees F and 120 degrees F at sinks and lavatories in resident use areas.	S3420		