STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N007005	A. BUILDING: _____ B. WING _____	06/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE HEIGHTS NURSING & REHABILITATION CENT	RR 2 E IOWA STREET HIAWATHA, KS 66434

(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 are the result of a survey for re-licensure conducted on 6/19/19, 6/20/19 and 6/24/19 at the above named residential care unit in Hiawatha, KS.	S 000		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 10 residents. The sample included 3 residents. Based on record review and interview, for all residents, the administrator failed to ensure the negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan as evidenced by review of resident records for residents (# 619, 620, 621) who required health care services. Findings included: - Record review for resident #619 recorded admission date of 5/20/17 with diagnoses of: heart	S3165		

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

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S3165	Continued From page 1	S3165		

block, constipation, nutritional deficit, hypertension, osteoarthritis, anemia, muscle weakness, pain and gastroesophogeal reflux disease (GERD).

Functional Capacity screen (FCS) dated 5/17/19 recorded resident required assistance with management of medications and treatments.

Negotiated service agreement (NSA) dated 5/17/19 recorded staff to administer and monitor medications and treatments.

NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.

Record review for resident #620 recorded admission date of 6/7/19 with diagnoses of: diabetes mellitus, Parkinson's disease, hypotension, GERD, constipation, shortness of breath and edema.

FCS dated 5/29/19 recorded resident required assistance with medications and treatments.

NSA dated 5/29/19 recorded staff to administer and monitor medications and treatments.

NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.

Record review for resident #621 recorded admission date of 3/14/19 with diagnoses of: depression, candidiasis, urinary tract infection, hypokalemia, constipation, neuralgia and neuritis, diabetes mellitus type 2, hypertension and

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S3165	Continued From page 2 Parkinson's disease. FCS dated 3/14/19 recorded resident required assistance with medications and treatments. NSA dated 3/14/19 recorded staff to administer and monitor medications and treatments. NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. Interview on 6/20/19 with licensed nurse #B confirmed all NSAs lacked the name of the licensed nurse responsible for the implementation and supervision of the HCSP. For all residents, the administrator failed to ensure the negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan as evidenced by review of resident records for residents (# 619, 620, 621) who required health care services.	S3165		
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 3 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 26-4-104(d)(3)(4) The census equaled 10 residents; the sample included 3 residents. Based on interviews and review of records, for all residents, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 6/19/19 at 2:30pm during review of facility disaster plan with maintenance director #H and administrator #A, records for review of the disaster plan with residents and staff contained the following:	S3280		

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S3280	Continued From page 4 Employees: tornado drill on 5/9/17, emergency preparedness review on 5/8/18, Relias online training for workplace emergencies and disasters on/about 4/19/17, 4/6/18 and 4/8/19. Residents: tornado drill on 5/9/17, emergency preparedness on 5/8/18. Evacuation drills were conducted with residents and staff on 1/16/17 and 7/1/18. Records lacked quarterly reviews of the facility emergency preparedness plan with staff and residents. Interview on 6/19/19 at 2:30pm with administrator #A confirmed staff and residents are not reviewed quarterly for disaster/emergency preparedness, it is completed annually. For all residents of the facility the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with employees and residents.	S3280		
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	S3310		

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S3310	Continued From page 5	S3310		

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:
KAR 26-41-207(c)

The facility reported a census of 10 residents. The sample included 3 residents. Based on record review, and interview, for all residents of the facility, the administrator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

Findings included:

- On 6/20/19 at 12:30pm, during personnel review with facility licensed nurse #B, facility records lacked documentation for tuberculosis (TB) testing according to the department's guidelines for the following recent staff hired:

Licensed nurse #C: hire date 11/21/18: symptom screen (SS) 11/21/18; TB test 12/6/18: record lacked copy of prior testing, lacked 2nd step testing.
Certified staff #D: hire date 4/29/19: SS 6/20/19;

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S3310	Continued From page 6 TB test 6/20/19: lacked 2nd step testing, SS and 1st step completed more than 7 days after hire. Certified staff #E: hire date 6/7/18: SS 7/20/18; record lacked copy of prior testing, no TB test on record, SS more than 7 days after hire. Dietary staff #F: hire date 5/29/19: SS 5/29/19, record lacked copy of prior testing, no TB test on record. Rehab staff #G: hire date 10/22/18: SS 10/26/18, 1st TB test 10/26/18: record lacked copy of prior testing, no TB test on record. Record review for sampled resident # 619 admission date of 5/20/17 recorded a symptom screen on 5/19/17, record lacked a 2018 and/or 2019 symptom screen. Interview on 6/20/19 with licensed nurse #B confirmed staff/ resident TB testing not completed according to department's guidelines and record for resident #619 lacked annual TB symptom screen. For all residents of the facility, the administrator failed to ensure 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	S3320		

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S3320	Continued From page 7	S3320		

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 by:
KAR 28-39-254(a)

The facility reported a census of 10 residents. The sample included 3 residents. Based on observation, interview for all residents, the administrator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the residential laundry.

Findings included:

- Observation on 6/19/19 at 1:17pm during facility tour with administrator #A, in the unlocked residential laundry (door propped open) an unlocked tall brown cabinet contained the following

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S3320	Continued From page 8 chemicals: Liquid Tide detergent 1.17 gallons; Gain powder detergent 137 ounces; 6 boxes of dryer sheets; 2 bottles of Downy softener 51 ounces each; Purex liquid laundry detergent 150 ounces; Cheer liquid laundry detergent 150 ounces; one gallon of dollar general bleach plus 8 additional bottles of liquid chemicals and 1 additional box of powdered detergent. The attached residential unit is open to the long-term care facility. Interview on 6/19/19 at 1:17pm with administrator #A confirmed cabinet did not lock and 2 residents do their own laundry. For all residents of the facility the administrator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the residential laundry.	S3320		