STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008009	A. BUILDING: _____ B. WING _____	02/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF EL DORADO	1650 E 12TH AVENUE EL DORADO, KS 67042

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #175364 at the above named Assisted Living conducted on 02/22/23, 02/23/23 and 02/27/23.	S 000		
S3085 SS=F	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1) The facility reported a census of 40 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what	S3085		

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

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S3085	Continued From page 1	S3085		

triggered in the "Functional Capacity Screen" (FCS) for resident (R)101, R102, and R103.

Findings included:

- R101's medical record revealed the resident moved into the facility on 03/01/19.

The 11/17/22 FCS identified R101 triggered for bladder incontinence, cognition, communication, falls, impaired decision-making.

The 11/17/22 NSA did not address bladder incontinence, cognition, communication, falls, impaired decision-making.

On 02/27/23 at 02:47 PM Administrative Nurse B stated that if anything triggered on the FCS it should be addressed on the NSA.

The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS.

- R102's medical record revealed the resident moved into the facility on 10/17/22.

The 10/17/22 FCS identified R102 as having triggered for cognition and falls.

The 10/17/22 NSA did not address cognition and falls.

On 02/27/23 at 02:47 PM Administrative Nurse B stated that if anything triggered on the FCS it should be addressed on the NSA.

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S3085	Continued From page 2 The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS. - R103's medical record revealed she moved into the facility on 03/17/21. The 06/13/22 FCS identified R103 as having triggered for cognition and communication. The 06/13/22 NSA did not address cognition and communication. On 02/27/23 at 02:47 PM Administrative Nurse B stated that if anything triggered on the FCS it should be addressed on the NSA. The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS.	S3085		
S3101 SS=D	26-41-202 (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: KAR 26-41-202(h) The facility reported a census of 40 residents.	S3101		

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S3101	Continued From page 3 The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)103 was signed by all individuals involved in the development of the NSA to include the nurse responsible for the development of the NSA. Findings included: - R103's medical record revealed the resident moved into the facility on 03/17/21 with a diagnosis of peripheral vascular disease. The 06/13/22 NSA did not include any signatures of those who were involved in the development of the NSA. On 02/27/23 at 02:47 PM Administrative Nurse B stated she could not find a signed copy of the NSA. The operator failed to ensure R103's NSA was signed by all individuals involved in the development of the NSA.	S3101		
S3270 SS=F	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado;	S3270		

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S3270	Continued From page 4 (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(b)(3) The facility reported a census of 40 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure the emergency management plan included all required items as it failed to include information on severe weather. Findings included: - On 02/22/23 review of documentation of the emergency management plan revealed it did not include information concerning severe weather. On 02/22/23 at 03:47 PM, Administrative Staff A acknowledged the emergency management plan did not include information concerning severe weather. The operator failed to ensure the emergency management plan included all the required items.	S3270		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared	S3298		

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S3298	Continued From page 5 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 had a census of 40 residents. All 40 residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature. Findings included: - On 02/23/23 review of the February 2023 "Food Temperature Log" from 02/01/23 - 02/23/23 revealed no breakfast food temperatures were logged. No food temperatures were logged on 02/02/23. No lunch food temperatures were logged for 02/08, 02/15, 02/16, 02/18 and	S3298		

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S3298	Continued From page 6 02/22/23. 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 served at the proper temperature.	S3298		
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: KAR 26-41-207(c) The facility reported a census of 40 residents. Based on interview and record review for five	S3310		

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S3310	Continued From page 7	S3310		

new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility.

Findings included:

- Review of five newly hired employee files revealed the following:

Certified Medication Aide (CMA) C was hired on 08/30/22. The TB symptom screening questionnaire was completed on 09/16/22 which was 10 days late. The first step of the TB skin test (TST) read negative on 09/02/22. The second step was administered on 09/08/22 one day early.

CMA D was hired on 05/11/22. The first step of the TST read negative on 05/13/22. The second step was administered on 05/18/22 two days early.

CMA E was hired on 08/31/21. The first step of the TST read negative on 09/03/21. The second step was administered on 09/08/22 two days early.

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 Screen Questionnaire within 7 days of ...employment...If the first TST is read as not positive, a second TST shall be administered

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S3310	Continued From page 8 within 1 to 3 weeks." 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 for three newly hired staff.	S3310		