STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023024	A. BUILDING: _____ B. WING _____	10/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF EUDORA	2725 CHURCH ST EUDORA, KS 66025

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaint 189649, 189425, and 187463 at the above named assisted living facility conducted on 10/21/24.	S 000		
S3085 SS=D	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 51 residents with three residents included in the sample. Based on interview, observation, and record review the administrator failed to ensure the Negotiated Service Agreement (NSA) was fully developed based on the resident's service needs and preferences for resident (R)3 including a	S3085		

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

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S3085	Continued From page 1	S3085		

description of the services the resident received.

Findings included:

- Record review for R3 revealed an admission date of 06/17/24 with diagnoses of cerebral infarction, hypertension, and diabetes mellitus type two.

The 06/17/24 Functional Capacity Screen identified R3 required assistance with bathing, toileting, transfers, and mobility and was at risk for falls.

The 06/17/24 NSA documented R3 received physical assistance from staff with entering and exiting shower, standby assist to and from toilet, one-person assistance for transfers, staff assistance to meals and events and staff to become familiar with routine and anticipate needs to prevent falls. The NSA failed to mention a bed assist device.

R3's 06/17/24 "Assisted Living Assessment" failed to document a bed assist device was in use or an assessment of the device.

Observation on 10/21/24 at approximately 02:49 PM revealed a bed assist device was attached to the left side of R3's bed.

On 10/21/24 at approximately 02:49 PM R3 stated she used the bed assist device to help her get out of bed.

On 10/21/24 at 04:38 PM Administrative Nurse C confirmed R3's NSA lacked documentation a bed assist device was provided.

A policy for bed assist devices was requested by

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S3085	Continued From page 2 email on 10/22/24 at 10:07 AM which the facility failed to provide. The 2003 "Clinical Guidance for the Assessment and Implementation of Bed Rails" by the Food and Drug Administration page four documented use of a device for mobility and/or transferring should be accompanied by a care plan which should include educating the patient about possible danger. The administrator failed to ensure R3's NSA described the service she received based on her needs and preferences.	S3085		
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 51 residents with three included in the sample. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Residents (R) 3 and R5. Findings included:	S3171		

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S3171	Continued From page 3 - Record review for R3 revealed an admission date of 06/17/24 with diagnoses of cerebral infarction, diabetes mellitus type two and hypertension. The 06/17/24 Functional Capacity Screen identified R3 required assistance with bathing, toileting, transfers, and mobility and was at risk for falls. The 06/17/24 Negotiated Service Agreement documented R3 received physical assistance from staff with entering and exiting shower, standby assist to and from toilet, one-person assistance for transfers, staff assistance to meals and events and staff to become familiar with routine and anticipate needs to prevent falls. The NSA failed to mention a bed assist device. R3's 06/17/24 "Assisted Living Assessment" failed to document a bed assist device was in use or an assessment of the device. Observation on 10/21/24 at approximately 02:49 PM revealed a bed assist device was attached to the left side of R3's bed. On 10/21/24 at approximately 02:49 PM R3 stated she used the bed assist device to help her get out of bed. -Review of "Resident Roster" provided by facility listed R5 with admission date of 02/26/22 who also utilized a bed assist device. On 10/21/24 at 04:38 PM Administrative Nurse C confirmed R3 and R5's records lacked evidence of documentation a bed assistive device assessment was completed, stating she had not	S3171		

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S3171	Continued From page 4 realized a bed cane was considered a bed assist device so neither resident has an assessment. A policy for bed assist devices was requested by email on 10/22/24 at 10:07 AM which the facility failed to provide. The 2003 "Clinical Guidance for the Assessment and Implementation of Bed Rails" by the Food and Drug Administration page three documented "Evaluation is needed to assess the relative risk of using ...compared with not using it for an individual ..." Page four documented the chart should include a risk-benefit assessment. The administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R3 and R5.	S3171		
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	S3310		

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S3310	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 51 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for two staff which has the potential to affect all residents. Findings included: - Review of Certified Medication Aide (CMA) E's employee record revealed a hire date of 08/26/23 and first step of TB testing was administered on 09/30/24. On 10/21/24 at approximately 04:59 PM Administrative Staff A confirmed CMA E's 2-step was not completed within one week of hire. - Review of CMA G's employee record revealed a hire date of 05/25/23 and first step of TB testing was administered on 10/10/24. On 10/21/24 at approximately 04:59 PM Administrative Staff A confirmed CMA G's 2-step was not completed within one week of hire. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" described each new employee, and each new resident shall receive a two-step TB skin test and symptom screen questionnaire within seven days of	S3310		

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S3310	Continued From page 6 employment or admission. On 10/22/24 at 10:07 AM a tuberculin testing policy was requested by email and response from Administrative Staff A was the facility follows the "TB guidelines for adult care homes." The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		