STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046075	A. BUILDING: _____ B. WING _____	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PLAZA HEALTH SERVICES AT SANTA MARTA	13875 W 115TH TERRACE OLATHE, KS 66062

(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 represents the findings of a resurvey with attached facility reports #188885, #186569, #183705, and #182417 at the above named assisted living conducted on 09/24/24 and 09/25/24.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(2) The facility reported a census of 76 residents with six residents included in the sample and one closed record review. Based on observation, interview, and record review the administrator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for Resident (R) 1 following a significant change when she became lost while walking alone outside of the facility and was assessed to be at risk for elopement. Findings included: - Record review for R1 revealed an admission	S3081		

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

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S3081	Continued From page 1 date of 06/05/24 with diagnoses of dementia and syncope and collapse. The 06/05/24 (most recent) "FCS" identified R1 required physical assistance with management of medications and treatments and had short-term memory loss. The 06/05/24 combined "NSA/HSP" identified facility staff would provide R1 assistance with management of medications. Facility staff monitored her weight and vital signs for management of treatments. The "NSA" failed to describe services provided for short-term memory loss. The 06/27/24 at 02:44 PM nursing "Incident Note" documented R1 went for a walk and called the facility's concierge because she could not find her way back to the facility. She was able to tell the concierge where she was located. The facility called the police department and requested they pick up R1 and take her back to the facility. R1 denied suffering any falls and was assessed with no injuries. The 06/27/24 at 04:57 PM nursing "Incident Note" documented R1 was able to recall the incident. She stated she wanted to walk outside and take the route she had previously walked with someone else. She went around the block and did not know which way to get back. The 06/28/24 facility's investigation provided during the survey reported the following: R1 admitted to the facility on 06/05/24 and had a history of walking for exercise. On 06/26/24 at approximately 05:00 PM R1 called	S3081		

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S3081	Continued From page 2	S3081		

the concierge and reported she took a walk and became lost. She was able to tell her approximate location which was approximately 0.8 miles away from the facility. She dressed appropriately for the weather and did not suffer any injuries. The concierge called the police to assist R1 back to the facility.

Review of camera footage revealed R1 exited the facility at 02:16 PM. She arrived back to the facility with police at 05:40 PM. The nurse assessed her and found no injuries. The nurse assessed R1 to be at risk for elopement. Staff placed a wander monitoring bracelet on her and she would be allowed to walk outside only when accompanied by someone else. R1's photo was placed at the front desk to alert the concierge she was not allowed outside unaccompanied.

The plan by the facility for monitoring the on-going effectiveness of the corrective actions included in the investigation contained a list which included R1 would have an "FCS" completed following a significant change.

R1's record lacked evidence of an "FCS" following a significant change when she became lost while walking alone outside of the facility and was assessed to be at risk for elopement.

Observation on 09/24/24 at 02:29 PM revealed R1 walked laps in the hallways on the second floor which were square shaped. She wore a bracelet on her right wrist and a bracelet on her left wrist.

On 09/24/24 at 02:29 PM R1 stated she walked often and liked to walk at least two miles daily. She walked the hallways or sometimes at the gym. Sometimes her daughter came and they

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S3081	Continued From page 3 walked outside together. She was outside walking by herself once and got lost. She did not go outside by herself anymore. The bracelet on her right wrist was used to call staff for assistance. R1 stated she did not know what the bracelet on her left wrist was for but she was unable take it off. On 09/25/24 at approximately 01:04 PM Administrative Staff C confirmed R1's most recent "FCS" was completed at admission on 06/05/24. R1's record lacked evidence of documentation an "FCS" was completed following a significant change when she became lost walking alone outside the facility and was assessed at risk for elopement. On 09/25/24 at approximately 04:35 PM an "FCS" policy was requested which the facility failed to provide. The administrator failed to ensure designated staff completed an "FCS" for R1 following a significant change when she became lost walking alone outside the facility and was assessed at risk for elopement.	S3081		
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; (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	S3092		

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S3092	Continued From page 4 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 76 residents with six residents included in the sample and one closed record review. Based on observation, interview, and record review the administrator failed to ensure designated facility staff completed a "Negotiated Service Agreement" (NSA) based on the "Functional Capacity Screen" (FCS), service needs, and preferences for Resident (R) 1 following a significant change when she became lost while walking alone outside of the facility and was assessed to be at risk for elopement. Findings included: - Record review for R1 revealed an admission date of 06/05/24 with diagnoses of dementia and syncope and collapse. The 06/05/24 "FCS" identified R1 required physical assistance with management of medications and treatments and had short-term memory loss. The 06/05/24 (most recent) combined "NSA/HSP" identified facility staff would provide R1 assistance with management of medications. Facility staff monitored her weight and vital signs	S3092		

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S3092	Continued From page 5	S3092		

for management of treatments. The "NSA" failed to describe services provided for short-term memory loss.

The 06/27/24 at 02:44 PM nursing "Incident Note" documented R1 went for a walk and called the facility's concierge because she could not find her way back to the facility. She was able to tell the concierge where she was located. The facility called the police department and requested they pick up R1 and take her back to the facility. R1 denied suffering any falls and was assessed with no injuries.

The 06/27/24 at 04:57 PM nursing "Incident Note" documented R1 was able to recall the incident. She stated she wanted to walk outside and take the route she had previously walked with someone else. She went around the block and did not know which way to get back.

The 06/28/24 facility's investigation provided during the survey reported the following:

R1 admitted to the facility on 06/05/24 and had a history of walking for exercise.

On 06/26/24 at approximately 05:00 PM R1 called the concierge and reported she took a walk and became lost. She was able to tell her approximate location which was approximately 0.8 miles away from the facility. She dressed appropriately for the weather and did not suffer any injuries. The concierge called the police to assist R1 back to the facility.

Review of camera footage revealed R1 exited the facility at 02:16 PM. She arrived back to the facility with police at 05:40 PM. The nurse assessed her and found no injuries. The nurse

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S3092	Continued From page 6	S3092		

assessed R1 to be at risk for elopement. Staff placed a wander monitoring bracelet on her and she would be allowed to walk outside only when accompanied by someone else. R1's photo was placed at the front desk to alert the concierge she was not allowed outside unaccompanied.

The plan by the facility for monitoring the on-going effectiveness of the corrective actions included in the investigation contained a list which included the following:

1) R1 would have an "NSA" completed following a significant change in condition with all pertinent information and interventions listed.

2) All residents assess at risk for elopement would have appropriate interventions added to the "HSP" and they would be implemented.

R1's record lacked evidence of an "NSA" following a significant change when she became lost while walking alone outside of the facility and was assessed to be at risk for elopement.

Observation on 09/24/24 at 02:29 PM revealed R1 walked laps in the hallways on the second floor which were square shaped. She wore a bracelet on her right wrist and a bracelet on her left wrist.

On 09/24/24 at 02:29 PM R1 stated she walked often and liked to walk at least two miles daily. She walked the hallways or sometimes at the gym. Sometimes her daughter came and they walked outside together. She was outside walking by herself once and got lost. She did not go outside by herself anymore. The bracelet on her right wrist was used to call staff for assistance. R1 stated she did not know what the bracelet on

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S3092	Continued From page 7 her left wrist was for but she was unable take it off. On 09/25/24 at approximately 01:04 PM Administrative Staff C confirmed R1's most recent "NSA" was completed at admission on 06/05/24. R1's record lacked evidence of documentation an "NSA" was completed following a significant change when she became lost walking alone outside the facility and was assessed at risk for elopement. On 09/25/24 at approximately 04:35 PM an "NSA" policy was requested which the facility failed to provide. The administrator failed to ensure designated staff completed an "NSA" for R1 following a significant change when she became lost walking alone outside the facility and was assessed at risk for elopement.	S3092		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by:	S3155		

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S3155	Continued From page 8 KAR 26-41-204(a) The facility reported a census of 76 residents with six residents included in the sample and one closed record review. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse provided the necessary health care services that met the needs for Resident (R) 1 by the failure to perform wanderguard checks for placement and functioning. The administrator further failed to ensure a licensed nurse provided the necessary health care services that met the needs for R6 by the failure to document skin monitoring and interventions to prevent pressure wounds prior to development and lacked evidence of documentation of the pressure wounds after they developed, including time of origin, wound sizes (length, width, and depth), odor, tissue characteristics (including drainage, granulation) and any signs of infection. Findings included: - Record review for Resident (R)1 revealed an admission date of 06/05/24 with diagnoses of dementia and syncope and collapse. The 06/05/24 "Functional Capacity Screen " (FCS) identified R1 required physical assistance with management of medications and treatments. The 06/05/24 combined "NSA/HSP" identified facility staff would provide R1 assistance with management of medications. Facility staff monitored her weight and vital signs for management of treatments. The 06/27/24 at 02:44 PM nursing "Incident Note" documented R1 went for a walk and called the	S3155		

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S3155	Continued From page 9	S3155		

facility's concierge because she could not find her way back to the facility. She was able to tell the concierge where she was located. The facility called the police department and requested they pick up R1 and take her back to the facility. R1 denied suffering any falls and was assessed with no injuries.

The 06/27/24 at 04:57 PM nursing "Incident Note" documented R1 was able to recall the incident. She stated she wanted to walk outside and take the route she had previously walked with someone else. She went around the block and did not know which way to get back.

The 06/28/24 facility's investigation provided during the survey reported the following:

R1 admitted to the facility on 06/05/24 and had a history of walking for exercise.

On 06/26/24 at approximately 05:00 PM R1 called the concierge and reported she took a walk and became lost. She was able to tell her approximate location which was approximately 0.8 miles away from the facility. She dressed appropriately for the weather and did not suffer any injuries. The concierge called the police to assist R1 back to the facility.

Review of camera footage revealed R1 exited the facility at 02:16 PM. She arrived back to the facility with police at 05:40 PM. The nurse assessed her and found no injuries. The nurse assessed R1 to be at risk for elopement. Staff placed a wander monitoring bracelet on her and she would be allowed to walk outside only when accompanied by someone else. R1's photo was placed at the front desk to alert the concierge she was not allowed outside unaccompanied.

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S3155	Continued From page 10 The plan by the facility for monitoring the on-going effectiveness of the corrective actions included in the investigation contained a list which included R1's wander monitoring bracelet would be checked every shift for placement and proper functioning. Review of R1's Treatment Administration Record (TAR) and Medication Administration Record (MAR) revealed lack of evidence of documentation R1's wander monitoring bracelet was checked every shift for placement and proper functioning. Observation on 09/24/24 at 02:29 PM revealed R1 walked laps in the hallways on the second floor which were square shaped. She wore a bracelet on her right wrist and a bracelet on her left wrist. On 09/24/24 at 02:29 PM R1 stated she walked often and liked to walked at least two mile daily. She walked the hallways or sometimes at the gym. Sometimes her daughter came and she walked outside with her. She was outside walking by herself once and got lost. She did not go outside by herself anymore. The bracelet on her right wrist was used to call staff for assistance. R1 stated she did not know what the bracelet on her left wrist was for but she could not take it off. On 09/25/24 at approximately 01:04 PM Administrative Staff C confirmed R1's record lacked evidence of documentation staff checked her wander monitoring bracelet for placement and functioning each shift. The administrator failed to ensure a licensed nurse provided the necessary health care	S3155		

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S3155	Continued From page 11	S3155		

services that met the needs for R1 by the failure to perform wanderguard checks for placement and functioning.

- Record review for R6 revealed an admission date of 05/25/23 with diagnoses of dementia and type two diabetes mellitus.

The 05/25/24 "FCS" identified R6 required physical assistance with management of treatments.

The 06/20/24 combined "NSA/HSP" identified facility staff provided R6 physical assistance with management of treatments.

The 09/05/24 "Hospice Progress Note" documented facility staff reported R6 had an open area to her buttocks. Wound care was provided and new orders were place in facility's electronic health record (EHR) for R6.

The 09/05/24 "Clinical Physicians Order" documented to cleanse two gluteal wounds with wound cleanser, pat dry, apply skin prep to wounds, cover both wounds with dressing. Change dressing every Monday and Thursday. Wounds would be monitored and assessed with each dressing change for deterioration, improvement, signs of infection, and pain to the area. Changes would be reported to R6's physician and hospice.

The 09/24/25 "Resident Roster" provided during the survey documented R6 had wounds or pressure ulcers.

Review of R6's record from 05/25/23 to 09/24/24 (time of survey) revealed lack of evidence of documentation of skin monitoring and

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interventions to prevent pressure wounds prior to their development and lacked evidence of documentation of the pressure wounds after they developed, including time of origin, wound sizes (length, width, and depth), odor, tissue characteristics (including drainage, granulation) and any signs of infection.

On 09/25/24 at approximately 01:04 PM Administrative Staff B confirmed R6 had open skin wounds. She confirmed R6's record lacked evidence of documentation of skin monitoring and interventions to prevent pressure wounds prior to their development and lacked evidence of documentation of the pressure wounds after they developed, including time of origin, wound sizes (length, width, and depth), odor, tissue characteristics (including drainage, granulation) and any signs of infection.

The administrator failed to ensure licensed staff documented skin monitoring and interventions to prevent pressure wounds prior to their development and lacked evidence of documentation of the pressure wounds after they developed, including time of origin, wound sizes (length, width, and depth), odor, tissue characteristics (including drainage, granulation) and any signs of infection.

On 09/25/24 at 04:35 PM a skin/wound assessment policy was requested which the facility failed to provide.

The administrator failed to ensure a licensed nurse provided the necessary health care services that met the needs for R1 by the failure to perform wanderguard checks for placement and functioning. The administrator further failed to ensure a licensed nurse provided the

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S3155	Continued From page 13 necessary health care services that met the needs for R6 by the failure to document skin monitoring and interventions to prevent pressure wounds prior to development and lacked evidence of documentation of the pressure wounds after they developed, including time of origin, wound sizes (length, width, and depth), odor, tissue characteristics (including drainage, granulation) and any signs of infection.	S3155		
S3165 SS=E	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 76 total residents with six residents included in the sample and one closed record review. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSAs) for Residents (R)1, R2, R3, R5, R6, and R7 named the licensed nurse responsible for implementing and supervising their "Healthcare Service Plans" (HSP). Findings included: - Record review for Resident (R)1 revealed an admission date of 06/05/24 with diagnoses of dementia and syncope and collapse.	S3165		

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S3165	Continued From page 14 The 06/05/24 "Functional Capacity Screen " (FCS) identified R1 required physical assistance with management of medications and treatments. The 06/05/24 combined "NSA/HSP" identified facility staff would provide R1 assistance with management of medications. Facility staff monitored her weight and vital signs for management of treatments. R1's "NSA" documented the "Licensed Nurse responsible for supervision and implementation of Health Care Services" was Licensed Nurse F, who no longer worked at the facility. - Record review for R2 revealed an admission date of 03/15/22 with diagnoses of Alzheimer's disease and dementia. The 03/15/24 "FCS" identified R2 required physical assistance with bathing, dressing, transfers, eating, management of medications and treatments; she had short-term memory, memory recall, and decision-making cognitive difficulties; and she was identified at risk for falls, and impaired decision-making. The 03/15/24 combined "NSA/HSP" identified facility staff would provide R2 assistance twice a week with bathing; assistance with dressing and transfers; set up assistance to open containers and packages and cut meat for eating; assistance with management of medications and treatments; cuing and verbal directions to meals and activities for cognitive difficulties; supervision and monitoring of mobility and assistance with activities of daily living (ADL's) to prevent injury from falls; and she had a durable power of attorney (DPOA) for impaired decision-making.	S3165		

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S3165	Continued From page 15 R2's "NSA" documented the "Licensed Nurse responsible for supervision and implementation of Health Care Services" was Licensed Nurse F, who no longer worked at the facility. - Record review for R3 revealed an admission date of 03/14/24 with a diagnosis of dementia. The 03/14/24 "FCS" identified R3 required physical assistance with bathing, dressing, toileting, and management of medications and treatments; she was frequently incontinent of bladder; she had short-term memory, memory/recall, and decision-making cognitive difficulties; and she was marked at risk for falls, impaired decision-making, and wandering. The 03/14/24 combined "NSA/HSP" identified facility staff provided R3 physical assistance with one staff twice a week for bathing; physical assistance with bathing and toileting; management of medications and treatments; assistance with peri care for bladder incontinence; cueing, redirection, and invited to meals and activities for cognitive difficulties; monitoring and ensured walker was kept nearby to prevent injury from falls; redirection with snacks and phone calls with family for wandering; and she had a DPOA for impaired decision-making. R3's "NSA" documented the "Licensed Nurse responsible for supervision and implementation of Health Care Services" was Licensed Nurse F, who no longer worked at the facility. - Record review for R5 revealed an admission date of 04/18/22 with diagnoses of Alzheimer's disease and dementia.	S3165		

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S3165	Continued From page 16 The 03/28/24 "FCS" identified R5 required physical assistance with bathing, dressing, toileting, management of medications and treatments; was occasionally incontinent of bladder; had short-term memory, memory/recall, and decision-making difficulties; was sometimes understandable and usually understood others during communication; and was marked at risk for impaired vision, impaired hearing, wandering and impaired decision-making. The 03/28/24 combined "NSA/HSP" identified facility staff would provide R5 physical assistance (he preferred a male) with bathing, dressing, toileting and bladder incontinence; management of medications and treatments; reminders for meals and activities for cognitive difficulties; he used hand gestures to make his needs known for communication; he wore glasses for impaired vision; cuing to place hearing aids on charger at bedtime for impaired hearing; redirection for wandering; and he had a DPOA for impaired decision-making. R5's "NSA" documented the "Licensed Nurse responsible for supervision and implementation of Health Care Services" was Licensed Nurse F, who no longer worked at the facility. - Record review for R6 revealed an admission date of 05/25/23 with diagnoses of dementia and type two diabetes mellitus. The 05/25/24 "FCS" identified R6 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and management of medications and treatments; was occasionally incontinent of bladder; had short-term memory, memory/recall, and	S3165		

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S3165	Continued From page 17	S3165		

decision-making cognitive difficulties; and was identified at risk for falls, impaired vision, impaired hearing, and inappropriate behavior.

The 06/20/24 combined "NSA/HSP" identified facility staff provided R6 physical assistance with bathing, dressing, toileting, transfers, walking/mobility, management of medications and treatments, and bladder incontinence; reminders of meals and activities for cognitive difficulties; frequent rounds at night and when she was in her room to prevent injury from falls; she wore glasses for impaired vision; did not use a device for impaired hearing; staff provided redirection with snacks, garden time, and phone calls with family for inappropriate behavior.

R6's "NSA" documented the "Licensed Nurse responsible for supervision and implementation of Health Care Services" was Licensed Nurse F, who no longer worked at the facility.

- Record review for R7 revealed an admission date of 03/11/24 with diagnoses of osteoarthritis and obesity.

The 03/11/24 "FCS" identified R7 required physical assistance with dressing and she was frequently incontinent of bladder.

The 03/11/24 combined "NSA/HSP" identified facility staff provided R7 assistance with anti-embolism compression stockings morning and evening for dressing and she wore incontinence products and self-managed bladder incontinence.

R7's "NSA" documented the "Licensed Nurse responsible for supervision and implementation of Health Care Services" was Licensed Nurse F,

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S3165	Continued From page 18 who no longer worked at the facility. On 09/25/24 at approximately 01:04 PM Administrative Staff B confirmed Licensed Nurse F no longer worked at the facility and the "NSA's" failed to name a nurse who currently employed at the facility who was responsible for implementing and supervising the "HCP's." On 09/25/24 at approximately 04:35 PM an "NSA" policy was requested which the facility failed to provide. The administrator failed to ensure the "NSAs" for R1, R2, R3, R5, R6, and R7 named the licensed nurse responsible for implementing and supervising their "HSP's."	S3165		
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, 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,	S3248		

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S3248	Continued From page 19 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 76 residents. Based on interview and record review the administrator failed to ensure evidence of current nursing licensure was maintained for Administrative Staff B who worked as a nurse at the facility. Findings included: - Record review for Administrative Staff B revealed a hire date of 02/13/23. Review of the Nursys "QuickConfirm License Verification Report" website accessed on 09/25/24 revealed Administrative Staff B was licensed to practice nursing in another state that was not Kansas and her license did not include multi-state compact status. The multi-state compact license expired 12/31/23. On 09/25/24 at 03:48 PM Administrative Nurse C confirmed Administrative Staff B's employee record lacked evidence of documentation of current nursing licensure. The administrator failed to ensure evidence of current nursing licensure was maintained for	S3248		

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S3248	Continued From page 20 Administrative Staff B who worked as a nurse at the facility.	S3248		
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 75 residents with six residents included in the sample and 1 closed record review. Based on interview and record review the administrator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action for Resident (R)3 when she required a one-on-one caregiver and for R6 when she developed skin wounds. Findings included: - Record review for R3 revealed an admission date of 03/14/24 with diagnoses of dementia, history of falling, and muscle weakness. The 03/14/24 "FCS" identified R3 required physical assistance with bathing, dressing, toileting, and management of medications and treatments; she was frequently incontinent of bladder; she had short-term memory,	S3261		

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S3261	Continued From page 21	S3261		

memory/recall, and decision-making cognitive difficulties; and she was marked at risk for falls, impaired decision-making, and wandering.

The 03/14/24 combined "NSA/HSP" identified facility staff provided R3 physical assistance with one staff twice a week for bathing; physical assistance with bathing and toileting; management of medications and treatments; assistance with peri care for bladder incontinence; cueing, redirection, and invited to meals and activities for cognitive difficulties; monitoring and ensured walker was kept nearby to prevent injury from falls; redirection with snacks and phone calls with family for wandering; and she had a DPOA for impaired decision-making.

The 03/14/24 "Elopement Risk Screening" documented R3 was at risk for elopement and was provided a wander monitoring bracelet.

The 06/14/24 "Elopement Risk Screening" documented R3 was at risk for elopement and was provided a wander monitoring bracelet.

The 08/18/23 nursing "Behavior Note" documented R3's one-on-one caregiver reported R3 got out of bed six times during the night to use the bathroom (which was the first mention in R3's record of a one-on-one caregiver).

R3's record lacked evidence of documentation all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action for R3 when she required a one-on-one caregiver.

On 09/25/24 at approximately 01:04 PM

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S3261	Continued From page 22 Administrative Staff B stated she did not work in the facility when R3 had a private companion. She confirmed R3's record lacked evidence of documentation all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action for R3 when she required a one-on-one caregiver. The administrator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when R3 required a one-on-one caregiver. - Record review for R6 revealed an admission date of 05/25/23 with diagnoses of dementia and type two diabetes mellitus. The 05/25/24 "FCS" identified R6 required physical assistance with management of treatments. The 06/20/24 combined "NSA/HSP" identified facility staff provided R6 physical assistance with management of treatments. The 09/05/24 "Hospice Progress Note" documented facility staff reported R6 had an open area to her buttocks. Wound care was provided and new orders were place in facility's electronic health record (EHR) for R6. The 09/05/24 "Clinical Physicians Order" documented to cleanse two gluteal wounds with wound cleanser, pat dry, apply skin prep to wounds, cover both wounds with dressing. Change dressing every Monday and Thursday. Wounds would be monitored and assessed with	S3261		

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each dressing change for deterioration, improvement, signs of infection, and pain to the area. Changes would be reported to R6's physician and hospice.

The 09/24/25 "Resident Roster" provided during the survey documented R6 had wounds or pressure ulcers.

Review of R6's record from 05/25/23 to 09/24/24 lacked evidence of documentation of all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action for R6 when she developed skin wounds.

On 09/25/24 at approximately 01:04 PM Administrative Staff B confirmed R6 had open skin wounds. She confirmed R6's record lacked evidence of documentation all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action for R6 when she developed skin wounds.

The administrator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when R6 developed open skin wounds.

On 09/25/24 at 04:35 PM a nursing documentation policy was requested which the facility failed to provide.

The administrator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results

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S3261	Continued From page 24 of the action for R3 when she required a one-on-one caregiver and for R3 when she developed skin wounds.	S3261		
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 76 residents with six residents included in the sample and one closed record review. 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 three out of five sampled staff. Findings included:	S3310		

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S3310	Continued From page 25 - Review of Administrative Staff B's employee record revealed a hire date of 02/13/23. She was administered the first step of a two-step TB skin test on 03/25/23 which was 40 days after hire. Administrative Staff B's employee record lacked evidence of documentation a first step of a two-step TB skin test was completed within 7 days of hire. Review of Licensed Nurse D's employee record revealed a hire date of 07/14/23. She was administered the first step of a two-step TB skin test on 08/04/23 which was 21 days after hire. Administrative Staff B's employee record lacked evidence of documentation a first step of a two-step TB skin test was completed within 7 days of hire. Review of Certified Nurse Aide (CMA) E's employee record revealed a hire date of 03/27/24. She was administered a TB skin test on 06/14/24 which was79 days after hire. Administrative Staff B's employee record lacked evidence of documentation a first step of a two-step TB skin test was completed within 7 days of hire. On 09/25/24 at approximately 03:58 PM Administrative Nurse C confirmed staff records lacked evidence of documentation TB screening was completed in accordance with the department's guidelines. On 09/25/24 at approximately 04:35 PM a TB policy was requested which the facility failed to provide. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee shall receive a two-step TB	S3310		

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S3310	Continued From page 26 skin test and symptom screen questionnaire within seven days of employment. 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		