| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|
| WOODRIDGE ESTATES | 329 N KAY LANE PARSONS, KS 67357 |

| (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 |
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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a Health Resurvey conducted at the above named facility on 04/18/22 and 04/19/22. | S 000 | | |
| S3055 SS=F | 26-41-101 (l) Survey Report<br><br>(l) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a public area to residents and any other individuals wishing to examine survey results.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-101 (l)<br><br>The facility reported a census of 22 residents. Based on observation and interview the operator failed to ensure a copy of the most recent survey report was available in a public area to residents and any other individuals for examination.<br><br>Findings included:<br><br>- Observation on 04/18/22 at 10:45 AM during initial tour revealed a notice posted that a copy of the most current inspection report was "available for inspection in the East front hallway." Upon checking to review, the most recent survey report was not available at the East front hallway as indicated on the notice.<br><br>On 04/18/22 at 12:15 PM Administrative Nursing staff A reported she kept the most recent survey report in her office. Administrative Nursing staff A acknowledged that her office was locked, and the survey would not be available to the public when she was not in the facility. | S3055 | | |

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

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| S3055 | Continued From page 1<br><br>The Operator failed to ensure staff kept the most recent survey in an area available in a public area for anyone to review. | S3055 | | |
| S3186 SS=D | 26-41-205 (b) Administration of Selected Medications<br><br>(b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(b)<br><br>The facility reported a census of 22 residents. The sample included three residents and one focused record review. Based on interview, and record review the operator failed to ensure the Negotiated Service Agreement/Health Care Service Plan for Resident (R )420 identified the responsible person for administration and management of selected medications the facility administered.<br><br>Findings included:<br><br>- R420's medical record revealed the resident | S3186 | | |

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| S3186 | Continued From page 2<br>moved into the facility on 07/07/17 with diagnoses of diabetes mellitus and glaucoma.<br><br>The 07/03/21 "Functional Capacity Screen" (FCS) documented R420 managed his own medications.<br><br>The 07/03 21 "Negotiated Service Agreement" (NSA) documented R420 self-administered his medications but did not identify the facility administered his Vitamin B12 injection.<br><br>The March 2022 "Electronic Medication Administration Record" (EMAR) documented the facility administered R420's Vitamin B12 injection once a month.<br><br>On 04/19/22 at 11:15 AM Certified Medication Aide (CMA) D stated R420 self-administered his medications with exception to a Vitamin B12 injection the nurse administered once a month.<br><br>On 04/19/22 at 01:38 PM Administrative Nurse A stated the NSA should include who administered the Vitamin B12 shot for R420.<br><br>The Operator failed to ensure designated staff included select medications the facility administered for F420 in the NSA. | S3186 | | |
| S3215 SS=E | 26-41-205 (h) Medication Storage<br><br>(h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. | S3215 | | |

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| S3215 | Continued From page 3<br>(1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals.<br>(2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides.<br>(3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility.<br>(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205-(h)(1)<br><br>The facility reported a census of 22 residents. Based on observation and interview, the operator failed to ensure resident medications were securely stored.<br><br>Findings included:<br><br>- Observation on 04/18/22 at 11:32 AM the | S3215 | | |

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| S3215 | Continued From page 4<br>unlocked medication room contained an unlocked filing cabinet located in the medication room. The unlocked file cabinet contained numerous medications, both supplied by the pharmacy and "Over the Counter" (OTC) medications for multiple residents.<br><br>Interview on 04/19/22 at 10:20 AM, Administrative Nurse Staff A acknowledged the medications needed to be kept in a locked cabinet or room.<br><br>The operator failed to ensure medications were securely stored to ensure only licensed nurses and medication aides had access to stored medications. | S3215 | | |
| S3248 SS=E | 26-41-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following documentation:<br>(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;<br>(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;<br>(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<br>(4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult | S3248 | | |

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| S3248 | Continued From page 5<br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-102(d)(1)(2)<br><br>The facility reported a census of 22 residents. Based on interview and record review, the Operator failed to ensure one of five newly hired employees records included evidence of supporting documentation for criminal background checks pursuant to K.S.A. 39-970 and amendments thereto upon hire.<br><br>Findings included:<br><br>- Review of employee files conducted on 04/18/22 revealed the following:<br><br>Certified Medication Aide B, hired on 10/02/21, did not have a criminal background check completed as of 04/18/22.<br><br>On 04/19/22 at 1:45 PM, Administrative Nursing Staff A acknowledged the employee record did not include evidence of a criminal background check being done.<br><br>The operator failed to ensure Certified Medication Aide B had a criminal background check initiated upon hire. | S3248 | | |

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| S3261 | Continued From page 6 | S3261 | | |
| S3261 SS=D | 26-41-105 (f) (11) Resident Record Documentation of Incidents<br><br>(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<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-105(f)(11)<br><br>The facility reported a census of 22 residents. The sample included three residents and one focused record reviews. Based on observation, interview, and record review the operator failed to ensure one of four sampled residents (R) 418 record contained documentation of all incidents, symptoms, and other indications of illness or injury.<br><br>Findings included:<br><br>- R418's medical record revealed he moved into the facility on 07/07/18 with diagnoses of congestive heart failure and hypertension.<br><br>The 10/30/21 "Negotiated Service Agreement" (NSA) documented R418 received wound care, but failed to document who provided wound care and what interventions (pressure relieving cushions for chair and wheelchair and pressure relieving mattress for R418's bed) were in place to prevent pressure injuries.<br><br>Review of R418's medical record and progress notes included the following documentation: | S3261 | | |

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| S3261 | Continued From page 7<br><br>On 03/01/21 staff noted the resident had a two-inch reddened area with a two-centimeter center on the resident's right hip.<br><br>On 3/2/21 staff noted the resident had a foam dressing in place to right hip.<br><br>On 3/3/21 staff noted the resident had an overlay air mattress on his bed and continue with foam dressing to right hip.<br>The record lacked any additional information regarding the resident having a wound on his right hip.<br><br>On 3/18/21 staff noted the resident was given his first COVID injection. The record lacked follow up for any adverse effects of the injection.<br><br>On 05/07/21 staff noted a new order to increase Flomax to twice a day due to the resident complaining of difficulty urinating. The record lacked any follow up as to the effectiveness of the medication increase.<br><br>On 3/19/22 staff noted they received a new order to discontinue current treatment order to the residents left buttock and use wound cleanser and betadine and cover with foam dressing daily till healed. This is the first mention in the resident's record identifying the resident had a wound on his left buttock.<br><br>R418's medical record lacked documentation when staff first identified the residents wound, licensed nurse wound assessments which included a description of the wound, wound measurements, type of treatment, and follow-up of treatments provided to document progression of wound healing. Observation 04/19/22 at 10:25 | S3261 | | |

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| S3261 | Continued From page 8<br><br>AM revealed the R418 had a protective dressing to his buttocks. Administrative Nurse A removed the dressing to reveal the skin was intact, red and blanchable. A pressure relieving cushion was found both in the R418's recliner and wheelchair.<br><br>On 04/18/22 at 04:15 PM R418 stated he used to have a sore on his bottom, but thought it was better since it no longer hurt him when he sat down in his chair.<br><br>On 04/19/22 at 11:15 AM, Certified Mediation Aide (CMA) D stated R418 had a sore on his bottom and hospice provided a pressure relieving mattress.<br><br>On 04/19/22 at 10:25 AM Administrative Nurse A stated she did not document any wound measurements and stated if a wound was really bad, she recommended the resident go to the wound clinic.<br><br>On 04/19/22 at 01:29 PM Administrative Nurse A confirmed there should have been follow-up regarding the resident's COVID injections and when his Flomax was increased. Administrative Nurse A also acknowledged she had not completed any nurse assessment or documentation in the resident record to describe the wound, wound measurements, or interventions to help promote healing or prevention of additional injuries.<br><br>The operator failed to ensure designated staff included documentation of all incidents, symptoms and other indications of illness of injury including the date, time of occurrence, action taken, and results of the action. | S3261 | | |

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| S3280 | Continued From page 9 | S3280 | | |
| S3280 SS=F | 26-41-104 (d) Disaster and Emergency Preparedness<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;<br>(2) education of each resident upon admission to the facility regarding emergency procedures;<br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-104(d)(3)(4)<br><br>The facility reported a census of 22 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents, which included specific potential emergencies and disasters as specified by the department.<br><br>Findings included:<br><br>- On 04/18/22 Administrative Nurse Staff A | S3280 | | |

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| S3280 | Continued From page 10<br>provided "Quarterly Disaster Meeting with Residents" documentation for reviews completed on 12/19/19, 03/20/20, 06/20/20, 09/16/20, 01/20/22, and 03/16/22. The record provided lacked any reviews between 09/16/20 and 01/20/22. These reviews did not include information concerning severe weather, missing residents, or explosions. These reviews also did not indicate staff reviewed the plan with all residents.<br><br>Review of the Disaster Plan review sheets provided by Administrative Nurse Staff A were dated 11/01/19, 02/03/20 and two sheets were not dated. The reviews also lacked information regarding potential disaster related to missing residents and severe weather. Administrative Nurse Staff A was unable to provide evidence for quarterly reviews between 02/03/20 and 04/18/22.<br><br>Interview on 04/19/22 at 10:20 AM, Administrative Nurse Staff A acknowledged the disaster plan reviews did not include all required topics for review or identify that it was reviewed with all residents.<br><br>The Operator failed to ensure the performance of quarterly reviews of the emergency management plan which included the potential emergencies and disasters as specified by the department with employees and staff. | S3280 | | |
| S3310 SS=E | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(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 | S3310 | | |

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| S3310 | Continued From page 11 | S3310 | | |

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 22 residents. Based on record review and interview the Operator failed to ensure the facility kept in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

Findings include:

- Review of five newly hired staff records revealed the following:

Administrative nursing staff A hired on 01/19/21 had her first "Tuberculosis Skin Test" (TST) completed on 02/01/22, 12 days after hire date and did not receive a second TST.

Certified Medication Aide B hired on 10/02/21 received her first TST on 12/26/21, 84 days after hire date.
Review of the Tuberculosis (TB) guidelines for adult care homes June 2013 revealed: A. Each

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| S3310 | Continued From page 12<br>new employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of employment. B. Each new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within seven days of employment...<br><br>The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. | S3310 | | |