STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N083001	A. BUILDING: _____ B. WING _____	11/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOCUST GROVE VILLAGE	701 W 6TH STREET LA CROSSE, KS 67548

(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 represent the findings of a licensure resurvey with attached complaints (#167348 and #163927) at the above named assisted living facility conducted on 11/06/23.	S 000		
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 census totaled 14 residents. The sample included 3 residents. Based on observation, interview and record review, Administrator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 2 of 3 sampled residents (R)1 and R2. Findings included: - The "Resident Roster" obtained on 11/06/23 identified four residents as having a bed assist device. - R1's "Medical Record" revealed she admitted to the facility on 08/01/22 with diagnoses of diabetes mellitus type II, anemia, depression,	S3171		

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

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S3171	Continued From page 1 hypertension and hyperlipidemia. The "Resident Functional Capacity Screen" (FCS) dated 10/17/23 recorded the resident as independent with transfer, walk/mobility and eating and required physical assistance for bathing, dressing, toileting, and management of medications and treatments. R1 was at risk for falls/ unsteadiness and had impaired vision and hearing. R1 used a walker and wheelchair for ambulation. The "Negotiated Service Agreement" (NSA) dated 08/02/23 recorded staff assisted with bathing, dressing, toileting and management of medications and treatments. The NSA failed to identify the use of a bed assistive device used for transfers. Record review lacked an annual assessment of the bed assistive device since 08/15/22 to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device and an annual safety check assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 11/06/23 at 01:52 PM in R1's room revealed a bed assist device to the left side of her bed. Interview on 11/06/23 at 01:55 PM with R1 confirmed she used the bed assistive device to get in and out of bed.	S3171		

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S3171	Continued From page 2 - R2's "Medical Record" revealed she admitted to the facility on 06/10/23 with diagnoses of depression, generalized edema and insomnia. The "Resident Functional Capacity Screen" (FCS) dated 06/06/23 recorded the resident as independent with bathing, dressing, toileting, transfer, walk/mobility and eating and required physical assistance with bathing and management of medications. R2 was at risk for falls/ unsteadiness and used a walker for ambulation. The "Negotiated Service Agreement" (NSA) dated 06/06/23 recorded staff assisted with bathing and management of medications and treatments. The NSA failed to identify the use of a bed assistive device used for transfers. Record review lacked an annual assessment of the bed assistive device to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device and an annual safety check assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 11/06/23 at 01:47 PM in R2's room revealed a bed assist device to the left side of her bed. Interview on 11/06/23 at 02:30 PM with Licensed Nurse B confirmed a bed assistive device assessment was not completed on R1 annually and further confirmed no bed assistive device	S3171		

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S3171	Continued From page 3 assessment was completed for R2. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Facility failed to provide a policy on bed assistive devices. Administrator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs of R1 and R2 regarding use of a bed assistive device.	S3171		
S3310 SS=E	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	S3310		

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S3310	Continued From page 4 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: K.A.R 26-41-207 (c) The census totaled 14 residents. The sample included 3 residents and review of 2 newly hired employees. Based on record review and interview for 1 Resident (R)2 and 1 staff (Non-Certified Staff C), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R2's "Health Record" revealed she admitted to the facility on 06/10/23 and the record lacked evidence of completion of TB testing and a TB questionnaire upon admission. R2's first step of TB testing was completed on 08/15/23, approximately 2 months after being admitted to the facility. Record lacked completion of the second step of TB testing. Review of Non-Certified Staff C 's employee record revealed they hired onto the facility on 09/26/23. Non-Certified Staff C's record lacked evidence of completion of TB testing upon hire. Non-Certified Staff C 's first step of TB testing was completed on 10/18/23, approximately 3	S3310		

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S3310	Continued From page 5 weeks after being hired to the facility. Interview on 11/06/23 at 11:57 AM with Licensed Nurse (LN) B confirmed R2's TB testing was completed late and further confirmed no second step had been completed. Facility's "Tuberculin Testing" policy dated 08/11/22 recorded, "1. [Facility name] shall administer a two-step tuberculin skin test to each new resident and new employee within 7 days of residency or employment." The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		