STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087059	A. BUILDING: _____ B. WING _____	08/14/2019

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HOMESTEAD OF CRESTVIEW	600 N 127TH STREET EAST WICHITA, KS 67206

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey and complaints #140287, #141475 and #143423 for the above named assisted living facility conducted on 8/12/19, 8/13/19 and 8/14/19.	S 000		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (3) The facility reported a census of 24 residents and the facility managed medications for 23 of those residents. Based on observation and interview the administrator/operator failed to ensure a licensed nurse or licensed pharmacist labeled over-the-counter medications with the resident's full name for 3 residents whom the facility managed his/her medications (#212, #213 and #214).	S3211		

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

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S3211	Continued From page 1 Findings included: - The resident roster provided on 8/12/19 indicated the facility managed medications/treatments for 23 residents. On 8/12/19 at 3:19 PM licensed nurse D opened the memory care medication cart. Observation revealed over-the-counter (OTC) medications for resident #212 along with prescription medications. The OTC medications did not include the resident's full name and were labeled with the room number and/or last name as follows: 1 full tube (not identified) and 1 partial tube (room #) of Calmoseptine skin barrier, 1 open/used tube of peri-guard, 1 open bottle of a generic brand stool softener size of 25 soft-gels and an open bottle of 200 soft-gels stool softeners. Both bottles of stool softeners were labeled with room # and the resident's last name. Interview on 8/12/19 at 3:19 PM with licensed nurse D revealed he/she would write the resident's room number or name on the OTC medications which the resident or family brought in. On 8/12/19 at 4:00 PM certified medication aide (CMA) C opened the only medication cart for the assisted living residents. Observation revealed OTC medications without a resident's name, or had a room number only as follows: Resident #214 - open bottle of Robitussin cough syrup with a room # only. CMA C identified the OTC as belonging to resident #214 Resident #213 - open bottle of natural laxative, open bottle of Senna (laxative), open bottle of acetaminophen 500 mg, open bottle of vitamin D-3 and an open bottle of vitamin B-12. CMA C identified the OTC medications as belonging to	S3211		

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S3211	Continued From page 2 resident #213. CMA C then took a black permanent marker from his/her pocket and began to write the resident's name on the bottles. Interview on 8/12/19 at 4:00 PM with CMA C revealed a usual practice of the CMA or whoever received the OTC medications to write the resident's room number or name on the bottles if the resident or family had not. The administrator/operator failed to ensure a licensed nurse or licensed pharmacist labeled over-the-counter medications with the resident's full name.	S3211		
S3248 SS=E	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, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each	S3248		

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S3248	Continued From page 3 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)(3) The facility reported a census of 24 residents. Based on interview and record review the administrator/operator failed to have evidence of verifying the nursing license for licensed nurse/operator E at the time of employment. The facility also failed to check with the nurse aide registry for 2 of 3 certified nurse aides/certified medication aides (CMA) hired since last resurvey (CMA A and CMA B) prior to him/her providing care for the residents. All 3 employees had the potential to provide care to all the residents. Findings included: - Personnel record review on 8/13/19 at 2:25 PM revealed licensed nurse/operator E began employment on 11/19/18. The record did not have verification of his/her operator certificate at the time of the review, but the operator certificate was posted on the wall in his/her office. The personnel file failed to include verification of his/her nursing license. Review of the personnel record for certified medication aide (CMA) A revealed he/she began employment on 1/22/19. The personnel file lacked registry verification. Review of the personnel record for CMA B	S3248		

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S3248	Continued From page 4 revealed he/she began employment on 4/03/19. The file included a registry verification without a date but based on the date printed for the last criminal record check on 8/13/19 indicated this registry was checked on 8/13/19. Within another document reviewed during the survey was a registry verification for CMA B dated 5/22/19 as part of the facility's investigation for an incident on 5/15/19. The personnel file failed to include evidence the administrator/operator verified CMA B's registry to ensure his/her certificate was current. On 8/12/19 at 4:40 PM licensed nurse/operator E confirmed the above records lacked evidence of the nursing license verification and the nurse aide registry verification for CMA A and CMA B. The administrator/operator failed to have evidence of verifying the nursing license for licensed nurse/operator E at the time of employment. The facility also failed to check with the nurse aide registry for 2 of 3 certified nurse aides/certified medication aides (CMA) hired since last resurvey (CMA A and CMA B) prior to him/her providing care for the residents. All 3 employees had the potential to provide care to all the residents.	S3248		
S3265 SS=F	26-41-104 (a) Disaster and Emergency Preparedness (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location.	S3265		

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S3265	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (a) The facility reported a census of 24 residents (3 on a locked memory care unit). The facility reported 5 of the 21 residents who resided in the unlocked area of the facility had cognitive impairment. Based on record review and interview the administrator/operator failed to conduct an emergency evacuation drill with the least amount of staff on duty to ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. Findings included: - On 8/12/19 licensed nurse/operator E provided the resident roster which identified 8 of 24 residents with cognitive impairment (3 on the locked area and 5 unlocked area). He/she reported staffing the locked unit with 1 certified staff member in the evening and overnight. The unlocked unit was staffed with 2 certified staff in the evening and overnight. On 8/13/19 at 1:00 PM licensed nurse/operator E provided documentation for the annual evacuation of the facility conducted on 7/29/19 and none for 2018. The handwritten document dated 7/29/19 completed by maintenance staff F did not identify the documentation as an evacuation of the facility. The typed portion listed it as a fire drill during the 1st shift. The start time recorded as 1:48 PM with an end time at 1:52 PM.	S3265		

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S3265	Continued From page 6 Maintenance staff F wrote the location as 100 hall with a staff response to the alarm of 5 seconds. The document did not include any descriptions of the scenario for the evacuation, where the residents were evacuated to, how many residents were evacuated, whether the residents were ambulatory or needed staff to propel a wheelchair and who assured the cognitively impaired residents remained safe during the evacuation of the other residents. The signature page included 4 staff signatures but was not clearly identified as to which staff performed the actual evacuation. Additional documentation provided by maintenance staff F at 1:30 PM on 8/13/19 which was date stamped as being completed on 8/13/19 indicated the drill on 7/29/19 was a full evacuation with minimum staff. This document was similar to the hand written one but was through the facility's electronic system. The start time recorded as 1:48 PM with an end time at 1:52 PM. Maintenance staff F wrote the location as 100 hall with a staff response to the alarm of 5 seconds. The document had a resident head count of 253, with 3 first shift staff members participating. The document did not include any descriptions of the scenario for the evacuation, where the residents were evacuated to, how many residents were evacuated and who assured the cognitively impaired residents remained safe during the evacuation of the other residents. No signatures of residents or staff were included with this document. Interview on 8/13/19 at 1:35 PM with maintenance staff F confirmed he/she conducted a fire drill with evacuation on 7/29/19. He/she wrote the handwritten document on 7/29/19, put the information into the electronic system but apparently had not clicked on the finalize button	S3265		

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S3265	Continued From page 7 which is why the document reflected the date of completion as 8/13/19. He/she confirmed neither of the 2 documents provided included any descriptions of the scenario for the evacuation, where the residents were evacuated to, how many residents were evacuated, whether the residents were ambulatory or needed staff to propel a wheelchair and who assured the cognitively impaired residents remained safe during the evacuation of the other residents. Interview on 8/13/19 at 1:45 PM with licensed nurse/operator E confirmed the documents lacked evidence to show the facility had sufficient staff to assist the resident to evacuate in an emergency or disaster to a secure location, lacked how the residents evacuated (ambulatory, by wheelchair and if assisted by staff) and if a staff member stayed with the cognitively impaired residents during the practice evacuation The administrator/operator failed to conduct an emergency evacuation drill with the least amount of staff on duty to ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location.	S3265		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared 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,	S3298		

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S3298	Continued From page 8 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)(1) The facility reported a census of 24 residents. Based on observation, interview and record review the operator failed to ensure food for residents was stored and prepared under safe and sanitary conditions in regard to proper sealing and dating of food items when opened to ensure timely use, monitoring temperatures of fridges and freezers to ensure items were kept at an acceptable temperature, proper use of hairnets and overall cleanliness of the kitchen food prep areas. This failure had the potential to affect all residents. Findings included: - On 8/12/19 at 3:07 PM observation of a resident fridge on the memory care unit revealed no thermometer within the fridge and the fridge held yogurt and condiments which required cold temperatures below 41 degrees Fahrenheit (F.). Licensed nurse D did not know whether dietary or nursing had responsibility for monitoring this fridge with food he/she identified as being used for residents. He/she could not provide a	S3298		

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S3298	Continued From page 9 temperature monitoring log for the fridge. On 8/12/19 at 3:26 PM observation of the kitchen pantry area revealed a single door reach in freezer and the log on the freezer door for August 2019 only had temperatures recorded for the mornings of 8/08/19, 8/12/19 and 8/13/19 with the evening time on 8/05/19 and 8/06/19. A double door reach-in freezer had spilled brown colored liquid and food debris on the bottom shelf. On the door was a temperature log for August 2019 with temperatures recorded for 8/08/19, 8/12/19 and 8/13/19 for the morning with evening temperatures on 8/05/19 and 8/06/19. On 8/12/19 at 3:30 PM observation revealed dietary staff G did not wear a hair restraint and prepared food on a workstation with visible food debris. Observation of the food preparation area revealed a food storage rack to the right of the hand washing sink had evidence of a yellow food substance spills which also covered the top of the trash can lid and onto the floor. The food preparation areas had visible food debris as follows: white food splatter on the counter, Nu-wave air fryer, stand mixer and food processor. Next to the stand mixer was a wire whisk with yellow/brown substance on the handle and wires (not being used for food prep at this time). The metal work station with a 2 compartment sink also had food debris and dishes stored under the counter had stacks of plates and bowls with dried brownish liquid and food debris. The double door reach-in fridge had the following food items which were open and undated or dated but longer than 7 days allowable for use after opening as follows: two 1/2 sections of watermelon covered in plastic	S3298		

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S3298	Continued From page 10	S3298		

wrap without a date. Dietary staff G reported having not worked in past 4 days, so the watermelon was possibly a week or so since placed in the fridge.
An open and 1/2 used container of loaded baked potato salad without a date
An opened and used 1-gallon jar of mayonnaise without a date
A large plastic zip seal type bag of white cheese slices without a date
An open and 1/2 full container of ham salad dated 7/27/19 (17 days after opening)
An open and 3/4 used container of chicken salad dated 5/22/19 (82 days after opening). Upon opening the container observation revealed a pooling of liquid on top of the chicken salad which had a green tint.
A yellow/orange food item similar to a soft easy to melt processed cheese product wrapped in a plastic wrap without identification or dated.
An open zip sealed plastic bag of shredded cheddar cheese without a date
An open gallon container of blue cheese salad dressing with a date which may have been 1/2014 or 1/2019.
An open gallon container of creamy Italian dressing without a date
A plastic container which had two half used tomatoes and no date
There were no temperature log sheets on the door for this fridge

On 8/12/19 at 3:47 PM observation of the single free-standing white fridge/freezer revealed a temperature log on the front which had temperatures for the morning of 8/08/19 and 8/12/19 with the evening temps on 8/05/19 and 8/06/19. Inside the fridge were open packages of the following food items:
A 4-pound 1/2 used container of original potato

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S3298	Continued From page 11	S3298		

salad with no date
An open partial bag of sliced turkey breast dated 1-10
Another open partial bag of slice turkey breast with no date
A zip type plastic bag which was not closed held an open 3-pound package of hot dogs and no date of when opened
The freezer temperature log for August 2019 had temperatures for 8/08/19, 8/12/19, 8/13/19 and evening temperatures of 8/05/19 and 8/06/19.

On 8/12/19 at 3:52 PM observation of the glass door reach-in fridge revealed a bowl with 4 hardboiled eggs and no date for when prepared. The log on the door for August 2019 included temperatures for 8/08/19, 8/12/19 and 8/13/19 mornings with evening temperatures for 8/05/19 and 8/06/19.

Observation on 8/12/19 at 5:15 PM revealed certified medication aide C in the kitchen dishing up a desert for the residents. He/she had a hair net on the top and back of his/her hair but did not completely retrain his/her hair with hair hanging down on each side, in the back and on the forehead.

Interview with dietary staff G on 8/12/19 during the kitchen tour which began at 3:07 PM confirmed the food items as listed above were not dated. He/she did not know how long a food item could be kept in the fridge after opening to ensure the food item was safe to serve to the residents. He/she confirmed the chicken salad needed to be thrown away.

Interview and observation with licensed nurse/operator E on 8/12/19 at 5:15 PM confirmed all the items listed above were not

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S3298	Continued From page 12 properly labeled, sealed or dated and/or discarded based on the food code. He/she confirmed the kitchen needed an overall deep cleaning. He/she confirmed the fridge and freezer logs lacked evidence of monitoring the temperatures daily and the temperatures recorded for 8/13/19 were not accurate since 8/13/19 had not arrived yet. The Kansas Department of Agriculture Focus on Food Safety October 2014 recommended monitoring the temperature of foods during cooking, holding and serving to ensure food safety and decrease the risk of food borne illness. Cold foods must be maintained at 41 degrees F or below. Date marking - mark the date by which food is to be consumed or discarded - food can be held for 7 days in adequate refrigeration (41 degrees F or less). Day of preparation or day commercially processed food is opened counts as "day one". Potentially hazardous, ready-to-eat food frozen food - when food is removed from the freezer, mark with a consume by date that is 7 days minus the length of time food was refrigerated before being frozen. The operator failed to ensure food for residents was stored and prepared under safe and sanitary conditions in regard to proper sealing and dating food items when opened to ensure timely use, monitoring temperatures of fridges and freezers to ensure items were kept at an acceptable temperature, proper use of hairnets and overall cleanliness of the kitchen food prep areas. This failure had the potential to affect all residents.	S3298		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health	S3320		

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S3320	Continued From page 13 care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254 (a) The facility reported a census of 24 residents. The facility identified 8 of 24 residents with cognitive impairment (3 on the locked memory care unit). Based on observation, interview and record review the administrator/operator failed to ensure staff secured all chemicals to maintain the safety of the cognitively impaired residents. Findings included: - During the initial tour of the memory care unit on 8/12/19 at 3:07 PM observation revealed a	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087059	A. BUILDING: _____ B. WING _____	08/14/2019

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S3320	Continued From page 14 lockable cabinet which was not locked. In the cabinet sat a open with no lid container of laundry detergent dissolvable liquid packs with 12 packs inside. In the adjacent unlocked bathroom observation revealed an under-sink cabinet with no lock which held a ½ full spray bottle of a blue liquid which smelled like window cleaner and licensed nurse D could not identify. An ¼ spray bottle of non-acid bowl cleaner and an open almost full can of Ajax all purpose powder cleanser. All items were labeled as hazardous to humans and to keep out of reach of children. Observation on 8/12/19 at 3:58 PM revealed an unlocked resident bathing room with a whirlpool tub. In the bathroom was a 4-door storage cabinet (2 on top and 2 lower with no gap between). In the lockable but unlocked upper cabinet at waist level sat a spray bottle of non-acid bowl cleaner about ½ full. The container label directed the chemical was hazardous to humans and to keep out of reach of children. Observation on 8/12/19 at 4:20 PM revealed a door labeled as beauty salon. The door had a key code type lock, but the door was not locked and freely opened. In the room on the counter by the sink sat hair products and a germicidal cleaner all labeled keep out of reach of children. At 4:21 PM licensed nurse/operator E confirmed the lock on the door was not functioning and the door should be locked. Interview on 8/12/19 at 4:45 PM with licensed nurse/operator E confirmed that all cleaning chemicals and items labeled keep out of reach of children should be kept in a locked cabinet or room to prevent accidental use or ingestion by cognitively impaired residents.	S3320		

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S3320	Continued From page 15 The administrator/operator failed to ensure staff secured all chemicals to maintain the safety of the cognitively impaired residents.	S3320		