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 _____	12/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 a resurvey with attached complaints #176778, #176533, #171943, #171738, #164704, #161633 at the above named assisted living conducted on 12/28/22 and 12/29/22.	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)(1)(2) The facility reported a census of 38 residents with three residents included in the sample and two closed record reviews. Based on interview and record review the operator failed to ensure facility staff completed a "Functional Capacity Screen" (FCS) for Residents (R) 127 following a significant change and for R131 every 365 days. Findings included: - Record review for R127 revealed an admission date of 10/01/22 with the following diagnoses:	S3081		

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

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S3081	Continued From page 1	S3081		

Parkinson's Disease, depression, and psychosis.

The 09/30/22 "Functional Capacity Screen" (FCS) identified R127 required supervision with eating.

The 08/01/22 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide R127 supervision with eating.

The "Medication Administration Record" (MAR) for 12/2022 documented "Staff to assist with feeding for all meals three times a day for eating."

R127's record lacked evidence of an "FCS" following a significant change in her functional capacity.

- Record review for R131 revealed an admission date of 11/02/19 with the following diagnoses: major depressive disorder, dementia, and type two diabetes mellitus.

The 11/13/21 (most recent) "FCS" identified R131 required physical assistance with bathing, toileting, and management of medications and treatments; supervision with dressing; was incontinent of bladder; had short-term memory, memory recall, and decision-making impairments; and was marked for falls and impaired decision-making.

The 05/04/22 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide assistance of one staff for bathing on Sundays and

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S3081	Continued From page 2 Wednesdays; assistance of one staff every two hours and as needed for toileting; management of medications and treatments; cueing and assistance of one staff as needed with dressing; assistance of one staff with incontinence; she had a durable power of attorney (DPOA) for cognitive impairments; and a fall risk assessment would be completed every six months for falls. R131's record lacked evidence of an "FCS" since the 11/13/21 "FCS" which was 410 days from date of the resurvey. On 12/29/22 at approximately 11:40 AM Administrative Staff E stated the "NSA" and "HCP" were combined in one document. On 12/29/22 at approximately 11:40 AM Administrative confirmed R127's 09/30/22 "FCS" was the most recent and a significant change FCS had not been completed to reflect the change in her functional capacity for eating. On 12/29/22 at approximately 11:40 AM Administrative Nurse D confirmed the most recent "FCS" for R131 was on 11/13/21. The facility's "Functional Capacity Screening" policy documented "The nurse shall conduct a screening . . . at least once every 365 days." The operator failed to ensure facility staff completed an "FCS" for R127 following a significant change and for R131 every 365 days.	S3081		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each	S3085		

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S3085	Continued From page 3 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 38 residents with three residents and two closed record reviews included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 127 and R128's "Negotiated Service Agreements" (NSA) described all the services they would receive. Findings included: - Record review for R127 revealed an admission date of 10/01/22 with the following diagnoses: Parkinson's Disease, depression, and psychosis.	S3085		

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S3085	Continued From page 4 The 09/30/22 "Functional Capacity Screen" (FCS) identified R127 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and management of medications and treatments; required supervision with eating; was usually continent of bladder; and was marked for falls and impaired vision. The 08/01/22 combined "NSA/Healthcare Service Plan" (HCP) identified facility staff would provide R127 assistance with bathing, dressing, toileting, transfers, walking/mobility, and management of medications and treatments; and facility staff would provide supervision with eating. R127's "NSA" lacked a description of the services she would receive for bladder incontinence, falls, and impaired vision. The "Medication Administration Record" (MAR) for 12/2022 documented "Staff to assist with feeding for all meals three times a day for eating." R127's record lacked evidence of an "NSA" with a description of services she would receive for eating. - Record review for R128 revealed an admission date of 09/14/21 with the following diagnoses: dementia, anxiety, hallucinations, and anxiety. The 09/24/22 "FCS" identified R128 required physical assistance with bathing, dressing, toileting, and management of medications and treatments; required supervision with transfers	S3085		

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S3085	Continued From page 5	S3085		

and walking/mobility; she was frequently incontinent of bladder; had short-term and long-term memory, memory recall, and decision-making impairments; was usually understandable and sometimes understands during communication; and was marked for falls, impaired vision, and wandering.

The 09/24/22 combined "NSA/HCP" identified hospice staff would provide R128 with assistance with bathing twice a week; facility staff would provide assistance with dressing, toileting; transfers, walking/mobility, and management of medications and treatments; she wore briefs for incontinence; lived a in secure memory care unit and had a durable power of attorney (DPOA) for impaired cognition; a fall risk assessment would be completed every 6 months to prevent falls; and the facility's safety system would be used to alert staff and monitor if she tried to leave the facility for wandering.

R128's "NSA" lacked how facility staff would provide services for communication and impaired vision.

On 12/29/22 at 09:45 AM Administrative Nurse B confirmed R127 required assistance with feeding instead of supervision as indicated on the NSA.

On 12/29/22 at approximately 11:40 AM Administrative Staff E stated the "NSA" and "HCP" were combined in one document.

On 12/29/22 at approximately 11:40 AM Administrative Nurse B confirmed R127's "NSA" lacked a description of the services she would receive for eating, bladder incontinence, falls,

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S3085	Continued From page 6 and impaired vision; and R128's "NSA" lacked a description of the services she would receive for communication and impaired vision. The operator failed to ensure R127 and R128's "NSAs" described all the services they would receive.	S3085		
S3211 SS=D	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 38 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original package of four over-the-counter (OTC) medications.	S3211		

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S3211	Continued From page 7 Findings included: - Observation on 12/28/22 at 08:15 AM revealed Certified Medication Aide (CMA) B unlocked and opened the medication cart which contained medications for the residents. The following OTC medications were not labeled with residents' full names: 1 8.3-ounce (oz) bottle of Miralax 1 12-oz bottle of Mylanta 1 26-oz bottle of Equate milk of magnesia 1 12-oz bottle of Phillips mild of magnesia On 12/28/22 at approximately 08:15 AM Certified Medication Aide (CMA) C confirmed the OTC medications did not have residents' names on them. The administrator failed to ensure all OTC medications were labeled with the residents' full names.	S3211		
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	S3310		

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S3310	Continued From page 8 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 38 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the facility remained in compliance the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for Resident (R) 127. Findings included: - Record review for R127 revealed an admission date of 10/01/22 with the following diagnoses: Parkinson's disease, depression, and psychosis. R127's record lacked evidence of TB test administration and results. On 12/28/22 at 01:21 PM Administrative Nurse D confirmed R127's record lacked evidence of a two-step TB test. The facility's Tuberculin Testing and Symptom Review" policy documented "Each new resident . . .shall receive a two-step tuberculin skin test or a blood assay for Mycobacterium tuberculosis (BAMT) within seven (7) days of residency. . ." The operator failed to ensure the facility	S3310		

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S3310	Continued From page 9 remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		