STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087071	A. BUILDING: _____ B. WING _____	02/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHISHOLM PLACE	1859 N WEBB ROAD WICHITA, KS 67206

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with attached complaints #177897, #176344, #176189, #176193, #176181, #174593, #174347, #174014, #173845, and #166965 at the above named assisted living conducted on 01/31/23 - 02/02/23, and 02/06/23.	S 000		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each 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 48 residents with three residents included in the sample and six closed record reviews. Based on interview	S3085		

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

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S3085	Continued From page 1 and record review the administrator failed to ensure the development of a "Negotiated Service Agreement" (NSA) for Resident (R) 204 based on his "Functional Capacity Screen" (FCS). Findings included: - Record review for R204 revealed an admission date of 06/30/22 with the following diagnoses: cognitive deficits following non-traumatic subarachnoid hemorrhage, restlessness, and agitation. The 01/03/23 "FCS" identified R204 was marked for wandering. The 01/09/23 "NSA" " lacked evidence of the services facility staff were to provide for the management of wandering. On 02/06/23 at approximately 02:05 PM during the finding's meeting Administrative Nurse B confirmed R 204's "NSA" lacked the services provided for the management of wandering. The administrator failed to ensure the development of an "NSA" for R204 based on his "FCS."	S3085		
S3171 SS=D	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.	S3171		

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S3171	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 48 residents with three included in the sample and six closed record reviews. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Resident (R) 203. Findings included: - Record review for R203 revealed an admission date of 03/01/22 with the following diagnoses: dementia and hypertension. The 08/11/22 "Functional Capacity Screen" (FCS) identified R203 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and eating; was unable to perform management of medications and treatments; was incontinent of bladder; had short-term, long-term, memory/recall, and decision making cognitive impairments; was usually understandable and usually understood others during communication; and was marked for falls, impaired decision-making, wandering, and inappropriate behavior. The 02/02/23 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide R203 physical assistance of two staff with bathing, toileting, transfers, and walking/mobility; physical	S3171		

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S3171	Continued From page 3 assistance with dressing and eating; administration of medications and treatment by a certified medication aide (CMA) or nurse per the primary care provider's orders, emptying of her indwelling catheter every shift for bladder incontinence; speak clearly, slowly and allow time to respond for communication; monitoring in common areas when not in bed for falls and wandering; verbal cues, redirection, and escort as needed for impaired decision-making; and explanation of cares and allow time to process for inappropriate behavior. R203's record lacked evidence of a bed assist device assessment. The "Resident Roster" provided by the facility on 01/31/23 documented R203 used a bed assist device. Observation on 02/02/23 at 12:58 PM revealed a bed assist device was attached to R203's bed. On 02/06/23 at approximately 02:05 PM during finding's meeting Administrative Nurse B confirmed there was no bed assist device assessment in R203's record. The administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R203.	S3171		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

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S3280	Continued From page 4 (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)(4) The facility reported a census of 48 residents. Based on interview and record review the administrator failed to provide quarterly reviews of the facility's emergency management plan with staff and annual evacuation drills of residents to a secure location. Findings included: - The facility's provided emergency plan notebook lacked evidence reviews of the emergency management plan were conducted every quarter with staff and annual evacuation drills of residents to a secure location.	S3280		

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S3280	Continued From page 5 On 02/01/23 at 09:40 AM Administrative Staff A confirmed reviews of the facility's emergency management plan was not conducted quarterly with staff and annual evacuation drills were not completed. The administrator failed to provide quarterly reviews of the facility's emergency management plan with staff and residents.	S3280		
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 48 residents with three residents included in the sample and six closed record reviews. Based on interview	S3310		

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S3310	Continued From page 6	S3310		

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 all five of five sampled staff and Residents (R) 204 and 208.

Findings included:

- Record review for R204 revealed an admission date of 06/30/22 with the following diagnoses: cognitive deficits following non-traumatic subarachnoid hemorrhage, restlessness, and agitation.

R204's record lacked evidence of a TB skin test and a symptom screen.

- Record review for R208 revealed an admission date of 12/13/17 with the following diagnoses: major neurocognitive disorder and myocardial infarction.
Review of the 11/17/21 annual TB symptom screen revealed negative symptoms.

R208's record lacked evidence of a TB symptom screen since 11/17/21 which was 75 days past due at the start of the survey.

- Record review for five staff revealed the following:

Licensed Nurse C's employee record revealed a hire date of 07/11/21 and lacked evidence of a TB skin test and symptom screen completed within seven days of hire.

Certified Nurse Aid (CNA) E's employee record

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S3310	Continued From page 7	S3310		

revealed a hire date 09/02/22 and lacked evidence of a TB skin test and symptom screen completed within seven days of hire.

CNA F's employee record revealed a hire date 11/25/22 and lacked evidence of a TB skin test and symptom screen completed within seven days of hire.

CNA G's employee record revealed a hire date 01/06/23 and lacked evidence of a TB skin test and symptom screen completed within seven days of hire.

Licensed Nurse D's employee record revealed a hire date of 06/07/22.

The 04/29/22 first step of the two-step TB skin test was read on 05/02/22 was negative and was completed within six months of hire. The 04/29/22 TB symptom screen was negative for symptoms.

Licensed Nurse D's record lacked evidence of the second step of the two-step TB skin test.

On 02/01/23 at approximately 01:48 PM Administrative Nurse B confirmed R204 and R208's records lacked evidence of TB testing.

On 02/01/23 at 02:50 PM Administrative Staff A confirmed in an email TB testing was not completed for staff.

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.

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