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 _____	09/09/2024

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 the licensure resurvey with attached complaint numbers 190342, 189864, 189150, 187446, 186755, 186770, 184765, 184461, and 184329, for the above named facility conducted on 09/04/24, 09/05/24 and 09/09/24.	S 000		
S3171 SS=F	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: K.A.R. 26-41-204 (i) The facility reported a census of 65 residents. Based on record review and interview the Administrator failed to ensure all health services were provided to residents in accordance with acceptable standards of practice when responding to the resident call lights for assistance. Findings included: - Record review of the facility provided call light response log for 08/08/24 to 08/13/24 revealed the following: On 08/08/24 there were 20 call light response times greater than 15 minutes. On 08/09/24 there were 28 call light response	S3171		

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

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S3171	Continued From page 1 times greater than 15 minutes. On 08/10/24 there were 15 call light response times greater than 15 minutes. On 08/11/24 there were 27 call light response times greater than 15 minutes. On 08/12/24 there were 16 call light response times greater than 15 minutes. On 08/13/24 there were 22 call light response times greater than 15 minutes. Review of the facility provided document titled "August 2024 In-Service Handout" revealed the following typed statement on the second page of the document; "1. Call lights are answered timely. No more than 15 minutes." Interview on 09/09/24 at approximately 03:00 PM with Administrator A and "Registered Nurses'" (RN)'s B and C, confirmed the call light response times exceeded 15 minutes. The Administrator failed to ensure all health services were provided to residents in accordance with acceptable standards of practice when responding to the resident call lights for assistance.	S3171		
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;	S3310		

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S3310	Continued From page 2 (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: K.A.R. 26-41-207 (c) The facility reported a census of 65 residents. The sample included 6 "Residents'" (R)'s and 5 newly hired employees. Based on record review and interview the Administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 226-39-105 for newly hired receptionist D, "Registered Nurse" (RN) C, "Licensed Nurse" (LN) F, "Certified Medication Aide" (CMA) E, "Certified Nurse Aide" (CNA) G, R1 and R3. Findings included: - Record review for newly hired Receptionist D revealed she began employment on 02/06/24. The personal record contained a document titled "Tuberculosis Annual Symptom Review Questionnaire" dated 09/06/24. The document revealed the first step of the required two step TB test was completed on 09/08/24. Record review for newly hired CNA G revealed	S3310		

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S3310	Continued From page 3	S3310		

she began employment on 01/19/24. The personnel record contained a document titled "Tuberculosis Annual Symptom Review Questionnaire" dated 09/09/24. The document revealed the first step of the required two step TB test implanted on 09/09/24.

Record review for newly hired RN C revealed he began employment on 06/24/24. RN C's personnel record lacked documentation of the required two step TB test being administered within seven days of employment.

Record review for newly hired LN F revealed she began employment on 05/17/24. LN's F personnel record lacked documentation of the required two step TB test being administered within seven days of employment.

Record Review for newly hired CMA E revealed she began employment on 11/29/23. CMA E's personnel record lacked documentation of the required two step TB test being administered within seven days of employment.

- Record review for R1 revealed an admission date of 07/31/24 with diagnoses of early onset Alzheimer's dementia, anxiety disorder due to general medical condition, history of malignant carcinoid tumor, Lewy Bodies dementia, and transient ischemic attack.

Review of the facility provided document titled "Tuberculosis Annual Symptom Review Questionnaire" dated 09/06/24 revealed the first step of the required two step TB test was not implanted until 09/06/24.

- Record review for R3 revealed an admission date of 07/09/24 with diagnoses of acute kidney

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S3310	Continued From page 4 failure, Wernicke's encephalopathy, unsteadiness on feet, need for assistance with personal care, repeated falls, other symptoms and signs involving cognitive functions and awareness, personal history of traumatic brain injury. Review of the facility provided document titled "Tuberculosis Annual Symptom Review Questionnaire" dated 09/06/24 revealed the first step of the required two step TB test was not implanted until 09/06/24. Interview on 09/09/24 at approximately 03:00 PM with Administrator A and RN's C and D confirmed the five newly hired employee personnel files and R's 1 and 2 medical records lacked documentation of the required two step TB test being administered within seven days of hire/admission to the facility. The Administrator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 226-39-105 for newly hired receptionist D, RN C, LN F, CMA E, CNA G, R1 and R3.	S3310		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health 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.	S3320		

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S3320	Continued From page 5 (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: K.A.R. 28-39-254 (a) The facility reported a census of 65 residents. Based on observation and interview the Administrator failed to ensure the facility was maintained to protect the health and safety of the residents, when there were unsecured chemicals in the small, unlocked dining room. Findings included: - Observation on 09/04/24 at approximately 02:15PM, the small dining room door was standing open with the overhead light on. In the unlocked cabinets at the sink were the following unsecured chemicals: 1 can Glade Air Freshener 1 container of ProSpray Wipes 1 container of Germicidal Wipes Interview on 09/09/24 at approximately 03:00 PM with Administrator A and "Registered Nurses'"	S3320		

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S3320	Continued From page 6 (RN)'s B and C, confirmed all chemical are to be secured. The Administrator failed to ensure the facility was maintained to protect the health and safety of the residents, when there were unsecured chemicals in the small, unlocked dining room.	S3320		