STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087077	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARKSFIELD PLACE ASSISTED LIVING	2727 N ROCK ROAD WICHITA, KS 67226

(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 Re-Licensure survey with complaint investigation 176257 for the above named Assisted Living Facility conducted on 09/13/23 and 09/14/23.	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)(2) The facility reported a census of 64 residents (R). The sample included three residents and three focused record reviews. Based on observation, interview, and record review the operator failed to ensure staff completed a "Functional Capacity Screen" for one (R4) of three sampled residents when she experienced a significant change in status after having a fall resulting in a femoral fracture. Findings Included: - Review of R4's electronic medical record	S3081		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3081	Continued From page 1	S3081		

revealed she moved into the facility on 02/03/23 with diagnosis of Alzheimer's disease

R4's "Functional Capacity Screen" dated 02/03/23 revealed R4 was independent with toileting, transfers, walking/mobility and eating. She had no inappropriate behaviors or impaired decision-making abilities. It also identified the resident did not use any assistive devices for mobility.

R4's progress notes revealed on 08/22/23 the resident had a fall which resulted in a femoral fracture and returned to the facility on 08/25/23.

Observation on 09/14/23 at 08:11 AM Certified Medication Aide (CMA) H went into the residents' room to check on her. A personal "sitter" was in chair beside the bed and resident lay in bed quiet but awake. When CMA H went to check to see if the resident was incontinent R4 began to get agitated. CMA H said she would go and get medications which may help since she gets pain medications and will check her after giving the medications.

On 09/14/23 at 08:14 AM CMA H and Certified Nurse Aide (CNA) I came into the room. CNA I sat on the bed beside her and gently held her hands while CMA H administered her topical Seroquel (an antipsychotic) and her liquid Morphine (narcotic pain medication). Approximately two seconds after CMA H gave the resident her Morphine resident spit as if to spit it out.

On 09/14/23 at 08:25 AM CMA H and CNA I went back into R4's room to check and change her. R4

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S3081	Continued From page 2	S3081		

was not cooperative with cares and CNA I helped hold R4's hands so that CMA H could change her incontinent brief. While staff were changing her, the resident cursed staff and was hitting at CMA H and CNA I. As soon as staff finished with cares and positioned the resident comfortably n the bed the resident relaxed and was calm. In R4's bathroom was a walker and a wheelchair for use when the resident was out of the bed.

On 09/14/23 at 08:48 AM CMA H reported when the resident first moved into the facility she used to wander around the unit. She would move things around, go into other resident rooms, and would go to the doors and want to leave. She did have quite a few falls and during one of them, she broke her hip. When she came back, she needed a lot more care. She now has a sitter full time, and they call us if she is trying to get up so that we can walk with her. She also has Hospice care now. We help Hospice give her baths. She does not sit on the toilet anymore and doesn't hardly walk any more. She can walk, but it really depends on her day if she will or not. CMA H stated the family will use the wheelchair to take her outside or around in the building and has seen her walk with the walker about three weeks ago. CMA H stated the resident can feed herself but either the sitter or the facility staff will have to cue and encourage her to eat and sometimes feed her.

On 09/14/23 at 12:23 PM Administrative Licensed Nurse B acknowledged the resident had declined since moving into the facility and had the fall with a broken hip. She confirmed the resident did have behaviors and needed more assistance with activities of daily living, but staff

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARKSFIELD PLACE ASSISTED LIVING	2727 N ROCK ROAD WICHITA, KS 67226

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S3081	Continued From page 3 were just trying to figure out what her normal was because the amount of assistance she needed varied throughout the day. Review of the undated "Functional Capacity Screen" policy revealed "The Functional Capacity Screen will be conducted... b. Following any significant change in condition or hospitalization. The administrator failed to ensure designated staff completed a "Functional Capacity Screen" for R4 when she returned from the hospital and had a significant decline in functional ability resulting in a significant change in status.	S3081		
S3085 SS=F	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.	S3085		

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LARKSFIELD PLACE ASSISTED LIVING	2727 N ROCK ROAD WICHITA, KS 67226

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S3085	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(2) The facility reported a census of 64 residents (R). The sample included three residents and three focused record reviews. Based on record review and interview for three (R3, R4, R5) of three sampled residents and for all residents in the facility, the administrator failed to ensure a licensed nurse completed the "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and included the provider of each service, including those that required specialized education or training. Findings included: - Review of R3's "Electronic Medical Record" revealed he moved into the facility on 08/30/23 with diagnoses of hypertension and spinal stenosis. R3's "Functional Capacity Screen" (FCS) dated 08/30/23 revealed he needed physical assistance with bathing, dressing, and management of medications and medical treatments. R3's "Negotiated Service Agreement" (NSA) dated 08/30/23 revealed two possible check marks for "services" either Independent or (facility name) could be checked. For R3 it had the facility name checked for bathing, dressing, medication management and treatment management. It did not identify "who" within the facility provided the services.	S3085		

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	N087077	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARKSFIELD PLACE ASSISTED LIVING	2727 N ROCK ROAD WICHITA, KS 67226

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S3085	Continued From page 5 On 09/14/23 at 12:18 PM Administrative Licensed Nurse B reported the electronic form used for the NSA is that same form for all residents. Nurse B acknowledged it did not specify that certified staff would provide assistance with activities of daily living or that certified medication aides or licensed nurses provided management of R3s medications or medical treatments. For R3, the administrator failed to ensure a licensed nurse developed the NSA to include who provide services for R 3 that required specialized education or training. - Review of R4's electronic medical record revealed she moved into the facility on 0203/23 with diagnosis of Alzheimer's disease R4's "Functional Capacity Screen" (FCS) dated 02/03/23 revealed R4 required physical assistance with bathing, dressing, and management of medications and medical treatments. R4's most current "Negotiated Service Agreement" (NSA) revealed two possible check marks for "services" either Independent or (facility name) could be checked. For R4 it had the facility name checked for bathing, dressing, medication management and treatment management. It did not identify "who" within the facility provided the services. On 09/14/23 at 12:18 PM Administrative Licensed Nurse B reported the electronic form used for the NSA is that same form for all	S3085		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARKSFIELD PLACE ASSISTED LIVING	2727 N ROCK ROAD WICHITA, KS 67226

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S3085	Continued From page 6	S3085		

residents. Nurse B acknowledged it did not specify that certified staff would provide assistance with activities of daily living or that certified medication aides or licensed nurses provided management of R4s medications or medical treatments.

For R4, the administrator failed to ensure a licensed nurse developed the NSA to include who provide services that required specialized education or training.

- Review of R5's medical record revealed she moved into the facility on 12/29/16 with diagnosis of osteoarthritis.

R5's "Functional Capacity Screen dated 07/12/23 revealed she required physical assistance with bathing, dressing and management of medical treatments. She also required supervision with management of medications.

R5's "Negotiated Service Agreement dated 07/12/23 revealed two possible check marks for "services" either Independent or (facility name) could be checked. For R5 it had the facility name checked for bathing, dressing, medication management and treatment management. It included (facility initials) assist with diabetic medication set up weekly and as needed. It did not identify "who" within the facility provided the services.

On 09/14/23 at 12:18 PM Administrative Licensed Nurse B reported the electronic form used for the NSA is that same form for all residents. Nurse B acknowledged it did not specify that certified staff would provide

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	N087077	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARKSFIELD PLACE ASSISTED LIVING	2727 N ROCK ROAD WICHITA, KS 67226

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S3085	Continued From page 7 assistance with activities of daily living or that certified medication aides or licensed nurses provided management of R4s medications or medical treatments. Review of the "Negotiated Services Agreement" policy dated 05/2022 revealed the NSA would identify the service to be provided and who provided the service. For R5, and all residents who lived in the assisted living facility, the administrator failed to ensure a licensed nurse developed the NSA to include who provide services for residents that required specialized education or training.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement 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; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by:	S3092		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARKSFIELD PLACE ASSISTED LIVING	2727 N ROCK ROAD WICHITA, KS 67226

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S3092	Continued From page 8 KAR 26-41-202 (d)(2) The facility reported a census of 64 residents (R). The sample included three residents and three focused record reviews. Based on observation, interview and record review the administrator failed to ensure designated staff reviewed and revised the "Negotiated Service Agreement" for one (R4) of three sampled residents when the resident experienced a significant change in status related to an increased need for assistance activities of daily living. Findings included: - Review of R4's electronic medical record revealed she moved into the facility on 0203/23 with diagnosis of Alzheimer's disease R4's "Functional Capacity Screen" (FCS) dated 02/03/23 revealed R4 was independent with toileting, transfers, walking/mobility and eating. She had no inappropriate behaviors or impaired decision-making abilities. It also identified the resident did not use any assistive devices for mobility. Designated staff failed to complete the FCS after the resident returned from the hospital and had a significant decline in status. R4's most current "Negotiated Service Agreement" (NSA) dated 02/03/23 did not include any services related to toileting, incontinence, transfers, walking/mobility, or eating. It also failed to address services related to impaired cognition, impaired hearing and inappropriate behaviors. Designated staff failed to revise R4's NSA when she had a decline in	S3092		

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LARKSFIELD PLACE ASSISTED LIVING	2727 N ROCK ROAD WICHITA, KS 67226

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S3092	Continued From page 9	S3092		

functional ability and needed increased assistance with activities of daily living.

R4's progress notes revealed on 08/22/23 the resident had a fall which resulted in a femoral fracture and returned to the facility on 08/25/23.

Observation on 09/14/23 at 08:11 AM Certified Medication Aide (CMA) H went into the resident's room to check on her. A personal "sitter" was in chair beside the bed and resident lay in bed quiet but awake. When CMA H went to check to see if the resident was incontinent R4 began to get agitated. CMA H said she would go and get medications which may help since she gets pain medications and will check her after giving the medications.

On 09/14/23 at 08:14 AM CMA H and Certified Nurse Aide (CNA) I came into the room. CNA I sat on the bed beside her and gently held her hands while CMA H administered her topical Seroquel (an antipsychotic) and her liquid Morphine (narcotic pain medication). Approximately two seconds after CMA H gave the resident her Morphine she spit as if to spit it out.

On 09/14/23 at 08:25 AM CMA H and CNA I went back into R4's room to check and change her. R4 was not cooperative with cares and CNA I helped hold R4's hands so that CMA H could change her incontinent brief. While staff were changing her the resident cursed staff and was hitting at CMA H and CNA I. As soon as staff finished with cares and positioned the resident comfortably n the bed the resident relaxed and was calm. In R4's bathroom was a walker and a wheelchair for use

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LARKSFIELD PLACE ASSISTED LIVING	2727 N ROCK ROAD WICHITA, KS 67226

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S3092	Continued From page 10 when the resident was out of the bed. On 09/14/23 at 08:48 AM CMA H reported when the resident first moved into the facility she used to wander around the unit. She would move things around, go into other resident rooms, and would go to the doors and want to leave. She did have quite a few falls and one of them she broke her hip. When she came back, she needed a lot more care. She now has a sitter full time, and they call us if she is trying to get up so that we can walk with her. She also has Hospice care now we help Hospice give her baths. She does not sit on the toilet anymore and doesn't hardly walk any more. She can walk, but it really depends on her day if she will or not. CMA H stated the family will use the wheelchair to take her outside or around in the building and has seen her walk with the walker about three weeks ago. CMA H stated the resident can feed herself but either the sitter or the facility staff will have to cue and encourage her to eat and sometimes feed her. On 09/14/23 at 12:28 PM Administrative Licensed Nurse B acknowledged that since R4 returned from the hospital she has had a significant change in status and should have had her NSA revised to indicate the increased need for assistance. Review of the May 2022 "Negotiated Services Agreement" policy revealed the "NSAs are completed ... with a significant change in condition". The administrator failed to ensure designated staff reviewed/revised as necessary R4's NSA	S3092		

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	N087077	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARKSFIELD PLACE ASSISTED LIVING	2727 N ROCK ROAD WICHITA, KS 67226

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S3092	Continued From page 11 when she had a significant decline in functional abilities.	S3092		
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 64 residents. Based on observation and interview, the administrator failed to ensure all over-the-counter medications were labeled with the resident's full name. This includes the need for the resident's full name to be on the original manufacturer's medication package and the medication container/insert. Findings included: - During initial tour on 09/13/23 at 08: 16 AM	S3211		

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S3211	Continued From page 12 Certified Medication Aide (CMA) C unlocked the Memory Care medication cart which contained the following over-the-counter medications that lacked the resident's full name on them: Aspercream with Lidocaine cream and bottle of allergy relief tablets. CMA C stated she did not know who the medication belonged to. On 09/13/23 at 08:20 AM CMA D unlocked the First-floor med cart which contained the following bottles of over-the-counter medications that lacked the resident's full name on them: Wal-dram (meclizine) with no name on the box or the foil packets inside, and a box with a tube of hydrocortisone that did not have a residents full name on the box or on the tube. Other medications in the drawer with a residents first initial and last name or first name and last initial included Ibuprofen, AllerClear (an allergy medication), Vitamin D3, Salon-Paas patches, and Mucinex. ON 09/13/23 at 09:10 AM CMA E unlocked the First-floor Deluxe medication cart which included the following over-the-counter medications without the resident's full name: Vitamin B 12, Lutein, and a bottle of Vitamin D3. On 09/13/23 at 09:42 AM CMA F unlocked the upstairs medication cart which revealed the following over-the-counter medications without a resident's full name: Box with a tube of Diclofenac topical gel no name on box or on the tube, and a bottle of Tylenol with a resident's last name only. On 09/13/23 at 2:32 PM Administrative Licensed Nurse B reported she thought the first initial and	S3211		

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	N087077	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARKSFIELD PLACE ASSISTED LIVING	2727 N ROCK ROAD WICHITA, KS 67226

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S3211	Continued From page 13 last name would be sufficient. Review of the 7/7/17 "Medications - Storage and Labeling Evaluation" Policy revealed Medication storage and labeling will be routinely monitored and audited. The administrator failed to ensure all over-the-counter medications included the full name of the resident they belonged to and included the name on the original manufacturer's medication package and the medication container.	S3211		
S3248 SS=F	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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087077	A. BUILDING: _____ B. WING _____	09/14/2023

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(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
S3248	Continued From page 14 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) The facility reported a census of 64 residents. Based on interview and record review for five newly hired employees, the administrator failed to have evidence of active licensure, for one newly hired staff who had the potential to provided services to all residents that required specialized education and training to complete. Findings included: - On 09/13/23 at 01:34 PM prior to review of newly hired employee records, Administrative Staff A and Administrative Licensed Nurse B reported to surveyor that Licensed Nurse (LN) K's nursing license had expired on 08/31/23. Administrative staff A and B both acknowledged Licensed Nurse K had worked shifts as a licensed Nurse between 09/01/23 and 09/13/23 while her license was expired. Administrative staff A did not realize her license had expired until today when he ran her licensure check again. He also reported LN K was working today and was taken off LN duties and would not work again until she had completed the necessary training to reactivate her nursing license. Review of LN K's employee filed included a	S3248		

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	N087077	A. BUILDING: _____ B. WING _____	09/14/2023

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S3248	Continued From page 15 licensure check completed on 02/22/23 which included an expiration dated of 08/31/23. It also included a licensure check completed on 09/13/23 which revealed LN K's license had lapsed. On 09/14/23 at 01:29 PM Administrative Staff A provided the following dates as days LN K worked as a LN: September first, second, third, sixth, seventh, eighth, eleventh, twelfth, and thirteenth. On 09/14/23 at 01:35 PM Administrative Licensed Nurse B reported the duties LN K would have carried out as the LN could have included but not limited to assessment and management of wound care, status post fall assessments, and LN K would have processed any physician orders and calls to the physician for any resident concerns. The administrator failed to ensure LN K maintained an active nursing license to perform services that required specialized education and training. This failure effected all resident who required licensed nursing services.	S3248		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.	S3299		

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S3299	Continued From page 16 This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 64 residents. Based on observation and interview the administrator failed to ensure designated staff stored all food under safe and sanitary conditions. Findings included: - Observations during initial on 09/13/23 revealed the following: At 08/33 AM in the Tea Room unlocked refrigerator/freezer there were four Styrofoam bowls with ice cream in them with another bowl on top as a cover. There was no date as to when the bowls were put in the freezer. At 10:02 in the main kitchen the freezer contained a baggie that did not have a label or date on it that contained frozen biscuits, another undated/unlabeled baggie with what appeared to be chicken wings, and another undated/unlabeled baggie with what appeared to be chicken strips. On 09/13/23 at 10:13 AM Dietary staff G went into the main freezer and acknowledged the baggies should have been dated when opened and labeled with what food was in the baggie. She also stated the ice-cream in the Tea room should not have been saved in bowls without being dated and securely covered. Review of the "Storage of Food and Supplies" policy dated 12/2020 directed staff to cover, label	S3299		

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S3299	Continued From page 17 and date unused portions and open packages. The administrator failed to ensure designated staff stored foods in manner to ensure they were discarded when appropriate by failing to date and labeled foods items in baggies that had been opened.	S3299		
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 64 residents (R). The sample included three residents and three focused record reviews and review of five newly hired employees. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the	S3310		

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S3310	Continued From page 18 department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for two (R3 and R4) of three sampled residents and for one of five newly hired employees. Findings included: - Review of R3's electronic record revealed he moved into the facility on 08/30/23 with a diagnosis of spinal stenosis. R3's record included a TB symptoms screen completed on 08/30/23 and had documented a TB skin test planted on 08/30/23 that had not been read as of 09/14/23. On 09/14/23 at 12:16 PM Administrative Licensed Nurse B reviewed the resident's record and acknowledged the first TB skin test had not been read and should have been. Review of the "Tuberculosis - Exposure Control (Resident)" policy dated 02/19/16 revealed each new resident will receive a two-step TB skin test within seven days of admission. It also revealed the first skin test will be read within 48-72 hours of its administration. The administrator failed to ensure R3 received his first TB skin test within seven days of admission to the facility and a licensed nurse read the results within the correct time frame per TB guidelines. - Review of R4's medical record revealed she moved into the facility on 02/03/23 with diagnosis of Alzheimer's disease.	S3310		

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S3310	Continued From page 19 R4's record included a TB symptom screen completed on 02/04/23. It also included two TB skin test. The first administered on 07/27/23 and the second on 08/03/23 of which both read negative results. However, the record failed to include the date the TB skin tests were read. On 09/24/23 at 12:20 PM Administrative Licensed Nurse B looked in R4's electronic record and confirmed that both TB skin tests did not include the date they were read by a licensed nurse. Review of the "Tuberculosis - Exposure Control (Resident)" policy dated 02/19/16 revealed "required Documentation in Resident's Clinical Record" included the date each TB skin test was administered, and the date each TB skin test was read. The administrator failed to ensure the licensed nurse who read R4's TB skin test and included the date it was read to stay within the departments TB guidelines. - Review of newly hired Administrative Staff J's employee file revealed she was hired on 12/23/22. Administrative Staff J's record include TB symptom screen and a one step TB skin test but did not include evidence of a negative skin test within six months prior to hire date or getting a second TB skin test. On 09/13/23 at 02:18 PM Administrative staff A stated Administrative Staff J had received a TB	S3310		

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S3310	Continued From page 20 skin test at her previous employer but failed to get evidence of the TB skin test. On 09/13/23 at 02:19 PM Administrative staff reported she did have a TB skin test at her previous employer approximately nine months before she started working at the facility. The department's June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented "Each new employee shall have an initial TB symptom screen. . . within seven days of employment. . . Each new employee shall receive a two-step TST. . . within seven days of residency or employment." 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.	S3310		
S9999	Final Observations Kansas Statute 39-981. Authorized electronic monitoring; reasonable accommodations; notice; consent; use as evidence; prohibitions. (d) A resident, or such resident's guardian or legal representative, who wishes to conduct authorized electronic monitoring shall notify the adult care home on a form prescribed by the secretary for aging and disability services. (i) Each adult care home shall post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's	S9999		

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S9999	Continued From page 21	S9999		

resident or residents.

This Requirement is not met as evidenced by:

Scope and Severity of F.

The facility reported a census of 64 residents(R). The sample included three residents and three focused record reviews. Based on observation, record review, and interview, the administrator failed to post a conspicuous notice at the entrance to the adult care home informing all who come into the facility that some resident rooms have video monitoring and failed to post the same notice at the entrance of each resident's room.

Findings included:

- Upon entering the facility on 09/13/23 at 07:56 AM on the main entrance door was a notice regarding wearing masks and another notice about cold symptoms and when not to enter the facility. No other notices were observed upon entrance.

During initial tour on 09/13/23 from 08:05 AM to 10:15 AM there were no observations of resident rooms with a notice regarding video surveillance at resident doors.

During entrance review on 09/13/23 at 10:29 AM Administrative Staff A reported there were a couple of residents who had some type of video surveillance in their rooms. He reported residents R7 and R8 had surveillance cameras in their rooms per family choice.

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S9999	Continued From page 22	S9999		

- Review of R7's record revealed she moved into the facility on 08/31/22 with diagnoses of osteoporosis and hypertension.

Observation on 9/13/23 at 12:27 PM Licensed nurse B and surveyor went into resident's room and the camera is to the left of the TV by the window.

- Review of R8's medical record revealed she moved into the facility on 04/19/13 with diagnoses of osteoarthritis, heart failure and depressive disorder.

Observation on 9/13/23 at 12:38 PM revealed the video cameras were on the dresser in her bedroom and on the bakers rack in the dining/front room area.

Surveyor again went through the whole facility and looked closer at each resident door and there was a notice at the top of the door frame for R7 and R8 but no other resident rooms had a notice regarding possible video surveillance.

On 09/13/23 at 02:37 PM Administrative staff reported he did not have a policy for Authorized Electronic Monitoring and just had the family/legal representative sign the appropriate paperwork.

The administrator failed to ensure all the required postings related to Authorized Electronic Monitoring were posted at the front entrance to the facility and at each resident's room entrance.