STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N044007	A. BUILDING: _____ B. WING _____	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
F W HUSTON MEDICAL CENTER - JEFFERSON SUITE	408 DELAWARE STREET WINCHESTER, KS 66097

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Assisted Living facility conducted on 06/14/23 and 06/15/23.	S 000		
S3085 SS=E	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: K.A.R 26-41-202(a)(1) The facility reported a census of six residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen"	S3085		

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

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S3085	Continued From page 1 (FCS) for resident (R)101 and R103. Findings included: - R101's medical record revealed the resident moved into the facility on 08/01/22. The 08/01/22 FCS identified R101 required physical assistance with bathing. The 08/01/22 NSA did not describe what services staff were to provide for bathing. On 06/15/23 at 09:50 AM Licensed Nurse (LN) D stated if R101 required physical assistance with bathing, the NSA should describe what type of assistance staff would provide. The 01/30/2015 "Negotiated Service Agreement" policy documented, "The agreement is based on the Functional Capacity Screening and the identified services needed." The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS. - R103's medical record revealed she moved into the facility on 12/29/22. The 12/29/22 FCS identified R103 as having triggered for cognition and impaired vision. The 12/29/22 NSA did not address cognition and impaired vision. The 01/30/2015 "Negotiated Service Agreement"	S3085		

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S3085	Continued From page 2 policy documented, "The agreement is based on the Functional Capacity Screening and the identified services needed." The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS.	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: K.A.R 26-41-202(d)(2) The facility reported a census of six residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)102 was review and revised as needed at least once every 365 days.	S3092		

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S3092	Continued From page 3 Findings included: - R102's medical record revealed the resident moved into the facility on 05/09/22. Review of R102's records revealed the most current "Functional Capacity Screen" (FCS) was dated 01/30/23. Review of R102's records revealed the most current NSA was dated 05/09/22. On 06/14/23 at 10:58 AM Licensed Nurse C stated an NSA is completed upon admission but was not updated at least every 365 days. The 01/30/15 "Negotiated Service Agreement" policy documented, "The Negotiated Service Agreement will be ...reviewed at least annually and revised as needed." The operator failed to ensure R102's NSA was updated at least once every 365 days.	S3092		
S3102 SS=D	26-41-202 (i) Negotiated Service Agreement Service Received (i) Each administrator or operator shall ensure that each resident receives services according to the provisions of that resident ' s negotiated service agreement This REQUIREMENT is not met as evidenced by: KAR 26-41-202(i)	S3102		

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S3102	Continued From page 4 The facility reported a census of six residents. The sample included three residents. Based on interview, and record review the operator failed to ensure resident (R)101 received services according to the provisions of the "Negotiated Service Agreement" (NSA). Findings included: - R101's medical record revealed the resident moved into the facility on 08/01/22. The 08/01/22 "Functional Capacity Screen" (FCS) identified R101 required supervision with medication management. The 08/01/22 NSA documented nursing services provided medication management but did not indicate to what extent. On 06/15/23 at 09:05 AM R101stated staff filled up her pill organizer and she self-administered her own medications. On 06/15/23 at 09:30 AM Certified Medication Aide F stated staff set up R101's medications for the week in a pill organizer and R101 then self-administered her own medication. On 06/15/23 at 09:50 AM Licensed Nurse D stated staff filled up R101's pill organizer once a week and R101self-administered her own medications. The operator failed to describe to what extent staff assisted with R101's medications and that R101 self-administered her own medications.	S3102		

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S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-204(d) The facility reported a census of six residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)101, R102 and R103. Findings included: - R101's medical record revealed the resident moved into the facility on 08/01/22. R101's most recent NSA was completed on 08/01/22 and did not identify the nurse responsible for the implementation and supervision of the Health Care Service Plan (HCSP). On 06/15/23 at 09:50 AM Licensed Nurse D stated the nurse responsible for the implementation and supervision of the care plan was not identified on R101's NSA.	S3165		

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S3165	Continued From page 6 The operator failed to ensure the NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan for R101. - R102's medical record revealed the resident moved into the facility on 05/09/22. R102's most recent NSA was completed on 05/09/22 and did not identify the nurse responsible for the implementation and supervision of the Health Care Service Plan (HCSP). On 06/15/23 at 09:50 AM Licensed Nurse D stated the nurse responsible for the implementation and supervision of the care plan was not identified on R102's NSA. The operator failed to ensure the NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan for R102. - R103's medical record revealed the resident moved into the facility on 12/29/22. R103's most recent NSA was completed on 12/29/22 and did not identify the nurse responsible for the implementation and supervision of the Health Care Service Plan (HCSP). On 06/15/23 at 09:50 AM Licensed Nurse D stated the nurse responsible for the implementation and supervision of the care plan was not identified on R103's NSA.	S3165		

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S3165	Continued From page 7 The operator failed to ensure the NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan for R103.	S3165		
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 state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced	S3248		

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S3248	Continued From page 8 by: KAR 26-41-102(d)(1) The facility reported a census of six residents. Based on interview and record review, the operator failed to ensure three of five newly hired employees records included evidence of timely verification of licensure was completed. Findings included: - Review of employee files conducted on 06/14/23 revealed the following: Licensed Nurse (LN) J was hired on 02/24/22. Evidence of licensure was not completed until after hired on 03/01/22. LN G was hired on 04/10/21. Evidence of licensure was not completed until after hired on 04/13/21. LN H was hired on 08/04/21. Evidence of licensure was not completed until after hired on 09/13/21. The operator failed to ensure timely verifications of licensure were completed.	S3248		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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;	S3280		

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S3280	Continued From page 9 (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) The facility reported a census of six residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 06/14/23 Administrative Staff D provided a copy of the "Resident Emergency Preparedness Topics." Review of this material revealed the only topics listed for discussion during the resident meeting were fire, tornado and power outage. On 06/14/23 at 10:48 AM Administrative Staff A stated reviews of the emergency management plan were completed with staff upon hire and on	S3280		

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S3280	Continued From page 10 an annual basis only. Stated portions of the emergency management plan were reviewed separately throughout the year. On 06/15/23 at 09:01 AM Administrative Staff D stated she went over the main items of discussion as provided on the "Resident Emergency Preparedness Topics." The operator failed to ensure the completion of quarterly reviews covering all of the required items of the emergency management plan with employees 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)	S3310		

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S3310	Continued From page 11 The facility reported a census of six residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Review of five newly hired staff records revealed the following: Licensed Nurse (LN) G was hired 04/10/21. The TB screening questionnaire was completed on 09/24/21 and not within seven days of hire. The second step of the two-step "TB Skin Test" (TST) was administered on 08/12/21 which was 118 days late. LN H was hired on 08/04/21. The second step of the two-step TST was administered on 09/01/21 which was 21 days late. Certified Nurse Assistant (CNA) I was hired on 06/04/22. The second step of the two-step TST was administered on 06/13/22 and was read late on 06/17/22 after the required 48-72 hours of its administration. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of ...employment ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks ...The second TST shall be read within 48-72 hours of its administration ..."	S3310		

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S3310	Continued From page 12 The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Resident (R)101 admitted to the facility on 08/01/22 did not have a TB symptom screening questionnaire completed upon admission. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the TB Symptom Screen Questionnaire within 7 days of residency." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Resident (R)103 admitted to the facility on 12/29/22 did not have a TB symptom screening questionnaire completed upon admission. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the TB Symptom Screen Questionnaire within 7 days of residency." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		