STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N096011	A. BUILDING: _____ B. WING _____	07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIA COURT	633 E MAIN STREET MULVANE, KS 67110

(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 the licensure resurvey with attached complaint number 173230 for the above named facility conducted on 07/05/23 and 07/06/23.	S 000		
S3171 SS=E	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 35 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on observation, interview and record review the operator failed to ensure the licensed nurse performed an assessment which ensured the device was not a restraint, determining the purpose of the device and the resident's ability to safely use the device, ensuring the device was securely attached to the bed, including a description of the device in the "Negotiated Service Agreement" (NSA), and documentation of periodic reassessments of the device in the resident records for R1, R2, and R3. Findings included: - Record review on 07/05/22 for R1 revealed an admission date of 07/06/18 with diagnoses of	S3171		

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

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S3171	Continued From page 1 deficiency of other specified B group vitamins, chronic gout, bradycardia, purities, anemia, chronic obstructive pulmonary disease acute respiratory failure, with hypoxia, nicotine dependence, heart failure, essential hypertension, and type two diabetes. Record review of R1 "Functional Capacity Screen" (FCS) dated 02/09/23 revealed she required physical assistance with her shower and managing her medications. She was marked as a fall risk and she had impaired vision. She was independent with dressing, toileting, transferring walking/mobility, eating and she had intact cognition. She was able to make herself understood and she understood others. Record Review of R1 NSA dated 2/9/23 identified the following "Health Services" which were to be provided by the facility staff: assistance of 1 person for getting into and out of the shower, and she has 1/2 bed rail to assist with transferring and mobility in bed. Observation on 07/06/23 at approximately 12:45 AM of R1 bed revealed on the upper right side of the bed a half rail was attached that measured 31 inches wide by 18 inches high. R1 record lacked an assessment which ensured the device was not a restraint, determining R1's ability to safely use the device, ensuring the device was securely attached to the bed, including a description of the device in R1's NSA, and documentation of periodic reassessments of the device in R1 records.	S3171		

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S3171	Continued From page 2 - Record review for R2 revealed an admission date of 03/09/19 with diagnoses of essential hypertension, anxiety disorder, hypoxemia, hematuria, disorder of the skin and subcutaneous tissue, and mild cognitive impairment. Record review of R2 FCS dated 03/03/23 revealed he required physical assistance with bathing, dressing, toileting, transferring and supervision with mobility. He lacked the ability to manage his own medications, was occasionally incontinent of his bladder and had impaired long-term memory and impaired decision making. He was sometimes understandable, and he usually understood others. He was marked with falls, impaired vision, impaired hearing, impaired decision making, and he used a walker and wheelchair mobility device. Record Review of R2 NSA dated 03/02/23 identified the following "Health Services" to be provided by the facility staff: physical assistance with bathing, dressing, toileting, transferring, and bed rails to assist with repositioning in bed. Observation on 07/06/23 at approximately 1:00 PM of R2 bed revealed the bed was equipped with a low air loss mattress and half rails attached to the upper left and upper right sides of the bed and measured 31 inches wide by 18 inches high. R2 record lacked an assessment which ensured the device was not a restraint, determining R2's ability to safely use the device, ensuring the device was securely attached to the bed, including a description of the device in R2's NSA, and documentation of periodic reassessments of	S3171		

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S3171	Continued From page 3 the device in R2 records. - Record review for R3 revealed an admission date of 05/09/23 with diagnoses of Parkinson's disease, insomnia, diabetes, major depressive disorder, and repeated falls. Review of R3's FCS dated 05/09/23 revealed he required physical assistance with bathing, dressing, and he lacked the ability to manage his own medications. He was independent with toileting, transferring, and walking/mobility. His cognition was intact, he was able to make himself understood and he understood others. He was marked with falls and used a walker and wheelchair mobility devices. Review of R3's NSA 07/03/23 identified the following "Health Services" to be provided by facility staff: physical assistance with bathing and dressing, medication management and he had a half rail on his bed to assist with positioning while in bed. Observation on 07/06/23 at 12:37 PM revealed the head of the bed was on the north wall, the left side of the bed was against the wall. There was an open "U" shaped bed assist device that was slid under the mattress and measured 14 inches width, and from the top of the device to the legs resting on the floor was 41 inches in height. The device freely slid out from under the mattress. R3 record lacked an assessment which ensured the device was not a restraint, determining R3's ability to safely use the device, ensuring the	S3171		

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S3171	Continued From page 4 device was securely attached to the bed, including a description of the device in R3's NSA, and documentation of periodic reassessments of the device in R3 records. Interview on 07/06/23 with operator A at 02:28PM, she confirmed the records for R1, R2, and R3 lacked an assessment which ensured the device's were not a restraint, determining the purpose of the device's and the residents ability to safely use the device's, ensuring the device's were securely attached to the beds, including a description of the device's in the NSA's, and documentation of periodic reassessments of the device's in the resident records. The operator failed to ensure the licensed nurse performed an assessment which ensured the device was not a restraint, determining the purpose of the device and the residents ability to safely use the device, ensuring the device was securely attached to the bed, including a description of the device in the "Negotiated Service Agreement" (NSA), and documentation of periodic reassessments of the device in the resident records for R1, R2, and R3.	S3171		
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	S3211		

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S3211	Continued From page 5 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: K.A.R. 26-41-205 (g) (3) The facility reported a census of 35 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the "Over the Counter" (OTC) medication bottles. Findings included: Observation on 07/05/23 at approximately 11:00 AM of the medication cart in the nursing office revealed the following unlabeled OTC's: 1 bottle of Acetaminophen 325 milligrams 1 bottle of Milk of Magnesia 1 bottle of Geri Tussin; sugar and alcohol free. 1 box of Loperamide HCl 2 milligram tablets unopened 1 box of Loperamide HCl 2 milligram tablets with 13 tablets in the box 1 bottle of Geri Lanta unopened 1 bottle of Geri Lanta opened Interview on 07/05/23 at approximately 11:15AM with operator A, she confirmed the OTC	S3211		

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S3211	Continued From page 6 medications lacked the full names of the residents. The operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the "Over the Counter" (OTC) medication bottles.	S3211		
S3310 SS=E	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: K.A.R. 26-41-207 (c) The facility reported a census of 35 residents. The sample included 3 "Residents'" (R)'s 1, 2, 3, and 4 newly hired employees (CMA's, B, C, D and dietary staff E). The operator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care	S3310		

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S3310	Continued From page 7 homes adopted by reference in K.A.R. 26-39-105 for R3 and newly hired dietary staff E. Findings included: - Record review on 07/06/23 of newly hired employee revealed she began employment on 05/20/23. The record contained a document titles "Tuberculosis Screen" and was dated 05/30/23, the record lacked documentation of the required 2 step TB test within 7 days of employment. Interview on 07/06/23 at approximately 10:00 AM with operator A, she confirmed the record lacked the required documentation of the required 2 step TB test being performed within 7 days of employment. - Record review on 07/06/23 for R3 revealed an admission date of 05/09/23, with diagnoses of Parkinson's disease, insomnia, major depressive disorder, and falls. The electronic resident record contained a record Titled "Tuberculosis Screening" and was electronically signed on 05/09/23. Under the "Immunizations" tab in the electronic record contained the following: "First step TB 10/18/22 negative; historical" and "Second step TB 10/25/22 negative; historical". Interview on 07/06/23 at approximately 02:00 PM with operator A, she confirmed R3 TB skin test was not repeated at the time of admission and the historical TB skin test in the electronic record was greater then 6 months old at the time of R3	S3310		

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S3310	Continued From page 8 admission to the facility. The operator 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. 26-39-105 for R3 and newly hired dietary staff E.	S3310		
S3320 SS=F	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. (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:	S3320		

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S3320	Continued From page 9 K.A.R. 28-39-254 (a) The facility reported a census of 35 residents. Based on observation and interview the operator failed to ensure the facility was maintained to protect the health and safety of the residents, personnel, and the public. Findings included: Observation on 07/06/23 at 03:14 AM revealed the following: A beeping sound down the south hall. Operator A confirmed with staff that the beeping had started on 07/04/23, operator A further confirmed that the beeping was from the Carbon Monoxide detector that had a low battery. Wallpaper that was pealing and rolling at the seams and corners located in the southwest corner at the entrance to the family room, and in numerous places down the south and east hallway. The lower walls outside of rooms C15 and C16 lacked any paint. The laundry rooms located on the east and south halls had open screw holes in the plaster around the new bulletin boards, where the old, larger bulletin boards had been removed. An empty medication cart and non-working large floor cleaner sitting Infront of the central heating/air-conditioning units on the south hall.	S3320		

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S3320	Continued From page 10 Thin air intake vent located at the end of the south hall on the east and west walls, had lint and dust built up on the fins. There was rust on the intake vent outside of B17. By room C3 there is cracked molding on the wall that has a nail halfway out of the wall. The plaster is cracked from C3 up the wall, across the ceiling, and down to room C8 which is located across the hall from C3. Two of the four recessed lights in the movie room are burned out. There are three burned out recessed lights in the front foyer. Under the drinking fountains on the south wall at the floor boards the wallpaper was being held in place by four push pins. The white doors into the kitchen and the mechanical room had black grime on the center of the doors. The wall next to the floor sink in the janitor closet was pealing and soft/movable to the touch. The wooden trim halfway down the dining room wall has chipped and missing paint. There is a large stain in the carpet outside of room B16. At the end of the east hall above the bulletin board, there was cracked molding, chipped paint and water marks on the light fixture. The door from the dining room into the kitchen has tape over the latch preventing the door from	S3320		

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S3320	Continued From page 11 latching when closed. The window next to the door in the sunroom at the lower left corner has wood that is not attached, and the area is soft to the touch. The whole room has a musty odor. Interview on 07/06/23 with operator A, she confirmed the stained carpet outside of B16 and the water marks and cracked molding at the end of the east hall are from a prior burst pipe that has since been replaced. The operator failed to ensure the facility was maintained to protect the health and safety of the residents, personnel, and the public.	S3320		