

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/24/2024
NAME OF PROVIDER OR SUPPLIER  Ranch House Senior Living LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2900 Campus Drive Garden City, KS 67846	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46960</p> <p>The facility reported a census of 45 residents. The sample included 15 residents reviewed for misappropriation and exploitation. Based on interview and record review, the facility failed to ensure Resident (R)1 remained free from misappropriation of funds, when housekeeping staff I exploited the resident of approximately \$100.00. This deficient practice placed R1 at risk for a negative psychosocial impact in safety and security.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R1's Electronic Health Record (EHR) revealed diagnoses that included hemiparesis (muscular weakness of one half of the body) and hemiplegia (paralysis of one side of the body) following cerebral infarction (stroke - sudden death of brain cells due to impaired blood flow to the brain by blockage or rupture of an artery), dementia (a progressive mental disorder characterized by failing memory, confusion), depression (an abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), anxiety (a disorder characterized by chronic free-floating anxiety and such symptoms as tension or sweating or trembling or lightheadedness or irritability that has lasted for more than six months) and traumatic brain injury (TBI - a disruption of the normal function of the brain caused by blunt force trauma to the head).</li> </ul> <p>The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. R1 required extensive assistance from one to two staff members for all cares with the exclusion of eating, which was independent.</p> <p>The Quarterly MDS dated [DATE], documented a BIMS score of 14, which indicated intact cognition. R1 required partial to moderate assistance for all cares except oral hygiene and eating which required supervision and setup.</p> <p>Review of facility investigation notes revealed the following information:</p> <p>On 04/24/24 at 03:30 PM, R1's family member alerted Administrative Staff A of an allegation of exploitation of funds from R1 by way of R1's spouse who does not reside in the facility.</p> <p>Review of R1's spouse's bank records by R1's family revealed a check in the amount of \$100 written to housekeeping staff I's name on 01/04/24 with the comment line written for haircuts although the resident cuts his own hair.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Law enforcement interviewed R1 and reported housekeeping staff I provided him with cash of approximately \$50, and housekeeping staff I had told him about being short on money and had instructed housekeeping staff I to contact R1's family about a small loan.</p> <p>R1's family stated that R1's spouse had informed him that she had removed cash via an ATM and provided it to the housekeeping staff I, but the family was unable to determine the amount and/or dates.</p> <p>Facility staff interviewed housekeeping staff I and stated that she did not take money from R1 or his spouse for rent but had gone to R1's home to acquire money to purchase chocolate covered cashews. R1 interviewed related to the cashews and a receipt and change and R1 stated that he advised housekeeping staff I to keep the change/receipt as it was only a few dollars.</p> <p>The facility suspended housekeeping staff I and the facility staff terminated housekeeping staff I on 04/11/24.</p> <p>The investigation concluded housekeeping staff I obtained money from the resident in an amount of at least \$100.</p> <p>Review of a witness statement from Housekeeper I with self-contradictory statements of unable to take money from R1 but confirmed that she had gone to R1's house and picked up money from the family.</p> <p>A witness statement from R1 documented housekeeping staff I requested \$200 for rent.</p> <p>Housekeeping staff I received abuse, neglect and exploitation (ANE) training and signed the policy statement on 03/18/22.</p> <p>Housekeeping staff I completed Gifts From Residents training on 12/05/23.</p> <p>Housekeeping staff I completed Preventing Abuse, What is Abuse and Ethics for Healthcare training on 08/17/23.</p> <p>On 06/25/24 at 09:45 AM, R1 stated he loaned one of the staff members money, but that staff member did not work at the facility anymore. R1 further stated the staff member had requested a loan of \$200 to pay her rent, so R1 directed her to contact his spouse (who does not reside at the facility). R1 stated he never got any of the money back.</p> <p>On 06/25/24 at 11:40 PM, Activity Director H stated following R1's family making the allegation against housekeeping staff I, the facility held a resident council meeting and the residents present reminded that any outside purchases needed to be made by asking Activity Director H. Furthermore, all staff had been educated that if a resident requested staff to make an outside purchase for the resident, staff were to notify their immediate supervisor who would then notify Activity Director H.</p> <p>On 06/25/24 at 11:50 AM, Certified Nurse Aide (CNA) F stated staff are not allowed to take money or any item of values from residents or family members of residents.</p> <p>On 06/25/24 at 12:01 PM, Certified Medication Aide (CMA) E stated that if a resident would ask staff to take money to purchase something, staff were to notify activity director H or Administrative Nurse B or Administrative Staff A.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/25/24 at 12:00 PM, Licensed Nurse (LN) C stated that staff members were not allowed to accept gifts or money from residents or family members. If a resident wanted a staff member to buy something for a resident, then Activity Director H would be notified and would address the request.</p> <p>On 06/25/24 at 12:06 PM, housekeeping staff G stated if a resident attempted to give her money to go buy something, she would tell her immediate supervisor, Social Services Designee (SSD) J or Administrative Staff A.</p> <p>On 06/25/24 at 01:40 PM, Administrative Nurse B stated the expectation was staff would not accept gifts or anything of monetary value from residents or their families per the facility policy and all staff should report requests for purchases to their immediate supervisor or Activity Director H.</p> <p>On 06/25/24 at 08:35, Administrative Staff A reported on 04/04/24 at approximately 03:30 PM, R1's family made an allegation that housekeeping staff I exploited money from R1. Additionally stated the facility suspended housekeeping staff I on 04/04/24 at approximately 04:00 PM, pending a full investigation. The facility notified local law enforcement on 04/04/24 at approximately 06:00 PM. Further, confirmed the above information and stated that the result of her investigation substantiated the claim that housekeeping staff I exploited at least \$100 from R1 and his family. Administrative staff A reported housekeeping staff I did not follow the established procedures of notifying Activities Director H for outside purchases.</p> <p>The facility's Abuse, Neglect and Exploitation policy, dated 11/28/17, documented the resident has the right to be free from exploitation and misappropriation of resident property. Further defined exploitation as taking advantage of a resident for personal gain and misappropriation of resident property as the deliberate exploitation of a resident's belongings or money. The facility would provide an environment free of exploitation.</p> <p>The facility failed to ensure Resident (R)1 remained free from misappropriation of monies, when housekeeping staff I exploited the resident of approximately \$100.00. This deficient practice placed R1 at risk for a negative psychosocial impact in safety and security.</p> <p>The facility implemented the following interventions prior to the surveyor entrance and were verified by the surveyor during an onsite visit on 06/25/24 at 11:40 AM:</p> <p>On 04/04/24 at approximately 04:00 PM, the facility suspended housekeeping staff I pending the results of a formal and complete investigation.</p> <p>On 04/04/24 at approximately 06:00 PM, law enforcement notified, and a report made.</p> <p>On 04/11/24 at an unknown time, the facility terminated housekeeping staff I's employment after the facility's investigation substantiated the claim made by R1's son that housekeeping staff I obtained money from R1 in an amount of at least \$100.</p> <p>Due to the corrective actions the facility implemented and completed prior to the onsite visit, the deficient practice was deemed past non-compliance and existed at a D scope and severity.</p>		