STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087036	A. BUILDING: _____ B. WING _____	03/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF DERBY	1701 WALNUT GROVE ROAD DERBY, KS 67037

(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 resurvey for the above named assisted living facility conducted on 3/8,9/2022.	S 000		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The facility reported a census of 29 residents. The sample included 3 residents. Based on interview and record review the operator failed to ensure 1 (R 200) of 3 sampled residents had a Functional Capacity Screen completed by designated staff on or before admission to the assisted living facility in order to determined the residents functional capacity. Findings included:	S3080		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 03/09/22

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S3080	Continued From page 1 - Review of R 200's medical record revealed he moved into the facility on 12/10/21 with diagnoses of epilepsy, diabetes mellitus, and edema. Review of the residents combined "Functional Capacity Screen/Negotiated Service Agreement" (FCS/NSA) revealed staff did not complete the combined document until 12/20/21, 10 days after admission into the facility. An interview on 03/09/22 at 09:58 AM Licensed Nurse D confirmed she did not get the residents FCS/NSA completed on day of admission. Based on interview and record review the operator failed to ensure designated staff completed a functional capacity screen on or before admission to the assisted living facility.	S3080		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c) The facility reported a census of 29 residents. The sample included 3 residents. Based on interview and record review the operator failed to ensure 1 (R 200) of 3 sampled residents had an initial negotiated service agreement developed at	S3090		

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S3090	Continued From page 2 the time of admission to the facility. Findings included: - Review of R 200's medical record revealed he moved into the facility on 12/10/21 with diagnoses of epilepsy, diabetes mellitus, and edema. Review of the residents combined "Functional Capacity Screen/Negotiated Service Agreement" (FCS/NSA) revealed staff did not complete the combined document until 12/20/21, 10 days after admission into the facility. An interview on 03/09/22 at 09:58 AM Licensed Nurse D confirmed she did not get the residents FCS/NSA completed on day of admission. Based on interview and record review the operator failed to ensure designated staff completed an initial Negotiated Service Agreement at the time of admission.	S3090		
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: KAR 26-41-204 (d) The facility reported a census of 29 residents.	S3165		

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S3165	Continued From page 3 The sample included 3 residents (R). Based on interview for all residents, and record review the operator failed to ensure 3 (R 200, R 300, R 400) of 3 sampled resident's negotiated service agreements included the name of the licensed nurse responsible for the implementation and supervision of the service plan. Findings included: - Review of R 200's medical record revealed he moved into the facility on 12/10/21 with diagnoses of gastro-esophageal reflux disease, epilepsy, bipolar disorder, and diabetes mellitus. Review of the resident's combined "Functional Capacity Screen/Negotiated Service Agreement" (FCS/NSA) dated 12/20/21 lacked identification of the license nurse who was responsible for implementation and supervision of the nursing plan. - Review of R 300's medical record revealed she moved into the facility on 9/1/19 with diagnoses of muscle spasm, heart disease, and edema. Review of the resident's combined "Functional Capacity Screen/Negotiated Service Agreement" (FCS/NSA) dated 08/06/21 lacked identification of the license nurse who was responsible for implementation and supervision of the nursing plan. - Review of R 400's medical record revealed the resident moved into the facility on 08/19/2009 with diagnoses of cardiac arrhythmia, hypertension, and major depressive disorder. Review of the resident's combined "Functional Capacity Screen/Negotiated Service Agreement"	S3165		

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S3165	Continued From page 4 (FCS/NSA) dated 02/25/22 lacked identification of the license nurse who was responsible for implementation and supervision of the nursing plan. On 03/09/22 at 10:04 AM Licensed Nurse (LN) D reviewed resident #200's FCS/NSA and confirmed that in the place designated to identify the LN did not include anyone's name. Nurse D also confirmed that all residents in the facility have the same form for their FCS/NSA and she did not type her name into the designated area. The operator failed to ensure the name of the licensed nurse responsible for the implementation and supervision of the health care service plan was included in the negotiated service agreement.	S3165		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d)(4) The facility reported a census to 29 residents. The facility identified the facility managed medications for all 22 residents and 4 of those residents received insulin. Based on interview and record review the Operator failed to ensure a licensed nurse delegated the nursing procedure	S3202		

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S3202	Continued From page 5 of setting up and dialing a resident's insulin pen to the correct ordered, which is not part of the Kansas Medication Aide curriculum, to a newly hired Certified Medication Aide (CMA) under the Kansas nurse practice act, K.S.A 65-1124 and amendments thereto. Findings included: - While reviewing newly hired employee records on 03/08/22 revealed Certified Medication Aide (CMA) B and CMA C did not have evidence that a licensed nurse had reviewed and educated either one of the CMA's on the proper procedures for preparing and dialing a resident's insulin pen to the ordered dose. On 03/08/22 at 2:25 PM licensed nurse (LN) D provided competency checks but did not have delegations for specific directions on the use of insulin pens. Licensed Nurse D looked for additional forms and said they did not have anything separate for delegation/competency for use of insulin pens. The Operator failed to ensure the Licensed Nurse delegated the set up and dialing of insulin pens to CMA's according to the Kansas Nurse Practice Act.	S3202		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations.	S3215		

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S3215	Continued From page 6 (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h) (4) The facility reported a census of 29 residents (R). Based on observation and interview the operator failed to ensure licensed nurses and certified medication aides could not administer medications beyond the medication manufacturer's or pharmacy provider's recommended date of expiration by a failure to ensure staff dated insulin pens once opened for	S3215		

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S3215	Continued From page 7 2(R 200 and R 500) of 4 residents whose insulin the facility managed. Findings included: - Review of the resident roster provided by operator A on 03/08/22 revealed the facility had 4 residents whom the facility was responsible for dialing the residents insulin pen and then the resident self injected the insulin. Observation of the medication cart for medication storage on 03/08/22 at 01:23 PM with Certified Medication Aide (CMA) E revealed the following: R 200 had a Humalog pen that had an expiration date of 3/1/22 R 500 had a Humalog pen that had an expiration date of 3/2/22 While observing the medications CMA E confirmed that according to the dates on the insulin pens they had expired and new pens should have been used. On 03/08/22 at 01:25 PM operator A confirmed the dates on the pens indicated the insulin had expired. The Humalog Kwickpen manufacture recommended to store the opened insulin at room temperature for 28 days and discard even if insulin remained. The operator failed to ensure licensed nurses and certified medication aides could not administer medications beyond the medication manufacturer's or pharmacy provider's recommended date of expiration by a failure to ensure staff dated insulin pens once opened.	S3215		