STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	12/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE TOPEKA, KS 66604

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named assisted living facility conducted on 12/14,15,16/2021.	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 37 residents. The sample included 3 residents and 1 focused record review. Based on observation, interview and record review the administrator failed to ensure designated staff completed a functional capacity for 1 (R113) of 3 sampled residents when she had a significant change in status. Findings included: - Review of R113's medical record revealed the resident moved into the facility on 4/21/21 with diagnoses of osteoarthrosis, restless legs syndrome, peripheral neuropathy, macular degeneration, and mild dementia.	S3081		

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

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S3081	Continued From page 1 Review of the residents functional capacity screen dated 8-20-21 revealed the resident required physical assistance with bathing and dressing and supervision with toileting, transfers and mobility. On 12-14-21 at 1:15 PM surveyor observed Certified Medication Aide (CMA) C take the resident by her hands to help her stand and then placed the residents hands onto the grab bar while CMA C provided peri-care and pulled up her pants. CMA C then held onto her hands again as R113 pivoted to sit in her wheelchair. CMA C pushed R113 over to her recliner and again took her by the hands helping to lift her and balance her while she took a few steps to move over and get into her recliner. On 12-14-21 at 2:07 PM Certified Nursing Assistant (CNA) D reported the resident used to transfer herself before she fell and broke her hip. She now needs assistance of 1 staff with all transfers and daily cares. On 12-14-21 at 3:05 PM Certified Medication Aide E reported before the resident broke her hip she did a lot of things herself and staff was just beside her if she needed help. Now we take her to the bathroom and help her with transfers. On 12-15-21 at 12:28 PM Administrative staff A confirmed the FCS should have been completed to identify the resident had a fall risk and required physical assistance with toileting, transfers and mobility instead of just supervision. The administrator failed to ensure designated staff completed a functional capacity screen for R113 after she had a significant change in status.	S3081		

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S3085	Continued From page 2	S3085		
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: KAR 26-42-202 (a)(1)(2) The facility reported a census of 37 residents. The sample included 3 residents and 1 focused record review. Based on observation, interview, and record review the administrator failed to ensure 1 (R413) of 1 focused record review and 1 (R213) of 3 sampled residents record a Negotiated Service Agreement/ Health Care Service Plan which included a description of all the services the resident received and who provided each service. Findings Included:	S3085		

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S3085	Continued From page 3	S3085		

- Review of R 213's medical record revealed the resident moved into the facility on 7/15/21 with diagnoses of Alzheimer's and osteoarthritis.

Review of the resident's functional capacity screen dated 11/22/21 revealed the resident required physical assistance of 1-2 staff with all activities of daily living.

Review of the residents medical record included a document titled "Resident Service Plan". Administrative staff A confirmed this document was the Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP).

Review of the residents Negotiated Service Agreement/Health Care Service Plan dated 11/22/21 directed "Staff to monitor skin during bath times and report concerns to staff nurse as needed. Staff to monitor his bottom for a place that opens and closes. Staff to report to staff nurse when any redness occurs anywhere." The NSA/HCSP failed to include services to promote healing and prevention of pressure ulcers by using an air cushion in Broda chair, use of wedge cushion for position on his side and a foam block to put under the resident's heels for protection.

On 12/14/21 at 1:28 PM surveyor observed Certified Medication Aide C and Certified Nurse Aide F assist the resident to lay down after lunch. When staff finished getting the resident settled into bed the resident had a foam wedge behind his back to position him on his left side, a foam block under his ankles to keep his heels off the bed. Observation also revealed the resident had an air cushion in his Broda chair.

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S3085	Continued From page 4 On 12/14/21 at 3:05 PM Certified Medication Aide E reported the resident had a history of a sore on his bottom and it is now back. Staff use a "turning pillow" and has a cushion in his chair. CMA E stated the resident cannot turn or anything so staff do rounds and reposition him on the other side. On 12/15/21 at 12:34 PM Administrative staff A confirmed the residents NSA/HCSP should have included use of positioning devices to promote healing and prevention of further development of pressure ulcers. The NSA/HCSP failed to identify the resident needed services for the healing and prevention of pressure ulcers and what those services were. - Review of R413's medical record revealed the resident moved into the facility on 11/18/21 with diagnoses of hypertension and dementia. Review of the resident's Functional capacity screen dated 5/19/21 revealed the resident could not manage his medications and medical treatments. Review of the residents medical record included a document titled "Resident Service Plan". Administrative staff A confirmed this document was the Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP). Review of the residents Negotiated Service Agreement/Health Care Service Plan dated 5/19/21 failed to identify that the Certified Medication Aide or Licensed Nurse would dial the residents insulin pen to the ordered dose and then the resident would self-inject his insulin.	S3085		

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S3085	Continued From page 5 On 12/14/21 at 11:40 AM Administrative staff A looked at the residents NSA/HCSP and confirmed the "health/wellness" section lacked information that staff dialed the resident pen and he self-injected it. The administrator failed to ensure R213 and R413's NSA/HCSP included a description of the services the resident received and who provided those services.	S3085		
S3092 SS=E	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: 26-41-202(d) The facility reported a census of 37 residents. The sample included 3 residents and 1 focused record review. Based on record review and	S3092		

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interview the administrator failed to ensure designated staff reviewed and revised 2 (R113 and R313) of 3 sampled residents Negotiated Service Agreement / Health Care Service Plan when the resident had a significant change in status.

Findings included:

- Review of R113's medical record revealed the resident moved into the facility on 4/21/21 with diagnoses of osteoarthrosis, restless legs syndrome, peripheral neuropathy, macular degeneration, and mild dementia.

Review of the residents medical record included a document titled "Resident Service Plan". Administrative staff A confirmed this document was the Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP).

Review of the residents functional capacity screen dated 8/20/21 revealed the resident required physical assistance with bathing and dressing and supervision with toileting, transfers and mobility.

Review of the residents Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 8/20/21 for skin care directed staff to monitor skin during showers and to report skin problems to the nurse. Staff failed to revise the NSA/HCSP when the resident returned to the facility requiring management of a wound vac, surgical incision and started physical therapy and psychotherapy services.

Review of the residents outside service care notes revealed the resident received physical

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therapy services from 10/27/21 to 11/22/21. It also revealed the resident received psychotherapy services from a Licensed Social Worker from 10/11/21 to 11/29/21.

On 12/14/21 at 2:07 PM Certified Nursing Assistant (CNA) D reported the resident used to transfer herself before she fell and broke her hip. She now needs assistance of 1 staff with all transfers and daily cares.

On 12/14/21 at 3:05 PM Certified Medication Aide E reported before the resident broke her hip staff was just beside her to help if needed when she did her own cares. Now we take her to the bathroom and help her with transfers.

On 12/15/21 at 12:28 PM administrative staff A confirmed R113's NSA/HCSP had not been revised to identify the changes in service needs for the resident when she returned from the hospital.

- Review of R313's medical record revealed she moved into the facility on 11/13/20 with diagnoses of arthritis, transient ischemic attack and cerebral infarction.

Review of the residents functional capacity screen dated 10/12/21 revealed the resident required physical assistance with all activities of daily living except for eating.

Review of the residents Negotiated Service Agreement/Health Care Service Plans dated 11/13/20 and 10/12/21 lacked revision when the resident started Home Health Services to include physical and occupational therapy.

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S3092	Continued From page 8 Review of the residents therapy visit documentation revealed the resident received Physical therapy services from 12/29/20 to 2-19-21 and Occupational therapy services 1/11/21 to 3/31/21 with Home Health services discontinued on 4/16/21. On 12/15/21 at 12:28 PM administrative staff A confirmed R313's NSA/HCSP had not been revised to include physical and occupations services were they were started or discontinued. The administrator failed to ensure designated staff revised R113 and R313's NSA/HCSP when the resident had a significant change in status.	S3092		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The facility reported a census of 37 residents. The sample included 3 residents and 1 focused	S3186		

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record review. Based on observation, interview, and record review the administrator failed to ensure the Negotiated Service Agreement/Health Care Service Plan for 1 resident (R413) identified the responsible person for administration and management of selected medications the resident self-administered.

Findings included:

- Review of R413's medical record revealed the resident moved into the facility on 11-18-21 with diagnoses of hypertension and dementia.

Review of the resident's Functional capacity screen dated 5-19-21 revealed the resident could not manage his medications and medical treatments.

Review of the residents medical record included a document titled "Resident Service Plan". Administrative staff A confirmed this document was the Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP).

Review of the resident's NSA/HCSP dated 5-19-21 lacked information that the resident self administered Ayr Nasal Gel and the certified staff administered the rest of the resident's medications.

Observation/Interview on 12-14-21 at 1:28 PM R413 stated he used a gel in his nose when his nose was congested. He picked up the Ayr tube from the table beside his chair, and said "This is what I use for my nose". The resident confirmed that he used it himself and staff did not assist him with using the nasal gel.

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S3186	Continued From page 10 On 12-15-21 at 10:17 AM Administrative Nurse B reported she did not know for sure if the Ayr nasal gel needed to be specified on the NSA/HCSP. The Administrator failed to ensure designated staff included select medications R413 self-administered in his NSA/HCSP.	S3186		
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 resident or residents. This Requirement is not met as evidenced by: Scope and Severity of F. The facility reported a census of 37 residents. Based on observation, record review, and interview, the facility failed to ensure the failed to post required notification to all residents, staff, and visitors outside each resident rooms concerning video surveillance was in use within the facility.	S9999		

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S9999	Continued From page 11 Findings included: - During initial tour of the facility on 12-14-21 at 8:25 AM observation at the entrance way of the facility revealed a notice that "Some resident rooms my be electronically monitored and recorded by and on behalf of the resident". As surveyor toured the facility one resident room had the same posting on the wall by his room. There were no other positing of video monitoring outside other resident rooms. Interview on 12-14-21 at 9:20 AM Administrative staff A reported Resident (R) 213 had a video monitoring device in his room for family monitoring. On 12-15-21 at 12:03 PM administrative staff A provided appropriate paperwork for Electronic Monitoring and stated she did not realize it needed to be at each residents room. The administrator failed to post a notice at the entrance to each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.	S9999		