STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023019	A. BUILDING: _____ B. WING _____	07/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER RIDGE RETIREMENT COMMUNITY	4851 HARVARD ROAD LAWRENCE, KS 66049

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints (#147996, 155138, 159323, 162658) at the above named assisted living facility conducted on 6/28,29,30 -7/1/2021.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced	S3028		

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

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S3028	Continued From page 1 by: KAR 26-41-101(f)(3)(A)(C)(F) The facility reported a census of 34 residents. The sample included 3 residents and 2 focused record reviews. Based on interview the operator failed to report an allegation of exploitation to the department within 24 hours for 1 (#100) of 3 sampled residents. The operator also failed to initiate an investigation when notified of the allegation, failed to thoroughly investigate the allegation within 5 working days, and failed to keep a written record of the investigation in the facility's records. Findings included: - Review of resident # 100's medical record revealed she admitted to the facility on 4-11-16 with diagnoses of major depressive disorder and dementia. Review of the resident's functional capacity screen dated 5-21-21 revealed the resident required physical assistance with all activities of daily living, had impaired cognition and decision making. Review of the resident's negotiated service agreement revealed the resident had forgetfulness and had a durable power of attorney (DPOA) for finances and health decisions. On 6-30-21 at 12:23 PM operator B reported that the business office manager was in charge of delivering mail to residents. He stated the resident's DPOA had spoken to him about the missing checks. Operator B stated he looked at the video camera for the time frame that the alleged exploitation may have occurred and did	S3028		

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S3028	Continued From page 2	S3028		

not see anyone going in or out of the resident's room. He confirmed he did not report the missing checks to the police, did not call and report the missing checks to the Kansas Department for Aging and Disabilities, and did not complete a written investigation of the allegation of possible exploitation related to possible misappropriation of resident funds.

On 6-30-21 at 12:28 PM business office staff A confirmed that she had put the resident's pension check in the residents room for the DPOA to pick up. When the DPOA came, the check was not in the resident's room where she had put it. She stated she and the DPOA then went and talked to Operator B about the missing check. Staff A confirmed that there were 2 checks that were missing.

Review of the facilities abuse, neglect and exploitation policy revised 11-10-2016 included the definition of "misappropriation of resident property to include... temporary or permanent use of a resident's belongings or money without the resident's consent." The policy also included any suspected occurrences would be investigated and immediate actions taken to protect the resident. If the occurrence results in reasonable suspicion of a crime, local law enforcement will be notified no later than 24 hours after forming the suspicion. The Administrator (operator) will report the allegation no later than 24 hours in accordance with state law.

The operator failed to report and thoroughly investigate an allegation of exploitation regarding the possible misappropriation of resident # 100's pension checks.

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S3080	Continued From page 3	S3080		
S3080 SS=F	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: K.A.R.26-41-201(a) The facility reported a census of 34 residents. The sample included 3 residents and 2 focused record reviews. Based on record review and interview for 3 (#100, #400, #500) of 3 sampled residents, and all other residents in the facility, the operator failed to ensure each resident's Functional Capacity Screen included each element and definition specified by the department. Findings included: - Review of resident #100's medical record revealed the resident moved into the facility on 4-11-16 with diagnoses of muscle weakness,	S3080		

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S3080	Continued From page 4 major depressive disorder, chronic fatigue, and dementia. Review of the resident's functional capacity screen (FCS) completed on 5-21-21 under the section for walk/mobility identified the resident required physical assistance and had a check mark in a box beside "mobility device". The FCS failed to identify what type of mobility device the resident used according to the departments FCS manual. - Review of resident #400's medical record revealed the resident moved into the facility on 8-20-19 with diagnoses of hypertension. Review of the resident's functional capacity screen (FCS) dated 2-10-21 under the section for walk/mobility identified the resident required physical assistance and had a check mark in a box beside "mobility device". The FCS failed to identify what type of mobility device the resident used according to the departments FCS manual. - Review of resident #500's medical record revealed she moved into the facility on 5-21-21 with diagnoses of hypertension and obesity. Review of the resident's functional capacity screen (FCS) dated 5-21-21 under the section for walk/mobility failed to have mobility device marked even though the resident used a wheelchair for mobility purposes. During an interview on 6-30-21 at 1:16 PM licensed nurse C and licensed nurse D both confirmed the form used to complete a Functional Capacity Screen was the same form in the	S3080		

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S3080	Continued From page 5 electronic system for each resident. Both licensed nurse C and D confirmed the FCS form only provided the ability for the screener to mark the resident used an assistive device but not identify what kind of device the resident used. Review of the Functional Capacity Screen manual included under section IV - mobility appliance/devices with the following elements/definitions: a. Cane, Walker, Crutch - b. Brace, Prosthesis - c. Wheelchair - d. Mechanical Lift - e. None of the Above The operator failed to ensure each residents Functional Capacity Screen contained the appropriate element and definition for mobility appliance/devices according to the state department.	S3080		
S3186 SS=E	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)	S3186		

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S3186	Continued From page 6 The facility reported a census of 34 residents. The sample included 3 residents and 2 focused record reviews. Based on record review and interview the operator failed to ensure 1 (#400) sampled resident and 1 (#300) focused record review resident who self-administered some of their medications had a Negotiated Service Agreement that identified the responsible person for the administration and management of selected medications. Findings included: - Resident #300 moved into the facility on 3-25-20 with diagnoses of heart failure, reflux disease, and atrial fibrillation. Review of the resident's functional capacity screen dated 3-5-21 revealed the resident needed physical assistance with management of her medications. Review of the negotiated service agreement (NSA) and health care service plan dated 3-5-21 revealed licensed nurse or certified medication aides would order,reorder, and administer the residents medications. The resident's record did not contain a NSA or an addendum that identified the resident self-administered her inhaler. Review of the residents medications administration record for June 2021 revealed the resident self administered her Albuterol sulfate inhaler every 4 hours as needed. During an interview on 6-30-21 at 9:50 AM the resident reported the staff brought in all of her medications and sat on table by her chair for her	S3186		

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S3186	Continued From page 7	S3186		

to take except for her inhaler which she could take when she needed it and kept in her room.

During an interview on 6-30-21 at 1:54 PM licensed nurse D confirmed the resident self-administered her inhaler, a self-administration assessment was completed on 6-3-21 but she did not revise the residents negotiated service agreement to identify the facility staff administered all of the resident's medications except for the inhaler.

-- Review of resident #400's medical record revealed the resident moved into the facility on 8-20-19 with diagnoses of hypertension.

Review of the resident's functional capacity screen (FCS) dated 2-10-21 revealed the resident was independent with management of his/medications.

Review of the resident's negotiated service agreement)NSA) and health care service plan dated 2-10-21 revealed the resident had 3-4 medication passes and the resident self medicated all or some of his medications. It identified the certified/licensed staff would administer the resident's medical treatments according to medical providers orders. The record lacked a NSA or addendum that identified the facility staff would administer the residents Gabapentin.

During an interview on 6-30-21 at 10:45 AM the resident reported he did all of his won medications except for 2 pills and the staff gave those to him 3 times a day.

Review of the June 2021 medication

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S3186	Continued From page 8 administration record revealed the facility administered the resident Gabapentin 100 mg tablet, 2 tablets 3 times per day. During an interview on 6-30-21 at 1:38 PM licensed nurse D confirmed both residents #300 and 400's negotiated service agreement and/or health care service plan did not identify specifics as to what select medications the resident would or would not self administer and she had not completed an addendum to the negotiated service agreement. The operator failed to ensure a resident who self-administered some of their medications had a Negotiated Service Agreement that identified the responsible person for the administration and management of selected medications.	S3186		
S3220 SS=D	26-41-205 (k) Medication Clinical Record (k) Clinical record. The administrator or operator, or the designee, shall ensure that the clinical record of each resident for whom the facility manages medication or prefills medication containers or syringes contains the following documentation: (1) A medical care provider ' s order for each medication; (2) the name of the pharmacy provider of the resident ' s choice; (3) any known medication allergies; and (4) the date and the 12-hour or 24-hour clock time any medication is administered to the resident. This REQUIREMENT is not met as evidenced	S3220		

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S3220	Continued From page 9 by: KAR 26-41-205 (k)(1) The facility reported a census of 34 residents and the sample included 3 residents. Based on record review and interview the facility failed to ensure 1 (#500) of 3 sampled resident's medical record contained a medical care provider's order for each medication. Findings included: - Review of resident #500's medical record revealed she moved into the facility on 5-21-21 with diagnoses of hypertension, obesity, and heart disease. Review of the residents Functional Capacity screen dated 5-21-21 revealed the resident needed physical assistance with management of medications. Review of the resident's Negotiated Service Agreement and Health Care Service Plan revealed facility staff would order, reorder and administer all of the resident's medications. Review of the resident's June 2021 medication administration record (MAR) revealed the resident received Cranberry tablets daily, Senna S tablets 8.6 milligrams (mg) every evening at bed time, and could have Levsin 0.125 mg sublingual every 4 hours as needed for spasms. Review of the resident's medical record from 5-21-21 (day of admission) to current 6-30-2021 lacked a signed or unsigned physicians order for any of the above listed medications.	S3220		

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S3220	Continued From page 10 During an interview on 6-30-21 at 9:54 AM licensed nurse C confirmed the resident record did not have a medical providers order for the resident to receive the Cranberry tablets, Senna S tablets or the Levsin tablets. The operator failed to ensure resident #100 had a medical providers order for each medication she received.	S3220		
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; (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 34 residents. Based on record review and interview the	S3280		

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S3280	Continued From page 11 operator failed to ensure emergency preparedness by the failure to conduct quarterly reviews of the emergency management plan with employees and residents. This failure had the potential to affect all resident's in the facility. Findings included: Review of the quarterly reviews of the emergency management plan provided by operator B on 6-29-21 at 10:00 AM revealed the emergency management plan had been reviewed with 32 residents on 12-4-20. The information provided lacked what specific possible emergencies were reviewed and there were no other records of reviewing the emergency management plan prior to 12-4-20 or after 12-4-20. Review of the quarterly reviews of the emergency management plan provided by operator B on 6-29-21 at 10:00 AM included a paper with a list of employee names for 12-2-20 and had written on it quarterly disaster training. The provided information had no reviews prior to 12-2-20 or after 12-2-20. On 6-29-21 at 11:05 AM operator B stated there were no additional records in the facility that included reviews of the emergency management plan with employees and residents. The operator failed to ensure emergency preparedness by failing to complete quarterly reviews of the emergency management plan with residents and staff.	S3280		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a	S3310		

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S3310	Continued From page 12 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 The facility reported a census of 34 residents. Based on interview and record review for 4 of 5 newly hired employees and 1 (#500) of 3 sampled residents, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure had the potential to affect all residents in the assisted living facility. Findings included: - Review of resident #500's medical record revealed she moved into the facility on 5-21-21 with diagnosis of hypertension. Review of the resident's medical record included an admission TB screen completed on 5-21-21	S3310		

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S3310	Continued From page 13 but lacked evidence of completion of a 2 step skin test initiated within 7 days of admission to the facility. During an interview on 6-30-21 at 1:27 PM licensed nurse C and licensed nurse D both looked in the resident's medical record and could not find that a TB skin test had been done. The operator failed to ensure a TB skin test was initiated within 7 days of admission to the facility for resident #500. - Review of 5 newly hired employees files on 6-29-21 revealed the following: Certified staff E hired on 12-16-2019 did not have a TB screening completed. . Certified staff F hired onto the facility on 5-27-20 had a TB screen completed on 9-3-20, more than 3 months after hire date. Licensed nursing staff D hired on 8-31-20 did not have a TB screening completed. Dietary staff G hired on 6-1-21 did not have a TB screening completed. Employee record review revealed 4 of 5 newly hired employees did not have the TB screening completed upon hire. During an interview on 6-29-21 at 11:08 AM operator B stated he had not required a TB screen to completed upon hire for new employees. Review of the Tuberculin Testing of residents and	S3310		

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S3310	Continued From page 14 employees policy revised on 2-15-2002 included TB skin testing but failed to include information regarding TB screening of new employees and newly admitted residents. Review of the Tuberculosis (TB) guidelines for adult care homes June, 2013 revealed: A. Each new resident and new employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of residency or employment. B. Each new resident and new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency or employment... For 4 of 5 newly hired employees and 1 newly admitted resident, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		