STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089034	A. BUILDING: _____ B. WING _____	03/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEGGY KELLY HOUSE II	1800 FAIRMONT ROAD TOPEKA, KS 66604

(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 are the result of a survey for re-licensure conducted on 3/3/21, 3/4/21 and 3/8/21 at the above named residential care facility in Topeka, KS.	S 000		
S3085 SS=D	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 26-41-202 (a) The census equaled 17 the sample included 3 residents. Based on reviews of facility records and interviews for 1 sampled resident (#303) the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will	S3085		

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

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S3085	Continued From page 1	S3085		

receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service.

Findings included:

- Record review for resident #303 recorded an admission date of 10/30/2020 with diagnoses of fracture of left and right patella, hyponatremia, atherosclerosis of aorta, hypertension, hypothyroidism, osteoporosis, anxiety and Low BMI <19.

Functional Capacity Screen dated 10/30/20 recorded resident required physical assistance with management of medications and treatments. Resident required supervision with bathing.

Negotiated service agreement/ health care service plan dated 10/30/20 recorded staff to administer medications and resident used a walker to assist with transfers. Staff to provide assistance as needed.

Outside services provider notes recorded admission to hospice services on 12/4/2020. Hospice aide visit notes recorded hospice provided resident with bathing and dressing assistance on 2/22/21 and 2/25/21.

Negotiated service agreement/ Health care service plan (NSA/HCSP) lacked the name of the outside provider for hospice services, services provided and party responsible for the outside services.

Interview on 3/4/21 at 11:15am with licensed nurse #B confirmed NSA/HCSP lacked entries for

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S3085	Continued From page 2 an outside provider for hospice services, she confirmed hospice provided bathing assistance and nursing services. For resident #303 the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service.	S3085		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review, observation and interview for 1(#303) sampled resident requiring health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the	S3155		

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S3155	Continued From page 3	S3155		

needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.

Findings included:

- Record review for resident #303 recorded an admission date of 10/30/2020 with diagnoses of fracture of left and right patella, hyponatremia, atherosclerosis of aorta, hypertension, hypothyroidism, osteoporosis, anxiety and Low BMI <19.

Functional Capacity Screen dated 10/30/20 recorded resident required physical assistance with management of medications and treatments. Resident required supervision with transfers.

Negotiated service agreement/ health care service plan dated 10/30/20 recorded staff to administer medications and resident used a walker to assist with transfers. Staff to provide stand by assist with all transfers.

Observation on 3/3/21 in resident's room at 3:55pm revealed an air mattress with bolsters on a twin bed, a fall mat up against the wall by the bed.

Observation on 3/3/21 at 1:45pm certified staff #D pivot transferred resident from a wheel chair to a recliner in the living room. A pad alarm was under the resident and was moved with her, alarm sounded upon movement.

Health Care service plan (HCSP) lacked entries for assistive devices for a fall mat, personal pad alarm, bolstered air mattress, fall mat and need for physical assistance for transfers.

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S3155	Continued From page 4 Interview on 3/4/21 at 11:15am with licensed nurse #B confirmed HCSP lacked entries for the assistive devices. For resident #303 who required health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S3155		
S3290 SS=D	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical	S3290		

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S3290	Continued From page 5 record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(a)(c) The facility reported a census of 8 residents. The sample included 3 residents. Based on observation, record review and interview for 1 sampled (#304) resident receiving a mechanically altered diet and/or thickened liquids, the operator failed to ensure a medical care provider's order shall be on file in the resident's clinical record and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. Findings included: - Record review for resident #304 recorded admission date of 3/1/21 with diagnoses of malignant neoplasm of prostate and digestive organs, atherosclerotic heart disease, myocardial infarction, hypertension, hyperlipidemia and gastro-esophogeal reflux disease. Functional Capacity Screen dated 3/1/21 recorded resident required physical assistance with bathing and eating and unable to perform toileting, transfer, walk/mobility and management of medications and treatments. Negotiated service agreement/ health care	S3290		

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S3290	Continued From page 6 service plan dated 3/1/21 recorded staff to provide physical assistance with bathing, eating (resident is on a pureed diet), toileting, transfer, walk/mobility and management of medications and treatments. Physician's orders dated 3/1/21 recorded regular diet, pureed texture. Observation on 3/4/21 at 10:50am revealed resident in the dining room being fed by certified staff #C, bowl contained oatmeal, creamy with some lumps of cereal in it. Observation on 3/4/21 at 12:00pm revealed certified staff #C puree resident's lunch (meat and biscuits) in a blender. She stated she was trained how to do it when she started work at facility and was told to just make it creamy consistency so he can eat it. Interview on 3/4/21 at 11:00am with licensed nurse #B confirmed facility does not have written instructions for proper preparation of a pureed diet for the resident. For resident #304 resident receiving a mechanically altered diet and/or thickened liquids, the operator failed to ensure a medical care provider's order shall be on file in the resident's clinical record and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.	S3290		