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ALDERBROOK VILLAGE LLC	402 WINDSOR ROAD ARKANSAS CITY, KS 67005

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with complaint # 158614 and #150666 for the above named facility conducted on 12/28/2020, 12/29/2020, 12/30/2020 and 12/31/2020.	S 000		
S3045 SS=F	26-41-101 (j) Emergency Telephone (j) Emergency telephone. Each administrator or operator shall ensure that the residents and employees have access to a telephone for emergency use at no cost. The administrator or operator shall ensure that the names and telephone numbers of persons or places commonly required in emergencies are posted adjacent to this telephone. This REQUIREMENT is not met as evidenced by: KAR 26-41-101 (j) The facility reported a census of 17 residents. Based on observation and interview the administrator failed to post the names and telephone numbers of persons or places commonly required in emergencies adjacent to the phone for employees and residents. Findings included: - Observation on 12/28/2020 at 10:11 AM during the initial unguided facility tour revealed; the phone in the library for resident use lacked posting of numbers to use in case of emergency. Interview 12/29/2020 at 11:15 AM with administrator C confirmed the lack of required posting of emergency numbers adjacent to the	S3045		

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

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S3045	Continued From page 1 phone in the library. The administrator failed to post the names and telephone numbers of persons or places commonly required in emergencies adjacent to the phone for employees and residents.	S3045		
S3177 SS=D	26-41-205 (a) (2) Self Administration Assessment Content (2) Each assessment shall include an evaluation of the resident ' s physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently or by using a prefilled medication container or prefilled syringe. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (a) (2) The facility reported a census of 17 residents. The sample included 3 residents (#115, #216 and #317). Based on observation, interview and record review the administrator failed to provide an annual evaluation for resident's #115 and #317 for functional ability to safely and accurately self-administer the prefilled insulin pen for the management of diabetes. Findings included: - Record review for resident # 115 revealed admission date of 11/30/2017 with diagnoses of anxiety and poorly controlled insulin dependent	S3177		

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S3177	Continued From page 2	S3177		

diabetes.

The annual functional capacity screening (FCS) dated 12/3/2020 identified the resident with intact cognition and required no assistance with activities of daily living, lacked ability to manage own medication, able to self-inject with supervision of nursing staff.

The annual negotiated service agreement (NSA) dated 12/3/2020 included the following services provided by the facility: facility will administer medication as ordered and resident perform own blood sugar test and insulin injection with nursing staff supervision.

The annual health service plan (HSP) undated lacked information on self-administration of insulin.

Review of the nursing notes/progress notes/interdisciplinary notes between 11/04/2019 and 12/7/2020 revealed the following entries: a self-administer medication assessment dated 11/4/2019.

Interview with licensed nurse C on 12/30/2020 at 8:30 AM confirmed the resident chart lacked the annual self-administer medication assessment for resident #115.

The administrator failed to provide an annual evaluation for resident #115 for functional ability to safely and accurately self-administer the prefilled insulin pen for the management of diabetes.

- Record review for resident #317 revealed an admission date of 1/9/2019 with diagnoses of

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S3177	Continued From page 3 Diabetes, coronary artery disease, anemia, atrial fibrillation, arthritis, and dementia The annual functional capacity screening (FCS) dated 10/26/2020 identified the resident with impaired cognition and required physical assistance with bathing, she lacked the ability to manage own medications, staff to manage all medications and resident will self-inject insulin with staff supervision, had a fall risk and used a walker assistive device. The negotiated service agreement (NSA) dated 09/03/2019 included the following services provided by the facility: staff to administer medications as ordered by resident physician, nursing staff will check blood sugars, and evening nursing staff will set insulin pen for resident to administer. The annual health service plan (HSP) undated lacked information on self-administration of insulin. Review of the nursing notes/progress notes/interdisciplinary notes between 1/10/2019 and 10/14/202 revealed the following entries: a self-administer medication assessment dated 9/30/2019. Interview with licensed nurse C on 12/30/2020 at 8:30 AM confirmed the resident chart lacked the annual self-administer medication assessment for resident #317. The administrator failed to provide an annual evaluation for resident #317 for functional ability to safely and accurately self-administer the prefilled insulin pen for the management of diabetes.	S3177		

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S3177	Continued From page 4 For all of the above the administrator failed to provide an annual evaluation for resident's #115 and #317 for functional ability to safely and accurately self-administer the prefilled insulin pen for the management of diabetes.	S3177		
S3202 SS=F	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 of 17 residents. Licensed nurse C reported facility certified medication aides (CMA's) performed blood sugar testing on residents. Based on interview and record review the administrator failed to ensure a licensed nurse oriented and instructed 2 of 3 (CMA A, and CMA D) sampled CMA's in the performance of blood sugar testing, and failed to document a demonstration of the competency signed by the nurse and the CMA in each employees personnel record, with the potential to effect all residents. Findings included: - On 12/28/2020 at 2:00 PM administrator B provided the facility certified medication aide (CMA) delegation of task book for review on 3	S3202		

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S3202	Continued From page 5 sampled CMA's. The book lacked documentation of delegation of task for obtaining blood sugars for CMA A and CMA D. Interview on 12/28/2020 at 2:10 PM with administrator B and licensed nurse C confirmed the facility delegation of task book lacked the signed delegation of task for obtaining blood sugar documents for certified medication aide A and certified medication aide D. Review of the document dated 6/2/2009 from the Kansas department on aging posted in the front of the facility delegation of task book revealed the following; the licensed nurse shall orient and instruct the nurse aide or medication aide in the performance of the nursing task. The medication aide demonstration of the competency necessary to perform the delegated task shall be documented in writing. The designated medication aide shall co-sign the documentation indicating the person's concurrence with the competency evaluation. The administrator failed to ensure a licensed nurse oriented and instructed 2 of 3 sampled certified medication aides (CMA A and CMA D) in the performance of blood sugar testing and failed to document a demonstration of the competency signed by the nurse and the CMA in each employee's personnel records, with the potential to effect all residents.	S3202		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A	S3211		

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S3211	Continued From page 6	S3211		

licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205 (g) (3)

The facility reported a census of 17 residents. Based on observation, record review and staff interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on over the counter (OTC) medication bottles. This deficient practice affected resident's #519 and #620.

Findings included:

- On 12/28/2020 administrator B provided a resident roster which identified the facility managed medications for all 17 residents.

Observation during the initial facility tour on 12/28/2020 at 11:15 AM revealed the following; certified medication aide (CMA) A unlocked the medication room door, sitting on the shelf facing the door were 2 small square mesh plastic containers that held multiple bottles of labeled prescription and over the counter (OTC) medication bottles which lacked the full name of the resident. Container one held opened bottles

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S3211	Continued From page 7 of the following medications: Bayer aspirin, Colace, Vitamin D3, and Vitafusion woman's vitamins. CMA A confirmed at the time of the observation the bottles belonged to resident #620 and the bottles lacked the resident full name. Container two held opened bottles of the following OTC bottles: 2 bottles of Kroger brand acetaminophen tablets, Equate extra strength acetaminophen, Equate stool softener, and Betta Glucan immunition. CMA A confirmed at the time of the observation the bottles belonged to resident #519 and the bottles lacked the resident full name. Interview on 12/28/2020 at 11:40 AM with licensed nurse C confirmed the over the counter medication bottles lacked the resident first and last name. The 2013 facility policy states the pharmacist or licensed nurse shall place the full name of the resident on the package. If over the counter drugs are removed from the original manufacturer's package, other than for administration, the pharmacist shall label the drug as required for prescription drugs. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the residents on over the counter (OTC) medication bottles. This deficient practice affected resident's #519 and #620.	S3211		
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:	S3280		

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S3280	Continued From page 8 (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 17 residents. Based on interview and record review the administrator failed to provide disaster and emergency preparedness training quarterly to all residents and staff. Findings included: - 12/28/202 at 1:10 PM During the entrance interview with administrator B the following required documents for survey requested; staff roster, disaster and emergency management documents, and documentation of last 2 evacuation drills. Interview on 12/28/2020 at 1:15 PM with administrator B; confirmed required emergency management training for staff and residents had not been performed and she is unable to verify	S3280		

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S3280	Continued From page 9 date of last training. Review of employee on line learning transcripts revelaed disaster and emergency preparedness training assisgned at time of hire and annually. Review of the facility policy dated 11/2016 revealed the administrator of each assisted living or residential health care facility shall perform quarterly review of the facility's emergency management plan with team members and residents. The administrator failed to provide disaster and emergency preparedness training quarterly to all residents and staff.	S3280		
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	S3290		

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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 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 26-41-206 (b) (2)

The facility reported a census of 17 residents. The sample included 3 residents (#115, #216 and #317). Based on observation, record review and interview the administrator failed to provide the therapeutic diet as ordered for resident's # 115 and #317.

Findings Included:

- Record review for resident # 115 revealed an admission date of 11/30/2017 with diagnoses of anxiety and insulin dependent diabetic; poorly controlled

The annual functional capacity screening (FCS) dated 12/3/2020 identified the resident with intact cognition and required supervision assistance with insulin injections, she lacked the ability to manage own medications, not identified as a fall risk and used no assistive device.

The annual negotiated service agreement (NSA) dated 12/3/2020 lacked therapeutic diet.

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S3290	Continued From page 11 The undated annual health service plan (HSP) directed staff to serve resident a carbohydrate-controlled diet. Review of the physician note dated 11/30/2017 revealed the following: resident to have a carbohydrate-controlled diet. Review of the signed physician order dated 10/20/2020 the resident is to have a carbohydrate-controlled diet. On 12/29/2020 at 1:26 PM observation revealed resident in her room eating a bowl of corn while sitting in her chair. Interview on 12/28/2020 at 11:00 AM with cook E revealed he had no residents on special diets at this time. Interview on 12/29/2020 at 1:26 PM with resident #115; resident stated she fixed her own corn. Interview on 12/30/2020 at 8:30 AM with administrator B and licensed nurse C, confirmed the order for resident #115 therapeutic diet, and there are no written instructions available to the cook for the preparation of therapeutic diet. The administrator failed to provide the therapeutic diet as ordered for resident # 115 - Record review for resident # 317 revealed an admission date of 1/9/2019 with diagnoses of diabetes, anemia, congestive heart failure, delirium and schizoaffective schizophrenia. The annual functional capacity screening (FCS) dated 10/26/2020 identified the resident with	S3290		

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impaired cognition and required physical assistance with bathing, she lacked the ability to manage own medications, had a fall risk and used a walker assistive device

The negotiated service agreement (NSA) dated 9/30/2019 included the following services provided by the facility: Resident on a 1200cc fluid restriction staff will monitor fluids to ensure adequate amounts given. Resident had a "carbohydrate controlled, no added salt (NAS), Fluid restriction (1200cc)"

The undated annual health service plan (HSP) directed staff to restrict fluids to 1200cc, provide a carbohydrate controlled with no added salt diet.

Review of the physician plan of care note dated (fax date of 1/10/2019) marked resident to have a low carbohydrate, no added salt, low fat, and 1200cc fluid restricted diet.

Review of the signed physician orders dated 10/1/2020 thru 10/31/2020 revealed the order for the low salt, low carbohydrate diet with fluid restriction of 1200cc.

Observation on 12/29/2020 at 1:02 PM revealed resident #317 meal container sat on her small table with carrots, mashed potatoes and a biscuit.

Interview on 12/28/2020 at 11:00 AM with cook E revealed he had no residents on special diets at this time.

Interview on 12/29/2020 at 1:04 with resident confirmed " I can't have all those mashed potatoes and biscuit."

Interview on 12/30/2020 at 8:30 AM with

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S3290	Continued From page 13 administrator B and licensed nurse C, confirmed the order for resident #317 therapeutic diet, and there are no written instructions available to the cook for the preparation of therapeutic diet. For all of the above the administrator failed to provide the therapeutic diets as ordered for residents #115 and #317.	S3290		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a 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 17 residents. The sample included 3 residents and 5 sampled employees. Based on interview and record review for 3 of the newly hired employees, licensed nurse C, certified medication aide A, and cook E, the administrator failed to ensure the facility	S3310		

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remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR-26-39-105 with the potential to affect all residents.

Findings included:

- Review of certified medication aide (CMA) A's personnel record revealed she began employment on 11/25/2020. The employee record lacked the evidence of the 2-step tuberculin (TB) test performed within 7 days of employment.

Review of cook C personnel record revealed he began employment on 11/3/2020. The employee record lacked the evidence of the 2-step tuberculin (TB) test performed within 7 days of employment.

Review of licensed nurse C personnel record revealed she began employment on 12/7/2020. The record contained results of a chest Xray for indication of chest pain. The impression section of the document lacked mention of there being screening for tuberculosis.

Interview on 12/30/2020 at 8:30 am with licensed nurse C and administrator B confirmed CMA A and cook C were not administered a tuberculin 2 step within 7 days of hire, and chest X ray on licensed nurse C lacked the mention of screening for tuberculosis.

Review of facility policy dated 11/2016 revealed the following; screening for tuberculosis is done prior to employment and yearly. "A chest x ray alone is not sufficient for the screening for tuberculosis. A Mantoux test must be done. For those who cannot have a Mantoux test due to a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N018010	A. BUILDING: _____ B. WING _____	C 12/31/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDERBROOK VILLAGE LLC	402 WINDSOR ROAD ARKANSAS CITY, KS 67005

(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
S3310	Continued From page 15 previous positive test or vaccination with BCG, a chest x ray plus an examination by a physician for other signs and symptoms must be performed and documented". The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR-26-39-105 with the potential to affect all residents for certified medication aide A, licensed nurse C and cook E.	S3310		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3320	Continued From page 16 This REQUIREMENT is not met as evidenced by: KAR 28-39-254 (a) The facility reported a census of 17 residents, with 3 identified as cognitively impaired and indecently mobile. Based on observation, interview and record review the administrator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel and the public regarding unlocked chemicals. Findings included: - Observation during the entrance tour on 12/28/2020 at 10:10 AM revealed the cabinets in the bathroom next to the beauty shop freely opened. In the cabinets were 6 bottles labeled CEN Kleen IV disinfectant, the front of the label stated to keep out of reach of children. On the sink sat a can of Glade air freshener, keep out of reach printed on the back label. Observation of the housekeeping closet next to room 113 stood part of the way open. In the closet were bottles of CEN Kleen IV. In the unlocked cabinet underneath the sink in the dining room a bottle of Maxim one step disinfectant cleaner and deodorant with caution on label to wear splash proof eye protection when using product. Interview on 12/30/2020 at 8:30 AM with administrator B and licensed nurse C confirm chemicals should be locked. The administrator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel and the public regarding unlocked chemicals.	S3320		