STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N034001	A. BUILDING: _____ B. WING _____	01/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey for the above named assisted living facility conducted on 1-/6,7,11/2021.	S 000		
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: KAR 26-41-201(a) The facility reported a census of 9 residents. The sample included 3 residents. For all residents, the administrator failed to integrate the department's Functional Capacity Screening form into a form developed by the facility, which included each element and definition specified by the department for all residents and 3 (#160, #260, #360) of 3 sampled residents. Findings included:	S3080		

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

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S3080	Continued From page 1	S3080		

Review of functional capacity screen documentation shows same form used for all residents.

- Review of resident #160's medical record revealed the resident admitted into the facility on 7-18-18 with diagnoses of hypertension, diabetes, anxiety, and edema.

Review of the electronic functional capacity screen dated 7-17-20 revealed it lacked the section for the nurse to complete for medications.

- Review of resident #260's record revealed the resident admitted to the facility on 6-13-20 with diagnoses of chronic kidney disease, cerebrovascular accident, and anxiety.

Review of the electronic functional capacity screen dated 6-13-20 revealed it lacked the section for the nurse to complete for medications. It also revealed the sections for current or recent problems and risks, mobility appliances/devices and support were not completed.

- Review of resident #360's record revealed the resident admitted to the facility on 5-4-18 with diagnoses of diabetes, osteoarthritis, and reflux disease.

Review of the electronic functional capacity screen dated 5-15-20 revealed it lacked the section for the nurse to complete for medications.

The electronic functional capacity screening form used for all residents lacked information for the screening of medications.

During an interview on 1-7-21 at 11:32 AM administrative nursing staff A confirmed all

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S3080	Continued From page 2 residents had the same functional capacity screen in the electronic medical record and that it did not include the medication screening section. Nurse A also confirmed each section of resident #260's functional capacity screen had not been completed. The administrator failed to integrate the department's Functional Capacity Screening form into a form developed by the facility, which included each element and definition specified by the department.	S3080		
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 26-41-202(a)(1)(2)(3)	S3085		

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S3085	Continued From page 3 The facility reported a census of 9 residents. The sample included 3 residents. Based on interview and record review the administrator failed to ensure designated staff developed a written negotiated service agreement for 3 (#160, #260, #360) of 3 residents based on the resident's functional capacity screening, service needs, and preferences in collaboration with the resident or the resident's legal representative. The negotiated service agreement also failed to include a description of the services the resident would receive, identification of the provider of each service and party responsible for payment if outside resources provide a service. Findings included: - Review of resident #160's medical record revealed the resident admitted into the facility on 7-18-18 with diagnoses of hypertension, diabetes, anxiety, and edema. Review of the electronic functional capacity screen dated 7-17-20 revealed the resident required physical assistance with bathing, dressing, and toileting. The resident also needed supervision with transfers, walking/mobility and eating. The resident could not management of her medications and needed physical assistance with medical treatments. The resident also had impaired cognition and communication, had bladder incontinence, and problems with falls and impaired vision. Review of the residents negotiated service agreement/health care service plan (NSA/HCSP) dated 6-30-20 identified the resident was not independent with activities of daily living and noted staff would provide assistance with them.	S3085		

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S3085	Continued From page 4	S3085		

The NSA failed to identify who provided the resident oxygen and the payment for this outside service.

The resident's record included an addendum to the NSA regarding an increase in services provided related to food service, personal care, housekeeping, medications management.

Neither the NSA/HCSP or the addendum was signed by the resident or the resident's legal representative to show collaboration in the development of the NSA/HCSP.

During an interview on 1-7-21 licensed nursing staff B reported the NSA/HCSP should have included who provided the oxygen and the payment source.

- Review of resident #260's record revealed the resident admitted to the facility on 6-13-20 with diagnoses of chronic kidney disease, cerebrovascular accident, and anxiety.

Review of the electronic functional capacity screen dated 6-13-20 revealed the resident was independent with activities of daily living but needed supervision with management of medications.

Review of the residents negotiated service agreement/health care service plan (NSA/HCSP) dated 6-13-20 failed to identify the service of the residents family member prepared a pill container weekly and the resident self administered her medications. It also lacked a signature by the resident or the resident's legal representative to show collaboration in the development of the NSA/HCSP.

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S3085	Continued From page 5 An interview on 1-7-21 at 11:37 AM administrative licensed nursing staff A confirmed the NSA/HCSP did not specify that the resident's daughter filled the pill box and the resident self administered her medications. - Review of resident #360's record revealed the resident admitted to the facility on 5-4-18 with diagnoses of diabetes, osteoarthritis, and reflux disease. Review of the electronic functional capacity screen dated 5-15-20 revealed the resident was independent with activities of daily living and independent with management of his medications and medical treatments. Review of the residents negotiated service agreement/health care service plan dated 5-15-20 failed to identify the resident self administered his own medications and did not include a signature of the resident or the resident's legal representative to show collaboration in the development of the NSA/HCSP. An interview on 1-7-21 licensed nursing staff B confirmed for the above listed residents the NSA's should have been signed by the resident and/or the resident's legal representative. The administrator failed to ensure designated staff developed a written negotiated service agreement for 3 (#160, #260, #360) of 3 residents based on the resident's functional capacity screening, service needs, and preferences in collaboration with the resident or the resident's legal representative. The	S3085		

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S3085	Continued From page 6 negotiated service agreement also failed to include a description of the services the resident would receive, identification of the provider of each service and party responsible for payment if outside resources provide a service.	S3085		
S3165 SS=E	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 9 residents. The sample included 3 residents. Based on interview for all residents and record review the operator failed to ensure all resident including 3 (#160, #260, #360) 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 resident #160's medical record revealed the resident admitted into the facility on 7-18-18 with diagnoses of hypertension, diabetes, anxiety, and edema. Review of the electronic functional capacity screen dated 7-17-20 revealed the resident required physical assistance with bathing,	S3165		

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S3165	Continued From page 7	S3165		

dressing, and toileting. The resident also needed supervision with transfers, walking/mobility and eating. The resident could not management of her medications and needed physical assistance with medical treatments. The resident also had impaired cognition and communication, had bladder incontinence, and problems with falls and impaired vision.

Review of the residents negotiated service agreement/health care service plan (NSA/HCSP) dated 6-30-20 revealed staff would provide assistance with activities of daily living / personal cares. It lacked identification of the licensed nurse responsible for implementation and supervision of the residents health care service plan.

- Review of resident #260's record revealed the resident admitted to the facility on 6-13-20 with diagnoses of chronic kidney disease, cerebrovascular accident, and anxiety.

Review of the electronic functional capacity screen dated 6-13-20 revealed the resident was independent with activities of daily living but needed supervision with management of medications.

Review of the residents negotiated service agreement/health care service plan (NSA/HCSP) dated 6-13-20 identified the resident received anticoagulant therapy and facility staff needed to check and monitor the resident's blood work as ordered by the physician and to monitor for signs of bleeding. The NSA lacked identification of the licensed nurse responsible for the implementation and supervision of the service plan.

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S3165	Continued From page 8 - Review of resident #360's record revealed the resident admitted to the facility on 5-4-18 with diagnoses of diabetes, osteoarthritis, and reflux disease. Review of the electronic functional capacity screen dated 5-15-20 revealed the resident was independent with activities of daily living but had current risk/problem with falls and impaired hearing. Review of the residents negotiated service agreement/health care service plan dated 5-15-20 failed to include the licensed nurse responsible for the implementation and supervision of the service plan. On 1-11-21 at 8:48 AM licensed nurse C reported in the process of updating and revising NSA's that piece may have just got missed. The administrator failed to ensure 3 (#160, #260, #360) of 3 sampled resident's negotiated service agreements included the name of the current licensed nurse responsible for the implementation and supervision of the service plan.	S3165		
S3228 SS=F	26-41-205 (l) (3) Medication Regimen Review Record (l) (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record. This REQUIREMENT is not met as evidenced	S3228		

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S3228	Continued From page 9 by: KAR 26-41-205(l)(3) The facility reported a census of 9 residents. The sample included 3 residents. For all residents, based on record review and interview the administrator failed to ensure designated staff kept the medication regimen review in each resident's clinical record. for all residents and for 3 (#160, #260, #360) of 3 sampled residents. Findings included: - Review of resident #160's medical record revealed the resident admitted into the facility on 7-18-18 with diagnoses of hypertension, diabetes, anxiety, and edema. Review of the electronic functional capacity screen dated 7-17-20 revealed the resident was unable to perform management of her medications and needed physical assistance with medical treatments. Review of the residents negotiated service agreement/health care service plan dated 6-30-20 identified the staff would administer the resident's medications. - Review of resident #260's record revealed the resident admitted to the facility on 6-13-20 with diagnoses of chronic kidney disease, cerebrovascular accident, and anxiety. Review of the electronic functional capacity screen dated 6-13-20 revealed the resident required supervision with management of medications and independent with management of medical treatments.	S3228		

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S3228	Continued From page 10 Review of the residents negotiated service agreement/health care service plan dated 6-13-20 identified the resident ordered her own medications and staff medicated the resident. - Review of resident #360's record revealed the resident admitted to the facility on 5-4-18 with diagnoses of diabetes, osteoarthritis, and reflux disease. Review of the electronic functional capacity screen dated 5-15-20 revealed the resident was independent with management of his medications and medical treatments. Review of the residents negotiated service agreement/health care service plan dated 5-15-20 revealed the resident ordered his own medications and staff administered them. Review of residents #160, #260, #360"s electronic medical record lacked evidence of a medication regimen review by a licensed pharmacist. During an interview on 1-7-21 at 10:03 AM administrative nursing staff A reported there were no pharmacy reviews in the assisted living. Nurse A reported the pharmacist had been sending the reports to the long term care side of the facility and that is where they were kept. The administrator failed to ensure designated staff kept the medication regimen review in each resident's clinical record. for all residents and for 3 (#160, #260, #360) of 3 sampled residents.	S3228		