Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023022	A. BUILDING: _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY VILLAGE	3901 PETERSON ROAD LAWRENCE, KS 66049

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure conducted on 7/29/19, 7/30/19, 8/5/19, 8/6/19 and 8/7/19 at the above named assisted living facility in Lawrence, KS.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall	S 225		

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

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execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.
(4) An admission agreement shall not include a general waiver of liability for the health and safety of residents.
(5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger.

This REQUIREMENT is not met as evidenced by:
KAR 26-39-102(a)(3)

The facility reported a census of 23 residents. The sample included 3 residents and 2 closed review residents. Based on record review and interview for 1 closed review resident (#733), the administrator failed to ensure at the time of admission, to execute with the resident or the resident's legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.

Findings included:

- Record review for resident #733 recorded admission date of 7/5/19 with diagnoses of: anxiety, atrial fibrillation and dementia.

Functional Capacity Screen dated 7/5/19 recorded resident independent with all ADL's (activities of daily living), supervision with

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S 225	Continued From page 2 management of medications and treatments and has problems with short term memory. Negotiated service agreement/ health care service plan dated 7/5/19 recorded staff to supervise resident administration of medications and treatments. Resident has mild cognitive impairment. Resident record lacked an admission/lease agreement. Interview on 8/5/19 at 4:15pm with administrator #A stated resident was a respite admission and was at facility like 1 day and 1 night, when family left he/she was threatening to run off and he/she was moved to the [memory care building]. On 8/6/19 at 1:30pm administrator #A confirmed resident record lacked a respite admission agreement. For resident #733, the administrator failed to ensure at the time of admission, to execute with the resident or the resident's legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.	S 225		
S3130 SS=D	26-41-203 (d) Special Care Services (d) Special care. Any administrator or operator of an assisted living facility or residential health care facility may choose to serve residents who do not exceed the facility ' s admission and retention criteria and who have special needs in a special care section of the facility or the entire facility, if the administrator or operator ensures that all of	S3130		

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the following conditions are met:
(1) Written policies and procedures are developed and are implemented for the operation of the special care section or facility.
(2) Admission and discharge criteria are in effect that identify the diagnosis, behavior, or specific clinical needs of the residents to be served. The medical diagnosis, medical care provider ' s progress notes, or both shall justify admission to the special care section or the facility.
(3) A written order from a medical care provider is obtained for admission.
(4) The functional capacity screening indicates that the resident would benefit from the services and programs offered by the special care section or facility.
(5) Before the resident ' s admission to the special care section or facility, the resident or resident's legal representative is informed, in writing, of the available services and programs that are specific to the needs of the resident.
(6) Direct care staff are present in the special care section or facility at all times.
(7) Before assignment to the special care section or facility, each staff member is provided with a training program related to specific needs of the residents to be served, and evidence of completion of the training is maintained in the employee's personnel records.
(8) Living, dining, activity, and recreational areas are provided within the special care section, except when residents are able to access living, dining, activity, and recreational areas in another section of the facility.
(9) The control of exits in the special care section is the least restrictive possible for the residents in that section.

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S3130	Continued From page 4 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-203 (d)(3) The facility reported a census of 23 residents. The sample included 3 residents and 2 closed review residents. Based on record review, observation and interview for 1 (#733) closed review resident the administrator failed to ensure the resident's record contained a written order from a medical care provider for admission to a special care services unit. Findings included: - Record review for resident #733 recorded admission date of 7/5/19 with diagnoses of: anxiety, atrial fibrillation and dementia. Functional Capacity Screen dated 7/5/19 recorded resident independent with all ADL's (activities of daily living), supervision with management of medications and treatments and has problems with short term memory. Negotiated service agreement/ health care service plan dated 7/5/19 recorded staff to supervise resident administration of medications and treatments. Resident has mild cognitive impairment. Interview on 8/5/19 at 4:15pm with administrator #A stated resident was a respite admission and was at facility like 1 day and 1 night, when family left he/she was threatening to run off and he/she was moved to the [memory care building].	S3130		

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S3130	Continued From page 5 Memory care building progress notes dated 7/5/19 10:38pm, recorded resident was moved to the building following an elopement from the assisted living facility. Record lacked a physician's order to transfer and admit resident to the memory care building, a locked facility. Interview on 8/6/19 at 11:30am with administrator #A confirmed record lacked a written order for admission to the locked memory care building. For resident #733, the administrator failed to ensure the resident's record contained a written order from a medical care provider for admission to a special care services unit.	S3130		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f) (11) The facility reported a census of 23 residents. The sample included 3 residents and 2 closed review residents. Based on record review and interview for 2 closed review residents (#732,	S3261		

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733) the administrator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.

Findings included:

- Record review for resident #732 recorded admission date of 4/18/19 with diagnoses of: diabetes mellitus type 2, depression, hyperlipidemia, hypothyroidism, hypertension and insomnia.

Functional Capacity Screen (FCS) dated 4/18/19 recorded resident required supervision with bathing, assistance with management of medications and unable to perform management of treatments. He/she had difficulty (1) with short term memory.

Negotiated service agreement/ health care service plan (NSA/HCSP) dated 4/18/19 recorded staff to administer medications and treatments.

Progress notes dated 6/26/19 at 4:11pm recorded: "Resident was brought to facility by civilian via his/her car. Resident was found in the neighborhood across the street from the facility ... resident went ahead and left the facility and while walking to his/her sisters house he/she stumbled onto the grass and fell ... ..."

Last recorded progress note was dated 6/26/19 at 4:59pm: "Resident receiving 1-1 visual by this DON (director of nursing) and administrator. Family arrived and administrator spoke with them and will be providing a tour of [memory care

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facility] to the family and resident ...."

Physician's order dated 6/28/19 at 3:35pm recorded "Admit to the [memory care facility]"

Record lacked documentation of resident discharge from facility to a locked memory care facility.

Record review for resident #733 recorded admission date of 7/5/19 with diagnoses of: anxiety, atrial fibrillation and dementia.

FCS dated 7/5/19 recorded resident independent with all ADL's (activities of daily living), supervision with management of medications and treatments and has problems with short term memory.

NSA/HCSP dated 7/5/19 recorded staff to supervise resident administration of medications and treatments. Resident has mild cognitive impairment.

Resident record lacked progress notes.

Interview on 8/5/19 at 3:55pm with licensed nurse #B confirmed record lacked progress notes, he/she stated "Administrator said he/she was only here like 4 hours on respite."

Interview on 8/5/19 at 4:15pm with administrator #A stated resident was a respite admission and was at facility like 1 day and 1 night, when family left he/she was threatening to run off and he/she was moved to the [memory care building].

Record lacked documentation of admission, elopement, and transfer to a locked memory care facility.

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S3261	Continued From page 8 For residents #732, 733 the administrator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S3261		
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 26-4-104(d)(3) The census equaled 23 residents, the sample included 3 residents and 2 closed review residents. Based on interviews and review of records, for all residents, the administrator failed	S3280		

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S3280	Continued From page 9 to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly reviews of the facility's emergency management plan with employees and residents. Findings included: - On 7/30/19 at 10:00am reviewed facility's disaster plan with facility administrator #A. Disaster reviews were conducted with facility staff on 12/7/18, 2/19 and 6/27/19, records lacked disaster reviews for staff for 1, 2 and 3rd quarters of 2018. Records lacked disaster reviews for residents for 2018 and 2019. Facility conducted monthly fire drills with staff and conducted a tornado drill with staff and residents on 5/28/19. Interview on 7/30/19 at 10:00am with facility administrator #A confirmed records lacked quarterly reviews for staff and residents. For all residents of the facility, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly reviews of the facility's emergency management plan with employees and residents.	S3280		