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	N081006	A. BUILDING: _____ B. WING _____	10/30/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF MANHATTAN	1923 LITTLE KITTEN AVE MANHATTAN, KS 66502

(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 licensure re-survey conducted at the above named assisted living facility in Manhattan, KS on 10/25/17, 10/26/17 and 10/30/17.	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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S 225	Continued From page 1 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)(1)(C)(3) The facility reported a census of 33 residents. The sample included 3 residents and one focus review resident. Based on record review and interview for resident #125, the operator failed 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 #125 recorded admission date of 10/14/17 with diagnoses of: right hip fracture, right knee fracture, muscle weakness, unsteadiness, Arteriosclerotic heart disease, repeated falls, dementia, flat foot right and left, anemia, hyperlipidemia, aortic valve insufficiency and osteoarthritis.	S 225		

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S 225	Continued From page 2 Functional Capacity Screen dated 10/14/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Negotiated Service Agreement/ Health Care Service Plan recorded staff to assist resident with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. On 10/26/17 at 2:30pm requested resident's admission agreement. Interview on 10/26/17 at 3:38pm with administrative staff #C, stated, "I do not have an admission agreement for [resident #125] he/she was admitted on Saturday." For resident #125, the operator failed to the operator failed to execute with the resident or the resident's legal representative a written agreement that describes in detail the services and good the resident will receive and specifies the obligations that the resident has toward the adult care home.	S 225		
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	S3085		

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S3085	Continued From page 3 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 facility census equaled 33 the sample included 3 residents and one focus review resident. Based on record review and interview for 1 resident (#127) the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, is done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service. Findings included: - Record review for resident #127 recorded admission date of 5/1/14 with diagnoses of: hypertension, diabetes mellitus type 2, asthma, polyarthritis, macular degeneration, low back pain, hyperlipidemia, and lumbago. Functional Capacity Screen dated 7/1/17 recorded resident to receive assistance with management of treatments.	S3085		

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S3085	Continued From page 4 Negotiated Service Agreement (NSA) dated 7/1/17 recorded staff to assist with CPAP (continuous positive airway pressure machine) and O2 (oxygen) at night. Nurses notes dated 10/2/17 recorded "[name] home health is coming to visit as home health had to wait on physician's order to begin their services" Interview on 10/26/17 at 10:10am with resident stated "Therapy sees me; they will dismiss me next Monday or Tuesday." NSA lacked the name of the outsider provider for therapy services, services provided and party responsible for payment of the services. Interview on 10/26/17 at 4:18pm with licensed nurse #B confirmed resident received physical therapy and occupational therapy and NSA lacked an entry for these outside services. For resident #127, 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, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.	S3085		
S3155 SS=E	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	S3155		

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S3155	Continued From page 5 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 33 residents. The sample included 3 residents and one focus review resident. Based on record review, observation and interview for 2 (#125 and #128) sampled residents requiring health care services, the operator failed to ensure that a licensed nursed 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. Findings included: - Record review for resident #125 recorded admission date of 10/14/17 with diagnoses of: right hip fracture, right knee fracture, muscle weakness, unsteadiness, Arteriosclerotic heart disease, repeated falls, dementia, flat foot right and left, anemia, hyperlipidemia, aortic valve insufficiency and osteoarthritis. Functional Capacity Screen (FCS) dated 10/14/17 recorded resident required assistance with transfer, walk/mobility.	S3155		

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S3155	Continued From page 6 Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) recorded staff to assist resident with transfer (one to two staff to transfer, able to turn and reposition self in bed), walk/mobility (is able to ambulate a few steps with walker and assistance but uses the wheelchair mainly for transport). Observation on 10/26/17 at 1055am in resident's room revealed a bed can attached to the left side of a full size bed and a pressure reduction cushion in a wheelchair near the resident. HCSP lacked entries for interventions for resident use of a bed cane and pressure reduction cushion. Interview on 10/26/17 at4:18pm with licensed nurse #B confirmed HCSP lacked entries for use of a bed cane and pressure reduction cushion. Record review for resident #128 recorded admission date of 11/23/16 with diagnoses of: hypertension, hypothyroidism, constipation, pacemaker, malaise, atrial fibrillation diabetes mellitus type 2, fluid overload and dyspnea FCS dated 10/19/17 recorded resident required assistance with management of medications and treatments. NSA/HCSP dated 10/19/17 recorded staff to assist resident with management of medications (resident is able to self-administer his/her medications. Staff to give as needed Ativan. Observation and interview with resident on 10/26/17 at 11:12am noted resident bed covered in clothing, boxes, pillows, etc. Resident stated	S3155		

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S3155	Continued From page 7 he/she does not sleep in the bed, but sleeps in his/her recliner. HCSP lacked an entry for resident not sleeping in bed, but in a recliner. Interview on 10/26/17 at 4:18pm with licensed nurse #B confirmed resident sleeps in the recliner and HCSP lacked an entry for change in sleep location. For residents #125 and #128 who required health care services, the operator failed to ensure that a licensed nursed 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		
S3227 SS=E	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance.	S3227		

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S3227	Continued From page 8 This REQUIREMENT is not met as evidenced by: 26-41-205 (l)(2) The facility reported a census of 33 residents. The sample included 3 residents and one focus review resident. Based on record review and interview for 18 residents (including resident #127), the operator failed to ensure the licensed pharmacist or licensed nurse notified the medical care provider of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The Licensed nurse shall seek a response from the medical care provider within 5 working days of the medical care provider's notification of a variance. Findings included: - Record review for resident #127 recorded admission date of 5/1/14 with diagnoses of: hypertension, diabetes mellitus type 2, asthma, polyarthritis, macular degeneration, low back pain, hyperlipidemia, and lumbago. Functional Capacity Screen dated 7/1/17 recorded resident to receive assistance with management of treatments. Negotiated Service Agreement (NSA) dated 7/1/17 recorded resident is independent with medication administration including insulin. Staff to assist with CPAP (continuous positive airway pressure machine) and O2 (oxygen) at night. Nurses notes dated 9/1/17 at 12:25pm recorded "medications reviewed; please see pharmacy	S3227		

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S3227	Continued From page 9 report for recommendations" signed by pharmacy consultant #E. On 10/26/17 requested the pharmacy consultant reviews conducted for resident #127, administrative staff presented documentation for reviews completed for 9/26/16, 12/5/16, 3/1/17 and 6/5/17. Pharmacy consultant review for 9/1/17 revealed 18 recommendations were forwarded to the following disciplines: 18 written to MD (Medical doctor) and 18 written to nursing. Interview on 10/26/17 at 4:10pm with licensed nurse #B confirmed the September 2017 pharmacy reviews have not been sent to the physicians. For 18 residents of the facility, the operator failed to ensure the licensed pharmacist or licensed nurse notified the medical care provider of any variance identified in the medication regimen review that requires immediate action by the medical care provider and that the licensed nurse shall seek a response from the medical care provider within 5 working days of the medical care provider's notification of a variance.	S3227		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal	S3248		

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S3248	Continued From page 10 background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) The census equaled 33 the sample included 3 residents and one focus review resident. Based on interviews and reviews of facility records, for 4 of 5 certified staff (#J, #L, #M and #N) the operator failed to ensure the employee record contained supporting documentation from the nurse aide registry and criminal background checks (KBI). Findings included: - Review of personnel records for certified staff #J (hire date 8/3/17), record lacked documentation of criminal background check through health occupations and credentialing upon hire. KBI (Kansas Bureau of Investigations)	S3248		

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S3248	Continued From page 11 check submitted on 8/4/17, first day of work: 8/3/17. Review of personnel records for certified staff #L (hire date 9/11/17), record lacked documentation of criminal background check through health occupations and credentialing upon hire. KBI check submitted on 9/14/17, first day of work: 9/11/17. Review of personnel records for certified staff #M (hire date 9/1/17), record lacked criminal background check through health occupations and credentialing upon hire. KBI check submitted on 9/5/17, first day of work: 9/8/17 Review of personnel records for certified staff #N (hire date 8/30/17), record lacked documentation of criminal background check through health occupations and credentialing upon hire. KBI check submitted on 9/5/17, first day of work: 8/31/17. Interview on 10/25/17 at 3:05pm with operator #A confirmed criminal background checks (KBI) not completed on staff until after employees began employment. The operator failed to ensure the employee record contained supporting documentation for criminal background checks prior to employment.	S3248		
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	S3261		

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S3261	Continued From page 12 This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 33 residents. The sample included 3 residents and one focus review resident. Based on record review and interview for 1 sampled resident (#127) the operator 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 #127 recorded admission date of 5/1/14 with diagnoses of: hypertension, diabetes mellitus type 2, asthma, polyarthritis, macular degeneration, low back pain, hyperlipidemia, and lumbago. Functional Capacity Screen dated 7/1/17 recorded resident to receive assistance with management of treatments. Negotiated Service Agreement (NSA) dated 7/1/17 recorded resident is independent with management of medications including insulin; staff to assist with CPAP (continuous positive airway pressure machine) and O2 (oxygen) at	S3261		

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S3261	Continued From page 13 night. Nurses notes dated 9/3/17 at 11:14pm recorded: "[resident appeared cold and clammy ... blood sugar was 69 .... It was noted that [resident] had given him/herself fast acting novolog (insulin) instead of long acting levemir (insulin) before bedtime "[resident] was admitted to [name]hospital for pneumonia. Signed by licensed nurse #F. Nurses notes dated 9/6/17 at 12:50pm recorded: "[resident] was discharged home from hospital late afternoon of 9/5/17. Returned via facility transportations accompanied by staff." ... ..."[resident had room tray in his/her apartment for dinner and ate approximately 50 percent and reports adjusting his/her insulin to make up for decrease in appetite." Signed by licensed nurse #F. Most recent self- administration assessment dated 7/1/17 recorded resident able to obtain blood sugars and take his/her insulin. Record lacked documentation for nursing evaluation, for any change of status, and for ability to safely administer insulin and perform blood glucose monitoring after illness/hospitalization. Nurses notes dated 10/2/17 at 5:29pm recorded: "[name]home health is coming to visit as home health had to wait on physicians order to begin their services." Signed by licensed nurse #B Interview on 10/26/17 at 10:10am with resident stated "Therapy sees me; they will dismiss me next Monday or Tuesday."	S3261		

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S3261	Continued From page 14 Record lacked documentation for initiation of therapy services and follow up/effectiveness of therapy services. Interview on 10/26/17 at 4:18pm with licensed nurse #B confirmed assessment for change of status and ability to self- administer insulin was not completed. Stated resident has not had a change of status and continues to self- administer insulin without problems. He/she did not know when therapy services were started. For resident #127, the operator 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		