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 _____	09/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 for the above named facility conducted on 09/06/22.	S 000		
S3165 SS=D	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: K.A.R. 26-41-204 (d) The facility reported a census of 22 residents. The sample included three residents (R's) (R's 112, 117 and 119). Based on record review and interview the administrator failed to ensure the name of the licensed nurse responsible for the implementation and supervision of the "Health Care Service Plan"(HSP) was included on the resident "Negotiated Service Agreement" (NSA) for R 112, R 117 and R 119. Findings included: - Record review 09/06/22 for R 112 revealed an admission date of 06/27/20 with diagnoses of glaucoma, congestive heart failure, atrial fibrillation, and supra-ventricular tachycardia. Record Review of the facility document titled "Level of Care Assessment" identified R 112 required stand by assistance with bathing, dressing and toileting. She was independent with	S3165		

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

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S3165	Continued From page 1	S3165		

transfers and mobility. She lacked the ability to manage her own medications and was marked as a fall risk.

Record review of R 112 combined NSA/HSP instructed staff to provide stand by assistance with toileting and bathing. The document lacked the name of the licensed nurse responsible for the implementation and supervision the HSP.

Interview on 09/06/22 with Licensed Nurse (LN) B, she confirmed R 112 NSA lacked the name of the licensed nurse responsible for the implementation and supervision the HSP.

- Record review on 09/06/22 for R 117 revealed and admission date of 02/21/22 with diagnoses of major depression, anxiety, sever obsessive compulsive disorder, hypertension, and psychosis.

Record review of R 117 FCS dated 03/19/22 identified the R 117 required physical assistance with bathing and dressing. She lacked the ability to manage her own medications.

Record review of R 117 NSA/HSP dated 09/06/22 instructed facility staff to provide medication management for resident per primary care physician orders. The document lacked the name of the licensed nurse responsible for the implementation and supervision the HSP.

Interview on 09/06/22 with Licensed Nurse (LN) B, she confirmed the NSA lacked the name of the licensed nurse responsible for the implementation and supervision the HSP.

- Record review on 09/06/22 for R 119 revealed an admission date of 01/22/22 with diagnoses of

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S3165	Continued From page 2 diabetes mellitus, hypertension, and heart disease. Record review on 09/06022 of R119 FCS dated 2/21/22 identified the resident was independent with all "Activities of Daily Living" (ADL's), she required supervision with medication and medical treatments. Record review on 09/06/22 of R 119 NSA/HSP dated 02/22/22 instructed staff to provide verbal assist, provide a diabetic diet, and draw monthly labs. The NSA lacked the name of the licensed nurse responsible for the implementation and supervision the HSP. Interview on 09/06/22 with Licensed Nurse (LN) B, she confirmed the NSA lacked the name of the licensed nurse responsible for the implementation and supervision the HSP. The administrator failed to ensure the name of the licensed nurse responsible for the implementation and supervision of the "Health Care Service Plan"(HSP) was included on the resident "Negotiated Service Agreement" (NSA) for R 112, R 117 and R 119.	S3165		
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	S3280		

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S3280	Continued From page 3 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: K.A.R. 26-41-104 (d) (3) The facility reported a census of 22 residents. Based on interview and record review the administrator failed to ensure the residents and staff received quarterly reviews of the facility's emergency management plan. Findings included: 09/06/22 record review of the facility provided "Disaster and Emergency Management" records revealed a facility wide elopement drill performed on 08/31/22, and a full evacuation of the facility drill on 07/28/22. The record lacked documentation of quarterly training for staff and residents for the emergency management plan. 09/06/22 interview with Maintenance staff A revealed the facility had not been providing the quarterly training of the emergency management plan to staff and residents. The administrator failed to ensure the residents and staff received quarterly reviews of the facility's emergency management plan.	S3280		

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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: K.A.R. 26-41-207 (c) The facility reported a census of twenty-two residents. The sample included three residents and five newly hired employees. Based on interview and record review the administrator failed to ensure the licensed nurse maintained the facility's compliance with the department's Tuberculosis (TB) guidelines for adult care homes adopted by reference K.A.R. 26-30-105 for two of newly admitted resident's (R 117 and R 119) and four of the newly hired employees Licensed Nurse (LN) B, and Certified Nurse Aide's (CNA's) D, E and F). Finding included: - Record review on 09/06/22 for R 117 revealed	S3310		

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S3310	Continued From page 5 an admission date of 02/21/2022, the record included an admission TB symptom screen dated 02/21/22. The record lacked documentation of the required two step TB test with seven days of admission to the facility. Record review on 09/06/22 for R 119 revealed an admission date of 01/22/22, the record included an admission TB symptom screen dated 01/21/22. The record lacked documentation of the required two step TB test with seven days of admission to the facility. Review of newly hired employee LN B revealed she began employment on 04/11/2022. The employee record included a TB symptom screen dated 04/11/22. The record lacked documentation of the required two step TB test with seven days of employment with the facility. Review of newly hired employee CNA D revealed she began employment on 06/1/22. The employee record included a "TB Test Administration" record revealing CNA D received the first step of the two-step test on 06/10/22. The record lacked documentation of the required second step within one to three weeks after the first step was read. Review of newly hired employee E revealed she began employment on 06/09/22. The employee record lacked the documentation of the required two step TB test within seven days of employment with the facility. Review of newly hired employee F revealed she began employment on 03/23/2022. The employee record lacked the documentation of the required two step TB test within seven days of employment with the facility.	S3310		

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S3310	Continued From page 6 The administrator failed to ensure the licensed nurse maintained the facility's compliance with the department's Tuberculosis (TB) guidelines for adult care homes adopted by reference K.A.R. 26-30-105 for two of newly admitted resident's (R 117 and R 119) and four of the newly hired employees Licensed Nurse (LN) B, and Certified Nurse Aide's (CNA's) D, E and F.	S3310		