STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N091002	A. BUILDING: _____ B. WING _____	10/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHEAT RIDGE ACRES	707 WHEATRIDGE CIRCLE GOODLAND, KS 67735

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints (#169016 and #160201) at the above named facility conducted on 10/10/22.	S 000		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (d) The census equaled 24 residents. The sample included 3 residents and 1 focused record review resident. Based on record review, observation and interview for 1 focused record review resident (R) 110, Administrator A failed to ensure the resident's functional capacity at the time of screening was accurately reflected on the resident's functional capacity screen. Findings included: - Record review for R110 revealed she admitted on 07/22/11 with diagnoses of Diabetes Mellitus Type II and hypertension. R110's "Functional Capacity Screen (FCS)/Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP)" dated 07/25/22 recorded the resident as independent	S3082		

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

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S3082	Continued From page 1 with bathing, dressing, toileting, transfer, walk/ mobility and eating and was unable to perform management of medications and treatments. R111 had short term memory impairment and impaired decision-making skills. R111 had impaired vision. The FCS/NSA/HCSP recorded administered medications and treatments and staff encouraged social and individual activities. The FCS/NSA/HCSP lacked R110's socially inappropriate behavior. Interview on 10/10/22 at 02:10 PM with Certified Nurse Aide (CNA) D stated R110 often showed aggressive and inappropriate behavior toward staff members. Interview on 10/10/22 at 02:55 PM with Licensed Nurse (LN) B stated R110 could be inappropriate at times and recommended CNA D accompany surveyor to interview R110. Interview on 10/10/22 at 03:52 PM with LN B confirmed R110's current FCS/NSA/HCSP dated 07/25/22 did not accurately reflect resident's current status. LN B confirmed R110's FCS/NSA/HCSP should reflect socially inappropriate behavior. Administrator A failed to ensure the resident's functional capacity at the time of screening was accurately reflected on the resident's functional capacity screen.	S3082		
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	S3085		

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S3085	Continued From page 2	S3085		

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) (3)

The facility reported a census of 24 residents. The sample included 3 residents and 1 focused record review resident. Based on record review, observation and interview for 2 sampled residents (R) 111 and R112, Administrator A failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services identified each party responsible for payment if outside resources provided a service.

Findings included:

- Record review for R111 revealed he admitted on 04/05/22 with diagnoses of chronic obstructive pulmonary disease, self-care deficit

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S3085	Continued From page 3	S3085		

and hyperlipidemia.

R111's "Functional Capacity Screen (FCS)/Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP)" dated 04/14/22 recorded the resident as independent with dressing, toileting, walk/ mobility and eating, supervision required for bathing and transfers, and was unable to perform management of medications and treatments. R111 had short term memory impairment and was at risk for falls.

The FCS/NSA/HCSP recorded staff supervised bathing twice weekly, verbal cues and encouragement from staff for transfers, and staff administered medications and treatments.

The FCS/NSA/HCSP identified a description and provider of the outside resource for oxygen therapy and failed to identify the party responsible for payment of the outside resources for oxygen therapy.

Observation on 10/10/22 at 02:52 PM in R111's room revealed oxygen therapy in use via nasal cannula while resident sat in chair in room.

Interview on 10/10/22 at 02:01 PM with Licensed Nurse (LN) B confirmed R111's current FCS/NSA/HCSP dated 04/14/22 lacked identification of party responsible for payment of outside resources provided for oxygen therapy.

- Record review for R112 revealed she admitted on 05/04/09 with diagnoses of diabetes mellitus, hypertension, Dementia, neuropathy, chronic renal insufficiency and cellulitis.

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S3085	Continued From page 4	S3085		

R112's "Functional Capacity Screen (FCS)/Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP)" dated 03/10/22 recorded the resident as independent with toileting, transfer, walk/ mobility and eating, physical assistance required for bathing and dressing, and was unable to perform management of medications and treatments. R112 was at risk for falls and had impaired vision.

The FCS/NSA/HCSP recorded staff assisted with bathing twice weekly, staff assisted with dressing in the AM and PM and Ted hose assist, and staff administered medications and treatments.

The FCS/NSA/HCSP identified a description and provider of the outside resource for oxygen therapy, physical therapy and occupational therapy and failed to identify the party responsible for payment of the outside resources for oxygen therapy, physical therapy and occupational therapy.

Interview on 10/10/22 at 02:01 PM with Licensed Nurse (LN) B confirmed R112's current FCS/NSA/HCSP dated 03/10/22 lacked identification of party responsible for payment of outside resources provided for oxygen therapy, physical therapy and occupational therapy.

The facility's FCS/NSA/HCSP document for R111 and R112 on page 19 recorded, "The Function Capacity Screen/Care Plan/Negotiated Service Agreement is a joint agreement between [facility name] and the specified resident for care and services provided and/or coordinated ...When a service is provided by an outside resource, this

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S3085	Continued From page 5 agreement will specify the source of payment other than resident if applicable." Administrator A failed to ensure the NSA completed for residents who required health care services identified each party responsible for payment if outside resources provided a service for R111 and R112.	S3085		
S3211 SS=F	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 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 census totaled 24 residents. The sample included 3 residents and 1 focused record review resident. Based on observation and interview for 4 resident (R) 110, R111, R112, R113 and 17 non-sampled resident (R) 200, R201, R202, R203, R204, R205, R206, R207, R208, R209,	S3211		

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S3211	Continued From page 6 R210, R211, R212, R213, R214, R215, R216, Administrator A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation on 10/10/22 at 10:25 AM with Licensed Nurse (LN) B revealed two locked medication carts in the hallway of the facility. The following over the counter medications were noted without first and last names: For R110 the cart contained one bottle of Tylenol (pain reliever) For R111 the cart contained one bottle of Docusate Sodium (stool softener), one container of Mucinex (expectorant), two bottles of Melatonin (sleep support), one bottle of Vitamin D3 (supplement) and one bottle of Aspirin (non-steroidal anti-inflammatory drug), For R112 the cart contained one Tylenol, one bottle of Aspirin, one container of Volteran gel (arthritis pain reliever), and one bottle of Artificial Tears (eye drops) For R113 the cart contained one bottle of AREDS 2 (eye vitamin), one bottle of Super Vitamin B-Complex (supplement), one bottle of Vitamin D3, one bottle of Allergy Relief, one bottle of Tylenol, one bottle of Melatonin, one bottle of Magnesium (supplement), one container of Imodium (anti-diarrheal), For R200 the cart contained one bottle of AREDS	S3211		

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S3211	Continued From page 7 2 and one bottle of Tylenol For R201 the cart contained Eye Health Complex (supplement), one bottle of Vitamin D3, one bottle of Vitamin B12 Complex (supplement), one bottle of Eye Itch Relief and one bottle of Lubricant Eye Drops For R202 the cart contained one bottle of Lutein (eye supplement), one bottle of Vitamin D3, one bottle of Multivitamin Complete, one container of Mucinex, one container of Daily Probiotic, one bottle of 8 Hour Arthritis Pain Relief, one bottle of Vitamin C (supplement) and one bottle of I-Caps Lutein & Zeaxanthin, For 203 the cart contained one bottle of Probiotics, one bottle of Calcium (supplement), one container of Gas Relief, one bottle of Systane Eye Drops and one bottle of Refresh Eye drops, For 204 the cart contained one bottle of Women's Probiotic, one bottle of Calcium, one bottle of Lutein, one bottle of Fiber Therapy, one bottle of Nasal Spray and one bottle of Allergy Relief Nasal Spray, For R205 the cart contained one bottle of Tylenol and one bottle of Melatonin, For R206 the cart contained one bottle of Anti-Diarrheal medication, one bottle of Melatonin, one bottle of Tylenol, and one container of Volteran gel, For R207 the cart contained one bottle of Tylenol, one bottle of Acidophilus (probiotic), one	S3211		

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S3211	Continued From page 8 bottle of Super Vitamin B- Complex, one bottle of Iron, one bottle of Vitamin D3, one bottle of Aspirin, one container of Imodium, For R208 the cart contained one container of Calcium Bone Strengthening Formula, one bottle of Complete Multivitamin, one bottle of Docusate sodium, one bottle of AREDS 2, one bottle of Aspirin, one bottle of Naproxen Sodium (pain reliever), one bottle of Alaway Antihistamine Eye Drops and one bottle of Systane Eye Drops, For R209 the cart contained one bottle of Lipogen (multivitamin), For R210 the cart contained one bottle of Docusate Sodium, one bottle of Tylenol, one container of Mucinex and one bottle of Melatonin, For R211 the cart contained one bottle of Acetaminophen (pain reliever), one bottle of Vita Joy Gummies, one bottle of Iron, one bottle of Aspirin, one bottle of Gas Relief, one bottle of Calcium and one bottle of Sentry Senior multivitamin, For R212 the cart contained one bottle of Docusate Sodium and one bottle of Allergy Relief, For R213 the cart contained one bottle of Magnesium, one bottle of Calcium, one bottle of CoQ10, one bottle of Eye Health Complex, one bottle of Aspirin, one bottle of Vitamin B12 and one bottle of Systane Eye Drops, For R214 the cart contained one bottle of	S3211		

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S3211	Continued From page 9 Acetaminophen, one bottle of Acidophilus and one bottle of Multivitamins For R215 the cart contained one bottle of Aspirin, one bottle of Allergy Relief and one bottle of CoQ10 For R216 the cart contained one bottle of Tylenol Arthritis Interview on 10/10/22 at 10:25 AM with LN B confirmed the above listed medications were without full first and last names for R110, R111, R112, R113, R200, R201, R202, R203, R204, R205, R206, R207, R208, R209, R210, R211, R212, R213, R214, R215 and R216. Facility's "Medication Administration Policy and Procedures" (no date) recorded, "b. if an over-the-counter medication has packaging that the medication container can be removed from, the licensed nurse pr pharmacist must label both the packaging and the removable container with the full resident name on both." Administrator A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
S3310 SS=E	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;	S3310		

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S3310	Continued From page 10 (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 census totaled 24 residents. The sample included 3 residents, 1 focused record review resident and review of 5 newly hired employees. Based on record review and interview for 4 Residents (R) 110, R111, R112, R113 and 2 Staff (Administrator A and Licensed Nurse (LN) C), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R110's "Health Record" revealed she admitted to the facility on 07/22/11 and the record lacked completion of an annual TB questionnaire since 07/17/20. R111's "Health Record" revealed he admitted to the facility on 04/05/22 and the record lacked completion of TB testing and a TB questionnaire upon admission. R112's "Health Record" revealed she admitted to	S3310		

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S3310	Continued From page 11	S3310		

the facility on 05/04/09 and the record lacked completion of an annual TB questionnaire since 05/22/20.

R113's "Health Record" revealed she admitted to the facility on 09/17/22 and the record lacked completion of TB testing and a TB questionnaire upon admission.

Administrator A's "Employee Record" revealed a hire date of 09/20/21. Administrator A's record lacked evidence of TB testing and a TB questionnaire upon hire. Administrator A's first step TB test and TB questionnaire were completed on 11/12/21, approximately 7.5 weeks after being hired by the facility. Record lacked evidence of second step of TB testing.

LN C "Employee Record" revealed a hire date of 10/06/21. LN C's record lacked evidence of TB testing and a TB questionnaire upon hire. LN C's first step TB test and TB questionnaire were completed on 11/12/21, approximately 5 weeks after being hired by the facility. Record lacked evidence of second step of TB testing.

Interview on 10/10/22 at 03:15 PM with LN B confirmed no TB questionnaires for 2021 and 2022 were located for R110 and R112. LN B further confirmed no TB testing or TB questionnaire upon admission located for R111 and R113.

Interview on 10/10/22 at 03:52 PM with Administrator A confirmed no second step of TB testing completed upon hire for Administrator A and LN C.

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S3310	Continued From page 12 The facility's "[Facility name] Tuberculosis Testing Policy" (no date) recorded, "All employees and residents of [facility name] will be tested for tuberculosis as soon as employment or residency begins. Testing should be performed within seven days of employment or admission ... A two-step method will be used unless there is documentation of a previous significant reaction." The facility failed to follow the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		