STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N080002	A. BUILDING: _____ B. WING _____	10/20/2022

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SANDSTONE HEIGHTS	440 STATE STREET LITTLE RIVER, KS 67457

(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 represent the findings of a resurvey at the above named facility conducted on 10/20/22.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c) (1) The census equaled 6 residents. The sample included 3 residents. Based on record review and interview, the facility failed to ensure designated facility staff conducted a screening at least once every 365 day to determine each resident's functional capacity for Resident (R)120. Findings included: - R120's "Medical Record" revealed she admitted to the facility on 06/30/19 with diagnoses of major depressive disorder, cellulitis of left lower limb, heart failure and chronic pain	S3081		

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

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S3081	Continued From page 1 syndrome. The "Assisted Living Functional Capacity Screen" (FCS) dated 09/10/21 recorded the resident as independent with dressing, toileting, transfers, walk/mobility, and eating, physical assistance required for bathing and management of medications and treatments. R120's "Medical record" lacked completion of a FCS since 09/10/21. Interview on 10/20/22 at 12:24 PM with Licensed Nurse (LN) B stated unable to locate an annual NSA for R120 since 09/10/21. Electronic interview on 10/24/22 at 01:07 PM with Licensed Nurse (LN) C confirmed unable to locate a FCS completed on R120 since 09/10/21. The facility failed to ensure designated facility staff conducted a screening at least once every 365 days to determine each resident's functional capacity for R120.	S3081		
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 negotiated service agreement shall provide the	S3085		

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S3085	Continued From page 2	S3085		

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)

The facility reported a census of 6 residents. The sample included 3 residents. Based on record review, observation and interview for 1 sampled resident (R) R122, Administrator A failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services identified a description of the services the resident received, identified the provider of each service and identified each party responsible for payment if outside resources provided a service.

Findings included:

- The "Resident Roster" obtained on 10/20/22 from Licensed Nurse (LN) B recorded "PT/OT" (physical therapy/ occupational therapy) under outside providers for R122.

Record review for R122 revealed he admitted on 02/16/21 with diagnoses of Parkinson's disease, orthostatic hypotension, neuromuscular dysfunction of bladder, generalized muscle weakness, hyperlipidemia, depression, vitamin

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S3085	Continued From page 3	S3085		

deficiency, hypertension and benign prostatic hyperplasia.

R122's "Functional Capacity Screen" (FCS) dated 03/08/22 recorded the resident as independent with dressing, toileting, transfer, walk/ mobility and eating, physical assistance required for bathing and was unable to perform management of medications and treatments.

R122's "Negotiated Service Agreement" (NSA) and "Service Plan" dated 03/08/22 recorded facility staff assisted with bathing and administered medications and treatments.

The NSA lacked description of services provided by physical therapy/occupational therapy, the provider of service and party responsible for payment.

Signed physician order dated 08/29/22 recorded physical therapy/occupational therapy to evaluate and treat.

Interview on 10/20/22 at 12:11 PM with LN B confirmed R122 was currently receiving physical therapy/ occupational therapy services. LN B further confirmed R122's NSA lacked description of service, identification of the agency providing physical therapy and party responsible for payment.

Administrator A failed to ensure R122's NSA contained a description of the services the residents would receive, identified the provider of each service and identified each party responsible for payment if outside resources provided a service.

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S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d) (1) The census equaled 6 residents. The sample included 3 residents. Based on record review and interview for 1 resident (R)120, Administrator A failed to ensure the review, and if necessary, revision of the Negotiated Service Agreement (NSA) at least once every 365 days. Findings included: - R120's "Medical Record" revealed she admitted to the facility on 06/30/19 with diagnoses of major depressive disorder, cellulitis of left lower limb, heart failure and chronic pain syndrome.	S3092		

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S3092	Continued From page 5 The "Assisted Living Functional Capacity Screen" (FCS) dated 09/10/21 recorded the resident as independent with dressing, toileting, transfers, walk/mobility, and eating, physical assistance required for bathing and management of medications and treatments. The "Negotiated Service Agreement" dated 09/11/21 recorded staff to assist with bathing and administer medications. R120 used a walker to ambulate. The "Service Agreement" dated 09/10/21 recorded staff to assist with bathing and administer medications. Record lacked completion of an annual NSA since 09/11/21. Interview on 10/20/22 at 12:24 PM with Licensed Nurse (LN) B stated unable to locate an annual NSA for R120 since 09/11/21. Electronic interview on 10/24/22 at 01:07 PM with LN C confirmed unable to locate a NSA completed on R120 since 09/11/21. Administrator A failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days.	S3092		
S3211 SS=E	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	S3211		

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S3211	Continued From page 6	S3211		

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 6 residents. The sample included 3 residents. Based on observation and interview for 1 resident (R) 120 and 3 non-sampled residents (R) 123, R124, R125, 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 medications.

Findings included:

- Observation on 10/20/22 at 09:22 AM with Certified Medication Aide (CMA) D revealed a locked medication carts in the dining room of the facility. The following over the counter medications were noted without full names:

For R120 the cart contained one bottle of Acetaminophen (pain reliever)
For R123 the cart contained one bottle of Acetaminophen,
For R124 the cart contained one bottle of Antacid tablets,

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S3211	Continued From page 7 For R125 the cart contained one bottle of Acetaminophen. Interview on 10/20/22 at 09:22 AM with CMA D confirmed the above listed medications were without full first and last names for R120, R123, R124 and R125. Facility's "Medication/Treatment Self-Administration and Labeling Policy" (no date) recorded, "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 licensed nurse will place the full name of the resident on both the original manufacturer's medication package and the medication container." 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		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store	S3215		

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S3215	Continued From page 8 controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h) (1) The census equaled 6 residents. The sample included 3 residents. Based on observation, interview and record review for all residents living in the facility and receiving medication services, Administrator A failed to ensure all non-controlled medications and biologicals managed by the facility were stored in a locked medication room, cart, or cabinet, which had the ability to affect all residents. Findings included:	S3215		

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S3215	Continued From page 9 - On 10/20/22, Licensed Nurse (LN) B provided a "Resident Roster" which included 6 residents and noted 2 of the 6 residents had impaired cognitive abilities. Observation on 10/20/22 at 09:17 AM revealed a refrigerator/ freezer in the kitchen of the facility. The refrigerator revealed one bottle of Calcitonin-Salom nasal spray for R123 and one bottle of Latanoprost Ophthalmic Solution for R120. Interview on 10/20/22 at 09:42 AM with LN B confirmed medications were not to be stored in the kitchen refrigerator. Facility's "Assisted Living Medication and Treatment Storage" policy (no date) recorded, "Medication requiring refrigeration must be stored in a refrigerator location in the medication storage room at the nurse's station or other secured location. Medication must be stored separately from food and must be labeled accordingly." Administrator A failed to ensure all non-controlled medications and biologicals managed by the facility were stored in a locked medication room, cart, or cabinet, which had the ability to affect all residents.	S3215		
S3280 SS=E	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:	S3280		

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S3280	Continued From page 10 (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 26-41-104 (d) (4) The census equaled 6 residents. The sample included 3 residents and review of 5 employee records. Based on record review and interview, Administrator A failed to ensure disaster and emergency preparedness by ensuring the performance of an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents.	S3280		

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S3280	Continued From page 11 Facility failed to perform an annual emergency drill in 2022 conducted with all residents and staff that included an evacuation of all residents to a secure location. Interview on 10/20/22 at 12:40 PM with Administrator A confirmed no annual emergency drill conducted with all residents and staff that included an evacuation of all residents to a secure location since May 2021. Administrator A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.	S3280		