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	N087001	A. BUILDING: _____ B. WING _____	11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC CARE CENTER, INC	6700 E 45TH STREET NORTH BEL AIRE, KS 67226

(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 for re-licensure and complaint investigations #165757 and #165932 for the above named Assisted Living facility conducted on 11/28/22, 11/29/22 and 11/30/22.	S 000		
S3080 SS=E	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The facility reported a census of 97 residents(R) and 5, adult day care residents. The sample included five residents and one adult day care resident. Based on interview and record review the administrator failed to ensure two (R6 and R7) of three sampled residents had a functional capacity screen completed by designated staff	S3080		

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

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S3080	Continued From page 1	S3080		

on or before admission to the assisted living facility to determine the resident's functional capacity.

Findings included:

- Review of R6's medical record revealed she started adult day care services on 06/06/22 and had a diagnoses of dementia.

R6's admission "Functional Capacity Screen" (FCS) had an assessment date of 06/08/22, 2 days after her first day of adult day care.

On 11/30/22 at 09:58 AM "Licensed Nurse" C, reported the FCS for residents, including day care residents, needed to be done on the day of admission or within 24 to 48 hours.

Review of the "Resident Functional Capacity Screening" policy dated 05/29/2009 identified that on or before each individual's admission to the assisted living facility designated staff will conduct a screening to determine the individual's functional capacity and record all findings on a screening form specified by the department.

The administrator failed to ensure designated staff conducted a FCS for R6 on or before admission to adult day care services.

- Review of R7's medical record revealed he moved into the facility on 03/01/22 with diagnoses of chronic kidney disease, Alzheimer's disease, and hypertension.

R7's admission "Functional Capacity Screen" (FCS) had an assessment date of 03/03/22, 2

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S3080	Continued From page 2 days after admission to the facility. On 11/30/22 at 09:58 AM "Licensed Nurse" C, reported the FCS for residents needed to be done on the day of admission or within 24 to 48 hours. Review of the "Resident Functional Capacity Screening" policy dated 05/29/2009 identified that on or before each individual's admission to the assisted living facility designated staff will conduct a screening to determine the individual's functional capacity and record all findings on a screening form specified by the department. The administrator failed to ensure designated staff conducted a FCS for R6 on or before admission to adult day care services.	S3080		
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: K.A.R 26-41-201 (d) The facility reported a census of 97 residents (R) and 5, adult day care residents. . The sample included five residents, and one adult day care resident. Based on record review and interview the administrator failed to ensure designated facility staff completed R3's "Functional Capacity	S3082		

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Screen" accurately to reflect the resident received physical assistance with management of medications and medical treatments.

Findings included:

- Review of R3 electronic medical record revealed he moved into the facility on 01/12/15 with diagnoses of diabetes type II.

R3's "Functional Capacity Screen" (FCS) dated 04/01/22 identified the resident was independent with management of his medications and medical treatments. It failed to identify the resident required physical assistance with management of his insulin administration and his blood sugar monitoring.

On 11/30/22 at 04:10 PM R3 confirmed that he takes all his own pills, but the nurses give him his insulin and check his blood sugars.

On 11/30/22 at 05:25 PM acknowledged the "Licensed Nurses" administer R3 his insulin and the "Certified Medication Aides" checked his blood sugars.

Review of the "Resident Functional Capacity Screening" policy dated 05/29/09 revealed staff shall ensure each resident's functional capacity at the time of screening is accurately reflected on the resident's screening form.

The administrator failed to ensure R3's FCS accurately reflected the resident's functional status regarding medication and medical treatment management.

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S3090	Continued From page 4	S3090		
S3090 SS=E	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c) The facility reported a census of 97 residents(R) and 5, adult day care residents. The sample included five residents and one adult day care resident. Based on interview and record review the administrator failed to ensure two (R6 and R7) of three sampled residents had an initial "Negotiated Service Agreement" completed at admission. Findings included: - Review of R6's medical record revealed she started adult day care services on 06/06/22 and had a diagnoses of dementia. R6's admission "Negotiated Service Agreement" (NSA) had an assessment date of 06/08/22, 2 days after her first day of adult day care. On 11/30/22 at 09:58 AM "Licensed Nurse" C reported the NSA for residents, including day care residents, ideally needed to be done on the day of admission or within 24 to 48 hours.	S3090		

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S3090	Continued From page 5 Review of the "Negotiated Service Agreement" policy dated 5/29/09 revealed the administrator would ensure the development of an initial NSA. The administrator failed to ensure designated staff conducted an initial NSA for R6 on or before admission to adult day care services. - Review of R7's medical record revealed he moved into the facility on 03/01/22 with diagnoses of chronic kidney disease, Alzheimer's disease, and hypertension. R7's admission "Negotiated Service Agreement" has a date of 03/03/22, two days after admission to the facility. On 11/30/22 at 09:58 AM "Licensed Nurse" C reported the NSA for residents, including day care residents, ideally needed to be done on the day of admission or within 24 to 48 hours. Review of the "Negotiated Service Agreement" policy dated 05/29/09 revealed the administrator would ensure the development of an initial NSA. The administrator failed to ensure designated staff conducted an initial NSA for R7 on or before admission to assisted living.	S3090		
S3092 SS=E	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;	S3092		

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S3092	Continued From page 6 (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)(2) The facility reported a census of 97 residents (R) and 5, adult day care residents. The sample included five residents and one adult day care resident. Based on interview and record review the administrator failed to ensure staff reviewed and revised the "Negotiated Service Agreement" if necessary, for five (R4, R5, R6, R7, R8) of six sampled residents who experienced a significant change in status related to initiation of physical and occupational therapy and wound care services. Findings included: - Review of R4's electronic medical record revealed he moved into the facility on 12/18/15 with diagnoses of heart disease, hypertension, edema, and pain. R4's "Functional Capacity Screen" (FCS) dated 09/20/22 identified the resident needed physical assistance with all activities of daily living except	S3092		

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eating, had no cognitive impairment and had a current problem with falls.

R4's "Negotiated Service Agreement" (NSA) dated 09/20/22 included for staff to provide assistance of staff with activities of daily living. It also directed staff to use a gait belt for transfers. The resident record lacked any revisions or addendums for R4's NSA.

R4's "Health Service Plan" dated 09/20/22 directed Staff to assist with walking/mobility as needed. Resident uses walker for short distances, due to increased weakness therapy recommends not to attempt to ambulate the resident and he should be transferred into the wheelchair for safety. It identified the resident had a problem with falls and unsteadiness and to have the call pendant in place and encourage the resident to call for assistance.

Review of R4's electronic medical record revealed he received Physical Therapy services from 08/22/22 to 10/27/22, Occupational Therapy services from 09/22/22 to 10/11/22, and Speech Therapy services from 09/07/22 to 10/06/22.

On 11/30/22 at 09:58 AM "Licensed Nurse" C reported she had not done addendums for therapy services unless another outside agency came in and provided the service.

On 11/30/22 at 05:09 PM "Administrative Licensed Nurse" B acknowledged revisions or addendums to the NSA had not been done for therapy services.

Review of the "Negotiated Service Agreement"

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policy dated 05/29/09 revealed the negotiated service agreement shall provide a description of services provided, the provider of each service, and identification of each party responsible for payment if outside resources provide a service. The administrator shall ensure the NSA is reviewed and if necessary revised following any significant change in condition, as defined in KAR 26-39-100.

The administrator failed to ensure designated staff reviewed and revised R4's NSA to identify that he received physical, occupational, and speech therapy services and who provided those services.

- Review of R5's electronic medical record revealed she moved into the facility on 06/13/22 with diagnoses of cognitive communication deficit, diabetes type II and unsteadiness.

R5's "Functional Capacity Screen" (FCS) dated 06/13/22 identified the resident needed physical assistance of staff for completion of activities of daily living, had significant impaired cognition, and at risk for falls and unsteadiness.

R5's "Negotiated Service Agreement" (NSA) dated 06/13/22 had checked activities of daily living as services provided by assisted living which included "Fall Risk Interventions". The NSA and medical record did not include revisions or addendum to identify the resident received physical therapy services and who provided those services.

Review of R5's medical record revealed she received Physical therapy services from 07/20/22

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S3092	Continued From page 9 to 08/15/22. On 11/30/22 at 9:58 AM "Licensed Nurse" C reported she had not done addendums for therapy services unless another outside agency came in and provided the service. On 11/30/22 at 05:09 PM "Administrative Licensed Nurse" B acknowledged revisions or addendums to the NSA had not been done for therapy services. Review of the "Negotiated Service Agreement" policy dated 05/29/09 revealed the negotiated service agreement shall provide a description of services provided, the provider of each service, and identification of each party responsible for payment if outside resources provide a service. The administrator shall ensure the NSA is reviewed and if necessary revised following any significant change in condition, as defined in KAR 26-39-100. The administrator failed to ensure designated staff reviewed and revised R5's NSA to identify that he received physical, occupational, and speech therapy services and who provided those services. - Review of R6's medical record revealed she started adult day care services on 06/06/22 and had a diagnoses of dementia. R6's "Functional Capacity Screen" dated 06/08/22 identified she needed physical assistance with dressing, bathing, and supervision with toileting.	S3092		

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S3092	Continued From page 10 R6's admission "Negotiated Service Agreement" (NSA) had an assessment date of 06/08/22, identified staff would assist with bathing dressing and toileting. The NSA and medical record did not include revisions or addendum to identify the resident received physical therapy services and who provided those services. R6's record revealed she received physical therapy from 09/20/22 to 10/19/22. She also received occupational therapy from 09/14/22 to 10/19/22. On 11/30/22 at 09:58 AM "Licensed Nurse" C reported she had not done addendums for therapy services unless another outside agency came in and provided the service. On 11/30/22 at 05:09 PM "Administrative Licensed Nurse" B acknowledged revisions or addendums to the NSA had not been done for therapy services. Review of the "Negotiated Service Agreement" policy dated 05/29/09 revealed the negotiated service agreement shall provide a description of services provided, the provider of each service, and identification of each party responsible for payment if outside resources provide a service. The administrator shall ensure the NSA is reviewed and if necessary revised following any significant change in condition, as defined in KAR 26-39-100. The administrator failed to ensure designated staff reviewed and revised R6's NSA to identify that he received physical, occupational, and speech therapy services and who provided those	S3092		

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services

- Review of R7's electronic medical record revealed he moved into the facility on 03/01/22 with diagnosis of Alzheimer's dementia.

R7's "Functional Capacity Screen" dated 09/29/22 revealed he needed physical assistance with all activities of daily living except for eating and had a current problem with falls/unsteadiness.

R7's "Negotiated Service Agreement" dated 09/20/22 identified services provided by assisted living staff included "Fall Risk Interventions". It identified he was at risk for falls related to unsafe use of walker and staff needed to use his walker correctly and provide stand-by assistance to physical assistance with transfers and ambulation. The NSA and medical record did not include revisions or addendum to identify the resident received physical therapy services and who provided those services.

Review of R7's medical record revealed he received physical therapy services from 03/14/22 to 05/12/22. He also received occupational therapy services from 03/14/22 to 05/24/22.

On 11/30/22 at 9:58 AM "Licensed Nurse" C reported she had not done addendums for therapy services unless an outside agency came in and provided the service.

On 11/30/22 at 05:09 PM "Administrative Licensed Nurse" B acknowledged revisions or addendums to the NSA had not been done for therapy services.

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S3092	Continued From page 12 Review of the "Negotiated Service Agreement" policy dated 05/29/09 revealed the negotiated service agreement shall provide a description of services provided, the provider of each service, and identification of each party responsible for payment if outside resources provide a service. The administrator shall ensure the NSA is reviewed and if necessary revised following any significant change in condition, as defined in KAR 26-39-100. The administrator failed to ensure designated staff reviewed and revised R7's NSA to identify that he received physical, occupational, and speech therapy services and who provided those services. - Review of R8's medical record revealed he moved into the facility on 01/01/14 with diagnosis of heart disease. R8's "Functional Capacity Screen" dated 05/24/22 revealed he was independent with activities of daily living and needed physical assistance with medical treatments. R8's "Negotiated Service Agreement" (NSA) dated 05/24/22 identified nursing staff may assist with medical treatments as requested by resident. The resident's record did not include a revision or addendum to his NSA to identify that he received services for wound care, who provided those services and since it is an outside agency who was responsible for payment of those services. R8's electronic medical record included a	S3092		

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S3092	Continued From page 13 physician's order dated 09/26/22 for consult with wound care company for guidance related to wound on the bottom of resident's left foot. Review of R8's nursing progress notes identified the first visit from the wound care company was on 10/04/22 and he continues to receive wound care services weekly. On 11/30/22 at 09:58 AM "Licensed Nurse" C reported confirmed the wound care company would be an outside agency. On 11/30/22 at 05:19 PM "Administrative Licensed Nurse" B acknowledged revisions or addendums to the NSA had not been done for the wound care services. Review of the "Negotiated Service Agreement" policy dated 05/29/09 revealed the negotiated service agreement shall provide a description of services provided, the provider of each service, and identification of each party responsible for payment if outside resources provide a service. The administrator shall ensure the NSA is reviewed and if necessary revised following any significant change in condition, as defined in KAR 26-39-100. The administrator failed to ensure designated staff reviewed and revised R8's NSA to identify that he received physical, occupational, and speech therapy services and who provided those services.	S3092		
S3120 SS=D	26-41-203 (b) Adult Day Care Services (b) Adult day care services. Any administrator or	S3120		

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S3120	Continued From page 14 operator of an assisted living facility or residential health care facility may provide adult day care services to any individual who meets the facility ' s admission and retention criteria and receives services less than 24 hours a day if the administrator or operator ensures that all of the following conditions are met: (1) Written policies are developed and procedures are implemented for the provision of adult day care services.(2) All the requirements for admission of a resident to an assisted living facility or residential health care facility are met for an individual admitted for adult day care services. (3) At least 60 square feet of common use living, dining, and activity space is available in the facility for each resident of the facility and each resident receiving adult day care services. (4) The provision of adult day care services does not adversely affect the care and services offered to other residents of the facility. This REQUIREMENT is not met as evidenced by: KAR 26-41-203(b)(2) The facility reported a census of 97 residents(R) and 5, adult day care residents. The sample included five residents and one adult day care resident. Based on interview and record review, the administrator failed to ensure one (R6) of one sampled day care resident's record included all the requirements for admission to the assisted living for adulst day care services. Findings included:	S3120		

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S3120	Continued From page 15 - Review of R6's medical record revealed the resident started adult day care services on 06/06/22 and had a diagnosis of dementia. R6's nursing progress notes also identified she started adult day care on 06/06/22. Review of Residents "Adult Day Program Agreement" had a staff signature of 06/03/22 but was not signed by the residents legal representative until 11/29/22. On 11/30/22 at 12:45 PM "Administrative Staff" M Stated she pulled R6's file the other day and saw the admission agreement had not been signed but everything else was signed on June 6th. She was not sure what happened but when she realized it hadn't been signed she contacted R6's legal representative to get signatures. Review of the "Admission Agreement" policy revealed at the time of admission, the resident or legal representative must sign an Admission Agreement. The administrator failed to ensure an admission agreement for adult day care services was signed on or before admission for day care services.	S3120		
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 care services that meet the needs of each resident and are in accordance	S3155		

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S3155	Continued From page 16 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 97 residents (R) and 5, adult day care residents. The sample included five residents and one adult day care resident. Based on observations, interview, and record review the administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of three (R4, R5, R7) of five residents who experienced falls. Findings included: - Review of R4's electronic medical record revealed he moved into the facility on 12/18/15 with diagnoses of heart disease, hypertension, edema, and pain. R4's "Functional Capacity Screen" (FCS) dated 09/20/22 identified the resident needed physical assistance with all activities of daily living except eating, had no cognitive impairment and had a current problem with falls. R4's "Negotiated Service Agreement" dated 09/20/22 included for staff to provide assistance of staff with activities of daily living. It also directed staff to use a gait belt for transfers.	S3155		

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S3155	Continued From page 17 R4's "Health Service Plan" dated 09/20/22 directed staff to assist with walking/mobility as needed. Resident used walker for short distances, due to increased weakness therapy recommended not to attempt to ambulate the resident and he should be transferred into the wheelchair for safety. It identified the resident had a problem with falls and unsteadiness and to have the call pendant in place and encourage the resident to call for assistance. Review of his progress notes revealed he had falls on 06/13/22, 06/18/22, 07/14/22, 08/7/22, 08/11/22, 09/20/22 and 11/21/22. Surveyor requested evidence of a license nurse investigation these falls for possible causal factors and interventions if applicable. On 11/30/22 at 11:48 AM "Administrative Licensed Nurse" B stated staff had health service notebooks on their units in the kitchenette area and updates from fall investigations are put in the notebooks and when the "Health Service Plan" (HSP) is updated it is put in there as well. Review of the HSP notebook for R4 included the current HSP and no additional updates or revision. The HSP lacked interventions for staff related to the electric lift chair to help reduce risk of falling out of the chair. Review of fall investigations provided by "Administrative Licensed Nurse" B revealed a licensed nurse failed to investigate four out of 7 falls for possible causal factors and implement interventions to help reduce the resident's risk for falls.	S3155		

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On four of the falls, 06/13/22, 06/18/22, 08/07/22, and 08/11/22, the resident had either sat on the electric lift chair control or misused it causing the resident to slide out onto the floor and three of those falls were not investigated.

On 11/30/22 at 02:56 PM R4 sat in his electric lift chair with his feet elevated and the controller on the magazine rack beside his chair within reach. The resident stated he had fallen out of his chair sometimes because he would push the wrong button and slide out of the chair.

On 11/30/22 at 11:48 AM "Administrative Licensed Nurse" B acknowledged that not all the falls had been investigated in the past. She also reported when a resident falls, the nurses do the physical assessment, have a fall event they have to fill out and make a progress note. The "Director of Nursing Services" is supposed to then review the even report and determine the cause of the fall and an intervention to help decrease the risk for more falls. The intervention is then put in the HSP notebook for all the aides to know any new interventions.

Review of the "Falls and Fall Risk, Managing" policy revised on 03/2018 identified based on previous evaluations and current data, staff would identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling.

The administrator failed to ensure a Licensed nurse provided or coordinated the necessary health care services to reduce the residents risk for falls as identified on the FCS by failing to

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thoroughly investigate falls to identify causal factors and implement appropriate measures to reduce the risk for further falls.

- Review of R5's electronic medical record revealed she moved into the facility on 06/13/22 with diagnoses of cognitive communication deficit, diabetes type II and unsteadiness.

R5's "Functional Capacity Screen" (FCS) dated 06/13/22 identified the resident needed physical assistance of staff for completion of activities of daily living, had significant impaired cognition, and at risk for falls and unsteadiness.

R5's "Negotiated Service Agreement" (NSA) dated 06/13/22 had checked activities of daily living as services provided by assisted living which included "Fall Risk Interventions". The NSA did not include any specific interventions related to fall prevention.

R5's "Health Service Plan" dated 06/13/22 included interventions to assist with activities of daily living. It also included the following fall specific interventions: Provide stand-by assist; Visualize every 30 minutes; Resident is impulsive and may not wait for assistance; Potential for her to slide out of bed so make sure is at a good height; Ensure gripper socks are on; and may refuse to use walker in her room.

On 11/30/22 at 11:48 AM "Administrative Licensed Nurse" B stated staff had health service notebooks on their units in the kitchenette area and updates from fall investigations are put in the notebooks and when the "Health Service Plan" (HSP) is updated it is put in there as well.

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S3155	Continued From page 20 Review of the HSP notebook included the HSP dated 06/13/22 but no additional fall interventions identified based on fall investigations. Review of the resident's nursing progress notes revealed she had 14 falls in the past three months. Surveyor requested 14 fall investigations which occurred between 09/11/22 and 11/27/22. Review of fall investigations provided by "Administrative Licensed Nurse" B revealed a licensed nurse failed to investigate six of the 14 falls for causal factors and possible interventions to reduce risk for falls. Observation on 11/29/22 at 04:25 PM surveyor knocked on the resident door and the resident answered the door wearing a flannel nightgown and had a wet rag in her hand. Her walker was in the middle of her room, and she did not use it to walk to the door. She used the walk to help balance herself and walked toward the desk and then over to the bathroom without holding onto anything. She opened the curtain to the restroom which revealed loose BM on the floor which she had been trying to clean up. Surveyor got facility staff to come in and help her. Observation on 11/30/22 at 12:09 PM the resident was asleep in her bed with the wheelchair and walker at the foot of the bed and her overbed table beside the bed. On 11/30/22 at 12:20 PM "Certified Nurse Aide" (CNA) N reported staff had to definitely do 30 min checks. She reported the resident did not like to be helped, had taken her walker or	S3155		

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wheelchair to block the door from opening so we don't go in her room. She stated she will sit on the couch in her room and thought she sometimes had difficulty getting up off the couch since it was low and because we would find her on her knees in front of it. Staff N also stated the resident does use her walker and we have to remind her to use it in her room. She will push it for about two steps and then refuse to use it the rest of the way.

On 11/30/22 at 12:27 PM "Licensed Nurse" O reported when a resident falls the nurse does a full assessment, put a note in the char and implement an intervention. Staff know what the intervention is because we document it in the chart, and we tell them what we have changed. She stated the resident had two falls the other day and had increased confusion. She stated staff were supposed to check on her every two hours or more often.

On 11/30/22 at 11:48 AM "Administrative Licensed Nurse" B acknowledged that not all the falls had been investigated in the past. She also reported when a resident falls, the nurses do the physical assessment, have a fall event they have to fill out and make a progress note. The "Director of Nursing Services" is supposed to then review the even report and determine the cause of the fall and an intervention to help decrease the risk for more falls. The intervention is then put in the HSP notebook for all the aides to know any new interventions.

Review of the "Falls and Fall Risk, Managing" policy revised on 03/2018 identified based on previous evaluations and current data, staff

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would identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling.

The administrator failed to ensure a Licensed nurse provided or coordinated the necessary health care services to reduce the residents risk for falls as identified on the FCS by failing to thoroughly investigate falls to identify causal factors and implement appropriate measures to reduce the risk for further falls.

- Review of R7's electronic medical record revealed he moved into the facility on 03/01/22 with diagnosis of Alzheimer's dementia.

R7's "Functional Capacity Screen" dated 09/29/22 revealed he needed physical assistance with all activities of daily living except for eating and had a current problem with falls/unsteadiness.

R7's "Negotiated Service Agreement" dated 09/20/22 identified services provided by assisted living staff included "Fall Risk Interventions". It identified he was at risk for falls related to unsafe use of walker and staff needed to use his walker correctly and provide stand-by assistance to physical assistance with transfers and ambulation.

R7's "Health Service Plan" dated 09/20/22 also included the resident had declined therapy and staff were to encourage proper use of walker and assist with ambulation.

Review of his progress notes revealed he had

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falls on 06/30/22, two falls on 07/04/22 and another on 10/30/22. Surveyor requested evidence of a license nurse investigation these falls for possible causal factors and interventions if applicable.

On 11/30/22 at 11:48 AM "Administrative Licensed Nurse" B stated staff had health service notebooks on their units in the kitchenette area and updates from fall investigations are put in the notebooks and when the "Health Service Plan" (HSP) is updated it is put in there as well.

Review of fall investigations provided by "Administrative Licensed Nurse" B revealed a licensed nurse failed to investigate three of the 4 falls for possible causal factors and implement interventions to help reduce the resident's risk for falls.

Observation on 11/29/22 at 2:30 PM "Certified Nurse Aide" (CNA) P went into the resident room and after visiting with the resident a little and explaining who surveyor was, he said he had no problem getting out of bed and used the Ubar to help sit up. He then proceeded to show that he could sit up on the side of the bed without assistance, he got ahold of his walker and then stood up with minimal assistance. He then walked into the bathroom with his arms resting on his walker and CNA P walking beside him.

On 11/30/22 at 11:48 AM "Administrative Licensed Nurse" B acknowledged that not all the falls had been investigated in the past. She also reported when a resident falls, the nurses do the physical assessment, have a fall event they have to fill out and make a progress note. The

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S3155	Continued From page 24 "Director of Nursing Services" is supposed to then review the even report and determine the cause of the fall and an intervention to help decrease the risk for more falls. The intervention is then put in the HSP notebook for all the aides to know any new interventions. Review of the "Falls and Fall Risk, Managing" policy revised on 03/2018 identified based on previous evaluations and current data, staff would identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. The administrator failed to ensure a Licensed nurse provided or coordinated the necessary health care services to reduce the residents risk for falls as identified on the FCS by failing to thoroughly investigate falls to identify causal factors and implement appropriate measures to reduce the risk for further falls.	S3155		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.	S3186		

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This REQUIREMENT is not met as evidenced by:
KAR 26-41-205 (b)

The facility reported a census of 97residents (R) with 5, adult day care residents. The sample included five residents and one adult day care resident. Based on record review and interview the operator failed to ensure one (R3) of six sampled residents who self-administered some of his medications had a Negotiated Service Agreement that identified the responsible person for the administration and management of selected medications.

Findings included:

- Review of R3 electronic medical record revealed he moved into the facility on 01/12/15 with diagnoses of diabetes type II.

R3's "Functional Capacity Screen" dated 04/01/22 identified the resident was independent with management of his medications and medical treatments.

R3's "Negotiated Service Agreement" (NSA) dated 04/01/22 revealed qualified nursing staff to administer and order medications and treatments per physician orders. The NSA failed to identify that facility licensed nurses administered the resident's insulin, and the resident self administered all his oral medications.

On 11/30/22 "Administrative Licensed Nurse" B stated she did not realize the NSA needed to

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S3186	Continued From page 26 identify the specifics as to who administered select medications. The Operator failed to ensure R3, who self-administered all his oral medications, had a "Negotiated Service Agreement" that identified the responsible person for the administration and management selected medications.	S3186		
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 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 facility reported a census of 97 residents. Based on observation and interview the administrator failed to ensure all over the counter medications were labeled with each resident's full name.	S3211		

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S3211	Continued From page 27 Findings included: - On 11/29/22 at 10:01 AM "Certified Medication Aide" (CMA) F unlocked the medication cabinets for "Memory Lane" which revealed the following over the counter medications without the residents' full name on them, bottle of Complete Multivitamin, Cosamin, Nasal Spray, Systane eye drops, Aspercreme roll on, Lutein, Calcium, Vitamin D3, Aspirin, and MagMind. Each had a room # on the bottle but the resident's full name. On 11/29/22 at 10:11 AM CMA G unlocked the medication cabinets for "Garden Walk" which revealed a bottle of Systane, dropper bottle of Tea Tree Oil without the resident's full name. On 11/29/22 at 10:17 AM CMA H unlocked the medication cabinets for "Farmland" which revealed Vitamin D3, Volfenac gel without the resident's full name on them. On 11/29/22 at 12:30 PM CMA I unlocked the "North" medication cart which had a bottle of Lutein with a room number but did not have the resident's full name on it. On 11/30/22 at 09:53 AM "Licensed Nurse" C acknowledged all over-the-counter medications were to have a sticker label on them that included their full names. Review of the "Labeling of Medication Containers" policy revised April 2019 revealed all medications maintained in the facility are to be properly labeled in accordance with current state guidelines and regulations.	S3211		

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S3211	Continued From page 28 The administrator failed to ensure all over the counter medications which the facility had responsibility for administration were labeled with the resident's full name.	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 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	S3215		

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S3215	Continued From page 29 expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(4) The facility reported a census of 97 residents and 5, day care residents. Based on observation, interview the administrator failed to ensure a licensed nurse did not administer Tuberculin Skin Test Antigens beyond the manufacturer's recommended date of expiration by the failure to ensure designated staff dated the vial when first used. Findings included: - During tour on 11/29/22 at 10:01 AM "Certified Medication Aide" F unlocked the medication cabinets on "Memory Lane" which revealed a small refrigerator. In the refrigerator was a box of Tubersol (TB Antigen Solution) which had an opened vial that was half full. The box and vial did not have a date staff first used the vial. On 11/30/22 at 9:53 AM "Licensed Nurse" C reported the nurses were supposed to date the solution when they opened it. Per Tubersol package directions noted a vial of Tubersol which has been entered and in use for 30 days should be discarded. The administrator failed to ensure a licensed nurse dated the Tubersol to ensure it was not used beyond the manufacturer's recommended	S3215		

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S3215	Continued From page 30 date of expiration once the vial had been opened and entered.	S3215		
S3248 SS=E	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 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)(1)(2)	S3248		

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S3248	Continued From page 31 The facility reported a census of 97 residents and 5, day care residents. Based on record review of five newly hired employees, the administrator failed to have evidence of registration, and certification of training and criminal background checks through appropriate agency for one newly hired staff who required specialized education and training verified upon hire. The findings included: - Review of "Certified Nurse Aide" (CNA) D's employee record on 11/29/22 lacked evidence of registration/certification check for Nurse Aide training and completion. It also lacked evidence of completion of a criminal background check completed through the appropriate state agency. On 11/29/22 at 11:12 AM 'Administrative Staff" L reported another sister organization would have checked CNA D's registry and criminal background check and would get results from them. On 11/29/22 at 04:52 PM Administrative staff A reported the sister organization did not have record of checking for CNA certification or if she was on the Kansas nurse aide registry. They also did not complete the criminal background check through the appropriate state agency. Review of the "Staff Qualifications" policy dated 05/2009 employee records shall contain evidence of registration, certification for completion of training and documentation for criminal background checks according to K.S.A. 39-970 and amendments.	S3248		

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S3248	Continued From page 32 The executive director failed to ensure staff who required specialized education and training were verified to provide health care services and failed to ensure a criminal background was completed through appropriate state agency.	S3248		
S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 97 residents. The administrator failed to ensure staff prepared and served food at the proper temperature as evidenced by record review and interview for	S3298		

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S3298	Continued From page 33 resident's who lived in Memory Care. Findings included: - Review of the food temperature logs on all 4 of the Memory Care units, "Music City", Memory Lane", "Garden Walk", and "Farmland", revealed staff failed to consistently monitor food temperatures before serving to residents. The records included multiple days in the past 2 months that did not include temperatures of all 3 meals served or only had one or two meals food temperatures documented. On 11/28/22 at 03:39 PM "Certified Nurse Aide" J stated the main kitchen took the temperature of all the food before it comes down to the "Memory Care" units. He stated if staff did not turn on the steam table before the food got there and the food was not hot when taken out of the carts, they needed to take the temperature otherwise if it is hot when comes out of the cart, we do not need to temp it. On 11/29/22 at 10:35 AM "Dietary Staff" K the main kitchen staff put the food in the hot carts and take to the memory care area. Memory Care staff are supposed to take the food out of the carts and put it in the dry table to keep hot and need to check the temperature of the food before they serve it to make sure it is at the appropriate temperature. Review of the "Food Holding Times" policy dated 2015 revealed foods will be maintained at proper temperatures during meal service to ensure food quality and safety. The temperatures of all hot foods will be checked prior to placing them on	S3298		

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S3298	Continued From page 34 the steam table and all hot foods on the steam table will maintain an internal temperature of 135 degrees to 180 degrees Fahrenheit. The administrator failed to ensure staff ensure staff monitored food serving temperatures to ensure it was served at the proper temperature.	S3298		
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; (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 97 residents(R). The sample included five residents and one adult day care resident. Based on interview and record review for two sampled residents (R5 and R7), and one (R6) adult day care resident the administrator failed to ensure the facility	S3310		

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S3310	Continued From page 35	S3310		

remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

Findings included:

- Review of R5's electronic medical record revealed she moved into the facility on 06/13/22. The record failed to include the completion of a TB symptom screen.

- Review of R6's electronic medical record revealed she started day care services on 06/06/22. The record failed to include a TB symptom screen and a 2step TB skin test.

- Review of R7's electronic medical record revealed he moved into the facility on 03/01/22. The record failed to include a TB symptom screen. His two-step TB skin test was not initiated until 04/26/22, more than seven days after admission.

On 11/30/22 at 05:14 PM "Licensed Nurse" C confirmed R6 did not have a TB skin test or symptom screen completed and acknowledged R5 and R7 should have had a symptom screen done on admission.

Review of the facility's "Tuberculosis, Screening Residents for" policy revised August 2019 revealed the facility shall screen all residents for TB.

Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" dated June 2013 revealed each new resident shall have an initial TB symptom screen that includes the components of

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S3310	Continued From page 36 the TB symptom screen questionnaire within seven days of residency. Each new resident shall receive a two-step skin test within seven days of residency. The operator failed to ensure designated staff completed TB symptom screen and skin testing according to TB guidelines.	S3310		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced	S3320		

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S3320	Continued From page 37 by: KAR 28-39-254 (a) The facility reported a census of 97 residents(R) with 32 residents living on the memory care unit and potentially 5, day care residents. Based on observation and interview the administrator failed to ensure staff secured all chemicals to maintain the safety of residents who lived on the Memory Care unit. . Findings included: - Review of the resident roster provided by Licensed Nurse B on 11/28/22 revealed 32 residents lived on the Memory Care unit and all 32 residents had impaired cognitive status. Observation during initial tour on 11/28/22 at 02:01 PM the Memory Care Unit had 4 separate halls/units that residents could walk freely between and out into the center area where they could walk around a nurse's station, go into a sitting area or activity area. There is also a beauty shop in this same area and during tour the door was unlocked. Upon entering the room on the counter within reach of residents was a plastic tub full of Barbicide Salon disinfecting solution and a bottle of "Lotta" body setting solution. Both solutions have warnings to keep out of reach of children and other harmful warnings. On 11/28/22 at 02:01 PM "Administrative staff" A stated the beauty shop door was supposed to be always locked. On 11/28/22 at 03:57 PM "Licensed Nurse" (LN)	S3320		

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S3320	Continued From page 38 reported the beauty shop was open because at one point the nurses key wasn't working so it was left open. During survey on 11/28/22, 11/29/22 and 11/30/22 observations revealed different residents wandered around in the center area. The administrator failed to ensure facility staff kept all chemicals secured to maintain safety of all residents who lived in Memory Care.	S3320		