STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N064002	A. BUILDING: _____ B. WING _____	12/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNCIL GROVE ASSISTED LIVING	554 COUNTRY LANE COUNCIL GROVE, KS 66846

(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 assisted living conducted on 12/06/22.	S 000		
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 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) The facility reported a census of 18 residents. The sample included 3 residents. Based on record review and interview for 2 sampled resident (R)2 and R3, Operator/Licensed Nurse (LN) A failed to ensure the Negotiated Service Agreement (NSA) completed for residents who	S3085		

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

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S3085	Continued From page 1	S3085		

required health care services identified a description of the services the resident will receive including bed assistive devices.

Findings included:

- R2's "Medical Record" revealed she admitted to the facility on 09/24/21 with diagnoses of hypertension and cellulitis of chest wall.

The "Resident Functional Capacity Screen" (FCS) dated 08/19/22 recorded the resident required supervision with bathing and dressing, was independent with toileting, transfers, walk/mobility, and was unable to perform management of medications and treatments. R2 was usually continent, had short term memory impairment and impaired decision making. R2 was at risk for falling and had impaired hearing.

The "Negotiated Service Agreement" (NSA)/ "Health Care Service Plan" (HCSP) dated 08/19/22 recorded staff assisted R2 with bathing, dressing and medication and treatment management. The NSA failed to identify the use of a bed assistive device.

- R3's "Medical Record" revealed she admitted to the facility on 07/22/16 with diagnoses of hypertension, major depressive disorder, osteoarthritis and diabetes mellitus type II.

The "Resident Functional Capacity Screen" (FCS) dated 03/07/22 recorded the resident was independent with eating, required physical assistance with bathing, dressing, toileting, transfers, walk/mobility, and was unable to perform management of medications and

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S3085	Continued From page 2 treatments. R3 was incontinent, had short term memory impairment and impaired decision making. R3 was at risk for falling and had impaired hearing. The "Negotiated Service Agreement" (NSA)/ "Health Care Service Plan" (HCSP) dated 03/07/22 recorded staff assisted R3 with bathing, dressing, toileting, transfer and walk/mobility. Medication and treatment management performed by facility staff. R3 required reminders throughout the day and was at risk for falls. The NSA failed to identify the use of a bed assistive device. Interview on 12/06/22 at 11:52 AM with LN B confirmed R2 and R3's current NSA lacked a description for a bed assistive device. Operator/LN A failed to ensure the NSA completed for residents who required health care services identified a description of the services the resident will receive including bed assistive devices.	S3085		
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	S3298		

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S3298	Continued From page 3 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 (e) The census equaled 18 residents. Based on record review and interview for all residents living in the facility and receiving meal services Operator/ Licensed Nurse (LN) A failed to ensure the facility staff served food at the proper temperature. Findings included: - During the initial tour on 12/06/22, facility food temperature monitoring logs were requested. Dietary Staff C provide food temperature monitoring logs for November 2022 and December 2022. Record lacked breakfast, lunch, and supper food temperatures for the following dates: 11/23/22, 11/24/22, 11/25/22, 11/26/22, 11/27/22, 11/28/22, 11/29/22, 11/30/22, 12/01/22, 12/02/22, 12/03/22, 12/04/22 and 12/05/22. Interview on 12/06/22 at 10:43 AM with Dietary Staff C confirmed the facility was missing food temperature monitoring logs for breakfast, lunch	S3298		

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S3298	Continued From page 4 and supper from 11/23/22 through 12/05/22. Interview on 12/06/22 at 10:43 AM with Operator/LN A confirmed all residents eat at the facility. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. For all residents of the facility, Operator/LN A failed to ensure facility staff served food at the proper temperature.	S3298		