STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N040002	A. BUILDING: _____ B. WING _____	01/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARAMOUNT COMMUNITY LIVING AND REHAB INC	200 SW 14TH NEWTON, KS 67114

(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 represent the findings of a resurvey for the above named home plus facility conducted on 01/18/23 and 01/19/23.	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 facility reported a census of 15 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure facility staff completed a "Functional Capacity Screen" (FCS) for Resident (R) 120 every 365 days. Findings included: - Record review for R120 revealed an admission date of 08/01/18 with the following diagnoses: dementia, major depressive disorder, and hypertension.	S3081		

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

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S3081	Continued From page 1 The 12/21/20 (most recent) "FCS" identified R120 required supervision with bathing and dressing; was unable to perform management of medications and treatments; was occasionally incontinent of bladder; had short-term memory and memory/recall impairments; and was marked for falls. The 07/26/21 (most recent) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) directed facility staff to provide R120 with assistance of dressing morning and evening to apply and remove compression stockings; and to provide self-medication monitoring for management of medications. R120's record lacked evidence of an "FCS" since the 12/21/20 "FCS" which was 758 days from date of the resurvey and 393 days overdue. On 01/18/23 at 09:24 AM Administrative Staff A stated the NSA and HCP were combined in one document. On 01/18/23 at approximately 02:57 PM Administrative Nurse B confirmed R120's most recent "FCS" was on 12/21/20 The administrator failed to ensure facility staff completed an "FCS" for R120 every 365 days.	S3081		
S3085 SS=E	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,	S3085		

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S3085	Continued From page 2 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) The facility reported a census of 15 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the development of a "Negotiated Service Agreement" (NSA) for Residents (R) 118, R119, and R120 based on their "Functional Capacity Screens" (FCS). Findings included: - Record review for R118 revealed an admission date of 08/26/22 with the following diagnoses: Parkinson's Disease, type two diabetes mellitus, and malignant neoplasm of prostate. The 08/26/22 "FCS" identified R118 required physical assistance with bathing, dressing,	S3085		

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S3085	Continued From page 3	S3085		

management of medications and treatments; was sometimes incontinent of bladder; and was marked for impaired hearing.

The 08/26/22 combined "NSA"/Healthcare Service Plan" (HCP) directed facility staff to provide R118 assistance with bathing and dressing and to provide management of medications.

R118's "NSA" lacked evidence of the services provided for management of treatments, bladder incontinence, and impaired hearing.

- Record review for R119 revealed an admission date of 12/21/22 with the following diagnoses: chronic kidney disease stage 3 and hypertension.

The 12/21/22 "FCS" identified R119 required physical assistance with dressing, was sometimes incontinent of bladder, and was marked for impaired vision and impaired hearing.

The 12/21/22 "NSA" directed facility staff to provide assistance while dressing to put compression stockings on in the morning and remove them in the evening.

R119's "NSA" lacked evidence of the services provided for bladder incontinence, impaired vision, and impaired hearing.

- Record review for R120 revealed an admission date of 08/01/18 with the following diagnoses: dementia, major depressive disorder, and hypertension.

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S3085	Continued From page 4 The 12/21/20 (most recent) "FCS" identified R120 required supervision with bathing and dressing; was unable to perform management of medications and treatments; was occasionally incontinent of bladder; had short-term memory and memory/recall impairments; and was marked for falls. The 07/26/21 (most recent) combined "NSA/HCP" directed facility staff to provide R120 assistance with dressing morning and evening to apply and remove compression stockings. R120's "NSA" lacked evidence of the services provided for management of treatments, bladder incontinence, cognition, and falls. The "NSA" directed facility staff to provide self-medication monitoring for management of medications which did not match the "FCS" that she was unable to perform management of medications. On 01/18/23 at 09:24 AM Administrative Staff A stated the NSA and HCP were combined in one document. On 01/18/23 at 01:01 PM Administrative Nurse B confirmed R 118's "NSA" lacked the services provided for management of treatments, bladder incontinence, and impaired hearing. On 01/18/23 at approximately 02:57 PM Administrative Nurse B confirmed R119's "NSA" lacked the services provided for bladder incontinence, impaired vision, and impaired hearing. And that R120's "NSA" lacked the services provided for management of treatments, bladder incontinence, cognition, and falls.	S3085		

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S3085	Continued From page 5 The administrator failed to ensure the development of an "NSA" for R118, R119, and R120 based on their "FCS."	S3085		
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 facility reported a census of 15 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure facility staff completed a "Negotiated Service Agreement" (NSA) for Resident (R) 120 every 365 days. Findings included: - Record review for R120 revealed an admission	S3092		

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S3092	Continued From page 6 date of 08/01/18 with the following diagnoses: dementia, major depressive disorder, and hypertension. The 12/21/20 (most recent) "Functional Capacity Screen" (FCS) identified R120 required supervision with bathing and dressing; was unable to perform management of medications and treatments; was occasionally incontinent of bladder; had short-term memory and memory/recall impairments; and was marked for falls. The 07/26/21 (most recent) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) directed facility staff to provide R120 with assistance of dressing morning and evening to apply and remove compression stockings; and to provide self-medication monitoring for management of medications. R120's record lacked evidence of an "NSA" since the 07/26/21 "FCS" which was 541 days from date of the resurvey and 176 days overdue. On 01/18/23 at 09:24 AM Administrative Staff A stated the NSA and HCP were combined in one document. On 01/18/23 at approximately 02:57 PM Administrative Nurse B confirmed R120's most recent "NSA" was on 07/26/21. The administrator failed to ensure facility staff completed an "NSA" for R120 every 365 days.	S3092		

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S3165	Continued From page 7	S3165		
S3165 SS=D	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 15 residents with three included in the sample. Based on interview and record review the administrator failed to ensure Resident (R) 120's Negotiated Service Agreement (NSA) named the licensed nurse responsible for implementing and supervising her Healthcare Service Plan (HSP). Findings included: - Record review for R120 revealed an admission date of 08/01/18 with the following diagnoses: dementia, major depressive disorder, and hypertension. The 12/21/20 (most recent) "Functional Capacity Screen" (FCS) identified R120 required supervision with bathing and dressing; was unable to perform management of medications and treatments; was occasionally incontinent of bladder; had short-term memory and memory/recall impairments; and was marked for falls.	S3165		

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S3165	Continued From page 8 The 07/26/21 (most recent) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) directed facility staff to provide R120 with assistance of dressing morning and evening to apply and remove compression stockings; and self-medication monitoring for management of medications. R120's record named the licensed nurse responsible for implementing and supervising her HCP was Licensed Nurse E. On 01/18/23 at 09:24 AM Administrative Staff A stated the NSA and HCP were combined in one document. On 01/18/23 at approximately 02:57 PM Administrative Nurse B confirmed Licensed Nurse E no longer worked at the facility and could not be responsible for implementing and supervising R120's HCP. The administrator failed to ensure R120's NSA named the licensed nurse responsible for implementing and supervising her HSP.	S3165		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator	S3200		

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S3200	Continued From page 9 shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 15 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure that a medication for Resident (R) 120 was administered in accordance with the medical care provider's written order. Findings included: - Record review for R120 revealed an admission date of 08/01/18 with a diagnosis of hypertension. The 12/21/20 (most recent) "Functional Capacity Screen" (FCS) identified R120 was unable to perform management of medications. The 07/26/21 (most recent) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) directed facility staff to provide R120 self-medication monitoring for management of medications.	S3200		

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S3200	Continued From page 10 The 06/07/21 "Physician's Order" for R120 for labetalol (a medication for high blood pressure) documented "Give 50 milligrams (mg) by mouth two times a day . . . take blood pressure [while] standing prior to giving medication." Review of 120's Medication Administration Record (MAR) for the months of December 2022 and so far in January 2023 revealed she was administered labetalol two times each day. Review of R120's "Blood Pressure Summary" for the months of December 2022 and so far in January 2023 revealed out of 48 days, a blood pressure was obtained two times a day on seven days, one time a day on 28 days, and no blood pressure was obtained on 13 days. R120's record lacked evidence staff obtained her blood pressure two times a day before she was administered labetalol for 41 out of a total of 48 days in December 2022 and January 2021. On 01/18/23 at 09:24 AM Administrative Staff A stated the NSA and HCP were combined in one document. On 01/18/23 at approximately 02:57 PM Administrative Nurse B confirmed R120's record lacked evidence blood pressures were obtained each time she received labetalol. The administrator failed to ensure that labetalol for R120 was administered in accordance with the medical care provider's written order.	S3200		
S3227 SS=E	26-41-205 (l) (2) Medication Regimen Review Variance Report	S3227		

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S3227	Continued From page 11 (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l)(2) The facility reported a census of 15 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure a licensed nurse notified Resident (R) 120's and R119's medical care providers of variances identified in the medication regimen reviews by the licensed pharmacist; and failed to ensure a licensed nurse sought a response from R120's and R119's medical care providers regarding the variances. Findings included: - Record review for R120 revealed an admission date of 08/01/18 with the following diagnoses:	S3227		

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S3227	Continued From page 12	S3227		

dementia, major depressive disorder, and hypertension.

The 12/21/20 (most recent) "Functional Capacity Screen" (FCS) identified R120 was unable to perform management of medications.

The 07/26/21 (most recent) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) directed facility staff to provide R120 self-medication monitoring for management of medications.

The 06/28/22 "Pharmacy Note" by Licensed Pharmacist F for R120 documented "The following recommendations were written based upon findings . . . Refer to recommendation."

R120's record lacked evidence of the pharmacist's recommendations, that her physician was notified, and that her physician responded to the recommendations.

- Record review for R119 revealed an admission date of 12/21/22 with the following diagnoses: chronic kidney disease stage three and hypertension.

The 12/21/22 "FCS" identified R119 was independent with management of medications.

The 12/21/22 combined "NSA/HCP" directed facility staff to provide self-medication monitoring for R119.

The 06/18/22 "Pharmacy Note" by Licensed Pharmacist F for R119 documented "The following recommendations were written based

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S3227	Continued From page 13 upon findings . . . Refer to recommendation." R119's record lacked evidence of the pharmacist's recommendations, that his physician was notified, and that his physician responded to the recommendations. On 01/18/23 at 09:24 AM Administrative Staff A stated the NSA and HCP were combined in one document. On 01/18/23 at approximately 02:57 PM Administrative Nurse B confirmed R120 and R119's records lacked evidence a licensed nurse notified R120 and R119's medical care providers of variances identified in the medication regimen reviews by the licensed pharmacist; and lacked evidence a licensed nurse sought a response from their medical care providers regarding the variances. The administrator failed to ensure a licensed nurse notified R120 and R119's medical care providers of variances identified in the medication regimen reviews by the licensed pharmacist; and failed to ensure a licensed nurse sought a response from R120 and R119's medical care providers regarding the variances.	S3227		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;	S3280		

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S3280	Continued From page 14 (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)(3) The facility reported a census of 15 residents. Based on interview and record review the administrator failed to provide quarterly reviews of the facility's emergency management plan with staff and residents. Findings included: - The facility's provided emergency plan notebook lacked evidence reviews of the emergency management plan were conducted every quarter with staff and residents. On 01/18/23 at 10:48 AM Administrative Staff A confirmed reviews of the facility's emergency management plan was not conducted quarterly with staff and residents. The administrator failed to provide quarterly reviews of the facility's emergency management	S3280		

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PARAMOUNT COMMUNITY LIVING AND REHAB INC	200 SW 14TH NEWTON, KS 67114

(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
S3280	Continued From page 15 plan with staff and residents.	S3280		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 15 residents. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for one of three sampled staff and three of three sampled residents. Findings included: - Record review for R118 revealed an admission	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N040002	A. BUILDING: _____ B. WING _____	01/19/2023

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S3310	Continued From page 16 date of 08/26/22 with the following diagnoses: Parkinson's Disease, type two diabetes mellitus, and malignant neoplasm of prostate. R118's record lacked evidence of TB skin test results or a TB symptom screen. - Record review for R119 revealed an admission date of 12/21/22 with the following diagnoses: chronic kidney disease stage 3 and hypertension. R119's record lacked evidence of TB skin test results or a TB symptom screen. - Record review for R120 revealed an admission date of 08/01/18 with the following diagnoses: dementia, major depressive disorder, and hypertension. R120's record lacked evidence of TB skin test results or a TB symptom screen. - Record review for one staff revealed the following: Certified Medication Aide (CMA) D's employee record revealed a hire date of 04/18/22. The 07/26/21 first step of the two-step TB skin test was negative which was nine months before hire. CMA D's record lacked evidence of a two-step TB skin test within six months of hire or within seven days of hire and a symptom screen within seven days of hire. On 01/18/23 at 12:20 PM Administrative Staff A confirmed CMA D's record lacked evidence TB	S3310		

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S3310	Continued From page 17 testing and symptom screen was conducted per the department's guidelines. On 01/18/23 at 03:13 PM Administrative Nurse B confirmed R118, R119, and R120's records lacked evidence TB testing and symptom screens were conducted per the department's guidelines. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		