STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N054005	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCIES AT PLEASANTON	706 W 15TH STREET PLEASANTON, KS 66075

(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 Residential Health Care facility conducted on 02/13/23 - 02/14/23.	S 000		
S3085 SS=F	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 17 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen"	S3085		

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

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S3085	Continued From page 1 (FCS) for resident (R)101, and R102. Findings included: - R101's medical record revealed the resident moved into the facility on 12/06/22 with a diagnosis of osteo arthritis. The 12/06/22 FCS identified R101 triggered for falls, unsteadiness. The 12/06/22 NSA did not address falls, unsteadiness. On 02/14/23 at 01:16 PM Administrative Nurse A stated that if anything triggered on the FCS it should be addressed on the NSA and acknowledged R101's NSA did not address falls, unsteadiness. A policy concerning NSA development was requested from the operator on 02/14/23 but none was provided. The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS. - R102's medical record revealed the resident moved into the facility on 12/30/22 with a diagnosis of diabetes mellitus. The 12/30/22 FCS identified R102 as having triggered for cognition, impaired vision and impaired decision making. The 12/30/22 NSA did not address cognition,	S3085		

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S3085	Continued From page 2 impaired vision and impaired decision making. On 02/14/23 at 01:14 PM Administrative Nurse A stated that if anything triggered on the FCS it should be addressed on the NSA and acknowledged R102's NSA did not address cognition, impaired vision, and impaired decision-making. A policy concerning NSA development was requested from the operator on 02/14/23 but none was provided. The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS.	S3085		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by:	S3211		

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S3211	Continued From page 3 KAR 26-41-205 (g)(3) The facility reported a census of 17 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over the counter (OTC) medications for six residents. Findings included: - On 02/13/23 at 02:46 PM an inspection of the East Hall medication cart revealed the following OTC medications were not labeled with the resident's full name for: Resident (R)104: One bottle of Spring Valley Vitamin E One bottle of Equate Low Dose Aspirin One bottle of 21st Century Sentry Senior Multivitamin. An inspection of the West Hall medication cart revealed the following OTC medications were not labeled with the resident's full name for: R102: One flex pen of Novolog Insulin One bottle of Perrigo Polyethylene Glycol 3350 R101: One bottle of Aleve R105: One dropper bottle of Leader Earwax Removal Drops An inspection of the Night medication cart revealed the following OTC medications were not	S3211		

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S3211	Continued From page 4 labeled with the resident's full name for: R106: One box of Leader Allergy Relief R107: One bottle of DG Health Tusin An inspection of the medication room revealed the following medications were not labeled with the resident's full name for: R104: Seven bottles of Plus Pharma Vitamin C One box of Biotene Moisturizing spray R107: One spray bottle of Fluticasone Propionate Nasal Spray One Proair HFA inhaler On 02/14/23 a policy concerning OTC medications was requested from the operator but none was provided. The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
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	S3310		

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S3310	Continued From page 5 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 17 residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Review of four newly hired staff records revealed the following: Dietary Staff (DS) B hired 09/18/22 did not have a TB symptom screening questionnaire completed upon hire. DS C hired 09/25/22 did not have a TB symptom screening questionnaire completed upon hire. DS D hired 10/28/22 did not have a TB symptom screening questionnaire completed upon hire. Certified Medication Aide (CMA) E hired on 01/24/23 did not have a TB symptom screening questionnaire completed upon hire.	S3310		

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S3310	Continued From page 6 On 02/13/23 at 04:14 PM Administrative Nurse A stated she did not complete a TB symptom screening questionnaire for newly hired employees. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of ...employment." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Resident (R)101 admitted to the facility on 12/06/22 did not have a TB symptom screening questionnaire completed upon admission. R102 admitted to the facility on 12/30/22 did not have a TB symptom screening questionnaire completed upon admission. On 02/14/23 at 09:01 AM Administrative Nurse A stated she did not complete any TB symptom screening questionnaires on newly admitted residents. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the TB Symptom Screen Questionnaire within 7 days of residency." The operator failed to ensure the compliance	S3310		

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S3310	Continued From page 7 with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		