STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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 the licensure resurvey for the above named facility conducted on 02/13/23 and 02/14/23.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the	S 225		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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 225	Continued From page 1	S 225		

adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.
(4) An admission agreement shall not include a general waiver of liability for the health and safety of residents.
(5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger.

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-39-102 (a) (2)(3)

The facility reported a census of 21 residents. The sample included 3 "Residents'" (R1, R2, and R3). Based on interview and record review the operator failed to have documentation showing in writing the rates and charges for the facility services and R1's obligation regarding payment. The operator further failed to execute with the resident or the resident's legal representative a written agreement that described in detail the services and goods the resident would receive and specified the obligations that R1 had toward the facility.

Findings included:

- Record review on 02/13/23 for R1 revealed an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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 225	Continued From page 2	S 225		

admission date of 01/12/21 with diagnoses of mild persistent asthma uncomplicated, major depressive disorder, age related osteoporosis and dementia.

Record review of R1 FCS revealed a document titled "Resident Functional Capacity Screen". The document was 3 pages in length and lacked any information about the resident functional capacity.

Record review of R1 NSA revealed a document titled "Negotiated Service Agreement/Health Care Plan". The document was 4 pages in length and lacked the identification of health care services to be provided and instructions on how to provide those services to R1.

Record review for R1 revealed a four-page document titled "Financial Admission Agreement". The documentation lacked the date, parties involved in the agreement, and the resident obligation amount per month. It further lacked how many days' notice the resident or responsible party would be required to provide if they wanted to terminate the contract. The document lacked the obligation for the deposit and further lacked the signature and date by the facility operator. The document that lacked all the required documentation had only the signature of R1.

Interview on 02/14/23 at 02:00 PM with owner B and operator A, they confirmed the four-page document titled "Financial Admission Agreement" lacked the required documentation, and they further confirmed the only undated signature on the document was of R1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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 225	Continued From page 3 The operator failed to have documentation showing in writing the rates and charges for the facility services and R1's obligation regarding payment. The operator further failed to execute with the resident or the resident's legal representative a written agreement that described in detail the services and goods the resident would receive and specified the obligations that R1had toward the facility.	S 225		
S3080 SS=D	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: K.A.R. 26-41-201 (a) The facility reported a census of 21 residents. The sample included 3 "Residents'" (R1, R2, and R3). Based on interview and record review the	S3080		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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
S3080	Continued From page 4 operator failed to ensure a "Functional Capacity Screening" (FCS) was performed prior to or at the time of admission for R1, to determine her functional capacity. Findings included: - Record review on 02/13/23 for R1 revealed an admission date of 01/12/21 with diagnoses of mild persistent asthma uncomplicated, major depressive disorder, age related osteoporosis and dementia. Record review of R1 FCS revealed a document titled "Resident Functional Capacity Screen". The document was 3 pages in length and lacked any information about the resident functional capacity. On the last page of the document, under the heading "Signature Of Those Completing the Screen" is R1's signature. Interview on 02/14/23 at 02:00 PM with owner B and operator A, they confirmed the resident record lacked a completed FCS and the only information on the screen in the resident record was R1 signature. The operator failed to ensure a FCS was performed prior to or at the time of admission for R1, to determine her functional capacity.	S3080		
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	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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
S3085	Continued From page 5	S3085		

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:
K.A.R. 26-41-202 (a)

The facility reported a census of 21 residents. The sample included 3 "Residents'" (R1, R2, and R3). Based on interview and record review the operator failed to ensure a "Negotiated Service Agreement" (NSA) was developed based on the "Functional Capacity Screen" (FCS) providing a description of services the resident would receive, identification of the provider of those services, and identification of each party responsible for payment is an outside resource was used for R1.

Findings included:

- Record review on 02/13/23 for R1 revealed an admission date of 01/12/21 with diagnoses of mild persistent asthma uncomplicated, major depressive disorder, age related osteoporosis

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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
S3085	Continued From page 6 and dementia. Record review of R1 FCS revealed a document titled "Resident Functional Capacity Screen". The document was 3 pages in length and lacked any information about R1 functional capacity. Record review of R1 NSA revealed a document titled "Negotiated Service Agreement/Health Care Plan". The document was 4 pages in length and lacked the identification of services to be provided to R1, and the insturctions on how those services would be provided. On the last page of the document there was a place for the following signatures: resident, family member/legal guardian, operator, and licensed nurse. R1 had signed the document that lacked any instructions or identification of health care services to be provided, signed on the resident signature line. Interview on 02/14/23 at 02:00 PM with owner B and operator A, they confirmed the resident record lacked an NSA which identified services to be provided and instructions on how services were to be provided to the resident, they further confirmed the resident signed the blank document. The operator failed to ensure a "Negotiated Service Agreement" (NSA) was developed based on the "Functional Capacity Screen" (FCS) providing a description of serviced the resident would receive, identification of the provider of those services, and identification of each party responsible for payment is an outside resource was used.	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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
S3092	Continued From page 7	S3092		
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: K.A.R. 26-41-202 (d)(1) The facility reported a census of 21 residents. The sample included 3 "Residents'" (R1, R2, and R3). Based on interview and record review the operator failed to ensure the review and if necessary, revision of the "Negotiated Service Agreement" at least once every 365 days for R3. Findings included: - Record Review for R3 revealed an admission date of 11/28/21 with diagnoses of dementia, Alzheimer's disease, and insomnia.	S3092		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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
S3092	Continued From page 8 Record review of R3 FCS dated 11/22/22 revealed R3 required physical assistance with bathing and supervision for dressing. She was independent with toileting, transferring, walking, and eating. She had impaired short-term memory, impaired memory recall and impaired decision making. She was able to make herself understood and she understood others. She was marked with impaired vision, impaired hearing and wandering. She lacked the ability to manager her own medication and used no mobility device. Record review of R3 combined NSA/HSP dated 11/22/21 identified/instructed staff to perform the following health services: physical assistance with bathing for safety, supervision with dressing, and administer her medications. Interview on 02/14/23 at 02:00PM with owner B and operator A, they confirmed R3 NSA had not been reviewed at least once every 365 days. The operator failed to ensure the review and if necessary, revision of the "Negotiated Service Agreement" at least once every 365 days for R3.	S3092		
S3101 SS=D	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.	S3101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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
S3101	Continued From page 9 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (h) The facility reported a census of 21 residents. The sample included 3 "Residents'" (R1, R2, and R3). Based on interview and record review the operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" signed the agreement for R2 and R3. Findings included: - Record review on 02/14/23 for R2 revealed an admission date of 01/12/21 with diagnoses of type 2 diabetes mellitus with hyperglycemia, iron deficiency anemia secondary to blood loss, hypertension, and hyperlipidemia. Record review of R2 "Functional Capacity Screen" (FCS) dated 01/12/23 revealed R2 required supervision with bathing. She was independent with dressing, toileting, transferring, walking, and eating. She was occasionally incontinent, and she had impaired short-term memory and impaired decision making. She was able to make herself understood and she understood others. She was marked with falls, impaired vision, impaired hearing, and impaired decision making. She lacked the ability to manage her own medications and simple treatments and used a walker mobility device. Record review of R2 combined "Negotiated Service Agreement" (NSA)/" Health Service Plan" (HSP) dated 01/12/23, identified/instructed	S3101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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
S3101	Continued From page 10	S3101		

facility staff to provide supervision with resident bathing, perform blood glucose sugar checks and administer all medications. The record lacked the required signatures of each individual involved in the development of R2 NSA.

Interview on 02/14/23 at 02:00PM with owner B and operator A, they confirmed R2 NSA lacked the required signatures of each individual involved in the development of R2 NSA.

- Record Review for R3 revealed an admission date of 11/28/21 with diagnoses of dementia, Alzheimer's disease, and insomnia.

Record review of R3 FCS dated 11/22/22 revealed R3 required physical assistance with bathing and supervision for dressing. She was independent with toileting, transferring, walking, and eating. She had impaired short-term memory, impaired memory recall and impaired decision making. She was able to make herself understood and she understood others. She was marked with impaired vision, impaired hearing and wandering. She lacked the ability to manager her own medication and used no mobility device.

Record review of R3 combined NSA/HSP dated 11/22/21 identified/instructed staff to perform the following health services: physical assistance with bathing for safety, supervision with dressing, and administer her medications. The record lacked the required signatures of each individual involved in the development of R3 NSA.

Interview on 02/14/23 at 02:00PM with owner B

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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
S3101	Continued From page 11 and operator A, they confirmed R3 NSA lacked the required signatures of each individual involved in the development of R3 NSA. The operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" signed the agreement for R2 and R3.	S3101		
S3155 SS=D	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 with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (a) The facility reported a census of 21 residents. The sample included 3 "Residents'" (R1, R2, and R3). Based on interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services, in a "Health Service Plan" (HSP), which met the needs of R1, that were in accordance with the "Functional Capacity Screen" (FCS) and the "Negotiated Service Agreement" (NSA).	S3155		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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
S3155	Continued From page 12 Findings included: - Record review on 02/13/23 for R1 revealed an admission date of 01/12/21 with diagnoses of mild persistent asthma uncomplicated, major depressive disorder, age related osteoporosis and dementia. Record review of R1 FCS revealed a document titled "Resident Functional Capacity Screen". The document was 3 pages in length and lacked any information about the resident functional capacity. Record review of R1 NSA revealed a document titled "Negotiated Service Agreement/Health Care Plan". The document was 4 pages in length and lacked the identification of health care services to be provided and instructions on how to provide those services to R1. Interview on 02/14/23 at 02:00 PM with owner B and operator A, they confirmed the facility combined NSA/HSP, and R1 lacked an NSA/HSP that identified services to be provided to the resident and the instructions on how to provide those services. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services, in a "Health Service Plan" (HSP), which met the needs of R1, that were in accordance with the "Functional Capacity Screen" (FCS) and the "Negotiated Service Agreement" (NSA).	S3155		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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
S3250	Continued From page 13	S3250		
S3250 SS=F	26-41-105 (a) Resident Records a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices. (1) Designated staff shall maintain the record of each discharged resident who is 18 years of age or older for at least five years after the discharge of the resident. (2) Designated staff shall maintain the record of each discharged resident who is less than 18 years of age for at least five years after the resident reaches 18 years of age or at least five years after the date of discharge, whichever time period is longer. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-105 (a) The facility reported a census of 21 residents. Based on observation, interview and record review the operator failed to maintain the resident records for each resident in accordance with accepted professional standards of practice, with the potential to affect all residents. Findings included: - Observation on 02/13/23 at 11:30 AM during the facility tour of the nursing/operator office revealed a copy paper box full of loose resident documents, a stack of loose resident documents	S3250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

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S3250	Continued From page 14 approximately 2 feet in height on the corner of the only desk in the office, and in a copy paper box under the desk were resident charts with resident documents placed between the hard covers and not secured. Interview on 02/13/23 at approximately 12:00 PM request made for resident records for sampled residents. Observation at 12:30 operator A was on the floor of her office going through the stacked loose documents. She stated at the time of the observation that she "was behind" and was "working on getting caught up". Interview on 02/13/23 at 03:00 PM operator A was provided a list of documents required for the sampled residents for the survey process. Operator A was asked to have the documents ready for review by 09:00 AM on 02/14/23. Observation on 02/14/23 at 09:30 operator A provided resident documents unsecured in between the hard covers of the resident chart. Interview on 02/14/23 at 09:30 with operator A, she confirmed she was unable to find all documents required and she still had documents to go through. The operator failed to maintain the resident records for each resident in accordance with accepted professional standards of practice, this has the potential to affect all residents.	S3250		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents	S3261		

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	N011007	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

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S3261	Continued From page 15 (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-105 (f)(11) The facility reported a census of 21 residents. The sample included 3 "Residents'" (R1, R2, and R3). Based on interview and record review the operator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of the occurrence, action taken and results of the action for R1 and R2. Findings included: - Record review on 02/13/23 for R1 revealed an admission date of 01/12/21 with diagnoses of mild persistent asthma uncomplicated, major depressive disorder, age related osteoporosis and dementia. Record review of R1 FCS revealed a document titled "Resident Functional Capacity Screen". The document was 3 pages in length and lacked any information about the resident functional capacity. Record review of R1 NSA revealed a document titled "Negotiated Service Agreement/Health	S3261		

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S3261	Continued From page 16	S3261		

Care Plan". The document was 4 pages in length and lacked the identification of health care services to be provided and instructions on how to provide those services to R1.

Interview on 02/14/23 at 02:00 PM with owner B and operator A, they confirmed R1 resident records lacked documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of the occurrence, action taken and results of the action for R1.

- Record review on 02/14/23 for R2 revealed an admission date of 01/12/21 with diagnoses of type 2 diabetes mellitus with hyperglycemia, iron deficiency anemia secondary to blood loss, hypertension, and hyperlipidemia.

Record review of R2 "Functional Capacity Screen" (FCS) dated 01/12/23 revealed R2 required supervision with bathing. She was independent with dressing, toileting, transferring, walking, and eating. She was occasionally incontinent, and she had impaired short-term memory and impaired decision making. She was able to make herself understood and she understood others. She was marked with falls, impaired vision, impaired hearing, and impaired decision making. She lacked the ability to manage her own medications and simple treatments and used a walker mobility device.

Record review of R2 combined "Negotiated Service Agreement" (NSA)/" Health Service Plan" (HSP) dated 01/12/23, identified/instructed facility staff to provide supervision with resident bathing, perform blood glucose sugar checks

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S3261	Continued From page 17 and administer all medications. Interview on 02/14/23 at 02:00PM with owner B and operator A, they confirmed R2 resident records lacked documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of the occurrence, action taken and results of the action for R2. The operator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of the occurrence, action taken and results of the action for R1 and R2.	S3261		
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)	S3310		

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S3310	Continued From page 18 The facility reported a census of 21 residents. The sample included 3 "Residents'" (R1, R2, and R3). Based on interview and record review the operator failed to ensure the facility's compliance with the department's "tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R1 and R2. Findings included: - Record review on 02/13/23 for R1 revealed an admission date of 01/12/21 with diagnoses of mild persistent asthma uncomplicated, major depressive disorder, age related osteoporosis and dementia. Record review of R1 records revealed a document titled "TB Skin Test Record". The record lacked resident information of receiving the required first and second step TB skin test within seven days of admission to the facility. Interview on 02/14/22 at 02:00 PM with owner B and operator A, they confirmed the document titled "TB Skin Test Record" which was in the resident record lacked, documentation of R1 receiving the required first and second step TB skin test within seven days of admission to the facility. - Record review on 02/14/23 for R2 revealed an admission date of 01/12/21 with diagnoses of type 2 diabetes mellitus with hyperglycemia, iron deficiency anemia secondary to blood loss, hypertension, and hyperlipidemia. Record review of R2 records revealed a	S3310		

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S3310	Continued From page 19 document titled "TB Skin Test Record". The document included R2 name, step 1 was implanted on 01/17/21 at 01:00 PM and read on 01/19/21 at 01:30 PM by operator/licensed nurse A. The section for the second step of the required two step test lacked any documentation. Interview on 02/14/22 at 02:00 PM with owner B and operator A, they confirmed the document titled "TB Skin Test Record" which was in the resident record, lacked documentation of R2 receiving the required second step TB skin test within one to three weeks of the completion of the required first step. The operator failed to ensure the facility's compliance with the department's "tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R1 and R2.	S3310		