STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N105006	A. BUILDING: _____ B. WING _____	02/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND POST ACUTE REHABILITATION	7850 FREEMAN AVENUE KANSAS CITY, KS 66112

(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 assisted living facility conducted on 03/01/23.	S 000		
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, 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)(2) The facility reported a census of five residents with three included in the sample. Based on observation, interview, and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R) 303 identified the services she received for	S3085		

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

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S3085	Continued From page 1	S3085		

wandering and management of treatments and failed to ensure the "NSA" for R301 identified the provider of management of medications for R301.

Findings included:

- Record review for R303 revealed an admission date of 11/02/20 with the following diagnoses: altered mental status, hypertension, and anxiety.

The 09/21/22 "Functional Capacity Screen" identified R303 required physical assistance with management of medications, and she had short-term loss for cognitive status. The wandering section was left blank.

The 09/21/22 combined "NSA/Healthcare Service Plan" (HCP) identified R303 was oriented to person, place, and time for cognitive status.

The "NSA" failed to identify the services R303 would receive for the management of treatments and for wandering.
The 03/01/23 "Resident Roster" documented R303 exhibited wandering behavior.

Observation on 03/01/23 at 02:52 PM revealed R303 ambulated in the hallway. She could not state her name. She picked up some folded clothing items, a folded towel, and pair of house shoes, and a TV remote and carried them into her room. R303 was confused and could not name the items, who they belonged to, or what she was going to do with them.

On 03/01/23 at 12:37 PM Administrative Nurse B

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S3085	Continued From page 2 stated the "NSA" and "HCP" were combined in one document. On 03/01/23 at 02:58 PM Certified Medication Aide (CMA) D stated R303 has wandering episodes twice a week and wore a wander safety device on her ankle. On 03/01/23 Licensed Nurse C confirmed confirmed R303's wandering, wearing a wander safety device, or treatments were not addressed on her "NSA." - Record Review for R301 revealed an admission date of 01/13/20 with the following diagnoses: heart failure, kidney failure, and type two diabetes mellitus. The 09/21/22 "FCS" identified R301 required physical assistance with management of medications. The 09/21/22 combined "NSA/HCP" failed to identify the services R301 would receive for administration of medications. On 03/01/23 at 03:41 PM Administrative Nurse B confirmed R301's "NSA" failed to identify the services R301 would receive for administration of medications. The administrator failed to ensure the "NSA" for R303 identified the services she received for wandering and management of treatments and failed to ensure the "NSA" for R301 identified the provider of management of medications for R301.	S3085		

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S3101	Continued From page 3	S3101		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h) The facility reported a census of five residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure that each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for Resident (R) 303. Findings included: - Record review for R303 revealed an admission date of 11/02/20 with the following diagnoses: altered mental status, hypertension, and anxiety. The 09/21/22 "Functional Capacity Screen" identified R303 required physical assistance with management of medications, and she had short-term loss for cognitive status. The 09/21/22 combined "NSA/Healthcare Service Plan" (HCP) identified R303 was oriented to person, place, and time for cognitive	S3101		

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S3101	Continued From page 4 status. The 09/21/22 "NSA/HCP" was not signed by R303 or her legal representative. On 03/01/23 at 12:37 PM Administrative Nurse B stated the "NSA" and "HCP" were combined in one document. On 03/01/23 at 03:49 PM Administrative Nurse B confirmed R303's "NSA" was not signed by the resident or her legal representative. The administrator failed to ensure that each individual involved in the development of the "NSA" signed the agreement for R303.	S3101		
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 five residents with three included in the sample. Based on interview and record review the administrator failed to ensure Resident (R) 302's "Negotiated Service Agreement" (NSA) named the licensed nurse responsible for implementing and supervising her "Healthcare Service Plan" (HSP).	S3165		

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S3165	Continued From page 5 Findings included: - Record review for R302 revealed an admission date 01/12/23 with the following diagnoses: end stage renal disease and type two diabetes mellitus. The 01/12/23 "Functional Capacity Screen" (FCS) identified R302 required supervision for management of medications and management of treatments. The 01/12/23 combined "NSA/HCP" identified R302 was "able to self-medicate." R302's "NSA" failed to name the licensed nurse responsible for implementing and supervising the "HCP." On 03/01/23 at 12:37 PM Administrative Nurse B stated the "NSA" and "HCP" were combined in one document. On 03/01/23 at 03:29 PM Administrative Nurse B confirmed the nurse responsible was not named on R302's "NSA." The administrator failed to ensure R302's "NSA" named the licensed nurse responsible for implementing and supervising his "HSP."	S3165		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice.	S3171		

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S3171	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of five residents with three included in the sample. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Resident (R) 301. Findings included: - Record Review for R301 revealed an admission date of 01/13/20 with the following diagnoses: heart failure, kidney failure, and type two diabetes mellitus. The 09/21/22 "FCS" identified R301 required physical assistance with management of medications and treatments. The 09/21/22 combined "NSA/HCP" identified his family ordered his medications and were responsible for medication refills; facility staff assisted with blood glucose monitoring. R301's record lacked evidence of a bed assist device assessment. The 03/01/23 "Resident Roster" documented R301 used a bed assist device.	S3171		

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S3171	Continued From page 7 Observation on 03/01/23 at 03:21 PM revealed bilateral bed assist devices were attached to R301's bed. On 03/01/23 at approximately 03:41 PM Administrative Nurse B confirmed there was no bed assist device assessment in R301's record. The administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R301.	S3171		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.	S3175		

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S3175	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of five residents with three included in the sample. Based on interview and record review the administrator failed to ensure an assessment was completed to determine that R302 could self-administer medications safely and accurately. Findings included: - Record review for R302 revealed an admission date 01/12/23 with the following diagnoses: end stage renal disease and type two diabetes mellitus. The 01/12/23 "Functional Capacity Screen" (FCS) identified R302 required supervision for management of medications and management of treatments. The 01/12/23 combined "NSA/HCP" identified R302 was "able to self-medicate." R302's record lacked evidence of an assessment to determine that he could safely and accurately self-administer medications. On 03/01/23 at 03:45 PM Administrative Nurse B confirmed R302 self-administered eye drops and TUMs and his record lacked a self-administration of medications assessment. The administrator failed to ensure an assessment was completed to determine that	S3175		

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S3175	Continued From page 9 R302 could safely and accurately self-administer medications.	S3175		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The facility reported a census of five residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure Resident (R) 302's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management of select medications. Findings included: - Record review for R302 revealed an admission date 01/12/23 with the following diagnoses: end stage renal disease and type two diabetes mellitus.	S3186		

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S3186	Continued From page 10 The 01/12/23 "Functional Capacity Screen" (FCS) identified R302 required supervision for management of medications and management of treatments. The 01/12/23 combined "NSA/HCP" identified R302 was "able to self-medicate." R302's "NSA" failed to identify who was responsible for the administration of select medications he administered himself and the select medications facility staff administered for him. On 03/01/23 at 12:37 PM Administrative Nurse B stated the "NSA" and "HCP" were combined in one document. On 03/01/23 at 03:18 PM Certified Medication Aide (CMA) D stated R302 self-administrated his own eye drops and Tums which he kept in his room. The CMA's administered his other medications except insulin which a nurse administered. On 03/01/23 at 03:45 PM Administrative Nurse B confirmed R302's "NSA" failed to identify who was responsible for the administration and management of select medications. The administrator failed to ensure R302's "NSA" identified who was responsible for the administration and management of select medications.	S3186		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS	S3211		

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S3211	Continued From page 11 (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 five residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original package of seven over-the-counter (OTC) medications. Findings included: - Observation on 03/01/23 at 10:35 AM revealed Certified Medication Aide (CMA) D unlocked and opened medication cart which contained medications for the residents. The following OTC medications were not labeled with residents' full names: Top drawer:	S3211		

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S3211	Continued From page 12 One bottle of acetaminophen 325 milligrams (mg), 100 tablets One bottle of acetaminophen 500 mg, 100 tablets One bottle of acetaminophen 650 mg, 100 caplets One bottle of vitamin B-1 100 mg, 100 tablets One bottle of aspirin 81 mg, 100 tablets One bottle of folic acid 400 micrograms (mcg) 250 tablets Second drawer: One bottle of vitamin C 500 mg, 100 tablets On 03/01/23 at approximately 11:35 AM CMA D confirmed some medications in the medication cart were not labeled with residents' full names. On 03/01/23 at 11:48 AM Administrative Nurse B confirmed some medications in medication cart A were not labeled with residents' full names. The administrator failed to ensure all OTC medications were labeled with the residents' full names.	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 setting; and	S3310		

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S3310	Continued From page 13 (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 five residents with three residents included in the sample. 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 sampled staff hired since the previous survey and Resident (R) 302. Findings included: - Record review for R302 revealed an admission date of 01/12/23 with the following diagnoses: end-stage renal disease, type 2 diabetes mellitus, and cognitive communication deficit. R302's record lacked evidence a TB symptom screen upon admission from a skilled nursing unit. Certified Nurse Aid (CNA) E's employee record revealed a hire date 10/25/22 and lacked evidence of a TB skin test. On 03/01/23 at approximately 01:48 PM	S3310		

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S3310	Continued From page 14 Administrative Nurse B confirmed CMA E's record lacked evidence of documentation a TB skin test was completed. On 03/01/23 at 03:45 PM Administrative B Nurse confirmed R302's record lacked evidence of documentation a TB symptom screen had been completed upon admission. 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		