STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011011	A. BUILDING: _____ B. WING _____	03/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE MEMORY CARE UNIT	315 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 with attached complaint #166686, for the above named facility conducted on 03/08/23 and 03/09/23.	S 000		
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 nine residents. The sample included three "Residents'" (R). Based on observation, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R1 in accordance with the "Functional Capacity Screen" (FCS) and the "Negotiated Service Agreement" (NSA) regarding the use of a bed assist device, ensuring the resident could properly/safely use the device, ensure the device was securely attached to the bed, and assess the device to ensure it did not pose as a restraint	S3155		

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

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S3155	Continued From page 1	S3155		

to R1. The operator further failed to provide/coordinate care services that met the needs of each resident in accordance with the FCS and the NSA for R1, R2, and R3.

Findings included:

- Record review for R1 revealed an admission date of 01/18/22 with diagnoses of Alzheimer's with behaviors, cerebral vascular accident, dementia, hypertension, cardiopulmonary obstructive disease exacerbation, and major depressive disorder.

Review of R1 FCS identified the resident required physical assistance with bathing and dressing. He required supervision with toileting, transferring, walking, and eating. He lacked the ability to manage his own medications, was occasionally incontinent and he had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. He was usually able to make himself understood and sometimes understood others. He was marked with falls, wandering, socially inappropriate behavior and impaired decision making. He used a walker mobility device.

The FCS did not list bedrail assistive devices.

Record review of R1 combined NSA/HSP revealed the following health care services the facility would provide: staff would provide physical assistance with bathing, moderate assistance with dressing, supervision with toileting, supervision with walking, eating and the facility to manage the R1 medications and treatments.

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S3155	Continued From page 2 The combined NSA/HSP lacked the coordination/provision of services for the following identified items from the FCS: impaired short-term memory, impaired long-term memory, impaired memory recall, impaired decision making, falls, communication, wandering, and socially inappropriate behavior. R1's record lacked an assessment of the bed assist device to ensure the device was not a restraint, to determine the purpose of the device, to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment and further lacked a description of the device its purpose and any special instructions on use and monitoring. Observation on 03/08/23 at 11:20 AM of R1 bed revealed rectangular bedrails on both sides of the head of the bed. The rails measured 32 inches in width at the top of the rail, 15 inches in width and the bottom of the rail, were 18 inches in height with a 2 ½ inch gap between the inner rungs. Interview on 03/08/23 with Operator A and LN B, they confirmed the record for R1 lacked an assessment ensuring the bed assist device to ensure the device was not a restraint, to determine the purpose of the device, to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment and further lacked a description of the device its purpose and any special instructions on use and monitoring. - Record review for R2 revealed and admission	S3155		

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S3155	Continued From page 3	S3155		

date of 06/21/21 with diagnoses of urinary incontinence without sensory awareness, aggression, generalized weakness, late onset Alzheimer's disease, generalized anxiety disorder, hypertension, and iron deficiency anemia secondary to inadequate dietary iron.

Review of R2 FCS identified R2 required physical assistance for bathing, dressing, and toileting. She was independent with transferring, walking, and eating. She lacked the ability to manage her own medications, was frequently incontinent, had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making, was sometimes able to make herself understood and she sometimes understood others. She was marked with wandering and impaired decision making.

Review of R2 combined NSA/HSP revealed the following health services the facility would provide: staff would provide physical assistance with bathing, toileting, moderate assistance with dressing, the facility would manage R2 medications.

The combined NSA/HSP lacked the coordination/provision of services for the following identified items from the FCS: impaired short-term memory, impaired long-term memory, impaired memory recall, impaired decision making, communication, and wandering.

- Record review for R3 revealed an admission date of 12/31/21 with diagnoses of dementia with behavioral disturbances, and alcohol abuse with alcohol induced mood disorder.

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S3155	Continued From page 4 Review of R3 FCS identified R3 required physical assistance with bathing, dressing, and toileting. He was independent with transferring, walking, and eating. He lacked the ability to manage his own medication, had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making, he was sometimes able to make himself understood and he sometimes understood others. He was marked with socially inappropriate behavior and impaired decision making. Review of R3 combined NSA/HSP revealed the following health services the facility would provide: staff would provide physical assistance with bathing, and toileting, staff to provide moderate assistance with dressing, and manage R3 medications. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R1 in accordance with the "Functional Capacity Screen" (FCS) and the "Negotiated Service Agreement" (NSA) regarding the use of a bed assist device, ensuring the resident could properly/safely use the device, ensure the device was securely attached to the bed, and assess the device to ensure it did not pose as a restraint to R1. The operator further failed to provide/coordinate care services that met the needs of each resident in accordance with the FCS and the NSA for R1, R2, and R3. Interview on 03/09/23 at 11:30 AM with Operator A and LN B, they confirmed the combined	S3155		

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S3155	Continued From page 5 NSA/HSP lacked the interventions/healthcare services to be provided for the impaired cognition, and wandering for R's 1, 2 and 3, and R3's combined NSA/HSP further lacked the interventions/healthcare services for falls.	S3155		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254 (a)	S3320		

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S3320	Continued From page 6	S3320		

The census equaled 9 residents. The sample included 3 residents. Based on record review, observation, and interview, the facility failed to keep cleaning chemicals in a locked, secured area, posing a potential safety hazard.

Findings included:

- On 03/08/23, Operator A provided a "Resident Roster", which included 9 residents and noted all 9 of the residents had impaired cognitive abilities.

During the initial tour on 03/08/23 at 12:23PM with "Licensed Nurse" (LN) B, observation revealed an unlocked door off of the living room. The door opened freely and there sat the facility housekeeping cart with the following chemicals on the top of the cart:

1can of pledge, 1 bottle of Odo Ban spray, 1spray bottle with a cream colored liquid and hand written was Murphy's oil and water,1 can of Spray Away glass cleaner, 1 bottle of Orange Glo spray bottle, 1 container of Pro Spray wipes, 1spray bottle of Suregaurd Plus, 1 spray bottle of Clorox cleaner with bleach, 1 bottle of Great Value toilet bowel cleaner.

On the shelves on the south wall were the following:
6 bottles of "RTU" disinfectant spray, 2 containers of Pro Spray wipes, and four 1-gallon containers of Suregaurd plus cleaner.

Interview on 03/08/23 with LN B at 12:23 PM confirmed the chemicals were unsecured in a room that had a lock on the door, which was not

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S3320	Continued From page 7 locked. The facility failed to keep cleaning chemicals in a locked secured area, posing a potential safety hazard.	S3320		