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	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints #169382, #161662, and #161239 at the above named assisted living facility conducted on 03/13/23 and 03/14/23.	S 000		
S 115 SS=F	26-39-103 (d) Resident Right Inspection of Records (d) Inspection of records. (1) The administrator or operator shall ensure that each resident or resident's legal representative is afforded the right to inspect records pertaining to the resident. The administrator or operator, or the designee, shall provide a photocopy of the resident's record or requested sections of the resident's record to each resident or resident's legal representative within two working days of the request. If a fee is charged for the copy, the fee shall be reasonable and not exceed actual cost, including staff time. (2) The administrator or operator shall ensure access to each resident ' s records for inspection and photocopying by any representative of the department. This STANDARD is not met as evidenced by: K.A.R. 26-39-103 (d) (2) The facility reported a census of 17 residents total. 15 residents with 2 two person assist resided in one unattached building, and 2 residents resided in the second unattached building. Based on interview and record review the facility violated each of the residents rights when the facility failed to ensure access to	S 115		

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

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S 115	Continued From page 1 "Residents'" (R's) (R's 313, 314 and 315) record for inspection and photocopying by a representative of the department. Findings included: - 03/13/23 at 10:39 AM during the announcement of the survey, the electronic mail was sent to Administrative Staff/CMA B which contained the following documents: the department policy's on "Daily Interaction" and "Informal Dispute Resolution", the request for personnel hired since the last survey and a resident roster. At this time, it was established the facility used electronic and paper resident records. The request was made for access for two surveyors at this time. 03/13/23 at 11:52AM request made for staffing schedules and for the facility staff clock in and clock out times. Observation on 03/13/23 at 12:54 PM request made for R's 313, 314 and 315 "Negotiated Service Agreements". Administrative Staff/CMA B called by phone Administrative Staff/Operator A. Administrative Staff /CMA B then looked through a pile of papers sitting on the corner of Administrative Staff/Operator A's desk and provided the NSA for R315. 03/13/23 at 12:59PM Administrative Staff /CMA B stated that Administrative Staff /Operator A was going to send the "other two NSA's" by electronic mail. She continued to state that she was working on the staff clock-in and out times and obtaining access for the facility's electronic resident records.	S 115		

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S 115	Continued From page 2 03/13/23 at 02:11PM Administrative Staff/CMA B stated the following: "the admission agreements, "Functional Capacity Screens (FCS), and NSA's were in each resident's "Electronic Health Record" (EHR), and the owner was working on getting the state surveyors access". 03/13/23 at 02:54PM request made for access to EHR's. Administrative Staff / CMA B stated "the owner is still working on it". 03/13/23 at 03:25PM Administrative Staff / CMA B stated she received confirmation and were sending her electronic mails with staff schedules, she continued to state that she asked when the state surveyors were going to receive access to the residents' EHR's. 03/13/23 at 04:10 PM surveyors do not have access to resident's EHR's. 03/13/23 at 05:51PM Administrative Staff / CMA B provided online access to the resident's EHR's for one surveyor, she stated "they were working on the second access". Observation 03/14/23 at 01:32 PM during the concerns meeting - Administrative Staff /Operator A was on the phone, Administrative Staff B was in the room. Regarding the concerns of lack of documentation. Administrative Staff A stated the documents were located in each resident EHR. Administrative Staff / CMA B was provided a computer which was logged into the facility EHR system, she attempted to find the documents requested. She confirmed with Administrative Staff / Operator A that the access	S 115		

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S 115	Continued From page 3 for the needed documents was not provided. The facility violated each of the residents rights when the facility to ensure access to "Residents'" (R's) (R's 313, 314 and 315) record for inspection and photocopying by a representative of the department.	S 115		
S 230 SS=D	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(b)(1) The facility reported a census of 19 residents.	S 230		

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S 230	Continued From page 4 Based on interview and record review the operator failed to ensure validation of advanced directives for Resident (R) 314 as evidenced by the lack of a signature from her physician and failed to ensure a copy of R315's advanced directives was maintained in her medical record. Findings included: - Record review for R313 revealed an admission date of 12/02/22 with the following diagnoses: dementia and edema. The 12/20/22 "Functional Capacity Screen" (FCS) identified R313 required physical assistance with bathing, dressing, toileting, transfers; was unable to perform walking/mobility and management of medications and treatments; was independent with eating; was incontinent of bladder; had short-term memory and impaired decision making cognitive impairments; was usually able to make herself understood and usually understood others during communication; was marked for impaired vision and impaired decision making; and used a wheelchair mobility device. The 12/28/22 combined "Negotiated Service Agreement/Healthcare Service Plan" (HCP) identified facility staff provided R313 assistance with bathing with encouragement at times she could not remember when she last had a shower; assistance with dressing; she preferred not to use the toilet; assistance with transfers with R313's participation at times by standing and pivoting with certain staff members; she used a wheelchair for walking/mobility; was independent with eating; management of	S 230		

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	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

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S 230	Continued From page 5	S 230		

medications; obtained vital signs monthly for management of treatments; management with incontinence episodes; she communicated without staff intervention; and wore glasses for impaired vision. Cognition and impaired decision making were not addressed on R313's "NSA"

The 01/27/23 "DNR Do Not Resuscitate Directive" form for R313 was signed by her Durable Power of Attorney (DPOA). The form lacked a witness signature and a physician's signature.

- Record review R315 revealed an admission date of 02/02/23. Her record failed to identify any diagnoses.
The 02/02/23 "FCS" identified R315 was independent with bathing, dressing, toileting, transfers, walking/mobility, eating, management of medications and treatments, and was continent of bladder.

The 02/03/23 combined "NSA/HCP" identified facility staff would provide assistance as needed for bathing and she was independent with dressing, toileting, transfers, walking/mobility, eating, management of medications and treatments, and was continent of bladder.

R315's record lacked evidence of documentation regarding advanced directives.

On 03/14/23 at approximately 01:32 PM Administrative Staff A confirmed R313's record lacked validation of her advanced directives as evidenced by the lack of a signature from her physician and R315's record lacked evidence of documentation of advanced directives.

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S 230	Continued From page 6 The operator failed to ensure validation of advanced directives for R314 as evidenced by the lack of a signature from her physician and failed to ensure a copy of R315's advanced directives was maintained in her medical record. R314's record lacked evidence of documentation regarding advanced directives. - Record review R215 revealed an admission date of 02/02/23. Her record failed to identify any diagnoses. The 02/02/23 "FCS" identified R315 was independent with bathing, dressing, toileting, transfers, walking/mobility, eating, management of medications and treatments, and was continent of bladder. The 02/03/23 combined "NSA/HCP" identified facility staff provided assistance as needed for bathing and she was independent with dressing, toileting, transfers, walking/mobility, eating, management of medications and treatments, and was continent of bladder. R315's record lacked evidence of documentation regarding advanced directives. On 03/14/23 at approximately 01:32 PM Administrative Staff A confirmed R314's record lacked evidence of documentation of advanced directives and R315's lacked validation of her advanced directives as evidenced by a signature from her physician. The operator failed to ensure a copy of R314's advanced directives was maintained in her medical record and failed to ensure validation of	S 230		

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S 230	Continued From page 7 advanced directives for R315 as evidenced by the lack of a signature from her physician.	S 230		
S3026 SS=G	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(1)(B) The facility reported a census of 19 residents with three included in the sample. Based on observation, interview, and record review the operator failed to protect Resident (R) 313 from neglect by the failure to ensure licensed staff documented skin assessment monitoring and interventions to prevent pressure wounds. This failure resulted in harm when R313 suffered the development of two pressure ulcers after admission to the facility. The operator further failed to protect R313 from neglect by the failure to ensure licensed staff documented skin assessment monitoring and interventions to promote wound healing once her pressure ulcers occurred. The operator failed to protect R314 from neglect by the failure to ensure licensed staff documented skin assessment monitoring	S3026		

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S3026	Continued From page 8	S3026		

and interventions to promote healing of pressure wounds that occurred before admission and failed to ensure certified staff provided the services documented in her "Negotiated Service Agreement" (NSA) to use a manual mechanical lift requiring a sling and two-person assist for safety during transfers to protect the integrity of her skin.

Findings included:

- Record review for R313 revealed an admission date of 12/02/22 with the following diagnoses: dementia and edema.

The 12/20/22 "Functional Capacity Screen" (FCS) identified R313 required physical assistance with bathing, dressing, toileting and transfers; was unable to perform walking/mobility and management of medications and treatments; was independent with eating; was incontinent of bladder; had short-term memory and impaired decision making cognitive impairments; was usually able to make herself understood and usually understood others during communication; was marked for impaired vision and impaired decision making; and used a wheelchair mobility device.

The 12/28/22 combined "NSA/Healthcare Service Plan" (HCP) identified facility staff provided R313 assistance with bathing with encouragement at times she could not remember when she last had a shower; assistance with dressing; she preferred not to use the toilet; assistance with transfers with R313's participation at times by standing and pivoting with certain staff members; she used a

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S3026	Continued From page 9	S3026		

wheelchair for walking/mobility; was independent with eating; management of medications; obtained vital signs monthly for management of treatments; management with incontinence episodes; she communicated without staff intervention; and wore glasses for impaired vision. Cognition and impaired decision making were not addressed on R313's "NSA"

R313's "NSA/HCP" lacked a description of the services she would receive for pressure wounds, failed to identify the provider of the services, and failed to inform facility staff how to provide services to prevent pressure ulcers and promote healing once they occurred.

The 12/28/22 "Vital Signs" documented R313 weighed 143.4 pounds.

The 12/29/22 physician's "Progress Note" dated 12/29/2022 documented "Patient is seen for dementia, muscle weakness and needing assistance with personal care. Patient is a 93-year-old female who is a new resident to the facility. She came from a memory care which recently closed. Patient's main diagnoses is dementia, but she is also very weak and cannot bear weight on her own and requires maximum assistance."

The 12/20/22 "Integumentary Assessment" by Administrative Staff A documented bruises and abrasions. The assessment lacked the number of bruises and abrasions, location, measurements, and severity.

The 01/23/23 facility's "Communication" note, documented facility to consult hospice of family's

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S3026	Continued From page 10	S3026		

choice and was signed by the physician assistant.

The 01/24/23 "Nursing Note" documented R313 required staff assistance for bed mobility, transfers, walking/mobility, and incontinence management. She was repositioned in bed at least every 2 hours to prevent alteration in skin integrity.

R313's record lacked evidence of documentation of repositioning in bed by facility staff.

The 01/30/23 hospice "Caregiver Note" documented barrier cream was provided to facility for a red blister on R313's buttocks.

The 02/03/23 hospice "Visit Communication" documented R313 had a right buttock wound that measured four centimeters (cm) by one cm with a red wound bed. Notes on the top right corner of the page and at the bottom of the page documented wound orders would be faxed to the facility.

The 02/23/23 hospice "Caregiver Note" documented wound care to coccyx area and to left heel for a new stage two pressure ulcer. Heel protectors and wound care supplies would be delivered to facility.

The 02/23/23 hospice "Caregiver Note" documented to continue to keep R313 off her bottom and apply honey manuka dressing. She was given bath and left in bed with heels "floating."

The 02/27/23 hospice "Caregiver Note"

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S3026	Continued From page 11	S3026		

documented coccyx dressing was changed per order. Brown skin was noted to lower extremities with severe fascial thinning.

R313's record lacked hospice "Caregiver Notes" after 02/27/23, which at time of survey was 14 days.

Review of R313's record from admission to 03/13/23 lacked evidence of documentation of skin monitoring and interventions to prevent pressure wounds by licensed facility staff prior to pressure wounds and lacked evidence of documentation of the pressure wounds after they developed, including wound sizes (length, width and depth), odor, tissue characteristics (including drainage, granulation) and any signs of infection.

Observation on 03/13/23 at 02:16 PM revealed R313 laid in bed on top of a low air loss mattress. The mattress felt very firm to touch. The mattress settings indicated it was set for a person weighing 300 pounds and the static indicator light was on. According to the manufacturer's recommendations "In static mode, the mattress provides a firm surface." Administrative Staff B called R313's hospice provider to send someone to check the mattress settings.

Observation on 03/13/23 at 02:24 PM revealed R313 laid in bed. Administrative Staff B assisted R313 to roll up on her left side and placed a wedge behind her. R313 had dark red areas on both lower legs and a pressure ulcer on her left outer heel with darkened edges and brownish drainage. There were no protective boots on her feet.

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S3026	Continued From page 12 On 03/13/23 at 04:00 PM Administrative Staff B stated she was not aware R313 had a wound on her heel. She confirmed there were no orders or nursing notes regarding R313's pressure ulcers on her buttocks and left heel. On 03/13/23 at 06:03 PM Administrative Staff B confirmed hospice staff had not arrived yet to check on R313's low air loss mattress settings. Observation on 03/13/23 at 07:28 PM revealed a hospice nurse arrived to check R313's mattress settings. The 03/13/23 hospice "On Call" note documented R313 had a deep tissue injury to her left outer ankle that measured 1.5 cm x 1.8 cm with blackened eschar covering the entire wound. Her right heel had poorly blanching redness that measured 5 cm x 5 cm. Boots were applied to both heels and were to remain on while R313 was in bed. Instructions for R313's low air loss mattress were printed and attached to the machine. The 03/13/23 at 08:10 PM "Hospice Physician Order" documented orders for wound care to left ankle and Prevalon boots (pressure relief boots) nightly and when in bed. Hospice would provide supplies. - Record review for R314 revealed an admission date of 03/01/23 with the following diagnoses: stage two pressure ulcer of sacral region, non-pressure chronic ulcers of right heel and midfoot, right lower leg, and left lower leg, and wound infection.	S3026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3026	Continued From page 13 The 03/01/23 "FCS" identified R314 required physical assistance with bathing, dressing, toileting, and transfers, was unable to perform walking/mobility and management of medications, was independent with eating; was occasionally incontinent of bladder; and used a wheelchair mobility device and manual mechanical lift requiring a sling and two-person assist for safety device. Management of treatments was not addressed on R314's "FCS." The 03/01/23 combined "NSA/HCP" identified R314 preferred a hospice aide to provide assistance with bathing; facility staff provided assistance with dressing, toileting, extensive assistance with a manual mechanical lift requiring a sling and two-person assist for safety for transfers; facility staff propelled her wheelchair for walking/mobility; facility staff provided physical assistance daily per physician orders for management of medications; facility staff obtained vital signs monthly for management of treatments; and facility staff provided assistance to change incontinence briefs as needed. R314's "NSA/HCP" lacked a description of the services she would receive for pressure wounds, failed to identify the provider of the services, and failed to inform facility staff how to provide services to promote healing of the pressure ulcers. The 02/24/23 "Visit Note Report" documented R314 had three, stage two pressure ulcers and two, stage four pressure ulcers	S3026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3026	Continued From page 14 The 03/01/23 "Nursing Notes" documented R314 arrived at the facility with multiple areas of skin break down. The 03/01/23 "Integumentary Assessment" by Administrative Staff A documented a stasis ulcer and a stage one or two ulcer with a note that read "Resident has multiple wounds upon admission. . . hospice is managing wound care." Review of R314's record from admission to 03/13/23 lacked evidence of documentation by licensed staff of the open wounds, including wound sizes (length, width and depth), odor, tissue characteristics (including drainage, granulation) and any signs of infection, and lacked documentation of interventions to promote healing of the pressure wounds and prevent future pressure wounds. On 03/13/23 at 01:00 PM Administrative Staff B stated R314 does not want to get up, so she will put a throw blanket under R314's knees to offload pressure from the wounds on her feet. Hospice came to the facility on Mondays, Wednesdays, and Fridays to change the dressings on the wounds, bathe her, and get her up. She further stated, facility staff tried to assist R314 to get up or change position in bed, but she resisted so they left her alone. Observation on 03/14/23 at 10:11 AM revealed R314 requested assistance to help her get comfortable in bed. CMA E assisted R314 to move up in bed. R314 stated she was ready to get dressed and get up for the day. Observation on 03/14/23 at 10:55 AM revealed	S3026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

(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
S3026	Continued From page 15	S3026		

CMA E and CMA F assisted R314 to transfer from bed to a wheelchair by standing on each side of her and lifting her under her arms.

On 03/14/23 at approximately 11:46 AM Licensed Nurse K stated she was not aware if R313 or R314 had pressure wounds. She confirmed R314's "NSA" identified facility staff would provide assistance with transfers with a manual mechanical lift requiring a sling and two-person assist for safety. She stated she expected facility staff to use the mechanical lift when assisting R314 with transfers.

On 03/14/23 at approximately 10:55 AM CMA F stated R314 admitted to the facility with a manual mechanical lift requiring a sling and two-person assist for safety.

On 03/14/23 at approximately 10:55 AM CMA E stated they did not always use the manual mechanical lift requiring a sling and two-person assist for safety because R314 was so small and there were skin issues.

On 03/13/23 at 10:34 AM Administrative Staff B stated the "NSA" and "HCP" were combined in one document.

On 03/14/23 at approximately 01:32 PM during findings meeting, Administrative Staff A confirmed R313's and R314's "NSA's" lacked a description of the services they would receive for pressure wounds and failed to identify the provider of the services. She stated facility staff charted "by exception" and wound care was managed by hospice. She stated the facility did not do "care plans" because they were an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

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S3026	Continued From page 16 assisted living facility but had a "Care Tool" that staff used. On 03/14/23 at approximately 01:32 PM the facility's "Care Tool" or "HCP" was requested. The facility failed to provide a "Care Tool" for R313 and R314. The operator failed to protect R313 from neglect by the failure to ensure licensed staff documented skin assessment monitoring and interventions to prevent pressure wounds. This failure resulted in harm when R313 suffered the development of two pressure ulcers after admission to the facility. The operator further failed to protect R313 from neglect by the failure to ensure licensed staff documented skin assessment monitoring and interventions to promote wound healing once her pressure ulcers occurred. The operator failed to protect R314 from neglect by the failure to ensure licensed staff documented skin assessment monitoring and interventions to promote healing of pressure wounds that occurred before admission and failed to ensure certified staff provided the services documented in her "NSA" to use a manual mechanical lift requiring a sling and two-person assist for safety for transfers to protect the integrity of her skin.	S3026		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form.	S3082		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3082	Continued From page 17 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-201 (d) The facility reported a census of 17 resident's total. 15 residents with 2 two-person assist resided in one unattached building, and 2 residents resided in the second unattached building. The operator failed to ensure each resident's "Functional Capacity Screen" (FCS) at the time of the screening accurately reflected the "Residents'" (R's), this effected R's 313 and 314. Findings included: - Record review on 03/14/23 of R313 revealed an admission date of 12/20/22 at 10:35 AM with diagnoses of dementia and edema. The 12/20/23 "Functional Capacity Screen" (FCS) identified R313 required physical assistance with bathing, dressing, toileting, transferring, and she was unable to walk and independent with eating. She lacked the ability to manage her own medications and medical treatments, she was incontinent of bladder, she had impaired short-term memory, and impaired decision making. She was usually able to make herself understood and she usually understood others. She was marked with impaired vision, and impaired decision making, and she used a wheelchair mobility device. The 12/28/23 "Negotiated Service Agreement/ Healthcare Service Plan" (NSA/HSP) stated the following health care services to be provided: resident is easily understood and can	S3082		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3082	Continued From page 18	S3082		

communicate with others without staff intervention, she did have confusion at times and may not always understand the conversation. She had adequate vision when wearing her glasses, she required assistance with showering, encouragement needed from staff at times to take shower as R313 could not remember when she took a shower last. She preferred to have others perform her care. Staff were to assist resident in dressing, she preferred not to use the toilet, staff were to assist in changing her incontinent brief. Resident required assist with transfers, she was able to participate in transfers at times. She would stand and pivot with certain staff members. Resident was capable of feeding herself, she preferred to be fed by staff or others.

Record review on the "Physician Progress Note" dated 12/29/2022 revealed the following entry: "Patient is seen for dementia, muscle weakness and needing assistance with personal care. Patient is a 93-year-old female who is a new resident to the facility. She came from a memory care which recently closed. Patient's main diagnoses is dementia, but she is also very weak and cannot bear weight on her own and requires maximum assistance."

Record review of the facility document titled "Nursing Assessment" dated 12/20/22, stated under the section titled "Nutritional Risk", the following, "resident is able to feed herself, though she will at times display an inability to feed herself when her family is present".

Record review of the facility document titled "Nursing Notes" dated 01/12/23 to 03/02/23 revealed the following untimed entry: Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

(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
S3082	Continued From page 19	S3082		

continues to require assistance from staff with bed mobility, transfers, dressing, locomotion, and incontinence management. Staff reposition in bed at least every two hours, and as needed to encourage circulation and prevent alteration in skin integrity. Resident comes to dinning room for meals, will at times feed self. Prefers staff or others to feed her and perform all care".

Observation on 03/13/23 02:12 PM, of the R313 room revealed the resident bathroom door stood partially opened and there was a mechanical lift which would require a sling and two staff to use, sat in the bathroom. R313 was laying in her bed, Administrative Staff B stated R313 kept her arms close to her body and did not usually use the bedrails she continued to ask R313 to push the buttons on the bed rail, R313 did not appear to understand the request.

Interview at 02:31 PM with Administrative Staff B, she stated she would not be able to move R313 out of bed by herself because she was "dead weight".

- Record review for R314 revealed an admission date of 03/01/23 with the following diagnoses: stage two pressure ulcer of sacral region, non-pressure chronic ulcers of right heel and midfoot, right lower leg, and left lower leg, and wound infection.

The 03/01/23 "FCS" identified R314 required physical assistance with bathing, dressing, toileting, and transfers, was unable to perform walking/mobility and management of medications, was independent with eating; was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3082	Continued From page 20	S3082		

occasionally incontinent of bladder; and used a wheelchair mobility device and mechanical lift device. Management of treatments was not addressed on R314's "FCS."

The 03/01/23 "NSA" identified R314 preferred a hospice aide to provide assistance with bathing; facility staff provided assistance with dressing, toileting, extensive assistance with a mechanical lift for transfers; facility staff propelled her wheelchair for walking/mobility; facility staff provided physical assistance daily per physician orders for management of medications; and facility staff provided assistance to change incontinence briefs as needed.

On 03/14/23 at 10:11AM upon entering the room for R314, CMA E verbally stated that the resident is blind.

Interview on 03/14/23 with R314 at 10:11 AM with, she stated she "was blind". She continued to state the facility staff do not use the mechanical lift with sling to get her out of bed, and usually one person gets her up. She continued "They must be understaffed; it takes them a long time to get to her".

Observation on 03/14/23 at 10:55 AM CMA's E and F transfer resident by assisting her to sit on the side /edge of the bed, and then with one staff on each side of her, supporting her under the arms lift the resident into the wheelchair. In the resident bathroom was a mechanical lift that would require a sling and 2 persons to transfer the resident.

The operator failed to ensure each resident's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

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S3082	Continued From page 21 "Functional Capacity Screen" (FCS) at the time of the screening accurately reflected the "Residents'" (R's), this effected R's 313 and 314.	S3082		
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 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 19 residents with 3 included in the sample. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R) 313 identified the services she would receive to prevent pressure wounds, the services she received to	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3085	Continued From page 22	S3085		

treat pressure wounds, the services she would receive for altered cognition and impaired decision making, and the provider of those services. The operator failed to ensure the "NSA" for R314 identified the services she would receive to treat pressure wounds, the services she would receive for impaired vision, and the provider of those services.

Findings included:

- Record review for R313 revealed an admission date of 12/02/22 with the following diagnoses: dementia and edema.

The 12/20/22 "Functional Capacity Screen" (FCS) identified R313 required physical assistance with bathing, dressing, toileting, transfers; was unable to perform walking/mobility and management of medications and treatments; was incontinent of bladder; had short-term memory and impaired decision-making cognitive impairments; and was marked for impaired vision and impaired decision making.

The 12/28/22 combined "NSA/Healthcare Service Plan" (HCP) identified facility staff provided R313 assistance with bathing with encouragement at times she could not remember when she last had a shower; assistance with dressing; she preferred not to use the toilet; assistance with transfers with R313's participation at times by standing and pivoting with certain staff members; she used a wheelchair for walking/mobility; was independent with eating; management of medications; obtained vital signs monthly for management of treatments; management with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3085	Continued From page 23	S3085		

incontinence episodes; she communicated without staff intervention; and wore glasses for impaired vision.

R313's "NSA/HCP" failed to describe the services she would receive for pressure wounds, the services she would receive for altered cognition and impaired decision making and failed to identify the provider of the services.

The 01/24/23 "Nursing Note" documented R313 required staff assistance for bed mobility, transfers, walking/mobility, and incontinence management. She was repositioned in bed at least every 2 hours to prevent alteration in skin integrity.

The 02/03/23 hospice "Visit Communication" documented R313 had a right buttock wound that measured four centimeters (cm) by one cm with a red wound bed.

The 02/23/23 hospice "Caregiver Note" documented a wound care to her coccyx area and to her left heel for a new stage two pressure ulcer. Heel protectors and wound care supplies would be delivered to facility.

The 02/23/23 hospice "Caregiver Note" documented to continue to keep R313 off her bottom.

Observation on 03/13/23 at 02:16 PM revealed R313 laid in bed on top of a low air loss mattress. A manual mechanical lift requiring a sling and two-person assist for safety was in the room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3085	Continued From page 24 Observation on 03/13/23 at 02:24 PM revealed R313 laid in bed. Administrative Staff B assisted R313 to roll up on her left side and placed a wedge behind her. R313 had dark red spots on both lower legs with a pressure ulcer on her left outer heel with darkened edges with brownish drainage. There were no protective boots on her feet. The 03/13/23 hospice "On Call" note documented R313 had a deep tissue injury to her left outer ankle that measured 1.5 cm x 1.8 cm with blackened eschar covering the entire wound. Her right heel had poorly blanching redness that measured 5 cm x 5 cm. Boots were applied to both heels and were to remain on while R313 was in bed. Instructions for R313's low air loss mattress were printed and attached to the machine. - Record review for R314 revealed an admission date of 03/01/23 with the following diagnoses: stage two pressure ulcer of sacral region, non-pressure chronic ulcers of right heel and midfoot, right lower leg and left lower leg, and wound infection, glaucoma, and macular degeneration. The 03/01/23 "FCS" identified R314 required physical assistance with bathing, dressing, toileting, and transfers, was unable to perform walking/mobility and management of medications, was independent with eating; was occasionally incontinent of bladder; and used a wheelchair mobility device and manual mechanical lift requiring a sling and two-person assist for safety device.	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

(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 25 Management of treatments and impaired vision were left blank on R314's "FCS." The 03/01/23 "NSA" identified R314 preferred a hospice aide to provide assistance with bathing; facility staff provided assistance with dressing, toileting, extensive assistance with a manual mechanical lift requiring a sling and two-person assist for safety for transfers; facility staff propelled her wheelchair for walking/mobility; facility staff provided physical assistance daily per physician orders for management of medications; facility staff obtained vital signs monthly for management of treatments; and facility staff provided assistance to change incontinence briefs as needed. R314's "NSA/HCP" lacked a description of the services she would receive for pressure wounds and impaired vision, failed to identify the provider of the services, and failed to inform facility staff how to provide services to promote healing of wounds and services for impaired vision. The 02/24/23 "Visit Note Report" documented R314 had three stage two pressure ulcers and two stage four pressure ulcers The 03/01/23 "Nursing Notes" documented R314 arrived at the facility with multiple areas of skin break down. The 03/01/23 "Integumentary Assessment" by Administrative Staff A documented a stasis ulcer and a stage one or two ulcer with a note that read "Resident has multiple wounds upon admission. . . hospice is managing wound care."	S3085		

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	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3085	Continued From page 26 On 03/14/23 at 10:11 AM CMA E stated R314 was blind. On 03/14/23 at approximately 10:11 AM R314 confirmed she was blind. On 03/14/23 at approximately 10:55 AM CMA F stated R314 admitted to the facility with a manual mechanical lift requiring a sling and two-person assist for safety. On 03/14/23 at approximately 10:55 AM CMA E stated they did not always use the manual mechanical lift requiring a sling and two-person assist for safety because R314 was so small and had skin issues. On 03/13/23 at 10:34 AM Administrative Staff B stated the "NSA" and "HCP" were combined in one document. On 03/14/23 at approximately 01:32 PM during finding meeting, Administrative Staff A confirmed R313's and R314's "NSA's" lacked a description of the services they would receive for pressure wounds and failed to identify the provider of the services. The operator failed to ensure the "NSA for R313 identified the services she would receive to prevent pressure wounds, the services she received to treat pressure wounds, the services she would receive for cognition and impaired decision making, and the provider of the services. The operator failed to ensure the "NSA" for R314 identified the services she would receive to treat pressure wounds, the services she would receive for impaired vision, and the	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3085	Continued From page 27 provider of the services.	S3085		
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: K.A.R. 26-41-202(h) The facility reported a census of 17 resident's total. 15 residents with 2 two-person assist resided in one unattached building, and 2 residents resided in the second unattached building. The operator failed to ensure "Resident's" (R's) (R314) "Negotiated Service Agreement" was signed by each individual involved in the development of the NSA for R314. Findings included: - Record review for R314 revealed an admission date of 03/01/23 with the following diagnoses: stage two pressure ulcer of sacral region, non-pressure chronic ulcers of right heel and midfoot, right lower leg, and left lower leg, and wound infection. The 03/01/23 "FCS" identified R314 required physical assistance with bathing, dressing,	S3101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 28 toileting, and transfers, was unable to perform walking/mobility and management of medications, was independent with eating; was occasionally incontinent of bladder; and used a wheelchair mobility device and mechanical lift device. Management of treatments was not addressed on R314's "FCS." The 03/01/23 the unsigned "NSA" identified R314 preferred a hospice aide to provide assistance with bathing; facility staff provided assistance with dressing, toileting, extensive assistance with a mechanical lift for transfers; facility staff propelled her wheelchair for walking/mobility; facility staff provided physical assistance daily per physician orders for management of medications; and facility staff provided assistance to change incontinence briefs as needed. Interview on 03/14/23 at 01:32 Administrative staff/operator A stated she would send the signed NSA. The NSA was not sent by 05:00PM on 03/14/23. The operator failed to ensure R314 NSA was signed by each individual involved in the development of the NSA.	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	S3155		

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	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3155	Continued From page 29 negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 19 residents with 3 included in the sample. Based on observation, interview, and record review the operator failed to ensure a licensed nurse provided the necessary health care services that met the needs for Residents (R) 313 and R314 by the failure to document skin or wound assessments including the time of origin, a description of the wounds, measurements, or a plan for the treatment of their wounds in their medical record. Findings included: - Record review for R313 revealed an admission date of 12/02/22 with the following diagnoses: dementia and edema. The 12/20/22 "Functional Capacity Screen" (FCS) identified R313 required physical assistance with bathing, dressing, toileting and transfers; was unable to perform walking/mobility and management of medications and treatments; was independent with eating; was incontinent of bladder; had short-term memory and impaired decision making cognitive impairments; was usually able to make herself understood and usually understood others during communication;	S3155		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

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S3155	Continued From page 30	S3155		

was marked for impaired vision and impaired decision making; and used a wheelchair mobility device.

The 12/28/22 combined "NSA/Healthcare Service Plan" (HCP) identified facility staff provided R313 assistance with bathing with encouragement at times she could not remember when she last had a shower; assistance with dressing; she preferred not to use the toilet; assistance with transfers with R313's participation at times by standing and pivoting with certain staff members; she used a wheelchair for walking/mobility; was independent with eating; management of medications; obtained vital signs monthly for management of treatments; management with incontinence episodes; she communicated without staff intervention; and wore glasses for impaired vision. Cognition and impaired decision making were not addressed on R313's "NSA"

The 12/20/22 "Integumentary Assessment" by Administrative Staff A documented only bruises and abrasions.

The 01/30/23 hospice "Caregiver Note" documented barrier cream was provided to facility for a red blister on R313's buttocks.

The 02/03/23 hospice "Visit Communication" documented R313 had a right buttock wound that measured four centimeters (cm) by one cm with a red wound bed. Notes on the top right corner of the page and at the bottom of the page documented wound orders would be faxed to the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3155	Continued From page 31 The 02/23/23 hospice "Caregiver Note" documented wound care to coccyx area and to left heel for a new stage two pressure ulcer. Heel protectors and wound care supplies would be delivered to facility. Review of R313's record from admission to 03/13/23 lacked evidence of documentation of open wounds, skin or wound assessments including the time of origin, a description of the wounds, measurements, or a plan for the treatment of wounds in her medical record. Observation on 03/13/23 at 02:24 PM revealed R313 laid in bed. Administrative Staff B assisted R313 to roll up on her left side and placed a wedge behind her. R313 had dark red spots on both lower legs with a pressure ulcer on her left outer heel with darkened edges with brownish drainage. There were no protective boots on her feet. On 03/13/23 at 04:00 PM Administrative Staff B stated she was not aware R313 had a wound on her heel. She confirmed there were no nursing notes regarding R313's pressure ulcers on her buttocks and left heel. - Record review for R314 revealed an admission date of 03/01/23 with the following diagnoses: stage two pressure ulcer of sacral region, non-pressure chronic ulcers of right heel and midfoot, right lower leg, and left lower leg, and wound infection. The 03/01/23 "FCS" identified R314 required physical assistance with bathing, dressing, toileting, and transfers, was unable to perform	S3155		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3155	Continued From page 32	S3155		

walking/mobility and management of medications, was independent with eating; was occasionally incontinent of bladder; and used a wheelchair mobility device and manual mechanical lift requiring a sling and two-person assist for safety device. Management of treatments was not addressed on R314's "FCS."

The 03/01/23 "NSA" identified R314 preferred a hospice aide to provide assistance with bathing; facility staff provided assistance with dressing, toileting, extensive assistance with a manual mechanical lift requiring a sling and two-person assist for safety for transfers; facility staff propelled her wheelchair for walking/mobility; facility staff provided physical assistance daily per physician orders for management of medications; facility staff obtained vital signs monthly for management of treatments; and facility staff provided assistance to change incontinence briefs as needed.

The 02/24/23 "Visit Note Report" documented R314 had three stage two pressure ulcers and two stage four pressure ulcers

The 03/01/23 "Nursing Notes" documented R314 arrived at the facility with multiple areas of skin break down.

The 03/01/23 "Integumentary Assessment" by Administrative Staff A documented a stasis ulcer and a stage one or two ulcer with a note that read "Resident has multiple wounds upon admission. . . hospice is managing wound care."

Review of R313's record from admission to 03/13/23 lacked evidence of documentation of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3155	Continued From page 33 open wounds, skin or wound assessments including the time of origin, a description of the wounds, measurements, or a plan for the treatment of wounds in her medical record. On 03/14/23 at 01:32 PM during findings meeting, Administrative Staff A confirmed over the phone R313 and R14's records lacked evidence of documentation or pressure wounds. The operator failed to ensure a licensed nurse provided the necessary health care services that met the needs for R313 and R314 by the failure to document skin or wound assessments including the time of origin, a description of the wounds, measurements, or a plan for the treatment of their wounds in their medical record.	S3155		
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. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (i) The facility reported a census of 17 "Residents'"(R's) total. 15 residents with 2 two person assist resided in one unattached building, and 2 residents resided in the second unattached building. The operator failed to ensure the coordination of healthcare services provided to R313 by qualified staff in accordance	S3171		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3171	Continued From page 34	S3171		

with professional standards of practice, when an assessment was not performed on R313 identifying the bilateral quarter rails were securely attached to the bed posing no risk of entrapment, the purpose of the bedrails, and documentation of the R313 functional ability to use the bedrails.

Findings included:

- Record review on 03/14/23 of R313 revealed an admission date of 12/20/22 at 10:35 AM with diagnoses of dementia and edema.

R313 "Functional Capacity Screen" (FCS) identified R313 required physical assistance with bathing, dressing, toileting, transferring, and she was unable to walk and independent with eating. She lacked the ability to manage her own medications and medical treatments, she was incontinent of bladder, she had impaired short-term memory, and impaired decision making. She was usually able to make herself understood and she usually understood others. She was marked with impaired vision, and impaired decision making, and she used a wheelchair mobility device.

The FCS lacked the listing of a manual lift that required a sling and two staff members for transfer, and further lacked the listing of bedrails.

R313 NSA/HSP stated the following health care services to be provided: resident is easily understood and can communicate with others without staff intervention, she did have confusion at times and may not always understand the conversation. She had adequate vision when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3171	Continued From page 35	S3171		

wearing her glasses, she required assistance with showering, encouragement needed from staff at times to take shower as R313 could not remember when she took a shower last. She preferred to have others perform her care. Staff were to assist resident in dressing, she preferred not to use the toilet, staff were to assist in changing her incontinent brief. Resident required assist with transfers, she was able to participate in transfers at times. She would stand and pivot with certain staff members. Resident was capable of feeding herself, she preferred to be fed by staff or others.

The NSA/HSP lacked the listing of a manual lift that required a sling and two staff members for transfer, and further lacked the listing of bedrails and the reason for the bedrails.

Record review on the "Physician Progress Note" dated 12/29/2022 revealed the following entry: "Patient is seen for dementia, muscle weakness and needing assistance with personal care. Patient is a 93-year-old female who is a new resident to the facility. She came from a memory care which recently closed. Patient's main diagnoses is dementia, but she is also very weak and cannot bear weight on her own and requires maximum assistance."

Record review of the facility document titled "Nursing Notes" dated 01/12/23 to 03/02/23 revealed the following untimed entry: Resident continues to require assistance from staff with bed mobility, transfers, dressing, locomotion, and incontinence management. Staff reposition in bed at least every two hours, and as needed to encourage circulation and prevent alteration in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3171	Continued From page 36 skin integrity. Observation on 03/13/23 02:12 PM, of the R313 room revealed the resident bathroom door stood partially opened and there was a mechanical lift which would require a sling and two staff to use, sat in the bathroom. R313 was laying in her bed, Administrative Staff B stated R313 kept her arms close to her body and did not usually use the bedrails she continued to ask R313 to push the buttons on the bed rail, R313 did not appear to understand the request. The bedrails are on both sides of the upper half of the bed. Interview at on 03/13/23 at 02:31 PM with Administrative Staff B, she stated she would not be able to move R313 out of bed by herself because she was "dead weight". Interview on 03/14/23 at 01:32 PM by phone with Administrative Staff/operator A, she confirmed the resident record for R313 did not contain a bedrail assessment R313 identifying the bilateral quarter rails were securely attached to the bed posing no risk of entrapment, the purpose of the bedrails, and documentation of the R313 functional ability to use the bedrails, she further confirmed the facility did not have a policy on the resident use of bedrails. The operator failed to ensure the coordination of healthcare services provided to R313 by qualified staff in accordance with professional standards of practice, when an assessment was not performed on R313 identifying the bilateral quarter rails were securely attached to the bed posing no risk of entrapment, the purpose of the bedrails, and documentation of the R313 functional ability to use the bedrails.	S3171		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3177 SS=D	26-41-205 (a) (2) Self Administration Assessment Content (2) Each assessment shall include an evaluation of the resident ' s physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently or by using a prefilled medication container or prefilled syringe. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(2) The facility reported a census of 19 residents with three included in the sample. Based on interview and record review the operator failed to ensure the self-administration of medication assessment for Resident (R) 315 included an evaluation of her physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently. Findings included: - Record review R315 revealed an admission date of 02/02/23. Her record failed to identify any diagnoses. The 02/02/23 "FCS" identified R315 was independent with bathing, dressing, toileting, transfers, walking/mobility, eating, management of medications and treatments, and was continent of bladder.	S3177		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3177	Continued From page 38 The 02/03/23 combined "NSA/HCP" identified facility staff would provide assistance as needed for bathing and she was independent with dressing, toileting, transfers, walking/mobility, eating, management of medications and treatments, and was continent of bladder. On 03/14/23 at approximately 01:32 PM Administrative Nurse A confirmed R315 self-administered medications. An assessment was completed and was in the assessment section of R315's medical record. The 02/02/23 "Medication Use/Self-Medicate Assessment" documented R315 had "no signs of self-medicate issues, can self-medicate on time and properly determine medications from one another". Assessment lacked an evaluation of her physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently The operator failed to ensure the self-administration of medication assessment for R315 included an evaluation of her physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently.	S3177		
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	S3211		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

(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
S3211	Continued From page 39	S3211		

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 19 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of over-the-counter medications (OTC's).

Findings included:

- Observation on 03/13/23 at 11:10 AM revealed Administrative Staff/CMA B unlocked and opened the 1513 building medication cart which contained medications for 17 residents. One bottle of Centrum 50+ multivitamins lacked labeling of a resident's full name.

Observation on 03/13/23 at 02:51 PM Administrative Staff/CMA B received an OTC supplement bottle from a family member visiting a resident. She wrote the resident's name on the bottle.

On 03/13/23 at approximately 02:51 PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3211	Continued From page 40 Administrative Staff/CMA B stated she usually labeled OTC medications. The facility's undated "Medication Management" policy documented "All medications (Rx & OTC) must be labeled with the resident's full name. . ." The operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original package of four OTC medications in the memory care unit medication cart and six OTC medications in the second-floor medication cart.	S3211		
S3214 SS=D	26-41-205 (g) (4) Sample & Indigent Medication Program Meds (g) (4) Licensed nurses and medication aides may administer sample medications and medications from indigent medication programs if the administrator or operator ensures the development of policies and implementation of procedures for receiving and identifying sample medications and medications from indigent medication programs that include all of the following conditions: (A) The medication is not a controlled medication. (B) A medical care provider ' s written order accompanies the medication, stating the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. (C) A licensed nurse or medication aide receives the medication in its original, unbroken manufacturer ' s package. (D) A licensed nurse documents receipt of the medication by entering the resident ' s name and	S3214		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3214	Continued From page 41 the medication name, strength, and quantity into a log. (E) A licensed nurse places identification information on the medication or package containing the medication that includes the medical care provider ' s name; the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions as documented on the medical care provider ' s order. Facility staff consisting of either two licensed nurses or a licensed nurse and a medication aide shall verify that the information on the medication matches the information on the medical care provider ' s order. (F) A licensed nurse informs the resident or the resident ' s legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident ' s clinical record shall contain documentation that the resident or the resident ' s legal representative has received the information and accepted the risk of potential adverse consequences. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(4) The facility reported a census of 19 residents. Based on observation and interview the operator failed to ensure the development of policies and implementation of procedures for receiving and	S3214		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3214	Continued From page 42 identifying sample medications including all the required conditions. Findings included: - Observation on 03/13/23 at 11:10 AM revealed Administrative Staff B opened and unlocked the medication cart for building 1513. The cart contained medications for 17 residents who resided in building 1513. The cart also contained four Otezla 28-day starter packs with 55 tablets in each pack in titration doses over five days up the prescribed dose of 30 milligrams (mg) labeled with the first and last name of one unidentified resident. On 03/13/23 at approximately 01:32 PM Administrative Staff A confirmed the facility used one sample medication and did not have a policy in place to receive sample medications. The operator failed to ensure the development of policies and implementation of procedures for receiving and identifying sample medications including all the required conditions.	S3214		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication	S3215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3215	Continued From page 43 room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R. 25-41-205 (h) (4) The facility reported a census of 17 resident's total. 15 residents with 2 two-person assist residents, resided in one unattached building, and 2 residents resided in the second unattached building. Based on observation and interview the operator failed to ensure the facility licensed nurse did not use the Tubersol 5 units/0.1 milliliter beyond the date of expiration when the licensed nurse failed to date the vial	S3215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

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S3215	Continued From page 44 when it was opened. Findings included: - Observation on 03/13/23 at 10:55 AM of the initial tour of the unattached building with 15 residents of Administrative Staff/CMA B unlocked the locked medication room door. There was a small black refrigerator that opened freely. In the refrigerator were two boxes containing one vial each of Tubersol solution 5 units/0.1 milliliter. One box was sealed, the second box was opened, and the vial appeared almost empty. The vial and the box lacked a date the vial was opened. Interview with Administrative Staff/CMA B at 10:57 AM, she confirmed Tubersol 5 units/0.1 milliliter solution lacked the date the vial was opened. Record review of the manufacturer's recommendations obtained from fda.gov/media/74866/download revealed the following instructions for storage: Do not freeze the product. Protect the solution from light, and "a vial of TUBERSOL which has been entered and in use for 30 days should be discarded". The operator failed to ensure the facility licensed nurse did not use the Tubersol 5 units/0.1 milliliter beyond the date of expiration when the licensed nurse failed to date the vial when it was opened.	S3215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3250	Continued From page 45	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 17 residents total. 15 residents with 2 two-person assist residents, resided in one unattached building, and 2 residents resided in the second unattached building. Based on interview and record review the operator failed to maintain the resident records for each resident in accordance with accepted standards of practice for all "Residents'" (R's). Findings included: Observation on 03/13/23 at 11:52 AM in	S3250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3250	Continued From page 46 Administrative Staff /Operator A office, Administrative Staff/"Certified Medication Aide"(CMA) B pulled from an unlocked box sitting on the floor under the open bottomed desk, a file which contained records for R313. The table next to the office wall contained a stack of manilla envelopes and loose papers in the middle of the table, and on the outside corner of the operator's desk, opposite of the computer, sat a large stack of loose papers and paper folders. Observation on 03/13/23 at 12:54 PM Administrative Staff/Operator B looked through a pile of papers on the outside corner of the operator's desk opposite the computer and retrieved the "Negotiated Service Agreement" (NSA) for R315. Interview on 03/14/23 at 11:26 AM CMA E stated they did not have documents put together in a file yet. They were working on getting it all together. Interview on 03/14/23 at 11:26 AM Administrative Staff /CMA B stated they had five admissions in one day and had a lot of charts to put together at once. The operator failed to maintain the resident records for each resident in accordance with accepted standards of practice for all Residents.	S3250		
S3265 SS=J	26-41-104 (a) Disaster and Emergency Preparedness (a) The administrator or operator of each assisted living facility or residential health care	S3265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3265	Continued From page 47 facility shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-104 (a) The facility reported a census of 17 Residents (R's), with 15 residents who resided in building 1 and 2 residents who resided in building 2. Building 2 was an unattached building and located approximately 24 feet from building 1. On December 20, 2022, the facility admitted R313 who required 2 staff assistance to transfer. R314 who was also identified as a two-person assist, was admitted on 03/01/23. R313 and R314 resided in building 1. Based on record review, observation, and interview, the operator failed to ensure the provision of a sufficient number of qualified staff members to safely take residents, who required assistance of two qualified staff to a move to a secure location in the event of an emergency or disaster. This failure allowed all 17 residents to be placed in immediate jeopardy in the event of an emergency or disaster. Findings included: - Record review for R313 revealed an admission date of 12/20/22 at 10:35 AM with diagnoses of dementia and edema. R313's "Functional Capacity Screen" (FCS)dated	S3265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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
S3265	Continued From page 48 12/20/22, identified R313 required physical assistance with bathing, dressing, toileting, transferring, was unable to walk and independent with eating. She lacked the ability to manage her own medications and medical treatments, she was incontinent of bladder, she had impaired short-term memory and impaired decision making. She was usually able to make herself understood and she usually understood others. She was marked with impaired vision, impaired decision making, and used a wheelchair mobility device. R313's NSA/HSP dated 12/20/22, identified the following health care services to be provided: Communication - resident was easily understood and can communicate with others without staff intervention, she did have confusion at times and may not always understand the conversation. She had adequate vision when wearing her glasses, she required assistance with showering, encouragement needed from staff at times to take a shower as R313 could not remember when she took a shower last. She preferred to have others perform her care. Staff were to assist resident in dressing, she preferred not to use the toilet, staff were to assist in changing her incontinent brief. Resident required assist with transfers and was able to participate in transfers at times. She would stand and pivot with certain staff members. Record review of "Physician Progress Note" dated 12/29/22 revealed the following entry: "Patient is seen for dementia, muscle weakness and needing assistance with personal care. Patient is a 93-year-old female who is a new resident to the facility. She came from a memory	S3265		

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	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3265	Continued From page 49	S3265		

care which recently closed. Patient's main diagnoses is dementia, but she is also very weak and cannot bear weight on her own and requires maximum assistance."

The NSA/HSP lacked documentation of the mechanical lift with sling requiring two staff for use.

Record review for R314 revealed an admission date of 03/01/23 with diagnoses of major depressive disorder, anxiety disorder, Glaucoma, Macular Degeneration, hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, heart failure, peripheral vascular disease, chronic obstructive pulmonary disease, pressure ulcer of sacral region stage 2, non-pressure chronic ulcer of right heel and midfoot, non-pressure chronic ulcer of other part of right foot, non-pressure chronic ulcer of the other part of the right lower leg, non-pressure chronic ulcer of part of the left lower leg, encounter for palliative care, bed confinement status, and need of assistance with personal care.

R314's FCS dated 03/01/23, identified she required physical assistance with bathing, dressing, toileting, transferring, and she was unable to perform walking/mobility. She was unable to manage her own medications.
She was occasionally incontinent, her cognition was intact, she was able to make herself understood and she understood others. She was not marked with any current or recent problems or risk, and she used a wheelchair and mechanical lift mobility device.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3265	Continued From page 50	S3265		

R314's NSA/HSP dated 03/01/23, indicated the following healthcare services to be provided: She was marked has having adequate vision, she required staff assistance with showering, to be provided by her hospice aide, staff were to assist with dressing, and assisting her to the bathroom. She required extensive assist with transferring, "use a lift with transfers to avoid any further alteration in skin integrity", she had a history of falls prior to admission and currently used a wheelchair for locomotion propelled by others.

Interview at 10:26 AM with Administrative Staff B, while completing the departments "Entrance Tour Check List", confirmed there was always at least one "Certified Medication Aide" (CMA) in each building with a staff member who floated between the buildings. She continued that "sometimes only one CMA" was in the building with 15 residents, where the 2 two people assist residents resided, the facility staff worked 12-hour shifts from 07:00 AM to 07:00 PM and from 07:00 PM to 07:00 AM.

Observation on 03/13/23 at 10:46 AM during the entrance facility tour of building 1, staffing consisted of one non-certified staff (a cook) and Administrative Staff/CMA B. Administrative Staff/CMA B confirmed she and the cook were the only 2 staff in building 1 at that time.

Review of facility resident roster identified 2 residents in building 1 who required assistance of 2 qualified staff to transfer.

Interview at 11:43 AM with CMA D, stated when she worked in building 1, R313 who required 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

(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
S3265	Continued From page 51	S3265		

staff assistance, would stay in bed all of the time, R314 who weighed approximately 95 pounds, transferred the resident by R313 giving CMA D "a bear hug and move[ing] her".

Interview 03/13/23 with Administrative Staff B at 11:52 AM, she confirmed the admission dates as 12/20/22 for R313, and 03/01/22 for R314.

Observation at 03/13/23 at 12:18 PM CMA D, arrived at building 1 after leaving building 2, Administrative Staff/CMA B, confirmed the time that CMA D was in building 1, building 2 was left without staff in the building.

Observation at 03/13/23 at 12:30 PM (12 minutes later) CMA D left building 2 and returned to building 1 leaving building 2 without staff again.

Request for medical records made on 03/12/23 at 12:54 PM, and the facility failed to provide them until 05:51PM.

Interview on 03/13/23 at 02:12 PM with Administrative Staff B, revealed R313 required a mechanical lift, which required a sling and two qualified staff, to safely transfer R313 from her bed.

Observation on 03/13/23 at 02:12 PM, of R313's room, revealed a mechanical lift, which required a sling and two staff to use in the resident's bathroom. R313 laid in her bed. The bed had 2 siderails with positioning control buttons and Administrative Staff/CMA B stated R313 kept her arms close to her body and did not usually use the bedrails. She asked R313 to push the buttons on the bed rail and R313 did not appear

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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S3265	Continued From page 52	S3265		

to understand the request.

Interview on 03/13/23 at 02:31 PM with Administrative Staff B, stated she would not be able to move R313 out of bed by herself because she was "dead weight". At 02:33PM Administrative Staff B, stated that there was only one qualified staff scheduled in each building for night shift. She stated staff worked 12-hour shifts, and the schedule was accessed on an application linked to their cellular phones If changes were made, the staff were updated by text message and email.

Observation on 03/13/23 at 02:58 PM CMA D from building 2, came to the office in building 1 and asked Administrative Staff/CMA B, to administer liquid medication to one of the residents in building 1, leaving building 2 without staff for the 2 residents.

Interview on 03/13/23 at 04:09 PM Administrative Staff/CMA B, stated that R313 admitted to the facility in December of 2022 as a two-person assist.

On 03/13/23 at 04:22 PM Administrative Staff/CMA B, was informed the facility was in "Immediate Jeopardy" for insufficient staffing for resident safe exit in an emergency. An abatement plan was requested.

Interview on 03/13/23 at 06:11 PM Administrative Staff/CMA B, confirmed the facility had been working with just one staff overnight about every other night since before she started in October of 2022, and she has had two-assist residents admitted to building 1 since December of 2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

(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
S3265	Continued From page 53	S3265		

when R313 admitted to the facility.

03/13/23 at 07:46 PM the handwritten abatement plan provided by Administrative Staff B, recorded the following: CMA's G and H, are staffed in the house with 15 residents arriving at 07:00 PM, and "Certified Nurse Aide" (CNA) I, is staffed in the building with 2 residents. "Moving forward we will staff three people total on campus to prevent further incidents". CMA E, and Administrative Staff /CMA B, will be staffed in the building with 15 residents arriving at 07:00 AM and CMA F, will be staff in the building with 2 residents at 07:00AM.

03/13/23 at 07:50 PM the abatement plan was accepted by the department.

Record review on 03/13/23 of the signed and notarized witness statement provided by Administrative Staff B, stated the following "we are currently unable to staff two people in the house with 15 people on some days for night and day shift. We are in the process of holding interviews to fill the positions", "we currently have 2 two- person assist in the building".

On 03/14/23 at 10:11AM upon entering the room for R314, CMA E stated that the resident is blind.

Interview with R314 on 03/14/23 at 10:11 AM, she stated she "was blind". She continued to state the facility staff did not use the mechanical lift with sling to get her out of bed, and usually one person helped her up. She continued "They must be understaffed; it takes them a long time to get to her".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

(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
S3265	Continued From page 54	S3265		

Observation on 03/14/23 at 10:55 AM CMA's E and F transfer R314 by assisting her to sit on the side /edge of the bed, and then with one staff on each side of her, supporting her under her arms, they lifted the resident into the wheelchair. In the resident bathroom was a mechanical lift that would require a sling and 2 persons to transfer the resident.

Record review on 03/14/23 of the facility provided documents titled "Monthly Fire Drill Report" revealed the following drill performed on 01/31/22, 03/31/22 and 09/30/22: on each drill was the following statement: ""If a large fire, were evacuation plans as outlined in Fire evacuation Procedure followed?" and the answer "NO" is marked. Each drill was performed with four staff members.

The facility failed to provide documentation of a drill or evacuation after the admission of the two residents who required two qualified staff to transfer them to get to safety.

Record review of the facility timecard clock in and clock out times revealed the following dates the facility did not have two staff in building 1 at all times after 2-assist resident R313 admitted on 12/20/22, when the facility admitted 2- assist resident R314 on 03/01/23, and when the facility transferred 2 residents to the second building on 03/01/23.

From 12/20/23 to 03/01/23 only building 1 was in use.

The following dates in December 2022, there was only 1 certified qualified staff member

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

(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
S3265	Continued From page 55 clocked in for the 12-hour night shift: 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th The following dates in December 2022, there was only 1 certified qualified staff member clocked in for the 12-hour day shift: 26th, 27th, The following dates in January 2023, there was only 1 certified qualified staff member clocked in for the 12-hour night shift: 2nd, 3rd, 5th, 6th, 7th, 8th, 9th, 11th, 12th,13th, 14th, 16th , 18th, 20th,21st, 22nd, 23, 25th, 26th, 27th, 29th, 30th, and 31st. The following dates in January 2023, there was only 1 certified qualified staff member clocked in for the 12-hour day shift: 3rd for 90 minutes, 5th. The following dates in February 2023, there was only 1 certified qualified staff member clocked in for the 12-hour night shift: 1st, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th,26th, , The following dates in February 2023, there was only 1 certified qualified staff member clocked in for the 12-hour day shift: 2nd for 74 minutes, 4th, 7th for 1 hour and 59 minutes, 15th for 81 minutes, 16th there are no reported clock in times for certified qualified staff from 07:24AM to 07:53 AM, 19th from 07:01 AM to 07:09 AM there are no reported clock in times for certified qualified staff, 23rd,26th, On 02/28/23 the facility provided documents for staff clock in and out times, revealed the following dates, which lacked any qualified certified staff clocking in for the night shift.	S3265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3265	Continued From page 56 03/01/23 the facility opened the second building and two residents transferred to that building and building one continued to have 2 residents which required a two-person assist for transfers. The following dates in March 2023 there was only 1 certified qualified staff member for building one: 03/01/23 only 1 staff clocked in for the overnight shift on the record provided for both buildings. 03/03/23 only 1 staff clocked in for the overnight shift on the record provided for both buildings. 03/04/23 The record provided lacked any clock-in or clock-out times for certified/qualified and non-certified/non-qualified staff after 07:29 PM. 03/05/23 only 1 staff clocked in for the overnight shift on the record provided for both buildings 03/06/23 only 2 staff clocked in for both buildings. 03/07/23 CMA G clocked in at 07:11 PM to 08:00 PM. The recorded provided showed there were no clock ins by certified/qualified staff after 08:58 PM. The record provided lacked the evidence to show the second building was staffed with at least one staff member, and the record further lacked evidence showing a second staff member in the building where the 2 two-person assist residents lived. CMA E clocked in at 07:09 AM to 07:05 PM, the record lacked a clock in time for a certified/qualified staff for the second building,	S3265		

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	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

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S3265	Continued From page 57	S3265		

and the record further lacked evidence showing a second member in the building where the 2 two-person assist residents were.

03/09/23 CMA G clocked in at 07:07 PM to 07:25 PM, CMA F clocked in at 06:14 PM to 07:18 PM. The record provided lacked the evidence of a 2nd person in the building with the 2 two- person assist.
The record further lacked evidence of any qualified / certified staff clocking in after 07:18 AM.

03/10/23 CMA G clocked in at 07:04 PM to 08:04 AM, CMA F clocked in at 06:47 PM to 07:23 MA, the record provided lacked the clock in time for another staff for the building that had 2 two-person assist for the nightshift.
CMA E clocked in at 07:23 AM to 07:07 PM, and CMA L clocked in at 06:48 AM to 07:21 PM. The record provided lacked a clock in time for another staff for the building that had 2 two-person assist for the dayshift.

03/11/23
CMA J clocked in at 06:59 PM to 07:01 AM, CMA F clocked in at 06:46 PM to 07:05 AM, the record provided lacked the clock in time for another staff for the building that had 2 two person assist for the nightshift. CMA E clocked in at 07:19 AM to 06:54 PM, and CMA L clocked in at 06:47 AM to 07:04 PM. The record provided lacked a clock in time for another certified/qualified staff for the building that had 2 two- person assist for the dayshift.

03/12/23
CMA J clocked in at 06:54 PM to 07:18 AM, CMA

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	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

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S3265	Continued From page 58 F clocked in at 06:45 PM to 07:38 AM, the record provided lacked the clock in time for another staff for the building that had 2 two person assist for the nightshift. CMA E clocked in at 07:26 AM to 07:22PM, and CMA L clocked in at 06:48 AM to 07:19 PM. The record provided lacked a clock in time for another certified/qualified staff for the building that had 2 two- person assist for the dayshift. 03/13/23 CMA J clocked in at 06:54 PM to 07:18 AM, CMA F clocked in at 06:45 PM to 07:38 AM, the record provided lacked the clock in time for another staff for the building that had 2 two-person assist for the nightshift. CMA E clocked in at 07:26 AM to 07:22PM, and CMA L clocked in at 06:48 AM to 07:19 PM. The record provided lacked a clock in time for another certified/qualified staff for the building that had 2 two- person assist for the dayshift. 03/13/23 The record provided lacked any clock-in or clock-out times for certified/qualified and non-certified/non-qualified staff after 07:00 PM. CMA D Clocked in at 06:58 AM to 06:58 PM and Administrative Staff / CMA B clocked in at 07:31 AM. The record provided lacked a clock in time for another certified/qualified staff for the building that had 2 two-person assist for the dayshift. 03/15/23 at 08:50 AM CMA E confirmed the facility admitted 2 residents to the unattached building, a request was made for Administrative Staff/operator A to provide documentation for times she may have covered an open shift. No	S3265		

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	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3265	Continued From page 59 documentation was provided. The operator failed to ensure the provision of a sufficient number of qualified staff members to safely take residents, who required assistance of two qualified staff to move to a secure location in the event of an emergency or disaster. This failure allowed all 17 residents to be placed in immediate jeopardy in the event of an emergency or disaster.	S3265		
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; (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: K.A.R. 26-41-104 (d) (4)	S3280		

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	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

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S3280	Continued From page 60 The facility reported a census of 17 residents total. 15 residents with 2 two person assist resided in one unattached building, and 2 residents resided in the second unattached building. Based on record review the operator failed to perform an annual drill which included evacuation of the residents to a secure location. - Findings included Record review on 03/14/23 of the facility provided documents titled "Monthly Fire Drill Report" revealed the following: Drill dated 01/31/22 on second shift stated alarm pulled was at the front door, they called in the drill, and they were evacuated from the fire zone. Under the heading "Extinguishment/Evacuation" the question "If a large fire, were evacuation plans as outlined in Fire evacuation Procedure followed?" and the answer "NO" is marked. The document indicated that it took 5 minutes to secure/evacuate all areas. The drill was performed with 4 staff. The evacuation was not performed with the minimal staff available, and the 2 residents who were 2 person assist were not admitted to the facility at this time. Drill dated 03/31/22 on second shift stated alarm pulled was at the front door, they called in the drill, and they were evacuated from the fire zone. Under the heading "Extinguishment/Evacuation" the question "If a large fire, were evacuation plans as outlined in Fire evacuation Procedure followed?" and the answer "NO" is marked. The document indicated that it took 4 minutes to	S3280		

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S3280	Continued From page 61 secure/evacuate all areas. The drill was performed with 4 staff. The evacuation was not performed with the minimal staff available, and the 2 residents who were 2 person assist were not admitted to the facility at this time. Drill dated 09/30/22 on second shift stated alarm pulled was at the activity room, they called in the drill, and they were evacuated from the fire zone. Under the heading "Extinguishment/Evacuation" the question "If a large fire, were evacuation plans as outlined in Fire evacuation Procedure followed?" and the answer "NO" is marked. The document indicated that it took 6 minutes to secure/evacuate all areas. The drill was performed with 4 staff. The evacuation was not performed with the minimal staff available, and the 2 residents who were 2 person assist were not admitted to the facility at this time. The facility failed to provide documentation of a drill or evacuation after the admission of the 2 residents who required a 2 person assist. The operator failed to perform an annual drill which included evacuation of the residents to a secure location.	S3280		
S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.	S3298		

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	N008013	A. BUILDING: _____ B. WING _____	03/14/2023

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S3298	Continued From page 62 (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-206 (d) The facility reported a census of 17 residents total. 15 residents with 2 two person assist resided in one unattached building, and 2 residents resided in the second unattached building. Based on interview and record review the operator failed to ensure the two residents who reside in the unattached building were served food at the proper temperature. Findings included: - Observation on 03/13/23 at 10:54 AM of the kitchen in the building with 15 residents, revealed no issues with cleanliness or storage. Record review of the food temperature log revealed food temperatures were present.	S3298		

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S3298	Continued From page 63 Interview with dietary staff C, he stated he put food plates on trays with plastic covers, and he took the food temperature prior to taking the food to the unattached building. Observation on 03/13/23 at 11:41AM revealed the building that housed the 2 residents had a kitchen. Interview at 11:42 with "Certified Medication Aide" (CMA) D confirmed they do not take the food temperature when it comes from the unattached main building. Observation at 11:50 AM of an uncovered parking area approximately, and from back door to side door approximately 24 feet between the unattached buildings. Interview on 03/14/23 at 03:13 PM with R315, she revealed she liked living here. She received help when she needed it, but staff were "kind of in a turmoil right now" because they are understaffed. Staff were always nice. She preferred to have staff nearby when she took a shower in case she fell and asked staff to be in apartment while she showered. She stated sometimes the food was not warm enough and they had to take it back over to the other building to warm up or they warmed it up in the microwave in this building. The operator failed to ensure the two residents who reside in the unattached building were served food at the proper temperature.	S3298		

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S3299	Continued From page 64	S3299		
S3299 SS=D	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 19 residents. The facility had a main kitchen in building 1513 (building 1) where food was stored and prepared for all residents and a satellite kitchen in building 1419 (building 2) which served 2 residents. Based on observation and interview the operator failed to ensure dietary staff store all food under safe conditions. Findings included: - Observation on 03/13/23 at 11:41 AM revealed a refrigerator in the satellite kitchen in building 1419 that contained the following food items: 1) One opened package of ham in the original package inside a zippered resealable bag. The handwritten date on the package read 03/03/23 which was 10 days before the start of the survey. 2) A small white bowl that contained a dark yellow substance. The bowl was not covered, labeled, or dated.	S3299		

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S3299	Continued From page 65 On 03/13/23 at approximately 11:41 AM Administrative Staff B confirmed the ham was dated 03/03/23 and the small white bowl was not covered or dated. The undated facility's "Storage of Products" policy documented "Wrap, cover, or seal all refrigerator foods and label the product with the preparation date. . . Left-over foods which have not been frozen must be discarded after three days if not used." The operator failed to ensure dietary staff stored an open bag of ham and an open bag of an unkown food, in sealable containers and labeled and disposed of them in a safe time frame.	S3299		
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	S3310		

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S3310	Continued From page 66 by: K.A.R. 26-41-207 (c) The facility reported a census of 17 "Residents'" (R's). The sample included 3 R's (313, 314, and 315), and 5 newly hired employees. 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 R 315 and for 3 (Administrative Staff "Certified Medication Aide" (CMA) B, CMA E, and CMA F) out of the 5 newly hired employees. Findings included: - Record review for R313 revealed a document titled "Tuberculosis Symptom Screen Questionnaire and Record" with the following information: Step one was implanted on 02/02/23 and read negative on 02/25/23. Step two was implanted on 02/16/23 and read negative on 02/20/23. Step 2 was read 96 hours after administration. Review of the "TB guidelines for Adult Care Homes" dated 06/2013 stated under section IV. A TB Skin test: "the first "Tuberculosis Skin Test" (TST) shall be read within 48-72 hours of its administration. Record review of newly hired employee CMA B revealed she started her employment on 10/26/21. The employee record revealed the 1st step of the required 2 step TST was implanted on 04/14/22 and read negative on 04/16/22. The	S3310		

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S3310	Continued From page 67 record lacked the documentation of the required second step of the 2 step TST. Record review of newly hired employee CMA E revealed he started his employment on 05/28/2019. His employee record revealed the 1st step of the required 2 step TST was implanted on 08/26/22 and read negative on 08/28/22. The second step was implanted on 09/13/22 and the read date is blank. Record review of newly hired employee CMA F revealed she started her employment on 07/22/22. Her record lacked documentation of the required 2 step TB skin test within 7 days of employment. Interview on 03/14/23 at 01:32 PM with Administrative Staff /operator A by phone, she stated she would electronic mail CMA B's TB skin test, she confirmed that CMA E second step had not been read. CMA B's skin test results were not received by electronic mail. The operator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, for R 315 and for 3 (CMA's B, E, and F) out of the 5 newly hired employees.	S3310		