STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052009	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF BASEHOR LLC	15707 PINEHURST DRIVE BASEHOR, KS 66007

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Assisted Living facility conducted on 03/14/23 - 03/15/23.	S 000		
S3085 SS=F	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1)(2) The facility reported a census of 18 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen"	S3085		

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

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S3085	Continued From page 1	S3085		

(FCS) and identify the provider of each service for resident (R)101, R102 and R103. The NSA also failed to include services provided for behaviors exhibited by R102 and R103.

Findings included:

- R101's medical record revealed the resident moved into the facility on 03/01/21.

The 02/28/23 FCS identified R101 required supervision with bathing and triggered for falls, unsteadiness.

The 02/28/23 NSA did not address bathing or falls, unsteadiness.

On 03/15/23 at 03:37 PM Administrative Staff A stated if something triggered on the FCS this should be addressed on the NSA.
The 2022 "Functional Capacity Screen" policy documented, "The Functional Capacity Screen is to be used as a basis for determining the services to be included in the Negotiated Service Agreement/Health Care Plan."

The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS.

- R102's medical record revealed she moved into the facility on 04/09/21.

The 09/22/22 FCS did not trigger for inappropriate behaviors.

The 01/23/23 NSA did not address what services

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S3085	Continued From page 2	S3085		

staff provided concerning the inappropriate behaviors R102 exhibited.

12/01/22 "Behavior Note" documented, "Cussing at staff and hit CNA while being changed and peri care."

12/21/22 "Behavior Note" documented, "Was reported to this nurse that resident was hitting staff and cursing at them during brief changed, yesterday..."

On 03/15/23 at 01:41 PM Certified Medication Aide (CMA) H stated R102 would kick, hit at staff and call staff names. Staff stated R102 exhibited these behaviors on a daily basis due to these negative behaviors two staff were required to work with R102.

On 03/15/23 at 10:30 AM Administrative Staff A stated the Negotiate Service Agreement/Health Care Service Plan did not address R102's inappropriate behaviors.

The 2022 "Functional Capacity Screen" policy documented, "The Functional Capacity Screen is to be used as a basis for determining the services to be included in the Negotiated Service Agreement/Health Care Plan."

The 2022 "Health Care Services" policy documented, "The Negotiated Service Agreement/Health Care Plan shall contain a description of the health care services to be provided..."

The operator failed to ensure R102's NSA was fully developed to include all items that triggered

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S3085	Continued From page 3	S3085		

on the FCS. The operator failed to identify the services staff provided concerning R102's inappropriate behaviors.

- R103's medical record revealed she moved into the facility on 08/01/17.

The 05/30/22 FCS identified R103 as having triggered for falls, unsteadiness.

The 12/14/22 NSA did not address falls, unsteadiness, communication and use of bed rail for transfers or the need for two-person assist with transfers and did not address what services staff provided R103 concerning her inappropriate behaviors.

01/25/23 "Behavior Note" documented, "Was reported on 01-24-23 while staff was assisting resident to bed she upset about wearing gait belt for transfer. She keep sliding off her chair almost falling then started swinging on staff trying to hit them.

02/22/23 "Behavior Note" documented, "Was reported to this nurse that at HS (bedtime) on 02/21/22 resident hit the CMA while she was assisting resident with peri care. Aides assisted resident back to her recliner. Resident started yelling at staff..."

On 03/15/23 at 02:56 PM Certified Nurse Aide G stated the resident required two people to transfer and the resident had bed rails that she used to turn in bed or to help with standing up in the morning. Staff stated R103 yelled at or tried to fight staff so two staff needed to be present when providing cares or transfers.

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S3085	Continued From page 4 On 03/15/23 at 03:37 PM Administrative Staff A stated anything that triggered on the FCS should be addressed on the NSA should include bed rails if used. Administrative Staff A stated the NSA was not very descriptive when dealing with services provided by staff concerning R103's inappropriate behaviors. The 2022 "Functional Capacity Screen" policy documented, "The Functional Capacity Screen is to be used as a basis for determining the services to be included in the Negotiated Service Agreement/Health Care Plan." The 2022 "Health Care Services" policy documented, "The Negotiated Service Agreement/Health Care Plan shall contain a description of the health care services to be provided..." The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS. The operator failed to identify the services staff provided concerning R103's inappropriate behaviors.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives	S3092		

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S3092	Continued From page 5 assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(2) The facility reported a census of 18 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101 and R102 was review and revised following a significant change in condition when they were admitted to hospice. Findings included: - R101's medical record revealed the resident moved into the facility on 03/01/21 with a diagnosis of diabetes mellitus. The 02/28/23 NSA did not identify R101 received hospice services. On 03/15/23 at 03:37 PM Administrative Staff A stated R101 was on hospice, and this should be listed on the NSA. The operator failed to ensure the NSA was reviewed and revised to reflect R101 received services from hospice.	S3092		

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S3092	Continued From page 6 - R102's medical record revealed the resident moved into the facility on 04/09/21 with a diagnosis of edema. The 01/23/23 NSA did not identify R102 received hospice services. On 03/15/23 at 10:30 AM Administrative Staff A stated R101 was on hospice, and this should be listed on the NSA. The operator failed to ensure the NSA was reviewed and revised to reflect R102 received services from hospice.	S3092		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 18 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101, and R102 was signed by all individuals involved in the development of	S3101		

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S3101	Continued From page 7 the NSA. Findings included: - R101's medical record revealed the resident moved into the facility on 03/01/21 with a diagnosis of diabetes mellitus. R101's 02/28/23 NSA was not signed and did not indicate which individuals were involved in the development of the NSA. On 03/15/23 at 10:30 AM Administrative Staff A acknowledged R101's NSA was not signed by all the responsible parties for the development of the NSA. The 2022 "Negotiated Service Agreement / Health Care Plan Policy" documented, "All individuals involved in the development of the Negotiated Service Agreement/Health Care Plan shall sign the agreement ..." The operator failed to ensure R101's NSA was signed by all individuals involved in the development of the NSA. - R102's medical record revealed the resident moved into the facility on 04/09/21 with a diagnosis of edema. R102's 01/23/23 NSA was not signed and did not indicate which individuals were involved in the development of the NSA. On 03/15/23 at 10:30 AM Administrative Staff A acknowledged R102's NSA was not signed by all	S3101		

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S3101	Continued From page 8 the responsible parties for the development of the NSA. The 2022 "Negotiated Service Agreement / Health Care Plan Policy" documented, "All individuals involved in the development of the Negotiated Service Agreement/Health Care Plan shall sign the agreement ..." The operator failed to ensure R102's NSA was signed by all individuals involved in the development of the NSA.	S3101		
S3165 SS=D	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 18 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)102. Findings included:	S3165		

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S3165	Continued From page 9 - R102's medical record revealed the resident moved into the facility on 04/09/21. R102's most recent NSA was completed on 01/23/23 and did not identify the nurse responsible for the implementation of the care plan. On 03/15/23 at 10:30 AM Administrative Staff A stated the current NSA for R102 did not identify the nurse responsible for the implementation of the care plan. The 2022 "Health Care Services" policy documented, "The Negotiated Service Agreement/Health Care Plan shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan." The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R102.	S3165		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires	S3248		

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S3248	Continued From page 10 specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(4) The facility reported a census of 18 residents. Based on interview and record review, the facility failed to ensure five of five newly hired employees records included evidence of timely verification with the nurse aide registry was completed. Findings included: - Review of five newly hired employee files conducted on 03/14/23 revealed the following: Certified Nurse Aide (CNA) B hired 08/08/22.	S3248		

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S3248	Continued From page 11 The "Nurse Aide Registry Confirmation Notice" had a date of 08/14/22 which was six days after the hire date. Certified Medication Aide (CMA) C hired 06/21/22. The operator was not able to produce a "Nurse Aide Registry Confirmation Notice." CNA D hired 06/03/22. The "Nurse Aide Registry Confirmation Notice" had a date of 06/22/22 which was 19 days after the hire date. CNA E hired on 05/26/22. The "Nurse Aide Registry Confirmation Notice" had a date of 05/30/22 which was four days after the hire date. CMA F hired on 05/22/22. The operator was not able to produce a "Nurse Aide Registry Confirmation Notice" from the time of hire. On 03/15/23 at 02:19 PM Administrative Staff A stated the "Nurse Aide Registry" should be checked prior to a newly hired staff started work. The operator failed to ensure timely verifications of the nurse aide registry checks were completed.	S3248		
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	S3280		

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S3280	Continued From page 12 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: KAR 26-41-104(d)(3) The facility reported a census of 18 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 03/14/23 a request for documentation of quarterly reviews of the emergency management plan with staff and residents. On 03/15/23 at 03:21 PM Administrative Staff A stated she was not able to produce documentation of quarterly reviews of the emergency management plan completed with staff and residents.	S3280		

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S3280	Continued From page 13 The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff.	S3280		
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 by: KAR 26-41-207(c) The facility reported a census of 18 residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include:	S3310		

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S3310	Continued From page 14 - Review of five newly hired staff records revealed the following: Certified Nurse Aide (CNA) B hired 08/08/22. The operator was not able to produce a TB symptom screening questionnaire, or a two-step TB skin test (TST) completed upon hire. Certified Medication Aide (CMA) C hired 06/21/22. The operator was not able to produce a TB symptom screening questionnaire, or a two-step TB skin test (TST) completed upon hire. CNA D hired 06/03/22 The operator was not able to produce a TB symptom screening questionnaire, or a two-step TB skin test (TST) completed upon hire. CNA E hired on 05/26/22. The operator was not able to produce a TB symptom screening questionnaire, or a two-step TB skin test (TST) completed upon hire. On 03/15/23 at 02:19 PM Administrative Staff A stated a TB screening questionnaire should be completed at the time of hire and a two-step TST should be completed within seven days of staff being hired. The 2022 "TB Skin Tests" policy documented, "Each new ...employee shall begin a two-step tuberculin skin test ...within seven days of ...employment ..." The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052009	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF BASEHOR LLC	15707 PINEHURST DRIVE BASEHOR, KS 66007

(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
S3310	Continued From page 15 ...employment." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		