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	N039004	A. BUILDING: _____ B. WING _____	04/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING INC	420 N 5TH ANTHONY, KS 67003

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey with complaint investigations 164564 and 164300 at the above named Assisted Living Facility conducted on 04/19/22 and 04/20/22.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(1)(2)(3) The facility reported a census of 15 residents (R). The sample included three residents and one focused record review. Based on record review and interview the operator failed to	S3085		

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

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S3085	Continued From page 1	S3085		

ensure designated staff completed the "Negotiated Service Agreement" for three (R3, R4, R5) of three sampled residents based on the resident's "Functional Capacity Screen" and service needs, which included a description of the services the resident received and the provider of each service.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 02/23/21 with diagnoses of hypertension, and atrial fibrillation.

R3's "Functional Capacity Screen" (FCS) dated 02/12/23 identified the resident required physical assistance with bathing and dressing, unable to manager her medications, and had impaired cognition. It also identified the resident was frequently incontinent of urine, was at risk for falls and had impaired decision making.

R3's "Negotiated Service Agreement" (NSA) dated 02/23/23 included a cost for medication administration, and identified the resident needed no assistance with bathing or dressing. It also identified weekly housekeeping and laundry.

The NSA did not identify who administered the resident her medications, did housekeeping or laundry and did not identify services related to bathing, dressing, incontinence, fall risk, or impaired decision making as identified in the FCS.

On 04/20/23 at 12:57 PM Administrative Staff A reported R3 us usually independent but she does have confusion and that is when she needs to

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S3085	Continued From page 2	S3085		

have staff help with her showers and dressing. Administrative Staff A also reviewed the NSA and acknowledged it did not identify who provided services for the resident and did not identify services related to bladder incontinence, falls, or impaired decision making.

The operator failed to ensure R3's NSA identified services related to bladder incontinence, falls and impaired decision making and failed to identify who provided services related to activities of daily living, including medication administration.

- Review of R4's medical record revealed she moved into the facility on 04/18/23 with diagnoses of diabetes type II and osteoporosis.

R4's "Functional Capacity Screen" (FCS) dated 04/03/23 identified the resident was unable to manage her medications, had impaired cognition.

R4's "Negotiated Service Agreement" (NSA) dated 04/18/23 failed to identify services related to the resident's impaired cognition and failed to identify who provided services for medication administration.

On 04/20/23 at 12:57 PM Administrative Staff A acknowledged R4's NSA did not address her impaired cognition or who administered the residents' medications.

The operator failed to ensure R4's NSA identified services related to medication administration as identified in the FCS.

- Review of R5's medical record revealed he

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S3085	Continued From page 3 moved into the facility on 12/1/18 with diagnoses of coronary artery disease and diabetes type II. R5's "Functional Capacity Screen" dated 12/15/22 identified the resident required physical assistance with bathing. R5's "Negotiated service agreement identified to assist with showers twice weekly but failed to identify the provider of the service. On 04/20/23 at 12:57 PM Administrative Staff A acknowledged R5's NSA failed to identify who assisted the resident with showers. The operator failed to ensure R5's NSA identify who provided services for the resident related to assistance with showers.	S3085		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.	S3175		

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S3175	Continued From page 4	S3175		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(a)(1)

The facility reported a census of 15 residents. The sample included three residents and one focused record review. Based on interview and record review the administrator failed to ensure designated staff completed a medication self-administration assessment according to department regulations for two (R3, R5) of three sampled residents and one (R6) focused record review.

Findings included:

- Review of the resident roster on 04/19/23 provided by Administrative Staff A identified seven residents self administered their own medications and one resident self injected her insulin.

- Review of R3's medical record revealed she moved into the facility on 02/23/21 with diagnoses of hypertension, and atrial fibrillation.

R3's "Functional Capacity Screen" (FCS) dated 02/12/23 identified the resident required physical assistance with bathing and dressing, unable to manager her medications, and had impaired cognition. It also identified the resident was frequently incontinent of urine, was at risk for falls and had impaired decision making.

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S3175	Continued From page 5 R3's "Negotiated Service Agreement' did not identify the resident self-administered any of her medications. R3's medical record included a physician's order dated 05/24/21 for Triamcinolone Acetonide 0.1% cream as needed, may self administer. Review of R3's April 2023 Medication Administration Record revealed the resident self-administered her Triamcinolone Acetonide 0.1% cream. The resident record lacked a self-administration assessment for the resident to be able to self-administer the medication. On 04/20/23 at 2:30 PM the resident invited the resident into her room and the resident showed surveyor a tube of 1% cortisone cream that she said she thought she would put on her leg sometimes when she got a dry itchy spot. She denied any problems with constipation even though she had an open bottle of Dulcolax tablets in the cabinet. 04/20/23 at 01:01 PM Administrative Staff A reported the self-administration must have just been missed. The operator failed to ensure designated staff completed a self-administration assessment for R3 who self administered Triamcinolone cream and had Dulcolax tablets in her room for self administration. - Review of R5's medical record revealed he moved into the facility on 12/1/18 with diagnoses	S3175		

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S3175	Continued From page 6 of coronary artery disease and diabetes type II. R5's "Functional Capacity Screen" dated 12/15/22 identified the resident was independent with management of his medications. R5's "Negotiated service agreement identified son set up his pill planner for him to self administer. R5's record included a self-administration assessment last completed on 08/19/21. 04/20/23 at 02:31 PM Administrative Staff A reported the regular Licensed Nurse is the one who completes the self-administration assessment and was not sure how often they needed to be completed. The operator failed to ensure a self-administration of medication assessment was completed for R5 annually. - Review of R6's medical record revealed she moved into the facility on 01/30/21 with diagnosis of diabetes type II. R6's "Functional Capacity Screen" dated 01/30/23 revealed she was unable to manage her own medications but was independent with medical treatments. R6's "Negotiated Service Agreement" dated 01/31/23 idenified the resident kept creams in appartment and could apply as directed. It did not identify the resident self administered her insulin weekly.	S3175		

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S3175	Continued From page 7 R6's record included a self-administration assessment dated 06/20/21 that included her breathing treatments and creams but did not include her insulin injection. 04/20/23 at 02:31 PM Administrative Staff A reported the regular Licensed Nurse is the one who completes the self-administration assessment and was not sure how often they needed to be completed. The operator failed to ensure a Licensed Nurse completed a self-administration assessment annually for R6 and failed to complete an assessment to identify the resident could safely and accurately self inject her insulin.	S3175		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (b)	S3186		

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S3186	Continued From page 8	S3186		

The facility reported a census of 15 residents(R). The sample included three residents and one focused record review. Based on record review and interview the administrator failed to ensure one (R3) of three sampled residents and one)R6) of one focused review, who self-administered some of their medications/medical treatments had a Negotiated Service Agreement that identified the responsible person for the administration and management of selected medications/treatments.

Findings included:

- Review of the resident roster on 04/19/23 provided by Administrative Staff A identified seven residents self administered their own medications and one resident self injected her insulin.

- Review of R3's medical record revealed she moved into the facility on 02/23/21 with diagnoses of hypertension, and atrial fibrillation.

R3's "Functional Capacity Screen" (FCS) dated 02/12/23 identified the resident was unable to manager her medications.

R3's "Negotiated Service Agreement" (NSA) dated 02/23/23 did not identify the resident self-administered any of her medications.

Review of R3's April 2023 Medication Administration Record revealed the resident self-administered her Triamcinolone Acetonide 0.1% cream.

On 04/20/23 at 01:01 PM Administrative Staff A

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S3186	Continued From page 9 reported she did not know the NSA needed to identify what medications the resident did and what the staff did. The operator failed to ensure designated staff included in the NSA who was responsible for administration of selected medications when a resident chose to self-administer some of their medications. - Review of R6's medical record revealed she moved into the facility on 01/30/21 with diagnosis of diabetes type II. R6's "Functional Capacity Screen" dated 01/30/23 revealed she was unable to manage her own medications but was independent with medical treatments. R6's "Negotiated Service Agreement" dated 01/31/23 identified the resident kept creams in apartment and could apply as directed. It did not identify the resident self administered her insulin weekly. On 04/20/23 at 01:01 PM Administrative Staff A reported she did not know the NSA needed to identify what medications the resident did and what the staff did. The operator failed to ensure designated staff included in the NSA who was responsible for administration of selected medications when a resident chose to self-administer some of their medications.	S3186		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS	S3211		

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S3211	Continued From page 10 (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 15 residents. Based on observation and interview, the operator failed to ensure all over-the-counter medications were labeled with the resident's full name. This includes the need for the resident's full name to be on the original manufacturer's medication package and the medication container/insert. Findings included: - During initial tour of the facility on 04/19/23 at 01:15 PM Certified Medication Aide (CMA) C unlocked the medication cart for inspection which revealed the following: the top drawer had open bottles of Ibuprofen and acetaminophen with "stock" written on it and CMA C reported it was used for any resident who did not have a bottle	S3211		

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S3211	Continued From page 11 of their own. Further inspection revealed a bottle of allergy relief, Tylenol, multivitamin, 2 tubes of diclofenac, 2 bottles of Tylenol extra strength all without the residents full name on them. On 04/19/23 at 01:22 PM Administrative Staff A reported she did not know they could not have stock medications or that the over-the-counter medications needed to have a residents full name on them. The operator failed to ensure all over the counter medications included the full name of the resident they belonged to and included the name on the original manufacturer's medication package and the medication container.	S3211		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 15 residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure each resident record contained documentation of all incidents,	S3261		

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S3261	Continued From page 12	S3261		

symptoms, and other indications of illness or injury, what was done, and the results of action taken, for one (R3) of three sampled residents.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 02/23/21 with diagnoses of hypertension, and atrial fibrillation.

R3's "Functional Capacity Screen" (FCS) dated 02/12/23 identified the resident required physical assistance with bathing and dressing, unable to manager her medications, and had impaired cognition. It also identified the resident was frequently incontinent of urine, was at risk for falls and had impaired decision making.

R3's "Negotiated Service Agreement" (NSA) dated 02/23/23 identified the resident had assistance with medication administration but did not need assistance with bathing or deressing.

Review of R3's nursing progreszs notes revealed the last documentation was 06/02/22.

Review of R3's Physician Orders (PO) included the following:
PO 03/02/23 the resident with alzheimers with delusions new order for Melatonin 5 milligrams (mg) every bed time. The resident record lacked any documentation of the resident having delusions, having difficulty sleeping or follow up after the Melatonin was started for effectiveness or adverse effects.

PO communication note revealed the resident had increased weakness tremor, hallucinations,

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S3261	Continued From page 13 worsening posture with a new order for neuro evaluation - and to reduce Zoloft (antidepressant) from 100 mg to 50 mg daily. The record lacked documentation that the resident had weakness, tremors, hallucinations, worsening posture, or follow on hos the reduction of Zoloft effected the resident. PO dated 08/30/22 a new order to increase Zoloft back to 100mg daily. The record lacked documentation follow up on the increase in the Zoloft. On 04/20/23 at 01:17 PM Licensed Nurse I stated she would have expected there to be documentation when a resident had changes in status and follow up on any new orders. The operator failed to ensure designated staff documentated all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken The executive director failed to ensure designated staff documented in the resident's record regarding to follow up for return from emergency department and regarding wound care.	S3261		
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;	S3280		

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S3280	Continued From page 14 (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: KAR 26-41-104(d)(3)(4) The facility reported a census of 15 residents. Based on record review and interview for all residents and all facility employees, the executive director failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with employees and residents. Findings included: - On 04/20/23 at 10:00 AM review of the notebook provided by Administrative Staff A revealed the following emergency reviews for residents: 01/2022 - fire response, 04/2022 - severe weather - flood/earthquake, 06/2022- tornado response, 08/2022 missing person/Bomb threat/Civil disturbance, 12/2022 utility outages/explosion/hazmat.	S3280		

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S3280	Continued From page 15 The record failed to identify the emergency management plan, including the eight required potential emergencies, were reviewed quarterly with residents. - Review of the notebook provided by Administrative Staff A revealed the following emergencies reviewed with facility staff: 01/2022 - fire response, 04/2022 - Utilities/explosion/hazmat, 08/2022- Missing person/bomb threat/civil disturbance, 01/2021, flood/earthquake, and 04/2023-Severe storms. The record failed to identify the emergency management plan, including the eight required potential emergencies, were reviewed quarterly with residents. On 04/20/23 at 10:27 AM Administrative staff A acknowledged the whole plan, including the eight required potential emergencies, had not been reviewed quarterly. The executive director failed to ensure disaster and emergency preparedness by the failure to ensure the review of the emergency management plan quarterly with residents 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	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N039004	A. BUILDING: _____ B. WING _____	04/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3310	Continued From page 16 infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207(c) The facility reported a census of 15 residents(R). Based on interview and record review for four newly hired employees the executive director failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for four of four newly hired employees. Findings included: - Review of four newly hired employee files revealed the following: Certified Nurse Aide (CNA) D hired on 05/25/22 had a TB skin test completed at the local health department on 12/29/21. However, the facility did not complete a TB symptom screen or a second TB skin test within 7 days of hire. CNA E hired on 08/23/22 had a TB skin test done	S3310		

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S3310	Continued From page 17 on 09/08/22, 15 days after hire date. She did not have an appropriate TB symptom screen completed or a second TB skin test completed. CNA F hired on 03/03/22 did not have evidence of a TB symptom screen or a TB skin test in her employee file. CNA G hired on 09/08/21 had a TB skin test completed on 12/18/20, more than six months prior and did not have a TB skin test completed at the facility within seven days of hire. On 04/20/23 at 10:12 AM Administrative Staff A reported when a new employee is hired the nurse is contacted and it is her responsibility to come in and administer the TB skin tests. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" dated June 2013 revealed each employee shall receive a TB symptom screen and a two-step skin test within seven days of employment. For four of four newly hired staff the operator failed to ensure newly hired staff received a TB symptom screen and a two-step TB skin test within seven days of employment.	S3310		