STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089065	A. BUILDING: _____ B. WING _____	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF TOPEKA	6300 SW 6TH AVENUE TOPEKA, KS 66615

(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 investigation #175391 for the above named Assisted Living facility conducted on 05/03/23 and 05/04/23.	S 000		
S3082 SS=D	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. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-201 (d) The facility reported a census of 26 residents(R). The sample included three residents and one focused record review. Based on record review and interview the administrator failed to ensure designated facility staff completed one (R3) of three sampled resident "Functional Capacity Screen" accurately to reflect the R3's risk for falls. Findings included: - Review of R3's "Electronic Medical Record" EMR revealed she moved into the facility on 05/03/20 with diagnoses of Alzheimer's disease. R3's "Functional Capacity Screen" (FCS) dated 03/24/23 did not identify the resident as being at risk for falls.	S3082		

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

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S3082	Continued From page 1 R3's "Negotiated Service Agreement" dated 08/19/22 identified the resident at risk for falls and included multiple interventions to help with the reduction of falls and/or the risk of injuries with falls. On 05/04/23 at 11:18 AM Administrative Licensed Nurse B acknowledged the FCS was not accurate and should have identified the resident at risk for falls. The administrator failed to ensure R3's FCS accurately reflected the resident's functional status regarding risk for falls.	S3082		
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.	S3085		

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S3085	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(1)(2) The facility reported a census of 26 residents (R). The sample included three residents and one focused record review. Based on record review and interview for three (R3, R4, R5) of three sampled residents the operator failed to ensure designated staff completed the "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and service needs, which included identification of "who" provided the service. Findings included: - Review of R3's "Electronic Medical Record" revealed she moved into the facility on 05/03/20 with diagnoses of Alzheimer's disease. R3's "Functional Capacity Screen" (FCS) dated 03/24/23 revealed the resident needed physical assistance with al activities of daily living but was independent with eating. It also identified she needed physical assistance with management of medications and medical treatments, had bladder incontinence and impaired cognition. R3's "Negotiated Service Agreement" (NSA) dated 08/19/22 failed to identify only qualified staff would provide services related to medication management, and personal care. It also failed to identify services related to the need for physical assistance with medical treatments and who provided that service.	S3085		

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S3085	Continued From page 3 On 05/04/23 at 11:29 AM Administrative Licensed Nurse B reviewed R3's NSA and acknowledged it did not identify "who" the staff were that provided services which were to be provided only by specific qualified staff. The administrator failed to ensure a licensed nurse developed the NSA for R3 to include services she would receive and who would provide those services. - Review of R4's medical record revealed he moved into the facility on 08/01/17 with diagnosis of hypertension. R4's "Functional Capacity Screen" dated 09/17/22 identified the resident needed physical assistance with all activities of daily living except for eating. He also needed physical assistance with management of medications. R4's "Negotiated Service Agreement" (NSA)dated 03/27/23 failed to identify that only qualified staff would provide services related to personal care assistance and management of medications. On 05/04/23 at 11:29 AM Administrative Licensed Nurse B acknowledged the NSA did not identify "who" the staff were that provided services which were to be provided only by specific qualified staff. The administrator failed to ensure a licensed nurse developed the NSA for R4 to include services she would receive and who would provide those services.	S3085		

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S3085	Continued From page 4 - Review of R5's "Electronic Medical Record" revealed he moved into the facility on 10/21/21 with diagnoses of diabetes type II and chronic kidney disease. R5's "Functional Capacity Screen" (FCS) dated 10/19/22 identified the resident needed supervision with bathing, physical assistance with management of medications and medical treatments and had bladder incontinence. R5's "Negotiated Service Agreement" (NSA) dated 02/28/23 failed to identify medication administration and management of medical treatments would be provided only by qualified staff. On 05/04/23 at 11:29 AM Administrative Licensed Nurse B acknowledged the NSA it did not identify "who" the staff were that provided services which were to be provided only by specific qualified staff. The administrator failed to ensure a licensed nurse developed the NSA for R3 to include services she would receive and who would provide those services.	S3085		
S3215 SS=D	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	S3215		

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S3215	Continued From page 5 store non-controlled medications and biologicals managed by the facility in a locked medication 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: KAR 26-41-205 (h) (4) The facility reported a census of 26 residents (R). Based on observation and interview the administrator failed to ensure licensed nurses and certified medication aides could not administer medications beyond the medication manufacturer's or pharmacy provider's recommended date of expiration by a failure to	S3215		

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S3215	Continued From page 6 ensure staff dated insulin pens once opened. Findings included: - On 05/03/23 at 10:35 AM CMA I unlocked the medication cart for inspection. The cart included an insulin Lispro Flexpen with no name and no date written on the pen. The pen had been used with 120 units remaining. CMA I stated the Administrative Licensed Nurse B would date the pens when staff initiate usage. On 05/03/23 at 10:43 AM Administrative Licensed Nurse B reported the insulin pens should have the residents name and the date staff first used the pen. . Review of the Lispro insulin directions, to store the cartridge at room temperature and use within 28 days. It included instructions to discard after 28 days even if insulin remains in the pen. The administrator failed to ensure licensed nurses and certified medication aides stored the Lispro FlexPen correctly and could not be administered beyond the medication manufacturer's recommended date of expiration by a failure to ensure staff dated insulin pens once they were punctured.	S3215		
S3261 SS=E	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	S3261		

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S3261	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 26 residents (R). The sample included three residents and one focused record review. Based on interview and record review the operator failed to ensure each resident record contained documentation of all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken, for three (R3, R4, R5) of three sampled residents. Findings included: - Review of R3's "Electronic Medical Record" revealed she moved into the facility on 05/03/20 with diagnoses of Alzheimer's disease. R3's "Functional Capacity Screen" (FCS) dated 03/24/23 revealed the resident needed physical assistance with al activities of daily living but was independent with eating. It also identified she needed physical assistance with management of medications and medical treatments, had bladder incontinence and impaired cognition. R3's "Negotiated Service Agreement" (NSA) dated 08/19/22 identified facility staff would assist the resident with cares, included multiple fall interventions and received Hospice services. Review of the physician orders included an order	S3261		

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S3261	Continued From page 8 dated 08/12/22 for a mechanical soft diet, chopped with nectar thickened liquids. Review of the resident's progress notes included the following: 05/28/22 Hospice saw the resident for concerns, new orders - but failed to identify what those concerns were. 08/11/22 the resident coughing more while eating, Hospice and family updated. The record failed to identify if physician was notified or if any measure taken related to the resident's cough. 02/07/23 the resident wheezing this morning and not feeling well. Records for Medical provider recorded new orders but progress notes failed to identify what those orders were. On 05/04/23 at 11:29 AM Administrative Licensed Nurse B acknowledged the documentation did not include specifics as to what the residents' symptoms when Hospice came to see the resident, did not include that the physician changed the resident's diet or follow up as to how the resident tolerated the change in her diet. The administrator failed to ensure designated staff documented in the resident's record regarding specifics related to symptoms of illness, what was done, and the results of the action taken. - Review of R4's medical record revealed he moved into the facility on 08/01/17 with diagnosis of hypertension. R4's "Functional Capacity Screen" dated 09/17/22 identified the resident needed physical	S3261		

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S3261	Continued From page 9	S3261		

assistance with all activities of daily living except for eating. He also needed physical assistance with management of medications.

R4's "Negotiated Service Agreement" (NSA)dated 03/27/23 identified he needed assistance with dressing at times, use walker to and from meals, and that staff performed medication administration.

Review of the resident's progress notes revealed the following:
04/22/22 revealed the resident had spilled coffee on his lap. Identified he had blisters on his bottom and was sent to local hospital for evaluation.
04/27/22 revealed he returned to facility with home health consult completed.
04/28/22 revealed staff would help with skin treatments until healed. It failed to identify what skin issues the resident had that needed treatment.
05/02/22 noted resident went to burn clinic with no documentation on the results or treatment plans from the burn clinic.
The resident record continued to include that home health and the wound clinic managed the resident wounds on his buttock but failed to include any descriptions of the wounds including drainage, pain, or interventions for treatment.
05/31/22 revealed the resident had a pressure ulcer to elbow treatment in place but lacked prior documentation of the resident acquiring a pressure ulcer to his elbow and measurements of the wound.
07/18/22 revealed "Heal treatment effective".
The record failed to include prior documentation of the heel wound, what the treatment was or any

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S3261	Continued From page 10	S3261		

measure to promote healing.
12/28/22 revealed notified of open areas to left inner and outer ankle and top of left foot. open areas with redness noted around the wound bed with moderate drainage noted dressing applied and will notify physician.
12/29/22 resident to go to skilled unit.
03/24/23 resident has several wounds with dressings in place, home health consulted for wounds and supplies.

Review of the nurse progress notes from 04/22/22 to 05/03/23 the resident had experienced multiple different skin wounds on his legs, heel, elbow, and buttock. The nursing documentation failed to include a description of the wounds, including location and onset date, size, drainage, pain, signs of infection, odor, or current treatment orders.

On 05/04/23 at 08:26 AM Administrative Licensed Nurse B reported she documented on wounds in the notes if he went to the wound doctor or something. Nurse B reviewed notes and acknowledged she did not include in her documentation a description of the wounds, measurements, or other assessment of the wound and treatment effectiveness.

The administrator failed to ensure designated staff documented in the resident's record regarding specifics related to the multiple wounds the resident had.

- Review of R5's medical record revealed he moved into the facility on 10/21/21 with diagnosis of diabetes type II.

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S3261	Continued From page 11 R5's functional capacity screen identified he needed physical assistance with management of medications and medical treatments. R5's "Negotiated Service Agreement" (NSA) dated 02/28/23 identified staff would monitor skin but failed to include interventions related to promote wound healing related to diabetic foot ulcer. Review of R5's nursing progress notes identified that from 06/22/22 to 04/13/23 the resident had wound on his right great toe and was seen at the wound clinic for treatment. The nursing progress notes lacked documentation of the licensed nurse assessment of the wound including a description of the wound, it's appearance, size, interventions to promote healing and the effects of the treatment plan. On 05/04/23 at 08:26 AM Administrative Licensed Nurse B reviewed the resident's progress notes and acknowledged they did not include descriptions of the resident's foot wounds. The administrator failed to ensure designated staff documented in the resident's record regarding descriptions of the resident's right great toe wound and effects of the treatment.	S3261		
S3290 SS=D	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each	S3290		

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S3290	Continued From page 12 resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (a) The facility reported a census of 26 residents (R). The sample included three residents and one focused record review. Based on observation, interview, and record review the operator failed to ensure one (R3) of three sampled residents received a mechanically altered diet according to the residents' medical providers orders.	S3290		

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S3290	Continued From page 13 Findings included: - Review of R3's electronic medical record revealed she moved into the facility on 05/03/20 with diagnoses of Alzheimer's disease. R3's "Functional Capacity Screen" (FCS) dated 03/24/23 revealed she was independent with eating. R3's "Negotiated Service Agreement" dated 08/19/22 identified she received a chopped mechanical soft diet with thickened liquids. R3's medical provider orders dated March of 2023 included an order for a mechanical soft diet, chopped texture with nectar thick liquids. Observation on 05/03/23 at 11:59 AM dietary staff served the resident a taco burger without the bun, refried beans, and roasted corn and red peppers and a brownie. At 12:20 PM the resident had eaten everything on her plate, including the corn and was eating her brownie. On 05/04/23 at 10:49 AM dietary staff J looked at the menu and stated the resident should have gotten roasted tomatoes instead of the corn. He provided instructions for a "Mechanical Soft Foods" which included foods a resident could and could not have. The directions identified that residents on a mechanical soft diet were not allowed to have whole kernel corn. The operator failed to ensure dietary staff served R3 a mechanically soft diet as ordered and according to the "Mechanical Soft Foods" guidance.	S3290		

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S3310 SS=E	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: K.A.R 26-41-207(c) The facility reported a census of 26 residents(R). The sample included three resident and one focused record review. Based on interview and record review for one (R5) of three sampled residents and for five of five newly hired employees the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for four of four newly hired employees. Findings included: - Review of R5's medical record revealed he	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089065	A. BUILDING: _____ B. WING _____	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF TOPEKA	6300 SW 6TH AVENUE TOPEKA, KS 66615

(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 moved into the facility on 10/21/21 with diagnoses of diabetes type II. Review of R5's immunization record in the "Electronic Medical Record" (EMR) revealed the resident had received two TB skin test one month prior to admission into the facility. However, neither one of the "results' included a date that the TB skin tests were read. On 05/04/23 at 08:39 AM Administrative Licensed Nurse B looked in the resident record and acknowledged the TB information in the EMR did not include the date R5's skin tests were read. The Administrator failed to ensure newly admitted residents had TB skin tests administered and read according to tuberculosis (TB) guidelines for adult care homes. - Review of five newly hired employee files revealed the following: Certified Medication Aide (CMA) C hired on 06/22/22 did not have a TB symptom screen completed within seven days of hire. Certified Nurse Aide (CNA) D hired on 08/30/22 did not have a TB symptom screen completed within seven days of hire CNA E hired on 02/02/23 did not have a TB symptom screen completed within seven days of hire. CNA F hired on 12/28/22 did not have a TB symptom screen completed within seven days of	S3310		

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S3310	Continued From page 16 hire. CMA G hired on 10/19/22 did not have a TB symptom screen completed within seven days of hire On 05/03/23 at 12:08 PM, Administrative Staff H reported she thought they just needed to do a two step upon hire and the symptom screen annually. Review of the undated "Infection Control Policy/ Procedure revealed "Each new employee shall have an initial TB symptom screen ...within seven days of employment." 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 five of five newly hired staff the administrator failed to ensure newly hired staff received a TB symptom within seven days of employment.	S3310		