STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023023	A. BUILDING: _____ B. WING _____	05/03/2023

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STAR LIVING SOUTH	3109 W 26TH ST LAWRENCE, KS 66049

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S 000	INITIAL COMMENTS The following represent the findings of an initial survey for the above named home plus facility conducted on 05/02/23.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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 26-42-202(a)(1) The facility reported a census of eight residents with three included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 505's "Negotiated Service Agreement" (NSA) described the services facility staff provided regarding an indwelling catheter and R506 and R507's "NSA's" described the services facility staff provided for cognition and	S5105		

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

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S5105	Continued From page 1 impaired decision-making based on their "Functional Capacity Screens" (FCS). Finding included: - Record review for R505 revealed an admission date of 12/09/21 with the following diagnoses: pacemaker, diabetes type 2, and urethral stricture. The 12/06/22 "FCS" identified R505 was unable to perform toileting and was continent of bladder. The 03/28/23 "NSA" identified facility staff would monitor for needs and assist with toileting and peri care. The 03/28/23 "Healthcare Service Plan" (HCP) directed facility staff to provide monitoring of indwelling catheter and empty bag as needed. R505's "NSA" failed to identify the services facility staff would provide for his indwelling catheter. - Record review for R506 revealed an admission date of 11/22/21 with the following diagnoses: vascular dementia, dysphagia, and type 2 diabetes. The 02/08/23 "FCS" identified R506 had short-term and long-term memory loss, memory/recall, and decision-making impairments; and she was marked for impaired decision-making. The 03/28/23 "NSA" failed to identify the services R506 facility staff provided to keep her safe with	S5105		

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S5105	Continued From page 2	S5105		

cognitive difficulties and impaired decision-making.

- Record review for R507 revealed an admission date of 09/03/22 with the following diagnoses: dementia and history of seizures.

The 12/06/22 "FCS" identified R507 had short-term and long-term memory loss, memory/recall, and decision-making impairments; and she was marked for impaired decision-making.

The 03/28/23 "NSA" failed to identify the services R507 facility staff provided to keep her safe with cognitive difficulties and impaired decision-making.

On 05/02/23 at 01:57 PM Administrative Nurse B confirmed R505's "NSA" did not address the services facility staff provided for his indwelling catheter and R506 and 507's "NSA's" did not address the services facility staff provided for their cognitive impairments and impaired decision-making.

The facility's undated "Service Plans/Agreement" policy documented "Based on the Functional Capacity Screen, the service plan will provide the following information: a) A description of the services the resident will receive. . ."

The operator failed to ensure R505's "NSA" described the services facility staff provided regarding an indwelling catheter and R506 and R507's "NSA's" described the services facility staff provided for cognition and impaired decision-making based on their "FCS."

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S5171 SS=D	26-42-204 (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: KAR 26-42-204(i) The facility reported a census of eight residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Resident (R) 505. Findings included: - Record review for R505 revealed an admission date of 12/09/21 with the following diagnoses: pacemaker, diabetes type 2, and urethral stricture. The 12/06/22 "FCS" identified R505 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, management of medications and treatments; and was continent of bladder. The 03/28/23 "NSA" identified facility staff would provide assistance with bathing, dressing, and walking/mobility with a wheelchair; would monitor for needs and assist with toileting and peri care; provide two-person assistance with a sit-to-stand lift for transfers; would provide management of	S5171		

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S5171	Continued From page 4 medications; and home health would provide management of wound dressing changes and change indwelling catheter monthly and as needed for management of treatments. R505's record lacked evidence of documentation of a bed assist device assessment. Observation on 05/02/23 at 02:20 PM revealed bed assist devices were attached to both sides of R505's bed. On 05/02/23 at 02:32 PM Administrative Nurse B confirmed there was no bed assist device assessment in R505's record. The operator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R505.	S5171		
S5251 SS=D	26-42-105 (f) (11) Resident Records 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 26-42-105(f)(11) The facility reported a census of eight residents	S5251		

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S5251	Continued From page 5	S5251		

with three residents included in the sample. Based on interview and record review the operator failed to ensure staff provided adequate documentation of symptoms which indicated illness or injury including dates, times, and results of the actions when Resident (R) 506 developed labored breathing which led to a transfer to the hospital.

Findings included:

- Record review for R506 revealed an admission date of 11/22/21 with the following diagnoses: vascular dementia, dysphagia, and type 2 diabetes.

The 02/08/23 "Functional Capacity Screen" (FCS) identified R506 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, eating, management of medications; was incontinent of bladder, had short-term and long-term memory loss, memory/recall, and decision-making impairments; and was marked for falls and impaired decision-making.

The 03/28/23 "Negotiated Service Agreement" (NSA) identified facility would provide R506 assistance with bathing, dressing, walking/mobility with a wheelchair, and eating; would monitor for needs and assist with toileting and peri care; provide two-person assistance with a portable total body lift for transfers and to prevent falls; would provide management of medications; and incontinence supplies were provided by the resident and her durable power of attorney (DPOA). Cognition and impaired decision-making were not addressed on the

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S5251	Continued From page 6 "NSA" The 02/03/23 "Nurse's Note" documented R506 was assessed before discharged to the hospital with labored breathing and crackles on right upper lung. R605's record lacked documentation of labored breathing and lung sounds including dates, times, actions, and results of the actions by a licensed nursing staff member. On 05/02/23 at approximately 03:05 PM Administrative Staff A and Administrative Nurse B confirmed lack of documentation in R506's record regarding symptoms of illness, time, date, action taken, and results of the action when R506 experienced labored breathing. The operator failed to ensure staff provided adequate documentation of symptoms which indicated illness including dates, times, and results of the actions when R506 developed labored breathing which led to a transfer to the hospital.	S5251		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state	S5335		

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S5335	Continued From page 7 fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a) The facility reported a census of eight residents. Based on interview and record review the operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area. Findings included: - Observation on 05/02/23 at 09:58 AM revealed the door to the public bathroom was unlocked with storage shelves that contained the followings chemicals with labels that read "Keep out of reach of children:" Two 1.62 liter (L) bottles of purple Fabuloso multi-purpose cleaner Two 5.32 L bottles of Clorox cleaner plus bleach One 3.57 L bottle of bleach On 05/02/23 at 09:33 AM Administrative Staff A confirmed chemicals were stored on shelves in a bathroom that was unlocked. The faciliy's undated "Handling Hazardous Household Material" policy documented "Hazardous materials shall. . . be kept away from residents. . ." The operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area.	S5335		

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