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	N067010	A. BUILDING: _____ B. WING _____	05/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF CHANUTE	701 OSA MARTIN BLVD CHANUTE, KS 66720

(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 represents the findings of a resurvey with attached complaints #179970, #178108, and # 169901 at the above named assisted living conducted on 05/08/23 and 05/09/23.	S 000		
S3092 SS=D	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 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)(1)(2) The facility reported a census of 20 residents with three residents included in the sample and two closed record reviews. Based on interview and record review the operator failed to ensure facility staff completed a "Negotiated Service Agreement" (NSA) based on resident's "Functional Capacity Screen" (FCS), service	S3092		

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

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S3092	Continued From page 1	S3092		

needs, and preferences for Residents (R) 509 and R510 following a significant change in condition and for R510 every 365 days.

Findings included:

- Record review for R509 revealed an unobtained admission date with the following diagnoses: adrenomyeloneuropathy, depression, and heart failure.

The 09/15/22 "Functional Capacity Screen" (FCS) identified R509 required physical assistance with bathing, dressing, toileting, transfers, eating, and management of medications and treatments; was incontinent of bladder; had short-term and long-term memory loss, memory recall, and decision-making cognitive impairments; was usually understandable and sometimes understood others during communication; and was marked for falls, impaired vision, impaired hearing, and impaired decision-making.

The 09/08/21 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide R509 total assistance for bathing and toileting, moderate assistance for dressing, assistance using a sit-to-stand lift for transfers; wheelchair for walking/mobility; opening of cartons, jelly packets, cracker wrappers and jars, and cutting of meats for eating; hygiene maintenance for bladder incontinence; reminders of the time and which meal was being served for cognition; assistance with hearing aids for communication and impaired hearing; observance of potential risks for falls; and he wore glasses for impaired

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S3092	Continued From page 2	S3092		

vision. Impaired decision-making was not addressed on R509's "NSA."

The "NSA" identified Licensed Nurse G was responsible for supervising and implementing R509's "HCP"

The 05/25/22 amended "NSA" identified R509 was provided an outside service by hospice. R509's record lacked evidence of an "NSA" following the significant changes of bed assist device attached to his bed and the nurse responsible no longer works at the facility.

- Record review for R510 revealed an admission date of 10/02/21 with the following diagnoses: type two diabetes mellitus and hypertension.

The 11/20/22 "FCS" identified R510 was independent with all elements on the screening form.

The 10/02/21 (most recent) "NSA" identified facility staff encouraged activities for cognition.

The "NSA" identified Licensed Nurse G was responsible for supervising and implementing R510's "HCP"

R510's record lacked evidence of an "NSA" following the significant change of the nurse responsible no longer works at the facility and since 10/02/21 which was 173 days past due.

On 05/08/23 at 04:07 PM Administrative Staff A stated the "NSA" and "HCP" were combined in one document.

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S3092	Continued From page 3 On 05/09/23 at approximately 11:04 AM Administrative Staff A confirmed Licensed Nurse G no longer worked at the facility as named on R509 and R510's "NSA's" On 05/09/23 at 11:08 AM Administrative Staff A confirmed R510's most recent "NSA" was on 10/11/21. The operator failed to ensure facility staff completed an "NSA" based on resident's "FCS", service needs, and preferences for R509 and R510 following a significant change in condition and for R510 every 365 days.	S3092		
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: KAR 26-41-202(h) The facility reported a census of 20 residents with three residents included in the sample and two closed record reviews. Based on interview and record review the operator failed to ensure that each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for Resident (R) 508.	S3101		

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S3101	Continued From page 4 Findings included: - Record review for R508 revealed an admission date 11/02/22 with the following diagnoses: altered mental status and rheumatoid arthritis. The 11/02/22 "Functional Capacity Screen" (FCS) identified R508 required physical assistance for bathing and supervision for dressing; was unable to perform management of medications and treatments; had short-term and long-term memory loss, memory recall, and decision-making cognitive impairments; and was marked for impaired decision-making. The undated combined "NSA/Healthcare Service Plan" (HCP) identified facility staff would provide R508 assistance with bathing and dressing and management of medications. Management of treatments was addressed on the NSA and the cognition section documented R508 required assistance but failed to describe the services facility staff provided. The 11/02/22 "NSA/HCP" was not signed by anyone involved in its development On 05/08/23 at 04:07 PM Administrative Staff A stated the "NSA" and "HCP" were combined in one document. On 05/09/23 at 10:41 AM Administrative Staff A confirmed R508's "NSA" was not signed. The operator failed to ensure that each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement	S3101		

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S3101	Continued From page 5 for 508.	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 20 residents with three residents included in the sample and two closed record reviews. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) named the licensed nurse responsible for implementing and supervising the "Healthcare Service Plan" (HSP) for Resident (R) 508; and failed to ensure the nurse responsible named on R509's "NSA" currently worked at the facility. Findings included: - Record review for R508 revealed an admission date 11/02/22 with the following diagnoses: altered mental status and rheumatoid arthritis. The 11/02/22 "Functional Capacity Screen" (FCS) identified R508 required physical assistance for bathing and supervision for dressing; was unable to perform management of medications and treatments; had short-term and	S3165		

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long-term memory loss, memory recall, and decision-making cognitive impairments; and was marked for impaired decision-making.

The undated combined "NSA/Healthcare Service Plan" (HCP) identified facility staff would provide R508 assistance with bathing and dressing and management of medications. Management of treatments was addressed on the NSA and the cognition section documented R508 required assistance but failed to describe the services facility staff provided.

R508's "NSA" failed to name the licensed nurse responsible for implementing and supervising the "HCP."

- Record review for R509 revealed an unobtained admission date with the following diagnoses: adrenomyeloneuropathy, depression, and heart failure.

The 09/15/22 "FCS" identified R509 required physical assistance with bathing, dressing, toileting, transfers, eating, and management of medications and treatments; was incontinent of bladder; had short-term and long-term memory loss, memory recall, and decision-making cognitive impairments; was usually understandable and sometimes understood others during communication; and was marked for falls, impaired vision, impaired hearing, and impaired decision-making.

The 05/29/22 amended combined "NSA/HCP" identified facility staff would provide R509 total assistance for bathing and toileting, moderate assistance for dressing, assistance using a

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S3165	Continued From page 7 sit-to-stand lift for transfers; wheelchair for walking/mobility; opening of cartons, jelly packets, cracker wrappers and jars, and cutting of meats for eating; hygiene maintenance for bladder incontinence; reminders of the time and which meal was being served for cognition; assistance with hearing aids for communication and impaired hearing; observance of potential risks for falls; and he wore glasses for impaired vision . Impaired decision-making was not addressed on R509's "NSA." R509's "NSA" named the licensed nurse responsible for implementing and supervising the "HCP" was Licensed Nurse G. On 05/08/23 at 04:07 PM Administrative Staff A stated the "NSA" and "HCP" were combined in one document. On 05/09/23 at 11:04 AM Licensed Nurse B confirmed the nurse responsible was not named on the R508's "NSA." On 05/09/23 at approximately 11:04 AM Administrative Staff A confirmed Licensed Nurse G no longer worked at the facility. The operator failed to ensure the "NSA" named the licensed nurse responsible for implementing and supervising the "HSP" for R508; and failed to ensure the nurse responsible named on R509's "NSA" currently worked at the facility.	S3165		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to	S3171		

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S3171	Continued From page 8 residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 20 residents with three included in the sample and two closed record reviews. Based on observation, interview, and record review the administrator 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) 509. Findings included: - Record review for R509 revealed an unobtained admission date with the following diagnoses: adrenomyeloneuropathy, depression, and heart failure. The 09/15/22 "Functional Capacity Screen" (FCS) identified R509 required physical assistance with bathing, dressing, toileting, transfers, eating, and management of medications and treatments; was incontinent of bladder; had short-term and long-term memory loss, memory recall, and decision-making cognitive impairments; was usually understandable and sometimes understood others during communication; and was marked for falls, impaired vision, impaired hearing, and impaired decision-making.	S3171		

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S3171	Continued From page 9 The 09/08/21 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide R509 total assistance for bathing and toileting, moderate assistance for dressing, assistance using a sit-to-stand lift for transfers; wheelchair for walking/mobility; opening of cartons, jelly packets, cracker wrappers and jars, and cutting of meats for eating; hygiene maintenance for bladder incontinence; reminders of the time and which meal was being served for cognition; assistance with hearing aids for communication and impaired hearing; observance of potential risks for falls; and he wore glasses for impaired vision. Impaired decision-making was not addressed on R509's "NSA." R509's record lacked evidence of documentation of a bed assist device assessment. Observation on 05/09/23 at 11:49 AM revealed bed assist devices were attached to both sides of R509's bed. On 05/09/23 at approximately 12:12 PM Licensed Nurse B confirmed R509's record lacked evidence of documentation of a bed assist device assessment. 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 R509.	S3171		

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S3175	Continued From page 10	S3175		
S3175 SS=D	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 20 residents with three included in the sample and two closed record reviews. Based on interview and record review the operator failed to ensure an assessment was completed to determine that R510 could self-administer medications safely and accurately. Findings included: - Record review for R510 revealed an admission	S3175		

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S3175	Continued From page 11 date of 10/02/21 with the following diagnoses: type two diabetes mellitus and hypertension. The 11/20/22 "FCS" identified R510 was independent with management of medication. The 10/02/21 (most recent) "NSA" identified R510 self-administered his medications. R510's record lacked evidence of an assessment to determine that he could safely and accurately self-administer medications. On 05/09/23 at 10:02 AM Administrative Staff A confirmed R510's lacked evidence a self-medication assessment prior to the survey. The operator failed to ensure an assessment was completed to determine that R510 could safely and accurately self-administer medications.	S3175		
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 20 residents	S3261		

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S3261	Continued From page 12	S3261		

with three included in the sample and two closed record reviews. Based on interview and record review the operator failed to ensure licensed staff documented when Resident (R) 509 was admitted to hospice; and failed to document the action taken and results of the action when R511 developed a cough, congestion, and shortness of breath.

Findings included:

- Record review for R509 revealed an unobtained admission date with the following diagnoses: adrenomyeloneuropathy, depression, and heart failure.

The 09/15/22 "Functional Capacity Screen" (FCS) identified R509 required physical assistance with bathing, dressing, toileting, transfers, eating, and management of medications and treatments; was incontinent of bladder; had short-term and long-term memory loss, memory recall, and decision-making cognitive impairments; was usually understandable and sometimes understood others during communication; and was marked for falls, impaired vision, impaired hearing, and impaired decision-making.

The 09/08/21 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide R509 total assistance for bathing and toileting, moderate assistance for dressing, assistance using a sit-to-stand lift for transfers; wheelchair for walking/mobility; opening of cartons, jelly packets, cracker wrappers and jars, and cutting of meats for eating; hygiene maintenance for

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S3261	Continued From page 13	S3261		

bladder incontinence; reminders of the time and which meal was being served for cognition; assistance with hearing aids for communication and impaired hearing; observance of potential risks for falls; and he wore glasses for impaired vision. Impaired decision-making was not addressed on R509's "NSA."

The 05/25/22 amended "NSA" identified R509 was provided an outside service by hospice.

R509's record lacked evidence of documentation by licensed staff regarding hospice.

On 05/09/23 at 11:13 AM Licensed Nurse B stated nurses charted in a resident's electronic health record (EHR) if they were admitted to hospice.

On 05/09/23 at approximately 12:12 PM Licensed Nurse B stated R509 had been on hospice since May 2022 and confirmed his record lacked evidence of documentation of admission to hospice.

- Record review for R511 revealed an admission date of 04/21/14 with the following diagnoses: type two diabetes mellitus and hypertension.

The 04/21/22 "FCS" identified R511 required supervision with bathing; physical assistance with administration of medications and treatments; and had short-term memory loss and impaired decision-making cognitive impairments.

The 04/21/22 "NSA" identified facility staff would provide R511 with assistance to prepare bath water and bathing articles for bathing;

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S3261	Continued From page 14 management of medications; physical assistance with management of treatments; and encouragement for social and individual activities for cognition. The 04/29/23 at 09:30 AM late entry "Health Status Note" documented R511 complained of a cough, congestion, and shortness of breath. Her DPOA arrived a the facility to transport her to the emergency room for evaluation. R511's record lacked evidence of documentation of vital signs including oxygen saturation status and nursing assessment including lung sounds when she developed cough, congestion, and shortness of breath action taken and results of the action. On 05/09/23 at 11:13 AM Licensed Nurse B stated she expected facility staff to obtain an oxygen saturation reading when a resident complained of shortness of breath. She confirmed R511's record lacked evidence of documentation of the action taken and results of the action when R511 complained of cough, congestion, and shortness of breath. The operator failed to ensure licensed staff documented when R509 was admitted to hospice; and failed to document the action taken and results of the action when R511 developed a cough, congestion, and shortness of breath.	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:	S3280		

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	N067010	A. BUILDING: _____ B. WING _____	05/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF CHANUTE	701 OSA MARTIN BLVD CHANUTE, KS 66720

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S3280	Continued From page 15 (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: KAR 26-41-104(d)(3) The facility reported a census of 20 residents. Based on interview and record review the operator failed to provide quarterly reviews of the facility's emergency management plan with staff and residents. Findings included: - Review of the facility's emergency plan records revealed the only quarterly review of the emergency management plan during the last year with staff and residents was documented on 03/27/23. On 05/08/23 at 12:19 PM Administrative Staff A confirmed the facility's record lacked documentation of quarterly reviews of the	S3280		

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S3280	Continued From page 16 emergency management plan with staff and residents. The administrator failed to provide quarterly reviews of the facility's emergency management plan with staff and residents.	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 20 residents with three residents included in the sample and two closed record reviews. Based on interview and record review 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 KAR	S3310		

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S3310	Continued From page 17 26-39-105 for Resident (R) 509 and four of five sampled staff. Findings included: - Record review for R509 revealed an unobtained admission date with the following diagnoses: adrenomyeloneuropathy, depression, and heart failure. A step one TB skin test was administered on 11/20/21 with negative results. A step two TB skin test was administered on 12/20/21 with negative results. R509's record lacked evidence of documentation of an annual TB symptom screen since 12/20/21 which at time of survey was one year and 139 days past due. On 05/09/23 at 11:08 AM Administrative Staff A confirmed there was no annual TB symptom screen for R509. License Nurse D's employee record revealed a hire date of 07/18/22. The employee record lacked evidence a TB test and symptom screen was completed within seven days of hire. License Nurse B's employee record revealed a hire date of 01/03/23. The employee record lacked evidence a TB test and symptom screen was completed within seven days of hire. Certified Nurse Aide (CNA) F's employee record revealed a hire date of 04/12/23. The employee record lacked evidence a TB test and symptom screen was completed within seven days of hire.	S3310		

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S3310	Continued From page 18 Certified Medication Aide (CMA) E's employee record revealed a hire date of 09/13/22. The first step TB skin test was completed on 10/18/22 and read on 10/23/22 with negative results. The test was not read within 72 hours. The department's June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented "Each new resident and new employee shall have an initial TB symptom screen. . . within seven days of residency or employment. . . Each new resident and employee shall receive a two-step TST. . . within seven days of residency or employment. . . Each resident and employee shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire. . . The first TST shall be read within 48-72 hours of its administration." On 05/08/23 at 02:27 PM Administrative Staff A confirmed the employee records lacked evidence of documentation TB skin tests were completed within seven days of hire for Licensed Nurses D and B. On 05/08/23 at 02:40 PM Administrative Staff A confirmed CMA's step one TB test was not read within 72 hours. On 05/09/23 at approximately 10:23 AM Licensed Nurse B confirmed CNA F's employee record lacked documentation of TB test results. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes	S3310		

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S3310	Continued From page 19 adopted by reference in KAR 26-39-105.	S3310		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1.	S3420		

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S3420	Continued From page 20 (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256 (c)(2)(B) The facility reported a census of 20 residents. Based on observation and interview the operator failed to ensure water temperatures were maintained within a safe range between 98 degrees Fahrenheit (F) and 120 degrees F. Findings included: - Review of the "Credo Senior Living Water Temperature Log - Monthly" revealed a note at the top which read "The temperature of hot water shall range between 100 and 120 degrees F." The temperature log documented water temperatures were obtained each month in five locations throughout the building to include two resident suites, the women's and men's public bathrooms, and the laundry. So far in 2023 out of 25 temperatures logged the temperatures ranged from 118 degrees F to 127 degrees F. Six of the 25 temperatures logged were above 120 degrees F. Observation on 05/08/23 at 12:39 PM revealed the water temperature in the public bathroom	S3420		

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S3420	Continued From page 21 sink was 124.3 degrees F. Observation on 05/08/23 at 12:43 PM revealed the water temperature in Suite #19's bathroom sink was 125.6 degrees F. Observation on 05/08/23 at 12:49 PM revealed the water temperature in Suite #1's bathroom sink was 128.8 degrees F. On 05/08/23 at 12:40 PM maintenance staff C confirmed some water temperatures in the log were above 120 degrees F. The operator failed to ensure water temperatures were maintained within a safe range between 98 degrees Fahrenheit (F) and 120 degrees F.	S3420		