| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | N040001 | A. BUILDING: _____ B. WING _____ | 05/25/2023 |

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| S 000 | INITIAL COMMENTS<br><br>The following represent the findings of a resurvey for the above named Assisted Living facility conducted on 05/24/23 and 05/25/23. | S 000 | | |
| S 225 SS=F | 26-39-102 (a) Admission Policy<br><br>(a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements:<br>(1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home.<br>(A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas.<br>(B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home.<br>(C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available.<br>(2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the | S 225 | | |

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

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| S 225 | Continued From page 1<br>adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.<br>(4) An admission agreement shall not include a general waiver of liability for the health and safety of residents.<br>(5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger.<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R 26-39-102(a)(2)(3)<br><br>The facility reported a census of 23 residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure a written agreement that described in detail the services and goods the resident will receive to include rates and charges was completed for all residents.<br><br>Findings included:<br><br>- Review of resident Admission Agreements on 05/24/23 revealed rates and charges were not included in the written agreement.<br><br>The "Schedule of rates for assisted living" effective 02/01/23 documented, " ...charges are | S 225 | | |

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| S 225 | Continued From page 2<br>determined using Level of Care Assessment ...Assisted living staff completes the assessment with the prospective resident, family and/or legal representative at the time of admission. Levels of care are then updated every month as care needs change ..."<br><br>On 05/24/23 at 02:30 PM Administrative Staff A stated all assisted living admissions followed the same process. An admissions agreement that did not include monthly rates was signed and financial staff provided resident a copy of the rate sheet. After 30 days the resident's level of needs were reevaluated and the level of care rates were revised as needed.<br><br>The administrator failed to ensure a written agreement that included rates and charges was completed for all residents upon admission to the facility. | S 225 | | |
| S3080 SS=F | 26-41-201 (a) (b) Functional Capacity Screen on Admission<br><br>a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department.<br>(b) A licensed nurse shall assess any resident whose functional capacity screening indicates | S3080 | | |

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| S3080 | Continued From page 3<br>the need for health care services.<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R. 26-41-201(a)<br><br>The facility reported a census of 23 residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure the "Functional Capacity Screen" (FCS) recorded all findings on a screening form specified by the department as it lacked a section for transfers.<br><br>Findings included:<br><br>- On 05/24/23 reviews of resident FCS screening tools revealed the facilities computer-generated FCS lacked the section for evaluating resident ability to transfer.<br><br>On 05/24/23 at 04:30 PM Administrative Nurse B acknowledged the computer-generated FCS used by the facility did not include a section for "Transfers" as required by the department.<br><br>The administrator failed to ensure the facilities computer-generated FCS included a section for "Transfers" as required by the department. | S3080 | | |
| S3081 SS=D | 26-41-201 (c) Functional Capacity Screen Reassessment<br><br>(c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following | S3081 | | |

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| S3081 | Continued From page 4 | S3081 | | |

requirements:
(1) At least once every 365 days;
(2) following any significant change in condition as defined in K.A.R. 26-39-100; and
(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-201(c)(1)

The facility reported a census of 23 residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for resident (R)101 at least once every 365 days.

Findings included:

- R101's medical record revealed the resident moved into the facility on 05/13/21 with a diagnosis of congestive heart failure.

The most current FCS available in R101's medical records was dated 06/08/21 with no documentation to show a FCS was completed for the year 2022.

On 05/24/23 at 01:30 PM Administrative Nurse A acknowledged there was no FCS completed for R101 in 2022.

The administrator failed to ensure designated staff completed a FCS for R101 at least once

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| S3081 | Continued From page 5<br>every 365 days. | S3081 | | |
| S3090 SS=D | 26-41-202 (c) Admission Negotiated Service Agreement<br><br>(c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission.<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R 26-41-202(c)<br><br>The facility reported a census of 23 residents. Based on interview, and record review the operator failed to ensure the development of an initial "Negotiated Service Agreement" (NSA) was completed at admission for resident (R)102.<br><br>Findings included:<br><br>- R102's medical record revealed the resident moved into the facility on 04/25/23 with a diagnosis of muscle weakness.<br><br>Review of 102's records revealed the most current NSA was not completed until 05/04/23, nine days after R102 admitted to the facility.<br><br>On 05/25/23 at 11:10 AM Administrative Nurse B stated R102's NSA was not completed prior to or the day of admission.<br><br>The administrator failed to ensure R102's NSA | S3090 | | |

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| S3090 | Continued From page 6<br>was developed at admission. | S3090 | | |
| S3092 SS=D | 26-41-202 (d) Negotiated Service Agreement Revisions<br><br>(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;<br>(2) following any significant change in condition, as defined in K.A.R. 26-39-100;<br>(3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R 26-41-202(d)(4)<br><br>The facility reported a census of 23 residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) was revised to include services requested by resident (R)102.<br><br>Findings included:<br><br>- R102's medical record revealed she moved into the facility on 04/25/23 with a diagnosis of | S3092 | | |

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| S3092 | Continued From page 7<br>muscle weakness.<br><br>The 04/25/23 "Functional Capacity Screen" (FCS) documented R102 was independent with management of medications.<br><br>R102's NSA was not revised to identify she self-administered all of her medications.<br><br>On 05/25/23 at 09:50 AM R102 stated she self-administered all of her medications.<br><br>On 05/25/23 at 10:27 AM Certified Medication Aide (CMA) D stated R102 self-administered all of her medications.<br><br>On 05/24/23 at 01:00 PM Administrative Nurse B stated when R102 first admitted to the facility the facility staff administered R102's medications. Administrative Nurse B stated R102 requested that she be able to self-administer her medications. An order was obtained, and a self-administration of medications assessment was completed but R102's NSA was not revised.<br><br>The administrator failed to ensure the NSA was reviewed and revised to identify who managed R102's medications. | S3092 | | |
| S3186 SS=D | 26-41-205 (b) Administration of Selected Medications<br><br>(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 | S3186 | | |

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| S3186 | Continued From page 8<br>administration and management of selected medications.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(b)<br><br>The facility reported a census of 23 residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)103 identified the responsible person for administration and management of selected medications R103 self-administered.<br><br>Findings included:<br><br>-R103's medical record revealed he moved into the facility on 01/19/23 with a diagnosis of diabetes mellitus.<br><br>The 01/17/23 "Negotiated Service Agreement" (NSA) documented staff administered R103's medications. The NSA did not identify that R103 self-administered his insulin.<br><br>An order 01/19/23 for Lantus (insulin Glargine), inject 18 units subcutaneously one time a day related to Type 2 Diabetes Mellitus, self-administration. | S3186 | | |

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| S3186 | Continued From page 9<br>On 05/25/23 at 09:33 AM R103 stated the staff administered his medications except for his insulin which he self-administered.<br><br>On 05/25/23 at 10:28 AM Certified Medication Aide (CMA) D stated staff administered all of R103's medications except for his insulin which he self-administered.<br><br>On 05/25/23 at 10:57 AM Administrative Nurse B stated the R103's NSA did not address the resident's self-administration of insulin.<br><br>The administrator failed to ensure the NSA identified the responsible person for administration and management of selected medications the facility administered concerning R103's insulin. | S3186 | | |
| S3211 SS=F | 26-41-205 (g) (3) OVER THE COUNTER DRUGS<br><br>(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. | S3211 | | |

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| S3211 | Continued From page 10<br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205 (g)(3)<br><br>The facility reported a census of 23 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over the counter (OTC) medications for all residents.<br><br>Findings included:<br><br>- Observation on 05/24/23 at 10:02 AM revealed the medication cart contained the following OTC medications which were not labeled with a resident's full name:<br><br>Resident (R)104:<br>One bottle of Kroger Acetaminophen PM<br>One bottle of Bayer Chewable Aspirin<br>One bottle of Osteo Bi-Flex<br>One bottle of Nature's Bounty C 1000 milligrams (mg.)<br>One bottle of Nature Made Calcium 600 mg.<br><br>R105:<br>One bottle Tylenol Extra Strength<br>One bottle of Nutricost D- Mannose 1000 mg.<br>One bottle of Theralogix Theracran One<br>One bottle of Nature Made Calcium 600 mg.<br><br>R106:<br>One bottle of Senokot<br><br>R107:<br>One bottle of Walgreens Aspirin 81 mg. | S3211 | | |

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| S3211 | Continued From page 11<br><br>R108:<br>One bottle of Kroger Fiber Capsules<br>One bottle of Nature Made Multi<br><br>R109:<br>One bottle of MacuHealth<br><br>R110:<br>One bottle of Kroger Acetaminophen<br>One bottle of Metamucil<br><br>R111:<br>One bottle of PreserVision<br><br>R112:<br>One bottle of Centrum Men<br><br>R113:<br>One bottle of Nature's Bounty Niacin<br>One bottle Nature Made D3<br>One bottle Kroger Allergy Relief<br>One bottle Kroger Vitamin C 1000 mg.<br>One bottle Kroger Calcium 1200 mg.<br><br>The medication cart also contained OTC medications labelled as STOCK:<br>One bottle of Gericare Geri-Tussin DM<br>One bottle of Gericare Acetaminophen<br>Kroger Ibuprofen 200 mg<br>GeriCare Acetaminophen<br><br>Many more OTC medications not labelled located in the bottom drawer of the medication cart and in overhead cabinets in the medication room.<br><br>The "Medication Administration, Storage & Misc." | S3211 | | |

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| S3211 | Continued From page 12<br>policy revised 02/24/26 documented, " ...all OTC medications received in Assisted Living must be labeled with the resident's full name ..."<br><br>The administrator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name. | S3211 | | |
| S3270 SS=F | 26-41-104 (b) Written Emergency Plan<br><br>(b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following:<br>(1) Fire;<br>(2) flood;<br>(3) severe weather;<br>(4) tornado;<br>(5) explosion;<br>(6) natural gas leak;<br>(7) lack of electrical or water service;<br>(8) missing residents; and<br>(9) any other potential emergency situations.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-104(b)(5)<br><br>The facility reported a census of 23 residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure the disaster and emergency plan include all required items as it failed to include information on explosions. | S3270 | | |

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| S3270 | Continued From page 13<br>Findings included:<br><br>- On 05/24/23 review of the emergency management plan revealed it did not include information concerning explosions.<br><br>On 05/24/23 at 11:45 AM Administrative Staff A acknowledged that not all required eight items were included in the quarterly reviews of the emergency management plan as it lacked information on explosions.<br><br>The administrator failed to ensure the emergency management plan included all the required items. | S3270 | | |
| S3280 SS=F | 26-41-104 (d) Disaster and Emergency Preparedness<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;<br>(2) education of each resident upon admission to the facility regarding emergency procedures;<br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br>(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. | S3280 | | |

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|---|---|---|---|
| | N040001 | A. BUILDING: _____ B. WING _____ | 05/25/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| S3280 | Continued From page 14<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-104(d)(3)<br><br>The facility reported a census of 23 residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents.<br><br>Findings included:<br><br>- On 05/24/23 Administrative Staff A provided documentation of quarterly reviews with staff and residents. These reviews did not include information concerning explosions. These reviews did not indicate how many residents were present during the review and if all residents took part in this review.<br><br>On 05/24/23 at 11:45 AM Administrative Staff A acknowledged that not all required eight items were included in the quarterly reviews of the emergency management plan and these reviews were not completed on a quarterly basis.<br><br>The administrator failed to ensure the performance of quarterly reviews of the emergency management plan with all residents. | S3280 | | |
| S3299 SS=F | 26-41-206 (e) (1) Facility Food Storage | S3299 | | |

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| S3299 | Continued From page 15<br>(e) Food storage. Facility staff shall store all food under safe and sanitary conditions.<br>(1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-206 (e)<br><br>The facility had a census of 23 residents. All 23 residents ate food served from the same kitchen. The administrator failed to ensure food items were stored under safe and sanitary conditions by the failure to ensure foods stored in the refrigerators and freezers were dated and labelled according to Food Safety Guidelines.<br><br>Findings included:<br><br>- On 05/24/23 observation of the kitchen revealed an upright freezer that contained two cookie sheet trays with spumoni and gelato that were not dated. A refrigerator identified as Cook #1 and #5 had two stainless steel containers of watermelon which were not dated.<br><br>There was also a sandwich on a plate covered with plastic wrap had no date or label. Two cookie trays of mixed fruit and one cookie tray of cake in individual plastic containers were not dated or labelled.<br><br>On 05/24/23 at 04:09 PM Dietary Staff C stated | S3299 | | |

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| S3299 | Continued From page 16<br>the foods in the fridge and freezer should be dated and labeled.<br><br>The 2019 "Food Storage" policy documented, "Food should be dated as it is placed on the shelves ..."<br><br>According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, p. 20 foods "Must be date marked if it is: prepared on-site..."<br><br>The administrator failed to ensure food items were stored under safe and sanitary conditions by failing to ensure designated staff dated food items that were stored in refrigerators and freezers. | S3299 | | |
| S3305 SS=F | 26-41-207 (a) (b) Infection Control<br><br>(a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents.<br>(b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements:<br>(1) Using universal precautions to prevent the spread of blood-borne pathogens;<br>(2) techniques to ensure that hand hygiene meets professional health care standards;<br>(3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards;<br>(4) providing sanitary conditions for food service; | S3305 | | |

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| S3305 | Continued From page 17<br>(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;<br>(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<br>(7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-207(b)(4)<br><br>The facility had a census of 23 residents. All 23 residents ate food prepared in the same kitchen. The administrator failed to ensure sanitary conditions for food service by not monitoring dishwashing temperatures or chemical sanitization levels.<br><br>Findings included:<br><br>- Observation on 05/24/23 at 03:55 PM revealed there was no documentation of hot water temperature or chemical strength for the dishwashing machine. | S3305 | | |

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| S3305 | Continued From page 18<br><br>On 05/24/23 at 04:09 PM Dietary Staff C stated the dishwasher temps and sanitizer logs have not been completed.<br><br>The 2019 "Dish Machine Temperature Log" policy documented, "Dishwashing staff will monitor and record dish machine temperatures to assure proper sanitizing of dishes."<br><br>According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, chemical sanitization required 50-200 parts per million (ppm) of chlorine or 200 ppm quaternary ammonia. For hot water temperature sanitization, the temperature must be at least 180 degrees Fahrenheit (F).<br><br>The administrator failed to ensure dishwashing sanitization was monitored for and documented. | S3305 | | |