STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023022	A. BUILDING: _____ B. WING _____	08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY VILLAGE	3901 PETERSON ROAD LAWRENCE, KS 66049

(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 the licensure resurvey for the above named facility conducted on 08/23/23 and 08/24/23.	S 000		
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: K.A.R. 26-41-205 (a) The facility reported a census of 32 residents. The sample included 3 "Residents'" (R's) 1, 2 and 3. Based on record review and interview the operator failed to ensure the licensed nurse performed an assessment on R2 determining that she could perform safely and accurately	S3175		

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

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S3175	Continued From page 1	S3175		

without staff assistance, the function of self-administration of her insulin after qualified facility staff dialed the correct dose of insulin.

Findings included:

- Record review on 08/23/23 for R2 revealed an admission date of 08/11/23, with diagnoses of personal history of venous thrombosis and embolism, Type 2 Diabetes Mellitus with hyperglycemia, age related physical debility, unspecified hearing loss, dysphagia, unsteadiness on feet, weakness, and major depressive disorder single episode.

Review of R2 "Functional Capacity Screen" (FCS) Dated 08/11/23 revealed R2 required physical assistance with bathing, and supervision with dressing. She was independent with toileting, transferring, walking/mobility, and eating. She lacked the ability to manager her own medications and was occasionally incontinent of her bladder. She had impaired short term memory and used a walker mobility device.

Review of R2 combined "Negotiated Service Agreement" (NSA)/ "Health Service Plan" (HSP) dated 08/11/23 identified / instructed facility staff to provide the following health services: facility staff to physically assist with washing R2 back and feet, facility staff to assist with putting on R2 compression stockings, facility staff to dial R2 insulin pen and R2 will self-inject the insulin.

R2 Record lacked an assessment determining that she could perform safely and accurately without staff assistance, the function of

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S3175	Continued From page 2 self-administration of her insulin after qualified facility staff dialed the correct dose of insulin. Interview on 08/24/23 at 11:00 AM with Licensed Nurse / Director of Nursing A and Operator B, they confirmed the record for R2 lacked an assessment determining that she could perform safely and accurately without staff assistance, the function of self-administration of her insulin after qualified facility staff dialed the correct dose of insulin. The operator failed to ensure the licensed nurse performed an assessment on R2 determining that she could perform safely and accurately without staff assistance, the function of self-administration of her insulin after qualified facility staff dialed the correct dose of insulin.	S3175		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-206 (e) The facility reported a census of 32 residents. Based on observation and interview the operator failed to ensure the facility stored all food items under safe conditions.	S3299		

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S3299	Continued From page 3 Findings included: Observation on 08/23/23 at 0955 during the initial tour of the facility kitchen revealed the following. In the back of the kitchen across from the industrial refrigerators, on the east wall was a wire rack which stored the facility's dried food items. On the very top shelf and on the north end of the shelf sat three white gallon tubs of cream icing. All 3 containers were less than ¼ full. The containers lacked a date of when opened. On the side of the container, it stated "May store at room temperature and refrigerate after seven days". There was a smaller white plastic container of cream icing that had an expiration date of 03/04/23 printed on the side with no label. Interview with dietary staff C on 08/23/23 at 0955, he confirmed that he did use the containers of cream icing on a regular basis, he continued that he could not be sure of the date the containers were opened and was unaware the containers needed to be refrigerated after 7 days. The operator failed to ensure the facility stored all food items under safe conditions.	S3299		