STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087036	A. BUILDING: _____ B. WING _____	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF DERBY	1701 WALNUT GROVE ROAD DERBY, KS 67037

(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 complaint #181998 at the above named assisted living facility conducted on 08/23/23.	S 000		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 31 residents with 3 included in the sample. Based on observation, interview, and record review the operator failed to ensure a licensed nurse coordinated care for Resident (R) 3 for assistance to put on elastic compression bandages on both lower legs daily. Findings included: - Record review for R3 revealed an admission date of 02/01/20 with a diagnosis of gastroesophageal reflux disease and pain.	S3155		

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

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S3155	Continued From page 1 The 03/27/23 "Functional Capacity Screen" (FCS) identified R3 required physical assistance with dressing. The 03/24/23/ "NSA" identified facility staff would provide assistance with buttons, back zippers, tying shoes, and any other issues she may have during dressing, including daily assistance to put on and take off elastic compression bandages. The 09/30/21 "Physician Order" documented Ace Wraps on every day in the morning for edema and off at night. Observation on 08/23/23 at 03:09 PM revealed R3 sat in a wheelchair in her room. She was fully dressed including shoes but did not have elastic compression bandages on her legs. She reached down and appeared surprised they were not on her legs. On 08/23/23 at approximately 03:09 PM R3 stated she wore elastic compression bandages on her legs every day to help with swelling. She thought she was wearing them today. On 08/23/23 at 03:25 PM Administrative Nurse B stated she expected facility staff to assist R3 with putting on elastic compression bandages daily. The operator failed to ensure a licensed nurse coordinated care for Resident (R) 3 for assistance to put on elastic compression bandages on both lower legs daily.	S3155		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications	S3186		

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S3186	Continued From page 2 (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 administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The facility reported a census of 31 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 3's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management of select medications. Findings included: - Record review for R3 revealed an admission date of 02/01/20 with a diagnosis of gastroesophageal reflux disease and pain. The 03/27/23 "Functional Capacity Screen" (FCS) identified R3 required physical assistance with management of medications. The 03/24/23 "NSA" identified a Certified	S3186		

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S3186	Continued From page 3 Medication Aide (CMA) or a nurse would administer medications as directed by a physician. R3's "NSA" failed to identify who was responsible for the administration of select medications she administered herself and the select medications facility staff administered. On 08/23/23 at 03:29 PM Administrative Nurse B stated R3 self-administrated two medications and facility staff administered all other medications. She confirmed the "NSA" lacked evidence of documentation of select medications. The operator failed to ensure R3's "NSA" identified who was responsible for the administration and management of select medications.	S3186		
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	S3420		

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S3420	Continued From page 4	S3420		

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.

(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)(A)

The facility reported a census of 31 residents. Based on observation and interview the operator failed to ensure a backflow prevention device or vacuum breaker was installed on a hose fixture on a hair washing sink in the beauty salon.

Findings included:

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S3420	Continued From page 5 - Observation on 08/23/23 at 11:27 AM in the facility's beauty salon revealed a hair washing sink with a hose attached. There was not a backflow prevention device or vacuum breaker installed on the hose faucet. On 08/23/23 at approximately 11:27 AM Administrative Staff A confirmed the beauty salon sink did not have a backflow prevention device or vacuum breaker installed. The operator failed to ensure a backflow prevention device or vacuum breaker was installed on a hose fixture on a hair washing sink in the beauty salon.	S3420		