STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087056	A. BUILDING: _____ B. WING _____	08/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION LIVING VIA CHRISTI VILLAGE MCLEAN	777 N MCLEAN BLVD WICHITA, KS 67203

(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 a Re-Licensure survey conducted for the above named assisted living facility on 08/30/23 and 08/31/23.	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-201 (d) The facility reported a census of 46 residents(R). The sample included three residents. Based on observation, record review and interview the executive director failed to ensure designated facility staff completed two (R3 and R4) of three sampled resident's "Functional Capacity Screen" accurately to reflect their functional ability and need for assistance. Findings included: - Review of R3's electronic medial record revealed the resident moved into the facility on 07/15/21 with diagnoses hypertension, coronary artery disease, and congestive heart failure. R3's "Functional Capacity Screen" (FCS) dated 07/05/23 failed to identify the resident had a current problem/risk for falls, needed staff	S3082		

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

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S3082	Continued From page 1	S3082		

assistance with toileting, had bladder incontinence, and received medical treatments for wound care.

On 08/30/23 at 05:15 PM Administrative Licensed Nurse C reported the facilities "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) are one document.

Review of R3's NSA/HCSP dated 07/05/23 identified the resident "May ask for assistance with pulling up pullups and cleaning after loose stools". It also included for staff to monitor for risk of falls and encourage and remind R3 to use her walker.

Review of the observation documentation from 10/3/22 revealed the resident had falls on 10/03/22, 04/21/23, 07/16/23, and 07/28/23. It also included documentation in the months of June and July when the resident had increased episodes of bladder incontinence as well as documentation of Home Health agency providing wound care.

On 08/31/23 at 09:25 AM R3 reported she still has a wound on her left leg that is taking a long time to heal and staff manage the wound treatments.

On 08/31/23 at 10:50 AM Certified Medication Aide D reported the resident was incontinent of urine and needed staff assistance with changing her clothing and helping her to the bathroom, especially in the mornings.

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S3082	Continued From page 2 On 08/31/23 at 12:26 PM Administrative Licensed Nurse C reported R3 received more help in the mornings compared to the rest of the day. Administrative Licensed Nurse C acknowledged the resident's most recent FCS should have identified her need for physical assistance with toileting and her risk for falls. He also acknowledged the resident had declined related to bladder continence since July and the FCS should have identified it as such. The administrator failed to ensure designated staff completed R3's FCS accurately related to her need for physical assistance of staff with toileting and bladder incontinence and recent falls risk. - Review of R4's medical record revealed he moved into the facility on 09/27/21 with diagnosis of diabetes mellitus type two. R4's "Functional Capacity Screen" dated 03/21/23 failed to identify the resident needed physical assistance with dressing. On 08/30/23 at 05:15 PM Administrative Licensed Nurse C reported the facilities "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) are one document. R4's NSA/HCSP dated 03/21/23 identified the resident needed assistance with putting on his ace wraps and his shoes and socks. On 08/31/23 at 12:20 PM R4 reported staff helped him in the mornings with putting on his "tight socks".	S3082		

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S3082	Continued From page 3 On 08/31/23 at 07:26 AM Certified Medication Aide F reported staff helped the resident put on his ted hose in the mornings and helped with his showers. Otherwise, he is independent with daily cares. On 08/31/23 at 02:20 PM Administrative Licensed Nurse C acknowledged the FCS should have identified R4 needed physical assistance with dressing. The administrator failed to ensure designated staff completed R4's FCS accurately related to his needed for physical assistance of staff with dressing.	S3082		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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.	S3085		

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S3085	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(1)(2)(3) The facility reported a census of 57 residents (R). The sample included three residents and four focused record reviews. Based on record review and interview for one (R6) of three sampled residents and one (R4) of four focused reviews, the administrator failed to ensure designated staff completed the "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and service needs, which included a description of the service provided, identification of "who" provided the service and if provided by an outside source who was responsible for payment of the service. Findings included: - Review of R3's electronic medial record revealed the resident moved into the facility on 07/15/21 with diagnoses hypertension, coronary artery disease, and congestive heart failure. R3's "Functional Capacity Screen" (FCS) dated 07/05/23 revealed the resident required physical assistance with showers, dressing and management of medications and medical treatments. On 08/30/23 at 05:15 PM Administrative Licensed Nurse C reported the facilities "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) are one document.	S3085		

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S3085	Continued From page 5 R3's NSA/HCSP dated 07/05/23 failed to identify the resident received services from outside resources for podiatry, and Skilled Nursing for wound care through a local Home Health agency, who the agency and who was responsible for payment for the service. Review of R3's observation documentation included documentation of the wound nurse coming to the facility to provide wound care for the resident prior to and through the time her NSA/HCSP was completed. The administrator failed to ensure designated staff included a description of the services the resident received based upon the FCS and service needs as well as including who provided the service and who was responsible for the service if it was provided by an outside resource.	S3085		
S3092 SS=E	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	S3092		

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S3092	Continued From page 6 family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d)(2) The facility reported a census of 46 residents (R). The sample included three residents. Based on interview and record review the administrator failed to ensure designated staff reviewed and revised the combined "Negotiated Service Agreement/Health Care Service Plan" if necessary, for two (R3 and R4) of three sampled residents when the resident experienced a significant change in status related to the starting and stopping of services provided by outside resources. Findings included: - Review of R3's electronic medial record revealed the resident moved into the facility on 07/15/21 with diagnoses hypertension, coronary artery disease, and congestive heart failure. R3's "Functional Capacity Screen" (FCS) dated 07/05/23 revealed the resident required physical assistance with showers, dressing and management of medications and medical treatments. On 08/30/23 at 05:15 PM Administrative Licensed Nurse C reported the facilities "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) are one document.	S3092		

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S3092	Continued From page 7 Review of R3's record revealed she received occupational and physical therapy two different times from 04/28/23 through 06/14/23. She also received Wound care from a local Home Health Agency which was discontinued to start Hospice services on 08/16/23. R3's electronic record lacked revision or addendums of the NSA/HCSP for when the resident started and stopped therapy services, started and stopped skilled nursing for wound care and for when she signed onto Hospice services. On 08/31/23 at 12:33 PM Administrative Licensed Nurse acknowledged he should have revised the NSA/HCSP when changes with outside services were done. The administrator failed to ensure designated staff reviewed and revised R3's NSA/HCSP when she started and stopped services from outside resources. - Review of R4's electronic medical record revealed the resident moved into the facility on 09/27/21 with diagnosis of diabetes mellitus type two. R4's "Functional Capacity Screen" dated 03/21/23 identified the resident needed physical assistance with bathing, management of medications and medical treatments. He also had a risk for falls/unsteadiness. On 08/30/23 at 05:15 PM Administrative Licensed Nurse C reported the facilities "Negotiated Service Agreement" and the "Health	S3092		

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S3092	Continued From page 8 Care Service Plan" (NSA/HCSP) are one document. R4's electronic record lacked revisions or addendums of the NSA/HCSP related to changes in services from outside resources for occupational and physical therapy. Review of R4's electronic record revealed he received occupational therapy services from 07/10/23 to 07/25/23 and physical therapy from 07/21/23 to 07/28/23. On 08/31/23 at 02:22 PM Administrative Licensed Nurse C acknowledged R4's NSA/HCSP should have been revised when he received occupational and physical therapy services.	S3092		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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 9 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 46 residents. Based on observation and interview, the administrator failed to ensure all over-the-counter medications were labeled with the resident's full name. This includes the need for the resident's full name to be on the original manufacturer's medication package and the medication container/insert. Findings included: - During initial tour on 08/30/23 at 04:25 PM Certified Medication Aide (CMA) D unlocked the First North Hall medication cart which contained the following bottles of over-the-counter medications that lacked the resident's full name on them: Vitamin D3, Alachlor, Aspirin, Milk of magnesia, and Vision Shield eye health. On 08/30/23 at 04:31 PM CMA E unlocked the First South Hall medication cart which contained the following bottles of over-the-counter medications that lacked the resident's full name on them: Calcium, Ag-Zinc, and Super B Complex. On 08/30/23 at 05:06 PM Administrative Licensed Nurse C acknowledged all over-the-counter medications needed to have the residents full name written on each bottle/container. The administrator failed to ensure all over-the-counter medications included the full	S3211		

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S3211	Continued From page 10 name of the resident they belonged to and included the name on the original manufacturer's medication package and the medication container.	S3211		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of	S3215		

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S3215	Continued From page 11 expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h)(1)(4) The facility reported a census of 46 residents (R). Based on observation and interview the administrator failed to ensure medications the facility was responsible for were kept in a locked medication room, cabinet, or medication cart with only licensed nurses and medication aides having access to the stored medications. Staff also failed to store medications so that licensed nurses and certified medication aides could not administer medications beyond the medication manufacturer's or pharmacy provider's recommended date of expiration by a failure to ensure staff dated insulin pens once opened. Findings included: - During initial tour on 08/30/23 at 04:46 PM in the upstairs hall the unlocked closet labeled "linen closet" contained nursing supplies. It also contained a small plastic tub with the following medications in it: package of Caltrate chews, bottle of Carbamide Peroxide ear drops and a bottle of Ofloxacin ear solution. It also contained five prepackaged pouches with medications that included the following multiple medications: Ibuprofen, Levothyroxine, Acetaminophen, Aspirin, Carbamazepine extended release, Lisinopril, Olanzapine, Omega-3, PreserVision AREDs, Atorvastatin, and Melatonin.	S3215		

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S3215	Continued From page 12 On 08/30/23 at 04:53 PM Certified Medication Aide F stated the medication should have been in the medication room downstairs ready to be disposed of. On 08/30/23 at 05:08 PM Administrative Licensed Nurse C acknowledged the medications should not have been put in the closet and were to be kept locked at all times. The administrator failed to ensure medications were stored in a locked medication cart, medication room, or cabinet that only a licensed nurse or certified medication aide had access to. - During initial tour on 08/30/23 at 04:25 PM Certified Medication Aide (CMA) D unlocked the First north hall one medication cart which included two insulin pens, Novolog and Tresiba. The Novolog pen included the date it was first used but the Tresiba pen lacked the name of the resident the pen belonged to or the date the pen was first used for administration. CMA D reported the pen should have had the date that staff got them out of the refrigerator and first used them. On 08/30/23 at 04:34 PM CMA F unlocked the Second South Hall medication cart which included three insulin pens. One Novolog insulin pen had 55 units left and the date initiated in use was smudged and unreadable. Additional pens included a NovoLog pen and a Basaglar pen both had been used but did not include the name of the resident they belonged to or the date the pens were first used for administration. CMA F reported the pens should have included the resident's name and the date when staff first used the pen.	S3215		

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S3215	Continued From page 13 On 08/30/23 at 4:39 PM CMA F unlocked the Second North Hall cart, and it contained a partially used Lantus insulin pen that did not include the date the pen was first used. On 08/30/23 at 05:04 PM Administrative Licensed Nurse C acknowledged the insulin pens should have included the name of the resident and the date staff took it out of the refrigerator and administered the first dose. According to Novolog manufacturer recommendations the Flexpen should be thrown away after 28 days even if insulin remains in the pen. According to Tresiba manufacturer recommendations the Tresiba Flexpen should not be used past the expiration date printed on the label or 56 days after initial use of the pen. According to Lantus/Basaglar manufacturer recommendations the Lantus Flexpen should be thrown away after 28 days, even if it still has insulin left in it. The administrator failed to ensure licensed nurses and certified medication aides stored insulin FlexPen correctly to ensure they could not be administered beyond the medication manufacturer's recommended date of expiration by a failure to ensure staff dated insulin pens once they were initially used.	S3215		