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	N018010	A. BUILDING: _____ B. WING _____	09/11/2023

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints #181812, 181837, 181946, 182136, and 182552 at the above named Assisted Living conducted on 09/07/23 and 09/11/23.	S 000		
S3055 SS=F	26-41-101 (l) Survey Report (l) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a public area to residents and any other individuals wishing to examine survey results. This REQUIREMENT is not met as evidenced by: KAR 26-41-101 (l) The facility reported a census of 23 residents. Based on observation and interview the operator failed to ensure a copy of the most recent survey report was available in a public area for residents and any other individuals for examination. Findings included: - Observation on 09/07/23 at 01:45 PM during the initial tour of the facility revealed a notice posted that a copy of the most current inspection report was available the library. The notebook was not located in the library but was at the nurse's station and did not include the most recent survey results. On 09/07/23 at 01:45 PM Administrative Staff A acknowledged the survey results notebook was	S3055		

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

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S3055	Continued From page 1 not kept where the sign posted at the nurse's station stated it would be found and the notebook did not have the most current survey results. The operator failed to ensure staff kept the most recent survey results in an area available in a public area for anyone to review.	S3055		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity 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; 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: KAR 26-41-201(c)(2) The facility reported a census of 23 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for resident (R)101 after experiencing a significant change. Findings included: - R101's medical record revealed the resident	S3081		

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S3081	Continued From page 2 moved into the facility on 06/27/20 with a diagnosis of Congestive Heart Failure. The most current FCS available in R101's medical records was dated 09/10/22 with no documentation to show a FCS was completed after R101 was admitted to hospice services on 02/21/23. On 09/11/23 at 03:03 PM Administrative Staff A stated she expected a FCS be completed with a significant change in condition when R101 was admitted to hospice services. The operator failed to ensure designated staff completed a FCS for R101 after experiencing a significant change.	S3081		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c) 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.	S3090		

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S3090	Continued From page 3 Findings included: - R102's medical record revealed the resident moved into the facility on 02/27/23. Review of 102's records failed to locate a signed NSA completed at the time of admission. On 09/11/23 at 12:10 PM Administrative Staff A stated she was not able to locate a signed NSA for R102. The operator failed to ensure R102's NSA was developed upon admission.	S3090		
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:	S3092		

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S3092	Continued From page 4 KAR 26-41-202(d)(2) The facility reported a census of 37 residents. The sample included three residents. Based on interview, observation, and record review the operator failed to ensure designated staff revised a "Negotiated Service Agreement (NSA) when resident (R)101 signed on to hospice. Findings included: - R101's medical record revealed the resident moved into the facility on 06/27/20 with a diagnosis of congestive heart failure. The most current NSA available in R101's medical records was dated 09/10/22. Review of R101's medical records revealed she was placed on hospice services on 02/21/23. On 09/11/23 at 03:03 PM Administrative Staff A stated she expected the NSA to be amended with a significant change in condition when the resident went on hospice. The operator failed to ensure designated staff revised the NSA when R101 started on hospice services.	S3092		
S3165 SS=F	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.	S3165		

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S3165	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 23 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)101, R102 and R103. Findings included: - R101's medical record revealed the resident moved into the facility on 06/27/20. R101's most recent NSA was completed on 09/10/22. The nurse identified as the nurse responsible for the implementation and supervision of the Health Care Service Plan (HCSP) was no longer employed at the facility and no addendum had been completed to identify the new nurse who was responsible for the implementation and supervision of the HCSP. On 09/11/23 at 03:03 PM Administrative Staff A stated resident NSAs have not been updated to show the nurse responsible for the coordination and implementation of the care plan after the previous nurse responsible ceased to work at the facility.	S3165		

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S3165	Continued From page 6 The operator failed to ensure R101's NSA was updated to identify the current licensed nurse responsible for the implementation and supervision of the health care services plan. - R102's medical record revealed the resident moved into the facility on 02/27/23. R102's most recent NSA was completed on 02/27/23. The nurse identified as the nurse responsible for the implementation and supervision of the Health Care Service Plan (HCSP) was no longer employed at the facility and no addendum had been completed to identify the new nurse who was responsible for the implementation and supervision of the HCSP. On 09/11/23 at 03:03 PM Administrative Staff A stated resident NSAs have not been updated to show the nurse responsible for the coordination and implementation of the care plan after the previous nurse responsible ceased to work at the facility. The operator failed to ensure R102's NSA was updated to identify the current licensed nurse responsible for the implementation and supervision of the health care services plan. - R103's medical record revealed the resident moved into the facility on 11/30/17. R103's most recent NSA was completed on 09/10/22. The nurse identified as the nurse responsible for the implementation and supervision of the HCSP was no longer employed at the facility and no addendum had been completed to identify the new nurse who	S3165		

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S3165	Continued From page 7 was responsible for the implementation and supervision of the HCSP. On 09/11/23 at 03:03 PM Administrative Staff A stated resident NSAs have not been updated to show the nurse responsible for the coordination and implementation of the care plan after the previous nurse responsible ceased to work at the facility. The operator failed to ensure R103's NSA was updated to identify the current licensed nurse responsible for the implementation and supervision of the health care services plan.	S3165		
S3202 SS=F	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(4) The facility reported a census of 23 residents. Based on interview and record review the administrator failed to ensure all five of five sampled Certified Medication Aides (CMA) were trained and completed competencies for delegated insulin pen preparation for residents to self-administer. Findings included:	S3202		

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S3202	Continued From page 8 - Review of the personnel records for the five CMAs reviewed revealed they did not include competencies for preparing insulin for resident self-administration. On 09/11/23 at 01:16 PM Administrative Staff A stated she could not find any CMA competencies for preparing insulin flex pens for residents to self-administer. The administrator failed to ensure designated staff completed competencies for preparing insulin pens for six residents who received insulin to self-administer.	S3202		
S3211 SS=F	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. This REQUIREMENT is not met as evidenced by:	S3211		

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S3211	Continued From page 9 KAR 26-41-205 (g)(3) 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 four residents. Findings included: - Observation on 09/07/23 at 02:46 PM revealed the facility's medication cart contained the following OTC medications which were not labeled with a resident's full name: Resident (R)104: One tube of Equate Arthritis Pain One bottle of Zyrtec Allergy One bottle of Zyrtec Allergy in the medication overflow cabinet R105: One bottle of Spring Valley Melatonin 5 milligrams (mg.) One bottle of Low Dose Aspirin 81 mg. One Spring Valley Vitamin D3 125 micrograms (mcg.) One Spring Valley Zinc 50 mg. R107: One bottle of Tylenol Pain Reliever R108: One bottle of Spring Valley Vitamin D3 50 mcg. There were other OTC medications stored in the	S3211		

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S3211	Continued From page 10 medication cart that were not properly labelled with the resident's full name. The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(2) The facility reported a census of 23 residents. Based on observation and interview the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - Observation on 09/07/23 at 02:46 PM revealed the facility's medication cart contained the following prescription medications which were not labeled with a resident's full name: Resident (R)105: One bottle of Timolol Maleate eyedrops	S3213		

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S3213	Continued From page 11 One bottle of Latanoprost eyedrops R101: One bottle of Latanoprost eyedrops R106: One bottle of Fluticasone Propionate nasal spray One bottle of Refresh eye drops R110: One diskus of Fluticasone Propionate not labelled or dated, must be used within 30 days R109: One spray bottle of Nasacort One inhaler of Flovent HFA The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas	S3248		

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S3248	Continued From page 12 nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1)(2) The facility reported a census of 23 residents. Based on interview and record review, the operator failed to ensure five of five newly hired employee's records included evidence of timely verification with the nurse aide registry was completed and three of five newly hired employee's records included evidence a criminal background check was completed. Findings included: - Review of employee files conducted on 09/11/23 revealed the following: Certified Medication Aide (CMA) C hired on 03/25/23. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the certification check was completed for this staff. No documentation of a criminal background check with the Kansas Bureau of Investigations	S3248		

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S3248	Continued From page 13 (KBI) was found. CMA D hired on 04/03/23. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the certification check was completed for this staff. CMA E hired on 03/10/23. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the certification check was completed for this staff. CMA F hired on 06/07/23. The certification check was completed 94 days after the date of hire and no documentation of a criminal background check with the KBI was found. CMA G hired on 06/30/23. The certification check was completed 72 days after the date of hire and no documentation of a criminal background check with the KBI was found. The operator failed to ensure timely verifications of the nurse aide registry checks and KBI background checks were completed.	S3248		
S3270 SS=F	26-41-104 (b) Written Emergency Plan (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: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion;	S3270		

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S3270	Continued From page 14 (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(b)(3)(5)(6)(7)(8) The facility reported a census of three residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure the disaster and emergency plan include all required items as it failed to include information on natural gas leaks, explosions, lack of water, severe weather, and missing persons. Findings included: - On 09/07/23 review of the "Disaster and Emergency Manual" located at the nurses' station revealed it did not include information concerning natural gas leaks, explosions, lack of water, severe weather, and missing persons. On 09/07/23 Administrative Staff A acknowledged the "Disaster and Emergency Manual" did not include all the required items. The operator failed to ensure the emergency management plan included all the required items.	S3270		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

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S3280	Continued From page 15 (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (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 23 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 09/08/23 Administrative Staff A provided documentation of quarterly reviews of the	S3280		

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	N018010	A. BUILDING: _____ B. WING _____	09/11/2023

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S3280	Continued From page 16 emergency management plan with staff and residents. Review of this documentation failed to find documentation for the fourth quarter of 2022 and the first quarter of 2023. On 09/07/23 Administrative Staff A stated she was unable to find documentation for reviews of the emergency management plan with staff and residents for the fourth quarter of 2022 and the first quarter of 2023. The operator failed to ensure the completion of quarterly reviews of the emergency management plan with employees and residents.	S3280		
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: KAR 26-41-206 (e) The facility had a census of 23 residents. All 23 residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to ensure foods were properly dated and labeled according to Food Safety Guidelines. Findings included:	S3299		

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S3299	Continued From page 17 - Observation of the kitchen on 09/07/23 at approximately 03:25 PM revealed a stainless-steel refrigerator and freezer that contained the following items that were not properly dated or labeled: One package of cheddar cheese not dated or labelled. One storage bag of sour cream/parmesan cheese mixture Three small containers of apple sauce covered with plastic wrap One package of sweet corn One package of opened tater On 09/07/23 at 03:35 PM Dietary Staff B stated opened items should have a date written on the packaging. According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, "Date mark foods appropriately ..." The operator failed to ensure food items were stored under safe and sanitary conditions by failing to ensure all food items stored in the refrigerator and freezer were properly dated and labeled.	S3299		
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;	S3310		

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S3310	Continued From page 18 (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 23 residents. The sample included three residents. Based on interview and record review for three residents and five new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility. Findings included: - Resident (R)102 moved into the facility on 02/27/23. Review of R102's medical record lacked evidence the resident had a two-step TB skin test (TST) and a TB Symptom Screening Questionnaire completed.	S3310		

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S3310	Continued From page 19 The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the of the Tuberculosis Symptom Screen Questionnaire within 7 days of residency ...Each new resident ...shall receive a two-step TST ...within 7 days of residency ..." The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Review of five newly hired employee files revealed the following: Certified Medication Aide (CMA) C was hired on 03/25/23 but lacked evidence a two-step TB skin test or a TB Symptom Screening Questionnaire were completed. CMA D was hired on 04/03/23 but lacked evidence a two-step TB skin test or a TB Symptom Screening Questionnaire were completed. CMA E was hired on 03/10/23 but lacked evidence a two-step TB skin test or a TB Symptom Screening Questionnaire were completed. CMA F was hired on 06/07/23 but lacked evidence a two-step TB skin test or a TB Symptom Screening Questionnaire were completed. CMA G was hired on 06/30/23 but lacked evidence a two-step TB skin test or a TB	S3310		

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S3310	Continued From page 20 Symptom Screening Questionnaire were completed. On 09/11/23 at 12:49 PM Administrative Staff A stated she was not able to locate any TB screening information or any two-step TST completed for the requested employees. The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the of the Tuberculosis Symptom Screen Questionnaire within 7 days of employment ...Each new ...employee shall receive a two-step TST ...within 7 days of employment ..." For one of three sampled residents (R102) and five new employee records reviewed, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal.	S3320		

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S3320	Continued From page 21 (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 23 residents. Based on observation, and record review the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - Observations during initial tour on 09/07/23 revealed the following: At 01:32 PM the North Hall eye wash station room was unlocked. This room contained a cleaning cart with numerous cleaning chemicals. This room also had shelves used to store other chemicals with a "Keep Out of Reach of Children" warning labels. At 03:40 PM The unlocked (lockable) dining room under-sink cabinet contained the following chemicals with "Keep Out of Reach of Children"	S3320		

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S3320	Continued From page 22 warning labels: One quart spray bottle of Betco GE Fight Back RTU One aerosol can of Chase's Clean Home Spray Disinfectant One gallon bottle of Maxim Pin Disinfectant Cleaner One 16-ounce spray bottle of Orange GLO Wood Furniture Polish. The undated "Safety Spotlight: Chemical Handling" policy documented, "Ensure chemicals are stored properly ..." The operator failed to ensure staff kept chemicals locked for resident safety.	S3320		