STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B073001	A. BUILDING: _____ B. WING _____	09/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING OF LARNED HOME PLUS	710 W 9TH STREET LARNED, KS 67550

(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 resurvey at the above named facility conducted on 09/18/23.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (a) (1) (2) (3) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview for 2 sampled resident (R)2 and R3, Operator A failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services identified a description of the services the resident received, identified the provider of	S5105		

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

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S5105	Continued From page 1 each service and identified each party responsible for payment if outside resources provided a service. Findings included: - Record review for R2 revealed an admission date of 04/19/23 with diagnoses of dementia with psychosis, diabetes mellitus type II, hypertension, hyperlipidemia and lumbar spine osteoarthritis. The "Functional Capacity Screen" dated 04/19/23 recorded the resident was independent with toileting and eating, required physical assistance for bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications. R2 had short- and long-term memory impairment, memory/ recall impairment, impaired decision making and usually understandable/ usually understood communication. R2 was at risk for falls/ unsteadiness and used a walker and wheelchair for ambulation. Review of R2's "Negotiated Service Agreement/ Health Care Service Plan" (NSA/HCSP) dated 04/19/23 recorded facility staff provided assistance with bathing, dressing, toileting, transfer, walk/mobility and medication administration. The NSA lacked description of services provided by hospice, the provider of service and party responsible for payment. Signed physician's order dated 05/25/23 recorded Hospice to evaluate and treat.	S5105		

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S5105	Continued From page 2 Interview on 09/18/23 at 03:11 PM with Licensed Nurse (LN) B confirmed R2's NSA lacked a description of services provided by hospice, the provider of service and party responsible for payment. - R3's "Medical Record" revealed she admitted to the facility on 05/23/03 with diagnoses of Alzheimer's Disease, neuropathy and pain. The "Functional Capacity Screen" (FCS) dated 03/02/23 recorded R3 required physical assistance for management of medications and was unable to perform bathing, dressing, toileting, transfers, walk/mobility, eating and management of treatments. The FCS recorded R3 had short- and long-term memory impairment, memory/ recall impairment, impaired decision making and rarely/never understandable/ understood communication. The "Negotiated Service Agreement/ Health Care Plan" (NSA/HCSP) dated 03/02/23 recorded facility staff provided complete assistance with bathing, dressing, toileting, transfer, walk/mobility eating and management of medications and treatments. The NSA identified Hospice services used by R3. The NSA lacked party responsible for payment for Hospice services. Signed physician's order dated 02/22/22 recorded Hospice to evaluate and treat. Interview on 09/18/23 at 02:59 PM with LN B confirmed R3's NSA lacked party responsible for	S5105		

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S5105	Continued From page 3 payment for Hospice services. Facility's "Negotiated Service Agreement/ Health Care Plan Policy" dated 2014 recorded, "The Negotiated Service Agreement/ Health Care Plan will contain: a. A description of health care services to be provided by the residence, service to be provided from outside resources, the frequency and when the services will be provided. b. The identity of the individual who will provide the services to meet the needs of the resident, including those for special populations. c. Cost of services, terms of payment, and the identity of the party or parties responsible for payment when services are provided by an outside resource." Operator A failed to ensure the NSA completed for residents who required health care services identified a description of the services the resident received, identified the provider of each service and identified each party responsible for payment if outside resources provided a service.	S5105		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (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	S5313		

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S5313	Continued From page 4 the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (g) (3) The census totaled 12 residents. The sample included 3 residents. Based on observation and interview for 3 non-sampled residents (R)4, R5 and R6, Operator A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation during the initial tour on 09/18/23 at 10:42 AM with Licensed Nurse (LN) B revealed a locked medication room located in the common area of the facility. The following over the counter medications were noted without full names: For R4, the cart contained one bottle of Metamucil (fiber supplement) and one box of Hydrocortisone Cream, For R5, the cart contained one bottle of Aspirin (nonsteroidal anti-inflammatory drug), For R6, the cart contained one bottle of Cran-Max Cranberry (supplement) and one bottle of Black Elderberry Advanced Immune Support (supplement). Interview on 09/18/23 at 10:42 AM with LN B confirmed the above listed medications were without full first and last names for R4, R5 and	S5313		

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S5313	Continued From page 5 R6. Facility's "Medication Management" policy (no date) recorded, "10. Over the counter drugs ...the licensed pharmacist or licensed nurse shall place the full name of the resident on both the original manufacturer's medication package and the medication container." Operator A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S5313		
S5335 SS=F	28-39-437 Construction (a) Each home-plus 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. This REQUIREMENT is not met as evidenced by: KAR 26-39-437 (a) The census equaled 12 residents. The sample included 3 residents. Based on record review, observation, and interview, the facility failed to keep cleaning chemicals in a locked, secured area, posing a potential safety hazard. Findings included:	S5335		

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S5335	Continued From page 6 - On 09/18/23, Licensed Nurse (LN) B provided a "Resident Roster", which included 12 residents and noted 12 of the 12 residents had impaired cognitive abilities. During the initial tour on 09/18/23 at 10:29 AM with LN B, observation revealed an unlocked laundry room. The laundry room contained an unlocked cabinet, which contained one bottle of Spray'n Wash Pre-Treat Laundry Stain Remover Spray. The listed bottle included a warning label on it. Observation of the public restroom on 09/18/23 at 10:30 AM with LN B revealed an unlocked cabinet under the sink. The cabinet contained one spray bottle labeled "Lysol" and one spray bottle labeled "Power Spray Household Cleaner", which contained a warning label on it. Facility's "Laundry/ Handling of Linens" policy (no date) recorded, "The laundry room shall have a locked cabinet for storage of chemicals and supplies." The facility failed to keep cleaning chemicals in a locked secured area, posing a potential safety hazard.	S5335		