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	N018010	A. BUILDING: _____ B. WING _____	R 10/04/2023

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ALDERBROOK VILLAGE LLC	402 WINDSOR ROAD ARKANSAS CITY, KS 67005

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{S 000}	INITIAL COMMENTS The following citations represent the findings of the revisit for correction order 23-SCCC-217 conducted on 10/03/23 and 10/04/23.	{S 000}		
{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: K.A.R.26-41-201 (c)(2) The facility reported a census of 24 residents. The sample included 4 "Residents'" (R)'s 1, 2, 3, and 4. Based on record review and interview the operator failed to ensure a facility staff member conducted a screening for R1 when he started exhibiting exit seeking/wandering behaviors. Findings included: - Record review for R1 revealed an admission date of 07/27/23 with diagnoses of Alzheimer's Dementia, coronary artery disease, essential	{S3081}		

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

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{S3081}	Continued From page 1	{S3081}		

(primary) hypertension, complete loss of teeth due to caries.

R1 "Functional Capacity Screen" (FCS) dated 07/27/23 revealed he required physical assistance with bathing, transferring, walking/mobility and eating. He required supervision with dressing and toileting. He lacked the ability to manage his own medications and was occasionally incontinent of his bladder. He was marked with being able to repeat a sentence for short term memory, could repeat previous items for long term memory, could repeat one of three items for memory recall, and was unable to make decisions due to Alzheimer's diagnoses. He was usually able to make himself understood and he usually understood others. He was marked with impaired decision making and used no mobility device.

The "Negotiated Service Agreement" (NSA) dated 08/04/23 identified the following health services to be provided: assist with bathing, orientation reminders, medication management, and "Exit seeking behaviors upon admission. Staff to redirect as needed and ensure he does not exit the building".

The "Health Service Plan" (HSP) revealed the following instructions to staff:
"Exit seeking behaviors upon admission. Staff to redirect as needed and ensure he does not exit the building".

The FCS did not indicate R1 was at risk for exit seeking or wandering behaviors.

Observation of R1 on 10/04/23 at approximately

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{S3081}	Continued From page 2 01:00 PM, R1 was in the large common room directly off the entryway of the facility. He walked without a mobility device and went to the round table to work on his puzzles. He answers simple questions. During the survey process he was observed standing near the front door. Interview on 10/04/23 at 07:33 PM with operator A and nursing consultant B, they confirmed the FCS had not been updated with wandering and exit seeking risk behaviors after R1 exited the facility twice without staff knowledge. The operator failed to ensure a facility staff member conducted a screening for R2 when he started exhibiting exit seeking/wandering behaviors.	{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: K.A.R. 26-41-202 (a) The facility reported a census of 24 residents. The sample included 4 "Residents'" (R)'s 1, 2, 3, and 4. Based on record review and interview the operator failed to ensure the development of a written "Negotiated Service Agreement" (NSA) that was based on R2 "Functional Capacity	{S3090}		

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{S3090}	Continued From page 3	{S3090}		

Screen" (FCS) in collaboration the R2 and/ or R2 legal representative that gave a description of the services R3 would receive, identification of who would provide the services, and who would pay for the services.

- Record review for R2 revealed an admission date of 10/02/23 with no diagnosis list documented.

R2 Admission Agreement was signed on 10/02/23, which defined care fees and the summary of monthly fees.

R2 electronic medical record "Progress Notes" contained only one note dated 10/02/23 at 03:10 PM Resident came to facility with her nephew. R3 was alert times three but needed constant reminders of new surroundings. R3 came with medications from home in bottles.

Review of facility document titled "Level of Care Appraisal" revealed the following: R3 required reminders for the following: grooming, bathing, mealtimes, administration of her medications twice daily, she was independent with dressing, toileting, transferring, was not a fall risk, had no identified at-risk behaviors, and had elopement history and concerns.

Interview on 10/04/23: Operator A and regional nurse consultant B confirmed the record lacked a written NSA that identified the services R2 would receive, identification of who would provide those services, and who would pay for services.

The operator failed to ensure the development of

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{S3090}	Continued From page 4 a written "Negotiated Service Agreement" (NSA) that was based on R2 "Functional Capacity Screen" (FCS) in collaboration the R2 and/ or R2 legal representative that gave a description of the services R3 would receive, identification of who would provide the services, and who would pay for the services.	{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: K.A.R.26-41-202 (d)(2) The facility reported a census of 24 residents. The sample included 4 "Residents'" (R)'s 1, 2, 3, and 4. Based on record review and interview the operator failed to ensure the review and if necessary, following a significant change of condition for R1.	{S3092}		

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{S3092}	Continued From page 5 Findings included: - Record review for R1 revealed an admission date of 07/27/23 with diagnoses of Alzheimer's Dementia, coronary artery disease, essential (primary) hypertension, complete loss of teeth due to caries. R1 "Functional Capacity Screen" (FCS) dated 07/27/23 revealed he required physical assistance with bathing, transferring, walking/mobility and eating. He required supervision with dressing and toileting. He lacked the ability to manage his own medications and was occasionally incontinent of his bladder. He was marked with being able to repeat a sentence for short term memory, could repeat previous items for long term memory, could repeat one of three items for memory recall, and was unable to make decisions due to Alzheimer's diagnoses. He was usually able to make himself understood and he usually understood others. He was marked with impaired decision making and used no mobility device. The "Negotiated Service Agreement" (NSA) dated 08/04/23 identified the following health services to be provided: assist with bathing, orientation reminders, medication management, and "Exit seeking behaviors upon admission. Staff to redirect as needed and ensure he does not exit the building". The "Health Service Plan" (HSP) revealed the following instructions to staff: "Exit seeking behaviors upon admission. Staff to redirect as needed and ensure he does not exit	{S3092}		

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{S3092}	Continued From page 6 the building". In the electronic medical record under "Progress Notes" revealed only four entries in the record: 07/31/23 At 04:27 PM "Staff report resident is very high risk for elopement. He has dementia but is capable of reading the "15 second" door notice for emergency exiting, in which he has gotten outside to the parking lot but was easily redirected by staff. He is attempting to return to his home. Family brought a bottle of Mirtazapine (anti-depressant medication)15 milligrams in, but there was no order and the prescribing medical doctor refused to provide a signed order because the prescription was from June and the resident was no longer under that providers service. The medication was filled by pharmacy, and they denied providing a copy of the prescription as well. Requires clarification with new primary provider. Staff will complete safety checks while on frequent rounds and will continue to redirect as indicated. 08/04/23 At 10:01 AM "Per staff report R1 has not presented with any exit seeking behaviors in the past five days. He is pleasantly confused and easily redirected". Review of the "Elopement Risk Assessment" dated 07/27/23 revealed the following: R1 had been diagnosed with dementia, he had Alzheimer's disease and required occasional redirection, the resident did not have history of elopement. The assessment lacked a scoring system to indicate level of elopement risk. The record lacked the documentation for a	{S3092}		

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{S3092}	Continued From page 7 successful elopement on 09/16/23. The NSA lacked identification of updated health services related to wandering and exit seeking to be provided to R1 after he left the building on 07/31/23 and on 09/16/23. Interview on 10/04/23 at 05:00 PM with operator A and nursing consultant B, they confirmed the NSA for R1 had not been updated with health care services that addressed the wandering and exit seeking behavior after he left the building two times without staff knowledge. The operator failed to ensure the review and if necessary, following a significant change of condition for R1.	{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. This REQUIREMENT is not met as evidenced by: K.A.R.26-41-202 (d)(2) The facility reported a census of 24 residents. The sample included 4 "Residents'" (R)'s 1, 2, 3, and 4. Based on record review and interview the operator failed to provide the name of the licensed nurse responsible for the implementation and supervision of the health	{S3165}		

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{S3165}	Continued From page 8 service plans for R1, 3 and 4. Findings included: - Record review for R1 revealed an admission date of 07/27/23 with diagnoses of Alzheimer's Dementia, coronary artery disease, essential (primary) hypertension, complete loss of teeth due to caries. R1 "Functional Capacity Screen" (FCS) dated 07/27/23 revealed he required physical assistance with bathing, transferring, walking/mobility and eating. He required supervision with dressing and toileting. He lacked the ability to manage his own medications and was occasionally incontinent of his bladder. He was marked with being able to repeat a sentence for short term memory, could repeat previous items for long term memory, could repeat one of three items for memory recall, and was unable to make decisions due to Alzheimer's diagnoses. He was usually able to make himself understood and he usually understood others. He was marked with impaired decision making and used no mobility device. The "Negotiated Service Agreement" (NSA) dated 08/04/23 identified the following health services to be provided: assist with bathing, orientation reminders, medication management, and "Exit seeking behaviors upon admission. Staff to redirect as needed and ensure he does not exit the building". The NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health service plan.	{S3165}		

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{S3165}	Continued From page 9 - Record review for R3 revealed an admission date of 05/25/18 with diagnoses of hypertension, type two diabetes mellitus, gastroesophageal reflux disease and a cerebral vascular accident. R3 FCS dated 04/19/23 for significant change revealed R3 required physical assistance with bathing, dressing, and toileting. She was independent with transferring, mobility and eating. She lacked the ability to manage her own medications and was incontinent of her bladder. She had no cognitive impairment. She was able to make herself understood and she understood others. She was marked with falls and impaired vision. She used a walker and wheelchair mobility device. R3 NSA updated on 08/02/23 identified the following health services to be provided: assist with cutting up food, manage her medications, monitor for skin breakdown, assistance with bathing, and to be repositioned frequently to prevent skin breakdown. The NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health service plan. - Record review for R4 revealed an admission date of 06/27/20 with diagnoses of glaucoma, congestive heart failure, atrial fibrillation, supraventricular tachycardia, and osteoarthritis. R4 FCS for significant change dated 09/13/23, revealed R4 required physical assistance with bathing, dressing, toileting, and transferring. She	{S3165}		

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{S3165}	Continued From page 10 lacked the ability to manager her own medications, was frequently incontinent of her bladder, and had impaired short-term memory, impaired memory recall, and impaired decision making. She was able to make herself understood and she understood others. Under the ordered therapies and treatments, hospice is listed. R4 NSA updated on 09/13/23 identified the following health services to be provided: hospice, pureed diet with nectar thickened liquids "only, due to choking". The NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health service plan. Interview on 10/4/23 at 07:33 PM with Operator A and nursing consultant B, they confirmed the NSA's lacked the name of the licensed nurse responsible for the implementation and supervision of the health service plans. The operator failed to provide the name of the licensed nurse responsible for the implementation and supervision of the health service plans for R1, 3 and 4.	{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.	{S3202}		

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{S3202}	Continued From page 11 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-205 (d)(4) The facility reported a census of 24 residents. Based on interview and record review the operator failed to ensure the facility "Certified Mediation Aide's" (CMA's) were trained and completed competencies for delegated insulin pen preparation for residents to self-administer. Findings included: - Review of the facility provided document titled "Consulting Visit Report" dated 09/11/23 - 09/15/23, revealed the following statement: "Follow-up for next support visit will be to complete competencies for insulin administration for CMA's as well as "Tuberculosis Testing" (TB), and was signed by consulting "Registered Nurse" (RN) DD The record lacked documentation of a scheduled return visit. Interview on 10/03/23 at 02:30 PM with Operator A, she stated the newly hired "Director of Nursing" (DON) started "ten days ago" and "they had not gotten around to doing" the nursing delegation training. She continued to state the consulting nurse was to provide the training and she was unaware if the consulting nurse provided the training. The operator failed to ensure the facility CMA's were trained and completed competencies for delegated insulin pen preparation for residents to	{S3202}		

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{S3202}	Continued From page 12 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: K.A.R. 26-41-205 (g)(3) The facility reported a census of 24 residents. Based on observation and interview and record review the operator failed to ensure a licensed pharmacist or a "Licensed Nurse" (LN) placed the full name of the resident on the bottles of "Over the Counter" (OTC) medications. Findings included: - Observation on 10/03/23 at 03:46 PM, LN during the initial facility tour for re-visit for correction, LN C opened the locked medication cart and the following OTC bottles lacked the	{S3211}		

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{S3211}	Continued From page 13 resident full name: 1 bottle of Caltrate 1 bottle of Nyamyc Powder 1 bottle of Zinc 50 milligrams 1 bottle of Vitamin D3 1 bottle of Melatonin 5 milligrams Record review of the facility document titled "Consulting Visit Report" dated 09/11/23-09/15/23 and signed by "Registered Nurse" (RN) consultant DD revealed the following statements: "State surveyor exited today on annual survey and complaint investigation". "Medication room audit, only concern was a few expired items (COVID test, Lancets, and Albuterol) and some OTC medications need labels: Vitamin D3, Zyrtec, Refresh eye drops, Neosporin" Interview on 10/03/23 at 03:46 PM with LN C and LN nurse consultant B confirmed the bottles lacked the residents' full names. The operator failed to ensure a licensed pharmacist, or a LN placed the full name of the resident on the bottles of OTC medications.	{S3211}		
{S3280} SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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	{S3280}		

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{S3280}	Continued From page 14 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: K.A.R. 26-41-104 (d) (3) The facility reported a census of 24 residents. Based on interview, 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: - The operator failed to produce documents of Emergency Preparedness training for all staff and residents for the fourth quarter of 2022, and the first, second, and third quarters of 2023. Interview on 10/03/23 at 02:30 PM with operator A, she stated she "hasn't had the time" to provide the required emergency preparedness training to all residents and all staff.	{S3280}		

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{S3280}	Continued From page 15 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.	{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 24 residents. All 24 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: - Observation of the kitchen on 10/03/23 at approximately 04:10 PM revealed a stainless-steel refrigerator and freezer that contained the following items that were not properly dated or labeled: 20 individual cups of ice cream that were	{S3299}		

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{S3299}	Continued From page 16 uncovered on a tray 1 large container of a red sauce with no date Interview with kitchen staff at 04:10 PM, he stated the red sauce had been in the refrigerator since he started four days ago. In the dry foods closet a large bag of white rice was standing opened. On 10/03/23 at approximately 04:10 PM Operator A stated opened items should have a date written on the packaging, and items in the dry storage closet should be closed. 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, freezer, and dry storage closet were properly dated, labeled, and closed.	{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; (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	{S3310}		

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{S3310}	Continued From page 17 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: K.A.R. 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. 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	{S3310}		

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{S3310}	Continued From page 18 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 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	{S3310}		

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{S3310}	Continued From page 19 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. K.A.R. 26-41-207 (c) The facility reported a census of 24 residents and 5 newly hired employees. Based on interview and record review, the operator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - The operator failed to provide documentation of the required 2 step TB test for 5 newly hired employees, and she further failed to provide the annual screening for R2.	{S3310}		

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{S3310}	Continued From page 20 Interview on 10/03/23 at 02:30 PM with operator A, she stated that her newly hired nurse has only been in the building for ten days, and the consulting nurse was supposed to have done the TB testing. Operator A concluded she did not know if the consulting nurse performed the test. Record review of the "Consulting Visit Report" Signed by consulting nurse DD revealed the following statements: "Notes: Follow-up for next support visit will be to complete competencies for insulin administration for certified medication aides as well as TB testing." The document lacked an estimated date of return of the consulting nurse. The operator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) 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. (c) New construction, modifications and	{S3320}		

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{S3320}	Continued From page 21 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: K.A.R. 28-39-254 (a) The facility reported a census of 24 residents. Based on observation and interview, the operator failed to ensure staff secured all chemicals, and oxygen cylinders to maintain the safety of all residents. Findings included: - Observation on 10/03/23 at 03:26 PM during the facility tour: the door to the facility laundry room was propped open, on the washer in the southeast corner of the room sat a large container of powder laundry detergent, on the cabinet on the southwest wall sat a large jug of liquid carpet cleaner, and under the cabinet on the southwest wall sat a second large container of powder laundry detergent. At 03:27 at the end of the southeast hall by the exit door sat a tall unsecured oxygen cylinder. At 1534 on the corner of the nurse desk next to the hallway sat 1 large portable disinfectant spray bottle and 1 can of disinfectant spray. At 04:06 PM in the dining	{S3320}		

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{S3320}	Continued From page 22 room on the west wall under the small sink were 1 can of Ajax cleaner and 1 can of spray disinfectant. Interview on 10/03/23 at 04:06 PM with operator A, she confirmed all chemicals and oxygen cylinders are to be stored securely. The operator failed to ensure staff secured all chemicals, and oxygen cylinders to maintain the safety of all residents.	{S3320}		