STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N016003	A. BUILDING: _____ B. WING _____	09/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS	1201 MARTINDALE BURLINGTON, KS 66839

(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 represent the findings of a resurvey for the above named assisted living facility conducted on 09/18/23 and 09/19/23.	S 000		
S3085 SS=E	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1) The facility reported a census of 19 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSA) for Resident (R) 1, R2, and R3 described the services they received based	S3085		

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

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S3085	Continued From page 1 on their "Functional Capacity Screens" (FCS). Findings included: - Record review for R1 revealed an admission date of 11/15/19 with diagnoses of diabetes mellitus type 2 and hypertension. The 11/04/22 "Functional Capacity Screen" (FCS) identified R1 was marked for impaired vision. The 09/28/21 (most recent) "NSA" failed to identify the services provided R1 for impaired vision. - Record review for R2 revealed an admission date of 10/04/22 with diagnoses of diabetes mellitus type 2 and hypertension. The 11/29/22 "FCS" identified R2 had short-term memory, memory/recall, and decision-making cognitive difficulties, and was marked for impaired vision and impaired hearing. The 11/29/22 "NSA" failed to identify the services provided R2 for cognition, impaired vision, and impaired hearing. - Record review for R3 revealed an admission date of 12/17/21 with diagnoses of heart failure and kidney disease. The 07/28/22 "FCS" identified R3 required physical assistance with bathing, dressing, management of medications and treatments, and was marked for impaired vision. The 12/17/21 (most recent) "NSA" identified	S3085		

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S3085	Continued From page 2 facility staff would provide assistance two times a week for bathing, moderate assistance daily for dressing, administration and reordering of medications, and wound management by a nurse for treatments. The "NSA" failed to describe the services provided R3 for impaired vision. On 09/19/23 at approximately 10:54 AM Administrative Staff A confirmed R1, R2, and R3's "NSA's" failed to describe the services provided based on their "FCS's" The operator failed to ensure the "NSA's" for R1, R2, and R3 described the services provided based on their "FCS's".	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 family.	S3092		

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S3092	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(1) The facility reported a census of 19 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure facility staff completed a "Negotiated Service Agreement" (NSA) based on the "Functional Capacity Screen" (FCS), service needs, and preferences for Residents (R)1 and R3 every 365 days. Findings included: - Record review for R1 revealed an admission date of 11/15/19 with diagnoses of diabetes mellitus type 2 and hypertension. The 11/04/22 "FCS" identified R1 was marked for impaired vision. The 09/28/21 (most recent) "NSA" failed to identify the services provided R1 for impaired vision. R1's record lacked evidence of documentation of an "NSA" since 09/28/21 which was 355 days past due. - Record review for R3 revealed an admission date of 12/17/21 with diagnoses of heart failure and kidney disease. The 07/28/22 "FCS" identified R3 required physical assistance with bathing, dressing, management of medications and treatments, and was marked for impaired vision.	S3092		

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S3092	Continued From page 4 The 12/17/21 (most recent) "NSA" identified facility staff would provide assistance two times a week for bathing, moderate assistance daily for dressing, administration and reordering of medications, and wound management by a nurse for treatments. The "NSA" failed to describe the services provided R3 for impaired vision. R3's record lacked evidence of documentation of an "NSA" since 12/17/21 which was 275 days past due. On 09/18/23 at 04:14 PM Administrative Staff A confirmed R3's "NSA" was not completed within 365 days. On 09/19/23 at approximately 10:54 AM Administrative Staff A confirmed R1's "NSA" was not completed within 365 days. On 09/19/23 at approximately 10:54 AM an "NSA" policy was requested which the facility failed to provide. The operator failed to ensure facility staff completed an "NSA" based on the "FCS", service needs, and preferences for R1 and R3 every 365 days.	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 19 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSAs) named the licensed nurse responsible for implementing and supervising the "Healthcare Service Plans" (HSP). Findings included: - Record review for R1 revealed an admission date of 11/15/19 with diagnoses of diabetes mellitus type 2 and hypertension. The 11/04/22 "Functional Capacity Screen" (FCS) identified R1 was marked for impaired vision. The 09/28/21 (most recent) "NSA" failed to identify the services provided R1 for impaired vision. R1's "NSA" lacked the name of a licensed nurse responsible for implementing and supervising the "HSP." - Record review for R2 revealed an admission date of 10/04/22 with diagnoses of diabetes mellitus type 2 and hypertension. The 11/29/22 "FCS" identified R2 had short-term memory, memory/recall, and decision-making cognitive difficulties, and was marked for impaired vision and impaired hearing.	S3165		

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S3165	Continued From page 6 The 11/29/22 "NSA" failed to identify the services provided R2 for cognition, impaired vision, and impaired hearing. R2's "NSA" lacked the name of a licensed nurse responsible for implementing and supervising the "HSP." - Record review for R3 revealed an admission date of 12/17/21 with diagnoses of heart failure and kidney disease. The 07/28/22 "FCS" identified R3 required physical assistance with bathing, dressing, management of medications and treatments, and was marked for impaired vision. The 12/17/21 (most recent) "NSA" identified facility staff would provide assistance two times a week for bathing, moderate assistance daily for dressing, administration and reordering of medications, and wound management by a nurse for treatments. The "NSA" failed to describe the services provided R3 for impaired vision. R1's "NSA" lacked the name of a licensed nurse responsible for implementing and supervising the "HSP." On 09/19/23 at approximately 10:54 AM Administrative Staff A confirmed the nurse responsible was not named on any residents' "NSAs" that resided at the facility. On 09/19/23 at approximately 10:54 AM an "NSA" policy was requested which the facility failed to provide. The operator failed to ensure the residents'	S3165		

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S3165	Continued From page 7 "NSAs" named the licensed nurse responsible for implementing and supervising their "HSPs." The operator failed to ensure the residents' "NSAs" named the licensed nurse responsible for implementing and supervising their "HSPs."	S3165		
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 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 19 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for	S3310		

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S3310	Continued From page 8 Residents (R) 1 and R3. Findings included: - Record review for R1 revealed an admission date of 11/15/19 with diagnoses of diabetes mellitus type 2 and hypertension. The 08/10/21 annual TB symptom screen questionnaire was negative. R1's record lacked evidence of documentation of an annual TB symptom screen questionnaire since 08/10/21 which was two years and 39 days at the start of the survey. - Record review for R3 revealed an admission date of 12/17/21 with diagnoses heart failure and kidney disease. R3's record lacked evidence of documentation of a TB symptom screen questionnaire. On 09/18/23 at 04:12 PM AM Administrative Staff A confirmed R3's record lacked evidence of documentation of an annual TB symptom screen. On 09/19/23 at approximately 10:54 AM Administrative Staff A confirmed R1's record lacked evidence of documentation of an annual TB symptom screen since 08/10/21. The department's June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented "Each new resident and new employee shall have an initial TB symptom screen. . . within seven days of residency or employment. . . Each resident and employee shall have an annual TB symptom screen that includes the components of	S3310		

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S3310	Continued From page 9 the Tuberculosis Symptom Screen Review Questionnaire." On 09/19/23 at approximately 10:54 AM a TB policy was requested which the facility failed to provide. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		