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GRAN VILLAS PITTSBURG	1004 E CENNTENIAL STREET PITTSBURG, KS 66762

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #181341 at the above named Assisted Living conducted on 09/27/23, 09/28/23 and 10/02/23.	S 000		
S3026 SS=J	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(1)(B) The facility reported a census of 27 residents. The facility identified one resident at risk for elopement. Based on observation, interview, and record review the operator failed to ensure resident (R)101 was not subjected to neglect by the failure to ensure implementation of interventions for resident safety. This resulted in immediate jeopardy when cognitively impaired R101 left the facility property without staff knowledge, after sitting unsupervised, on the front porch and was unaccounted for by staff for approximately 45 minutes. Findings included:	S3026		

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

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- R101's medical record revealed the resident moved into the facility on 09/06/21 with a diagnosis of dementia.

R101's "Functional Capacity Screen" (FCS) dated 09/06/22 revealed she was independent with transfers and mobility with the use of a cane, had a cognitive score of two indicating she was cognitively impaired with short-term memory and memory/recall.

R101's "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCSP) dated 09/06/22 documented staff provided cueing as needed but did not include information concerning wandering, elopement risk or other behavioral symptoms.

Review of R101's medical record revealed the following:

06/29/23 "Nursing Note" by Administrative Nurse B documented, "Resident continues to have increased confusion. Asks questions multiple times throughout the day and night of why, when, who brought her to this facility and who will be picking her up to take her home. Redirects easily. Resident followed the housekeeping staff out the door this afternoon. She walked out to the car and tried to get a ride home from housekeeper ...Notified DPOA (Durable Power of Attorney) and he agreed her dementia is advancing and agrees that resident should be moved to a SNF (skilled nursing facility) or memory care unit ...Staff educated to do 30-minute checks for safety. Called NP (nurse

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practitioner) for possibility of a sitter for resident."

07/06/23 at 04:38 PM "Nurse's Note" by Administrative Nurse B documented, "Resident left facility by foot approximately 04:00 pm. Resident states she used the crosswalk to cross Centennial Street and stated she was going to go home. Resident asked two civilians for a ride home and they alerted police. Staff performing search came upon resident with police and brought resident back to the facility."

07/12/23 "Complaint Investigation Witness Statement" by Certified Medication Aide (CMA) C documented, "When I arrived at work at 03:08 [PM] she [R101] was sitting outside in the black rocking chair. I clocked in and she walked in with me and stated she was going to her room to go to the bathroom...Around 4 o'clock I saw her going back outside. At about 04:25 [PM] [R102] came into the building from sitting outside the building and told me that resident [R108] had stated that [R101] had taken off on foot and walked out the front door to the left ..."

Observation on 09/27/23 at 01:25 PM revealed the front entrance/exit door was not locked but when opened would announce over a speaker system that the front door was opened.

An observation on 09/27/23 at 05:00 PM revealed the facility was in a mixed residential/commercial neighborhood with offices and businesses located directly across from the facility on the north side of a busy, four-lane road, approximately 350 feet from the facility, and had a posted speed limit of 35 miles per hour. The facility was surrounded by an open

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S3026	Continued From page 3 field. There was a residential neighborhood approximately 260 feet to the west of the facility and 0.2 miles to the south of the facility. Approximately 0.1 miles to the east was another street with a skilled nursing facility, a hospital, and other offices. Weather conditions at the time of the elopement as verified on https://www.wunderground.com/ revealed it was light outside, the temperature was approximately 83 degrees Fahrenheit, and there was no noted precipitation at that time. On 10/02/23 at 01:41 PM CMA D stated R101 was not deemed an elopement risk prior to her requesting a ride home from a staff member. CMA D stated R101 was allowed to go out to the front porch unsupervised on a regular basis even after R101 approached staff in the parking lot and requested staff to take her home. CMA D stated when she left after work on the day of the elopement she noticed R101 sitting in the rocking chair on the front porch. On 09/28/23 at 02:06 PM Administrative Nurse B stated R101 asked staff daily why she was at the facility and that she wanted to go home. Administrative Nurse B stated an elopement screen was completed in September 2022 and R101 was assessed to be a moderate risk for elopement. Administrative Nurse B stated R101 went outside to the front porch and sat in the rocking chairs many times daily but never attempted to leave the facility. Administrative Nurse B stated on 06/29/23 R101 asked a staff member to take her home and from this point on staff completed 30-minute checks but R101was still allowed to go out to the front porch to sit unsupervised.	S3026		

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S3026	Continued From page 4 The facility failed to ensure R101 was not subjected to neglect by the failure to ensure implementation of interventions for resident safety when they allowed her to sit outside the facility unsupervised. On 10/02/23 at 02:40 PM Administrative Staff A and Consultant Nurse E were informed of the findings, which resulted in immediate jeopardy regarding a cognitively impaired resident who had demonstrated intent to elope, failure of staff to ensure interventions were put into place to keep R101 safe by ensuring she was supervised at all times while she sat outside and did not leave the facility property without staff being aware. Administrative Staff A submitted an abatement plan which included the following: 07/06/23- Upon returning to the facility R101 was immediately placed on twenty-four/seven one-on-one supervision. 07/06/23- Education on elopement policy with all staff. 07/06/23- Elopement assessment completed for R101 and the NSA/HSP was updated. 07/07/23- An emergency order to admit R101 to a secure SNF was obtained. Staff education/training on supervision of confused residents and residents with routine observation schedules was scheduled for 10/11/23.	S3026		

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S3026	Continued From page 5 Ongoing risk for elopement will be identified for residents with exit-seeking (verbal or physical) behaviors. The immediate jeopardy was abated on 10/02/23 at 05:50 PM based on the facility's plan of correction and approved by the department.	S3026		
S3101 SS=D	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 27 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)103 was signed by all individuals involved in the development of the NSA. Findings included: - R103's medical record revealed the resident moved into the facility on 09/30/22.	S3101		

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S3101	Continued From page 6 The 09/30/22 NSA documented signatures for the nurse and operator but was not signed by R103. On 09/28/23 at 01:49 PM Administrative Nurse B confirmed R103 did not sign her 09/30/22 NSA. The operator failed to ensure R103's NSA was signed by all individuals involved in the development of the NSA.	S3101		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1)	S3175		

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S3175	Continued From page 7 The facility reported a census of 27 residents. The sample included three residents and one abbreviated record review. Based on interview and record review the facility failed to ensure one of four sampled residents' medical records contained documentation of a completed medication self-administration assessment. Findings included: -R102's medical record revealed she moved into the facility on 07/01/22 with a diagnosis of Parkinson's Disease. The 03/31/23 "Functional Capacity Screen" (FCS) documented R102 required physical assistance with medication administration. The 03/31/23 "Negotiated Service Agreement" (NSA) documented staff administered R102's medications but R102 maintained her Duopa (Parkinson's Disease medication containing carbidopa/levodopa) pump independently. Review of R102's medical records failed to locate a medication self-administration assessment completed for the use of a Duopa pump. On 10/02/23 at 02:54 PM R102 stated she managed her Duopa pump for Parkinson's Disease and staff administered all the rest of her medications. On 10/02/23 at 01:35 PM Certified Medication Aide (CMA) D stated staff administered all of R102's medications with the exception of a	S3175		

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S3175	Continued From page 8 Duopa pump which R102 managed on her own. On 09/28/23 at 02:01 PM Licensed Nurse B stated R102 maintained her Duopa pump but could not find where a self-administration assessment was completed for this. The facility failed to ensure a medication self-administration assessment was completed for R102's use of a Duopa pump.	S3175		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The facility reported a census of 27 residents. The sample included three residents and one abbreviated record review. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)103 identified the responsible person	S3186		

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S3186	Continued From page 9 for administration and management of selected medications. Findings included: -R103's medical record revealed she moved into the facility on 09/30/22. The 09/30/22 NSA documented staff administered R103's medications and R103 self-administered over the counter (OTC) medications in her room independently. The NSA did not identify which selected medications R103 self-administered. On 10/02/23 at 01:31 PM Certified Medication Aide (CMA) D stated R103 self-administered only her vitamins which she kept in her room and staff administered all of her other medications. On 09/28/23 at 01:49 PM Licensed Nurse (LN) B stated R103's NSA did not identify any specific OTC medications R103 self-administered. The operator failed to ensure R103's NSA identified who was responsible for administration and management of selected medications.	S3186		
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	S3211		

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S3211	Continued From page 10 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: KAR 26-41-205 (g)(3) The facility reported a census of 27 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 09/27/23 at 02:16 PM revealed the facility's medication cart contained the following OTC medications which were not labeled with a resident's full name: Resident (R)102: One bottle of CVS Health One Daily Women's 50+ Advanced Multivitamin/Mineral Supplement R105: One bottle of Equate Allergy Relief R106: One bottle of Equate Stool Softener One bottle of Spring Valley Calcium 600	S3211		

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S3211	Continued From page 11 milligrams (mg). R107: One bottle of Tylenol Extra Strength On 09/27/23 at 02:34 PM Certified Medication Aide (CMA) F stated OTC medications brought in by family were to be taken to the nurse to verify them with a physician's order and then place the full name of the resident on the bottle before the OTC medications were placed into the medication cart. The undated "Medication Administration Policy" documented, "Medication not requiring a prescription (i.e., over-the-counter medication) must be clearly labeled by the licensed nurse or registered pharmacist with at least the resident's first and last names, room number, date and nurse's initials." 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:	S3213		

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S3213	Continued From page 12 KAR 26-41-205 (g)(2) The facility reported a census of 27 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 09/27/23 at 02:16 PM revealed the facility's medication cart contained the following prescription medication containers which were not labeled with a resident's full name: Resident (R)103: One Trelegy Ellipta inhaler R107: One bottle of Rocklatan eye drops R109: One Albuterol Sulfate HFA inhaler One bottle of Fluticasone Propionate Nasal Spray R110: One bottle of NYAMYC 100,000 R111: One Spiriva Respimat inhaler One bottle of Latanoprost eye drops R112: One Spiriva Respimat inhaler	S3213		

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S3213	Continued From page 13 R113: One Fluticasone Propionate/Salmeterol R114: One Spiriva inhaler 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 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.	S3248		

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S3248	Continued From page 14 This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1) The facility reported a census of 27 residents. Based on interview and record review, the operator failed to ensure two of five newly hired employees records included evidence of timely verification with the nurse aide registry was completed. Findings included: - Review of employee files conducted on 09/27/23 revealed the following: Certified Medication Aide (CMA) G hired on 07/08/23. The "Nurse Aide Registry Confirmation Notice" was dated 07/17/23 which was not prior to or on the date of hire. Certified Nurse Aide (CNA) H hired on 08/09/22. The "Nurse Aide Registry Confirmation Notice" was dated 08/24/22 which was not prior to or on the date of hire. On 10/03/23 at 05:48 PM Administrative Staff A confirmed it was her expectation that the "Kansas Nurse Aide Registry" be checked for new staff prior to hire or at least by the first day of employment. The operator failed to ensure timely verifications of the nurse aide registry checks were completed.	S3248		

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GRAN VILLAS PITTSBURG	1004 E CENNTENIAL STREET PITTSBURG, KS 66762

(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
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 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 27 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 09/28/23 Administrative Staff A provided	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3280	Continued From page 16 documentation for the review of the emergency management plan. Review of the documentation of the emergency management plan with residents revealed missing documentation for the third and fourth quarters of 2022 and the third quarter of 2023. On 09/28/23 at 10:13 AM Administrative Staff A stated she just started completing quarterly reviews of the emergency management plan with residents starting January 2023 and did not have documentation of reviews being completed prior to this. Review of the documentation of the emergency management plan with employees revealed missing documentation for the third and fourth quarter of 2022, and first and third quarter of 2023. On 09/28/23 at 10:56 AM Administrative Staff A stated she did not have documentation of quarterly reviews of the emergency management plan with employees for 2022, and the first and third quarters of 2023. The operator failed to ensure the completion of quarterly reviews covering all of the required items of the emergency management plan with employees and residents.	S3280		
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	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3310	Continued From page 17 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 27 residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Review of five newly hired staff records revealed the following: Certified Medication Aide (CMA) G hired 07/08/23 lacked documentation a TB symptom screening questionnaire was completed within seven days of hire. Certified Nurse Aide (CNA) H hired 08/09/22 had the first step of the two-step TB skin test (TST) administered 08/31/22 which was 15 days late.	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3310	Continued From page 18 There was no documentation of a TB symptom screening questionnaire completed within seven days of hire. CMA C hired 08/23/22 did not have documentation a TB symptom screening questionnaire was completed within seven days of hire. CNA I hired on 04/06/23 did not have documentation of a TB symptom screening questionnaire being completed within seven days of hire and the second step of the two-step TST was completed 38 days late. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of ...employment ...Each new ...employee shall receive a two-step TST ...within 7 days of ...employment ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks ..." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		