STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023017	A. BUILDING: _____ B. WING _____	10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR OF LAWRENCE	3220 PETERSON RD LAWRENCE, KS 66049

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint 174632, 175415, 177549, 177995, and 179464 at the above named Assisted Living conducted on 10/17/23 and 10/18/23.	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 22 residents. The sample included three residents and three abbreviated resident record reviews. Based on interview, and record review the operator failed	S3085		

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S3085	Continued From page 1	S3085		

to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)102 and R103.

Findings included:

- R102's medical record revealed he moved into the facility on 07/28/23.

The 09/13/23 FCS identified R102 had impaired vision and impaired hearing.

The 09/13/23 NSA did not address what staff were going to do to address R102's impaired vision or his impaired hearing.

The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS.

- R103's medical record revealed he moved into the facility on 08/30/22.

The 06/13/23 FCS identified R103 triggered for falls/unsteadiness and for impaired decision-making abilities.

The 06/13/23 NSA did not address what staff were going to do to address R103's falls/ unsteadiness and for impaired decision-making abilities.

The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS.

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S3110	Continued From page 2	S3110		
S3110 SS=D	26-41-203 (a) Range of Services (a) Range of services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of the range of services specified in each resident ' s negotiated service agreement. The range of services may include the following: (1) Daily meal service based on each resident's needs; (2) health care services based on an assessment by a licensed nurse and in accordance with K.A.R. 26-41-204; (3) housekeeping services essential for the health, comfort, and safety of each resident; (4) medical, dental, and social transportation; (5) planned group and individual activities that meet the needs and interests of each resident; and (6) other services necessary to support the health and safety of each resident. This REQUIREMENT is not met as evidenced by: 3110 KAR 26-41-203(a)(2)(3) The facility reported a census of 22 residents. The sample included three residents and three abbreviated resident record reviews. Based on interview, and record review the operator failed to ensure resident (R)104 received health care services based on an assessment by a licensed nurse and did not receive housekeeping services	S3110		

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S3110	Continued From page 3	S3110		

essential for the health, comfort, and safety.

Findings included:

- R104's medical record revealed the resident moved into the facility on 08/27/22.

The 01/09/23 "Functional Capacity Screen" (FCS) identified R104 required physical assistance with bathing, dressing, and toileting.

The 01/09/23 "Negotiated Service Agreement" (NSA) documented R104 had false teeth and staff were to remind her to take them out and brush them. Staff were to encourage R104 to put her false teeth in a cup to soak overnight and staff were to assist R104 with changing into clean clothing when they were soiled. Staff were to launder linens and personal laundry twice weekly and as needed for incontinence, and to provide housekeeping service twice weekly and as needed for incontinence.

Review of the 10/2022 "Services Delivery Record" revealed laundry services were documented as provided two out of 30 days. Housekeeping services were documented as provided three out of 30 days. There was missing documentation that staff provided hygiene and grooming services on the evening/night shifts nine of 30 days.

On 10/18/23 at 02:05 PM Certified Medication Aide (CMA)C stated R104 required assistance with personal hygiene and that the night shift should have assisted R104 with taking out her dentures and putting them in a cup to soak

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S3110	Continued From page 4 overnight. CMA C stated there were a few times when she came on duty in the morning that she found R104 with her dirty dentures still in her mouth. CMA C stated R104 was incontinent and would frequently change her clothes and either left them at the foot of her bed or on the floor in her closet. CMA C stated staff filled out a "Services Delivery Record" and placed their initials next to the services they provided that day and presumed if staff did not initial this record, then the service was not provided. On 10/18/23 at 04:30 PM Administrative Nurse B stated staff need to complete the "Service Delivery Record" to document what services they provided a resident and if it was not documented, it was not done. The operator failed to ensure staff provided the daily assistance R104 needed with her dentures and failed to ensure laundry and housekeeping services were provided as specified in the NSA.	S3110		
S3165 SS=E	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: KAR 26-41-204(d) The facility reported a census of 22 residents.	S3165		

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S3165	Continued From page 5	S3165		

The sample included three residents and three abbreviated resident record reviews. 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 09/11/19.

R101's most recent NSA was completed on 07/11/23. An addendum that identified the current nurse responsible for the implementation and supervision of the Health Care Service Plan (HCSP) had not been completed.

On 10/18/23 at 03:53 PM Administrative Nurse B stated R101's NSA needed to be amended to identify her as the nurse responsible for the implementation and supervision of the HCSP.

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 07/28/23.

R102's most recent NSA was completed on 09/13/23. The current nurse responsible for the implementation and supervision of the HCSP was not identified.

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S3165	Continued From page 6 On 10/18/23 at 03:53 PM Administrative stated R102's the NSA did not identify the nurse responsible for the implementation and supervision of the HCSP. The operator failed to ensure R102's NSA identified 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 08/30/22. R103's most recent NSA was completed on 06/13/23. An addendum that identified the current nurse responsible for the implementation and supervision of the Health Care Service Plan (HCSP) had not been completed. On 10/18/23 at 04:11 PM Administrative Nurse B acknowledged that the nurse responsible for the implementation and supervision of the care was not amended to show that she was the new nurse responsible. 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		
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	S3211		

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S3211	Continued From page 7	S3211		

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:
KAR 26-41-205 (g)(3)

The facility reported a census of 22 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 six residents.

Findings included:

- Observation on 10/17/23 at 09:44 AM revealed the facility's assisted living medication cart contained the following OTC medications which were not labeled with a resident's full name:

Resident (R)107:
One bottle of Spring Valley Niacin 500 milligrams (mg.)
One bottle of Spring Valley Omega-3 500 mg.
One bottle of Equate Stool Softener100 mg.

R108:

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S3211	Continued From page 8 One bottle of Spring Valley Vitamin C 500 mg. R109: One bottle of Asper creme with Lidocaine stored in the original packaging. The tube was not labelled with R109's full name. R110: One bottle of DG Health Extra Strength Pain Relief R103: One bottle of Aleve 220 mg. R111: One bottle of Aleve 220 mg. On 10/17/23 at 10:01 AM , CMA C stated when OTCs are brought in, these medications are given to the nurse to look over and label and the nurse will give back to the CMAs to put into the cart. The 07/01/12 "Labeling & Packaging of Medications" policy documented, " ...Residence Staff may not administer over the counter medication that are not ...labeled in compliance with state regulations ..." 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=F	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	S3213		

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S3213	Continued From page 9 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 22 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 10/17/23 at 09:44 AM revealed the facility's assisted living medication cart contained the following prescription medications which were not labeled with a resident's full name: Resident (R)112- Fluticasone Propionate 50 micrograms (mcg.) R113: Three spray bottles of Fluticasone Propionate 50 mcg. R109: One spray bottle Ipratropium Bromide nasal solution. One inhaler of Albuterol Sulfate Inhalation Aerosol.	S3213		

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S3213	Continued From page 10 R114: One bottle of Latanoprost eyedrops Two bottles of Dorzolamide 2 percent eyedrops Observation on 10/17/23 at 09:44 AM revealed the facility's memory care medication cart contained the following prescription medications which were not labeled with a resident's full name: R115: One bottle of Dorzolamide eyedrops. One bottle of Refresh eyedrops Observation on 10/17/23 at 10:08 AM revealed the medication room contained the following prescription medications which were not labeled with a resident's full name: R116: One bottle of Dronabinol 2.5 mg. R114: Two bottles of Latanoprost eyedrops. The 07/01/12 "Labeling & Packaging of Medications" policy documented, "...Prescription containers are to be labeled in accordance with all regulatory requirements." The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and	S3215		

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S3215	Continued From page 11 biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 22 residents.	S3215		

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S3215	Continued From page 12 Based on observation and interview, the operator failed to ensure resident medications were stored in accordance with each manufacturer's recommendations. Findings included: - Observation on 10/17/23 at 10:08 AM the facility's medication room had a refrigerator with an opened box with an unsealed vial of TUBERSOL that was not marked with the opened date. The box, product insert and the vial of TUBERSOL itself contained instructions that a vial of TUBERSOL which has been entered and in use for 30 days should be discarded. The operator failed to ensure medications were stored in accordance with each manufacturer's recommendations.	S3215		
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	S3248		

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S3248	Continued From page 13 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(4) The facility reported a census of 22 residents. Based on interview and record review, the operator failed to ensure three 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 10/17/23 revealed the following: Certified Medication Aide (CMA) E hired on 03/26/23. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was completed for this staff. CMA F hired on 06/27/22. The "Nurse Aide	S3248		

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S3248	Continued From page 14 Registry Confirmation Notice" was checked 22 days after the date of hire. CMA G hired on 06/29/22. The "Nurse Aide Registry Confirmation Notice" was checked 35 days after the date of hire. The operator failed to ensure timely verifications of the nurse aide registry checks were completed.	S3248		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 22 residents. The sample included three residents and three abbreviated resident record reviews. Based on interview and record review the operator failed to ensure resident (R)106's medical record contained documentation of all incidents, actions taken and results of the action. Findings included: -R106's medical record revealed she moved into	S3261		

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S3261	Continued From page 15	S3261		

the facility on 11/04/21 with a diagnosis of Alzheimer's Disease.

The 10/03/22 "Functional Capacity Screen" (FCS) documented R106 was independent with transfers and mobility and triggered for falls.

The 10/03/22 "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCSP) did not address how staff were to address R101's falls and did not include any potential interventions in place to help prevent falls.

Review of the medical records revealed "Fall Risk Evaluations" were completed on: 03/08/22, 04/29/22, 07/31/22, and 08/05/22.

05/05/22 "Nursing Notes" documented, " ...Resident reportedly had a fall 04/29/22 ..." No other documentation was found that documented R106 experienced falls including the date, time of occurrence, action taken, and results of the action.

On 10/18/23 documentation of fall investigations completed for R106 were requested but none were provided.

On 10/18/23 at 02:20 PM Certified Medication Aide (CMA) C stated R106 was independent with transfers and walking. CMA C stated R106 had more than one fall and she went to the hospital where they found R106 had a brain bleed.

On 10/18/23 at 04:34 PM Administrative Nurse B stated she expected when a resident experienced a fall, staff were to complete a chart

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023017	A. BUILDING: _____ B. WING _____	10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR OF LAWRENCE	3220 PETERSON RD LAWRENCE, KS 66049

(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
S3261	Continued From page 16 note, a fall risk assessment and include interventions. On 10/17/23 at 03:53 PM Administrative Staff A stated she was not able to find any fall investigations completed for R106. The 07/01/12 "Falls Management" policy documented, "An Incident Occurrence Report will be initiated at the time of the resident's witnessed or unwitnessed fall, report of falls and post-fall interventions and tracking will be implemented ...The Healthcare Coordinator is responsible to evaluate each incident of Fall and, in conjunction with the resident, their legal representative and physician update the plan of care as appropriate to reduce the risk for future falls." The operator failed to ensure designated staff included documentation of all incidents, action taken, and results of the action.	S3261		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature.	S3420		

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S3420	Continued From page 17 (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256(c)(2)(B) The operator reported a census of 22 residents. The operator failed to ensure water temperatures in resident use areas did not exceed 120 degrees Fahrenheit (F).	S3420		

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S3420	Continued From page 18 Findings included: - On 10/17/23 at 10:53 AM the unlocked public "Bathroom" by the nurses' station registered a hot water temperature of 127.0 degrees F. On 10/17/23 at 10:58 AM the dining room sink hot water temperature registered 125.9 degrees F. Maintenance Staff D brought his new thermometer and a hot water temperature was obtained using both the facility thermometer as well as the surveyor thermometer and were found to be within one degree variance of each other. On 10/17/23 at 11:10 AM the memory care unit kitchenette hot water temperature registered 127.9 degrees F and resident room 503 had a hot water temperature of 126.5 degrees F. Review of the "Logbook Documentation" for hot water temperatures revealed: 07/2023- hot water temperatures greater than 120 F were documented 20 times. 08/2023- hot water temperatures greater than 120 F were documented 22 times. 09/2023- hot water temperatures greater than 120 F were documented 20 times. 10/2023 up to 10/13- hot water temperatures greater than 120 F were documented 10 times. On 10/17/23 at 11:00 AM Maintenance Staff D stated he had worked at the facility for approximately four months and randomly checked hot water temperatures every day in resident rooms or public areas and logged the	S3420		

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S3420	Continued From page 19 hot water temperatures into the TELS electronic water temperature log. Maintenance Staff D stated he thought hot water temperatures should run between 120 degrees F and 123 degrees F. The 04/14/14 "Preventive Maintenance Logs" policy documented, "Water temperature in the apartments should not exceed 120 degrees. The operator failed to ensure water temperatures in resident use areas did not exceed 120 degrees Fahrenheit.	S3420		