

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/24/2023
NAME OF PROVIDER OR SUPPLIER QUALITY CARE LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11206 WEST 72ND TERRACE SHAWNEE, KS 66203		
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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named home plus facility conducted on 10/23/23, and 10/24/23.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated 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: KAR 26-42-201(c)(2) The facility reported a census of five residents with three included in the sample. Based on interview and record review the operator failed to complete a "Functional Capacity Screen" (FCS) for Resident (R) 2 following a significant change in condition. Finding included: - Record review for R2 revealed an admission date of 01/05/23 with diagnoses of type two diabetes mellitus and development disorder. The 01/05/23 "FCS" identified R2 was unable to perform eating.	S5085		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5085	Continued From page 1 The 01/06/23 "Negotiated Service Agreement" (NSA) identified facility staff would provide R2 stand-by assistance with eating. On 10/24/23 at approximately 10:31 AM Administrative Staff A stated R2 had improved and was able to feed himself while using a lifted plated and weighted flatware. He confirmed a significant change "FCS" had not been completed to reflect the improvement in R2's functional capacity. The operator failed to ensure an "FCS" was completed for R2 following a significant change.	S5085		
S5105 SS=D	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced	S5105		

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S5105	Continued From page 2 by: KAR 26-42-202(a)(1) The facility reported a census of five residents with three included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Residents (R) 3 described the services provided based on his "Functional Capacity Screens" (FCS) for cognition. Findings included: - Record review for R3 revealed an admission date of 05/28/22 with diagnoses of anxiety, depression, delusions, and hallucinations. The 10/30/22 "FCS" identified R3 had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties. The 10/30/22 "NSA" failed to identify the services provided for cognitive difficulties. On 10/24/23 at approximately 10:31 AM Administrative Staff A confirmed R3's "NSA" failed to describe the services provided based on his "FCS" for cognition. The operator failed to ensure the "NSA" for R3 described the services provided based on his "FCS" for cognition.	S5105		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the	S5116		

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S5116	Continued From page 3 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, 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: KAR 26-42-202(d)(2) The facility reported a census of five residents with three included in the sample. Based on interview and record review the operator failed to ensure the review and if necessary, revision of the "Negotiated Service Agreement" (NSA) for Resident (R) 1 when she no longer required the use of a mechanical lift for transfers and physical and occupational therapy and was admitted to home health services for wound care. Findings included: - Record review for R1 revealed an admission date of 11/30/22 with a diagnosis of multiple sclerosis. The 11/30/22 "Functional Capacity Screen" (FCS) identified R1 was unable to perform transfers.	S5116		

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S5116	Continued From page 4 The 12/01/22 "NSA" identified facility staff would provide R1 total assistance with transfers with a mechanical lift. The "NSA" lacked evidence of documentation R1 was no longer provided physical and occupational therapy services and that she had been provided wound care services by home health. On 10/23/23 at 03:37 PM Administrative Staff A confirmed R1 was not provided assistance with a mechanical lift for transfers. On 10/24/23 at approximately 10:31 AM Administrative Staff A confirmed R1's "NSA" lacked evidence of documentation she no longer was provided a mechanical lift for transfers, physical and occupational therapy services, and that she had been provided wound care services. The operator failed to ensure the review and if necessary, revision of the "NSA" for R1 when she no longer required the use of a mechanical lift for transfers and physical and occupational therapy and was admitted to home health services for wound care.	S5116		
S5230 SS=F	26-42-207 (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	S5230		

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S5230	Continued From page 5 annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home '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- 42-207(c) The facility reported a census of five residents with three residents included in the sample. Based on interview and record review 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 KAR 26-39-105 for Residents (R) 1 and R2. Findings included: - Record review for R1 revealed an admission date of 11/30/22 with a diagnosis of multiple sclerosis. The 12/01/22 first step TB skin test was read on 12/03/22 with negative results. R1's record lacked evidence of documentation of the second step TB skin test. - Record review for R2 revealed an admission date of 01/05/23 with diagnoses of type two diabetes mellitus and development disorder.	S5230		

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S5230	Continued From page 6 The 12/01/22 first step TB skin test was read on 12/03/22 with negative results. The 01/20/23 second step TB skin test was read on 01/23/23 with negative results. R2's record lacked evidence of documentation of a TB symptom screen within seven days of admission. On 10/24/23 at approximately 10:31 AM Administrative Staff A confirmed R1's record lacked evidence of documentation of a second step TB skin test and R2's record lacked evidence of documentation of a TB symptom screen. The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented Each new resident and employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire and shall receive a two-step TST or an IGRA within 7 days of residency or employment. Each resident and employee shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire. 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.	S5230		