STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N039005	A. BUILDING: _____ B. WING _____	10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE ESTATES ASSISTED LIVING	1212 HICKORY STREET HARPER, KS 67058

(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 citations represent the findings of a Re-Licensure Survey with complaint investigation 172848 for the above named Assisted Living Facility conducted on 10/26/23, 10/30/23, and 10/31/23.	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)(2) The facility reported a census of 11 residents (R). The sample included three residents. Based on record review and interview for three (R3, R4, and R5) of three sampled residents, the operator	S3085		

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

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S3085	Continued From page 1	S3085		

failed to ensure a licensed nurse completed the "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and service needs including a description of the service to be provided and who provided the service.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 02/01/23 with diagnosis of diabetes type two and memory loss.

R3's "Functional Capacity Screen" (FCS) dated 01/10/23 identified the resident needed physical assistance with management of medications and medical treatments and had impaired cognition.

R3's "Negotiated Service Agreement" (NSA) dated 02/01/23 failed to identify services to be provided or who provided the services related to administration of medications, medical treatments, and impaired cognition.

On 10/31/23 at 09:05 AM Licensed Nurse (LN) B acknowledged the NSA did not include services for impaired cognition or medical treatments as identified on R3's FCS and did not specify the provider of services.

The operator failed to ensure designated staff developed R3's NSA to include services and the provider of services based upon R3's FCS and service needs.

- Review of R4's medical record revealed she moved into the facility on 10/07/15 with diagnoses of hypertension and arthritis.

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S3085	Continued From page 2 Review of R4's "Functional Capacity Screen" dated 07/03/23 identified she needed supervision with bathing, dressing and management of medications, but was unable to manage her medical treatments. Review of R4's "Negotiated Service Agreement" (NSA) dated 07/03/23 failed to identify services or who provided services related to management of medical treatments. The NSA also identified the resident was at risk for falls but did not include services or the provider of services related to her risk for falls or who provided her assistance with putting on her showers daily. On 10/31/23 at 09:16 AM Licensed Nurse (LN) B acknowledged the NSA did not include services or who provided services for needs addressed on R4's FCS. The operator failed to ensure designated staff developed R4's NSA to include services and the provider of services based upon R4's FCS and service needs. - Review of R5's Medical Record revealed she moved into the facility on 05/16/19 with diagnoses of hypertension and coronary artery disease. R5's "Functional Capacity Screen" (FCS) dated 06/01/23 identified she was unable to manage her medications and medical treatments. R5's "Negotiated Service Agreement" (NSA) dated 06/06/23 failed to include services and the	S3085		

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S3085	Continued From page 3 provider of services related to management of medical treatments. On 10/31/23 at 09:23 AM Licensed Nurse (LN) B acknowledged the NSA did not include services or who provided services for R5 related to medical treatments. The operator failed to ensure designated staff developed R5's NSA to include services and the provider of services based upon R5's FCS and service needs related to medical treatments.	S3085		
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: KAR 26-41-204 (d) The facility reported a census of 11 residents (R). The sample included three residents. Based on interview for all residents and record review, the operator failed to ensure all residents, including three (R3, R4, R5) of three sampled residents "Negotiated Service Agreements" included the name of the licensed nurse responsible for the implementation and supervision of the "Health Care Service Plan". Findings included:	S3165		

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S3165	Continued From page 4	S3165		

- Review of R3's medical record revealed she moved into the facility on 02/01/23 with diagnosis of diabetes type two and memory loss.

R3's "Functional Capacity Screen" (FCS) dated 01/10/23 identified the resident needed physical assistance with management of medications and medical treatments, had impaired cognition and impaired decision making.

R3's "Negotiated Service Agreement" (NSA) dated 02/01/23 lacked the name of the licensed nurse responsible for the implementation and supervision of the resident's "Health Care Service Plan" (HCSP).

On 10/31/23 at 09:05 AM Licensed Nurse (LN) B acknowledged the section for the name of the "Nurse responsible for the service plan" lacked the name of the LN responsible.

The operator failed to ensure designated staff developed R3's NSA to include the name of the LN responsible for the implementation and supervision of her HCSP.

- Review of R4's medical record revealed she moved into the facility on 10/07/15 with diagnoses of hypertension and arthritis.

Review of R4's "Functional Capacity Screen" dated 07/03/23 identified she needed supervision with bathing, dressing and management of medications, but was unable to manage her medical treatments.

Review of R4's "Negotiated Service Agreement"

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S3165	Continued From page 5	S3165		

(NSA) dated 07/03/23 lacked the name of the Licensed Nurse (LN) responsible for the implementation and supervision of her "Health Care Service Plan" (HCSP).

On 10/31/23 at 09:05 AM Licensed Nurse (LN) B acknowledged the section for the name of the "Nurse responsible for the service plan" lacked the name of the LN responsible.

The operator failed to ensure designated staff developed R4's NSA to include the name of the LN responsible for the implementation and supervision of her HCSP.

- Review of R5's Medical Record revealed she moved into the facility on 05/16/19 with diagnoses of hypertension and coronary artery disease.

R5's "Functional Capacity Screen" (FCS) dated 06/01/23 identified she was unable to manage her medications and medical treatments.

R5's "Negotiated Service Agreement" (NSA) dated 06/06/23 lacked the name of the Licensed Nurse (LN) responsible for the implementation and supervision of her "Health Care Service Plan" (HCSP).

On 10/31/23 at 09:05 AM LN B acknowledged the section for the name of the "Nurse responsible for the service plan" lacked the name of the LN responsible.

On 10/31/23 at 09:25 AM Administrative Staff A reported all 11 resident's NSA would have the section for the name of the licensed nurse blank

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S3165	Continued From page 6 as she thought that was filled in only if the resident received skilled nursing services. The operator failed to ensure designated staff developed R5 and all other resident's NSA to include the name of the LN responsible for the implementation and supervision of the HCSP.	S3165		
S3201 SS=D	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d)(3)(D) The facility reported a census of 11 residents. The Sample included three residents. Based on	S3201		

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S3201	Continued From page 7	S3201		

interview, and record review the operator failed to ensure facility staff followed professional standards of practice while administering medications for one (R3) of three sampled residents by the failure of the medication aides to document the administration of each resident's medication in the medications administration record immediately before or following the completion of the task.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 02/01/23 with diagnosis of diabetes type two and memory loss.

R3's "Functional Capacity Screen" (FCS) dated 01/10/23 identified the resident needed physical assistance with management of medications.

R3's "Negotiated Service Agreement" (NSA) dated 02/01/23 revealed the resident received medication reminders from facility staff.

Review of R3's Medication Administration Record (MAR) for October 2023 revealed staff failed to document the administration of the following 09:00 AM medications on 10/11/23 and 10/12/23: Potassium, Lisinopril (antihypertensive), Hydrochlorothiazide (diuretic), Atenolol (antihypertensive) and Docusate sodium (stool Softener).

On 10/30/23 at 01:08 PM Administrative Staff A reported Certified Medication Aides (CMA) were supposed to initial the MAR when they administered each resident's medications. Administrative Staff A looked at R3's medication

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S3201	Continued From page 8 cards and confirmed on 10/11/23 and 10/12/23 CMA's administered R3 her medications but failed to document in the MAR. The operator failed to ensure qualified staff documented the administration of medications to R3 immediately before or after completion of the task.	S3201		
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 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 11 residents. Based on observation and interview, the executive director failed to ensure all over-the-counter medications were labeled with the resident's full name. This includes the need for the resident's full name to be on the original	S3211		

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S3211	Continued From page 9 manufacturer's medication package and the medication container/tube. Findings included: - On 10/30/23 at 10:47 AM Administrative Staff A unlocked the medication room and the medication cart for inspection. Observations revealed the following bottles of over-the-counter medications did not have a resident's full name on the package or the medication container: Tri-Active biotics, Mucus relief DM ER, Murine ear wax removal drops, and a box top for refresh PM drops rubber banded around three foil packages. On 10/30/23 at 10:50 AM Administrative Staff A acknowledged over the counter medications needed to include the resident's full name on the bottle for whom it belonged. The operator failed to ensure all over-the-counter medications included the full name of the resident they belonged to and included the name on the original manufacturer's medication package and the medication container.	S3211		
S3220 SS=D	26-41-205 (k) Medication Clinical Record (k) Clinical record. The administrator or operator, or the designee, shall ensure that the clinical record of each resident for whom the facility manages medication or prefills medication containers or syringes contains the following documentation: (1) A medical care provider ' s order for each medication; (2) the name of the pharmacy provider of the	S3220		

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S3220	Continued From page 10 resident ' s choice; (3) any known medication allergies; and (4) the date and the 12-hour or 24-hour clock time any medication is administered to the resident. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (k)(1) The facility reported a census of 11 residents (R). The sample included three residents. Based on record review and interview the facility failed to ensure one (R3) of three sampled resident's medical record contained a medical care provider's order for each medication the facility was responsible for administering. Findings included: - Review of R3's medical record revealed she moved into the facility on 02/01/23 with diagnosis of diabetes type two and memory loss. R3's "Functional Capacity Screen" (FCS) dated 01/10/23 identified the resident needed physical assistance with management of medications. R3's "Negotiated Service Agreement" (NSA) dated 02/01/23 revealed the resident received medication reminders from facility staff. Review of R3's Medication Administration Record (MAR) revealed the facility was responsible for the administration of the following medications: Atenolol (antihypertensive), Lisinopril	S3220		

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S3220	Continued From page 11 (antihypertensive), Hydrochlorothiazide (diuretic), Calcium, Docusate Sodium (stool Softener) and Simvastatin (for cholesterol). On 10/30/23 Surveyor looked through R3's medical record which lacked signed physician orders for the administration of the medications listed on the MAR. On 10/30/23 at 12:46 PM Administrative Staff A reported the resident moved into the facility from her home and confirmed the record did not include signed physician orders for the medications the facility was responsible for administering. The operator failed to ensure R3's record included signed physician orders for the medications the facility was responsible for administering to R3.	S3220		
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	S3248		

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S3248	Continued From page 12	S3248		

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)(2)

The facility reported a census of 11 residents. Based on interview and record review of five newly hired employees, the operator failed to have evidence the facility completed a criminal background check by the required state agency, pursuant to K.S.A.39-970 and amendments thereto for one of five newly hired staff.

The findings included:

- Review of the employee records revealed that "Housekeeping Staff" D did not have a receipt for a criminal background check through "Kansas Department for Aging and Disabilities" (KDADS) or have printed results of completing the background check.

On 10/30/23 at 11:56 AM Administrative staff A contacted human resource personnel and confirmed they had not completed the criminal

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S3248	Continued From page 13 background check for housekeeping staff D. The operator failed to ensure designated staff completed the criminal background check for housekeeping staff D through KDADS as required.	S3248		
S3261 SS=E	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 11 residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure three (R3, R4, and R5) of three sampled residents records contained documentation of all incidents, symptoms, the date, and time of the occurrence, what was done, and the results of action taken. Findings included: - Review of R3's medical record revealed she moved into the facility on 02/01/23 with diagnosis of diabetes type two and memory loss. R3's "Functional Capacity Screen" (FCS) dated	S3261		

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S3261	Continued From page 14 01/10/23 identified the resident needed physical assistance with management of medications and medical treatments and had impaired cognition. R3's "Negotiated Service Agreement" (NSA) dated 02/01/23 identified staff provided medication reminders, the resident had trouble with short term memory problems and needed help making decisions. Review of R3's Nurse's Notes included the following documentation: 03/03/23 "Recent positive stool for occult blood." The record lacked documentation of symptoms prior to testing R3's stools for occult blood or additions follow up related to having blood in her stools. 03/03/23 - "Recommendation made for the resident to have a colonoscopy." The record lacked information if the resident had a colonoscopy completed or not or results of a colonoscopy if it was completed. 07/03/23 - Urinary Tract Infection (UTI) on 06/14/23 antibiotic for three days. The record lacked any symptoms related to having a urinary tract infection or if the symptoms resolved after completion of the antibiotics. On 10/31/23 at 08:19 AM Administrative Staff A stated she used to document in the nursing notes when the resident had a fall or when the resident had some type of illness, but the licensed nurse just documents once a month when she comes to the facility. On 10/31/23 at 09:09 AM Licensed Nurse B reviewed R3's nurses notes and acknowledged the record did not include documentation of	S3261		

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symptoms related to blood in stools, follow up related to the recommendation for R3 to have a colonoscopy, or symptoms related to the resident having a UTI and if those symptoms resolved after antibiotic treatment.

The operator failed to ensure R3's record included documentation of all symptoms, what was done and follow up after treatments were completed.

- Review of R4's medical record revealed she moved into the facility on 10/07/15 with diagnoses of hypertension and arthritis.

Review of R4's "Functional Capacity Screen" dated 07/03/23 identified she needed supervision with bathing, dressing and management of medications, but was unable to manage her medical treatments.

Review of R4's "Negotiated Service Agreement" (NSA) dated 07/03/23 identified the resident needed help with getting shoes on and off, to call for assist during the night for transfers, and she self-administered her medications after they were prepared by family in a medication planner.

Review of R4's medical record included the following documentation:
12/5/22 - tested positive for COVID on 12/2/22, remain in isolation for five days and to wear a mask when out of room another five days.
The record lacked follow up on any symptoms and effectiveness of treatment for COVID.
02/06/23 - Resident had a fall on 01/25/23 in bathroom with a small skin tear, using patches and ibuprofen alternating with Tylenol for pain in

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left hand side.
The record lacked follow up on the resident's fall, skin tear, and pain in her left hand.
05/01/23 - Resident had a fall in room on 04/26/23 with no injuries.
06/01/23 - Resident had a physician visit on 05/05/23 for complaints of sinus pain and started on an antibiotic for 10 days.
The record lacked documentation of the effectiveness of the antibiotic and the resident having sinus pain.

On 10/31/23 at 08:19 AM Administrative Staff A stated she used to document in the nursing notes when the resident had a fall or when the resident had some type of illness, but the licensed nurse just documents once a month when she comes to the facility.

On 10/31/23 at 09:17 AM Licensed Nurse B reviewed R4's nurses notes and acknowledged the record did not include documentation of symptoms or follow up related to COVID, fall follow up, and sinus pain post antibiotic treatment.

The operator failed to ensure R4's record included documentation of all symptoms, what was done and follow up after treatments were completed.

- Review of R5's Medical Record revealed she moved into the facility on 05/16/19 with diagnoses of hypertension and coronary artery disease.

R5's "Functional Capacity Screen" (FCS) dated

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06/01/23 identified she was unable to manage her medications and medical treatments.

R5's "Negotiated Service Agreement" (NSA) dated 06/06/23 revealed medications were administered by Certified Medication Aides, and she used a walker for mobility.

Review of R5's medical record included the following documentation:
06/01/23 - The resident had edema in ankles and feet and needed to go to the health department for toenail care. Area on lateral L foot 0.5 centimeter in size swollen without redness with complaints of tenderness especially at night. The record lacked follow up related to the resident's edema, if physician was notified or follow up related to the swollen are on the residents left foot.
07/03/23 - reminded operator of needed for resident to go to the health department to get toenails trimmed. Recent urinary tract infection with three days of antibiotic completed - awaiting culture report.
The record lacked information if the resident went to the health department or not, lacked documentation of symptoms related to urinary tract infection and effectiveness of the antibiotic treatment.
08/02/23 - Right Lower leg swollen and reddened - warm to touch with pitting edema noted on lower leg. [Name] notified of need for family to be notified and resident to be seen by provider. The record lacked documentation of family notification and what was done and results of action related to increased edema and redness until one month later on 09/07/23.
09/07/23 - Resident seen in medical clinic on

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S3261	Continued From page 18 08/03/23 and 08/08/23 with new orders to start antibiotic. Resident seen again on 08/0823 with another antibiotic started. The record lacked follow up on the symptoms and effectiveness of antibiotic treatments. 10/26/23 -Resident with low-grade temperature on 10/23 /23 and tested positive for COVID on 10/24/23. The resident experienced confusion in the afternoon and seen by provider in emergency department. Resident started on Paxlovid (Covid medication) and follow up with primary care physician in five to seven days if needed. The record lacked follow up as to the resident's symptoms of COVID and results of Paxlovid treatment. On 10/31/23 at 08:19 AM Administrative Staff A stated she used to document in the nursing notes when the resident had a fall or when the resident had some type of illness, but the licensed nurse just documents once a month when she comes to the facility. On 10/31/23 at 09:25 AM Licensed Nurse B reviewed R5's nurses notes and acknowledged the record did not include documentation of symptoms related to COVID or follow up related to her edema and COVID. The operator failed to ensure R5's record included documentation of all symptoms, what was done and follow up after treatments were completed.	S3261		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin	S3310		

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S3310	Continued From page 19 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 11 residents (R). The sample included three residents and review of five newly hired employee record. Based on interview and record review the executive director 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 one (R3) of three sampled residents and for one of five newly hired employees. Findings included: - Review of R3's medical record revealed she moved into the facility on 02/01/23 with diagnoses of diabetes mellitus type II, hypertension, and memory loss.	S3310		

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S3310	Continued From page 20 Review of R3's record revealed staff had administered a two-step TB skin test on 02/06/23, read on 02/09/23 and another skin test administered on 02/24/23 read on 02/27/23. The TB record failed to include if the results were positive or negative and failed to include the measurement for induration in millimeters (mm). On 10/31/23 at 09:01 AM Licensed Nurse B acknowledged the TB form did not include the results or the measurement of induration in mm. The operator failed to ensure designated staff completed R3's TB skin tests to include the results of each TB skin test in millimeters (mm) of induration and identified as "negative" or "positive" results. - Review of newly hired Certified Nurse Aide (CNA) C's employee file revealed she was hired on 07/24/23. CMA C's record included a TB symptom screen completed 10/18/23, more than seven days after hire date and had her first TB skin test completed on 07/21/23 but did not receive a second TB skin test until 10/02/23. On 10/31/23 at 08:12 AM Administrative Staff A acknowledged CNA C's TB symptom screen and her second TB skin test were done late. The department's June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented "Each new employee shall have an initial TB symptom screen. . . within seven days of employment. . . Each new employee shall receive a two-step TST. . . within seven days of residency or employment ... and a second TB	S3310		

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S3310	Continued From page 21 skin test administered within one to three weeks." 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		