STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N066001	A. BUILDING: _____ B. WING _____	01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APOSTOLIC CHRISTIAN HOME	511 PARAMOUNT STREET SABETHA, KS 66534

(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 01/29/24 and 01/30/24.	S 000		
S 110 SS=F	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: 0110 KAR 26-39-103(c)(1)(B) The facility reported a census of 20 residents. Based on interview and record review the operator failed to ensure resident (R)101, R102, and R103 were informed, both orally and in	S 110		

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

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S 110	Continued From page 1	S 110		

writing of the rules governing resident conduct and responsibility.

Findings included:

- R101 admitted to the facility on 03/03/23.

Review of R101's medical records lacked documentation the facility informed he resident of the rules governing resident conduct and responsibility in the facility.

On 01/30/24 at 11:46 AM Administrative Nurse B stated there was nothing in the facility "Admission Agreement" concerning rules governing resident conduct and responsibility.

The operator failed to inform R101 both orally and in writing of the rules governing resident conduct and responsibility.

- R102 admitted to the facility on 07/10/23.

Review of R102's medical records lacked documentation the facility informed the resident of the rules governing resident conduct and responsibility.

On 01/30/24 at 01:03 PM Administrative Nurse B stated there was nothing in the facility "Admission Agreement" concerning rules governing resident conduct and responsibility.

The operator failed to ensure R102 was informed both orally and in writing of the rules governing resident conduct and responsibility.

- R103 admitted to the facility on 07/05/22.

Review of R103's medical records lacked

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S 110	Continued From page 2 documentation the facility informed the resident of the rules governing resident conduct and responsibility. On 01/30/24 at 12:53 PM Administrative Nurse B stated there was nothing in the facility "Admissions Agreement" concerning rules governing resident conduct and responsibility. The operator failed to ensure R103 was informed both orally and in writing of the rules governing resident conduct and responsibility.	S 110		
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: 3085	S3085		

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S3085	Continued From page 3 26-41-202(a)(1) The facility reported a census of 20 residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)101, R102, and R103. Findings included: - R101's medical record revealed she moved into the facility on 03/03/23 with a diagnosis of macular degeneration. The 03/03/23 FCS identified R101 had impaired vision and impaired hearing. The 03/03/23 NSA did not address R101's impaired vision or impaired hearing. On 01/30/24 at 11:06 AM R101 sat in her recliner and used a magnifying glass to assist her with reading her mail. On 01/30/24 at 10:55 AM R101 stated she had macular degeneration and staff assisted her with reading her mail since she could not see very well. On 01/30/24 at 11:46 AM Administrative Nurse B stated R101's NSA did not address impaired vision or impaired hearing. The 07/2005 "Negotiated Service Agreement Policy" documented, "The negotiated service agreement shall: (1) Describe the services to be provided..."	S3085		

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S3085	Continued From page 4 The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS. - R102's medical record revealed he moved into the facility on 07/10/23 with a diagnosis of pancreatic cancer. The 07/11/23 FCS identified R102 had impaired vision. The 07/10/23 NSA did not address what services staff provided R102 concerning his impaired vision and did not identify R102 received hospice services. On 01/30/24 at 09:40 AM Certified Medication Aide (CMA) C stated R102 received services from hospice. On 01/30/24 at 01:03 PM Administrative Nurse B stated R102's NSA did not address his impaired vision and did not address services received from hospice. The 07/2005 "Negotiated Service Agreement Policy" documented, "The negotiated service agreement shall: (1) Describe the services to be provided..." The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R103's medical record revealed she moved into the facility on 07/05/22 with a diagnosis of hypertension. The 07/03/23 FCS identified R103 had impaired	S3085		

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S3085	Continued From page 5 vision and was frequently incontinent of urine. The 07/03/23 NSA did not address what services staff provided R103 concerning her impaired vision or her frequent bladder incontinence. On 01/30/24 at 12:53 PM Administrative Nurse B stated R103's NSA did not address all that triggered on her FCS. The 07/2005 "Negotiated Service Agreement Policy" documented, "The negotiated service agreement shall: (1) Describe the services to be provided..." The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS.	S3085		
S3092 SS=D	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 6 This REQUIREMENT is not met as evidenced by: 3092 26-41-202(d)(2) The facility reported a census of 20 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)102 was reviewed and revised following any significant change in condition. Findings included: - R102's medical record revealed he moved into the facility on 07/10/23 with a diagnosis of pancreatic cancer. R102's records revealed the most current "Functional Capacity Screen" (FCS) was dated 07/10/23. R102's records revealed the most current NSA was dated 07/10/23. R102's records revealed he signed on with hospice services on 01/03/23. R102's NSA was not revised after a significant change in condition after he started receiving hospice care. On 01/30/24 at 01:03 PM Administrative Nurse B stated R102's NSA did not identify he received services from hospice. The 07/2005 "Negotiated Service Agreement Policy" documented, "The negotiated service agreement shall be...revised if necessary..."	S3092		

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S3092	Continued From page 7 The operator failed to ensure R102's NSA was reviewed and revised following any significant change in condition.	S3092		
S3186 SS=E	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: 3186 KAR 26-41-205(b) The facility reported a census of 20 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)101 and R103 identified the responsible person for administration and management of selected medications. Findings included: -R101's medical record revealed she moved into the facility on 03/03/23.	S3186		

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S3186	Continued From page 8 The 03/03/23 NSA documented staff administered R101's medications. The NSA did not identify that R101 self-administered her lubricating eye drops. On 01/30/24 at 10:55 AM R101 stated she had some lubricating eye drops in her bedroom that she administered herself, but staff administered all of her other medications. On 01/30/24 at 11:46 AM Administrative Nurse B stated the NSA did not identify selected medication the resident self-administered. The operator failed to ensure the NSA identified who was responsible for administration and management of R101's lubricating eye drops. - R103's medical record revealed she moved into the facility on 03/03/23. The 03/03/23 NSA documented staff administered R103's medications. The NSA did not identify R103 self-administered GenTeal Tears eyedrops and Biofreeze pain relieving gel. On 01/30/24 at 11:12 AM an observation revealed GenTeal Tears eyedrops and Biofreeze relieving gel on the top of R103's dresser. On 01/30/24 at 11:12 AM R103 stated she self-administered her own lubricating eye drops and Biofreeze relieving gel and the staff administered all her other medications. On 01/30/24 at 10:43 AM Certified Medication Aide (CMA) C stated R103 had eye drops in her room that she self-administered, and staff administered all her other medications.	S3186		

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S3186	Continued From page 9 On 01/30/24 at 11:46 AM Administrative Nurse B stated the NSA did not identify selected medications R103 self-administered. The operator failed to ensure the NSA identified who was responsible for administration and management of R103's lubricating eye drops, Biofreeze relieving gel.	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 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: 3211 KAR 26-41-205 (g)(3) The facility reported a census of 20 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)	S3211		

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S3211	Continued From page 10 medications for five residents. Findings included: - Observation on 01/29/24 at 01:20 PM revealed the medication cabinets contained the following OTC medications which were not labeled with a resident's full name: Resident (R)104: One bottle of Earwax Remover One tube of Zilactin-B Mouth Sore Gel R105: One bottle of Earwax Remover R102: One bottle of Mucinex DM Max One Family Wellness Nasal Spray R107: One bottle of DG Health ClearLax One bottle of Equate Complete Vitamin One tube of Cortizone 10 R108: One bottle of Spring Valley Vitamin D3 On 01/30/24 at 01:30 PM Administrative Nurse B acknowledged that not all OTC medications were labeled with the full name of the resident. The 07/2005 "Labeling of Medications Policy" documented, "All...medications used in this facility should bear a label firmly attached to the medication container indicating the resident's name..." The operator failed to ensure all OTC medications were labeled by a pharmacist or	S3211		

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S3211	Continued From page 11 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 by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: 3213 KAR 26-41-205 (g)(2) The facility reported a census of 20 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 01/29/24 at 01:20 PM revealed the facility's medication cart contained the following prescription medications which were not labeled with a resident's full name: Resident (R)102: One bottle of Morphine Sulfate 20 milligrams (mg.) R101: One bottle of Latanoprost eye drops R106:	S3213		

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S3213	Continued From page 12 One bottle of Olopatadine eye drops Numerous other prescription medications from the local pharmacy did not have the medication container labeled with the full name of the resident. On 01/30/24 at 01:30 PM Administrative Nurse B acknowledged that not all prescription medications were labeled with the full name of the resident. The 07/2005 "Labeling of Medications Policy" documented, "All medications used in this facility should bear a prescription label, if required, from the originating pharmacy. It should be firmly attached to the medication container and indicate the following...The resident's name..." The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
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	S3310		

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S3310	Continued From page 13 This REQUIREMENT is not met as evidenced by: 3310 KAR 26-41-207(c) The facility reported a census of 20 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 three newly hired staff records revealed the following: Certified Nurse Aide (CNA) D hired on 06/08/22 did not have a TB symptom screening questionnaire until 11/09/22 which was six-months late. The first step of the two-step TB skin test (TST) was completed five days late and the second step of the TST was completed 14 days late. CNA E hired on 07/06/23 did not have a TB symptom screening questionnaire TST completed upon hire. The first step of the two-step TB skin test (TST) was completed six days late and the second step of the TST was completed 24 days late. Certified Medication Aide (CMA) F hired on 09/19/22 did not have a TB symptom screening questionnaire until 11/09/22 which was 44 days late.	S3310		

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S3310	Continued From page 14 On 01/30/24 at 01:30 PM Administrative Nurse B acknowledged there were some TB questionnaires not completed or late and some two-steps TST that were administered beyond the required timeframe. 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 or an IGRA for Mycobacterium tuberculosis 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		