STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023021	A. BUILDING: _____ B. WING _____	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADEL'S HOUSE	1701 RESEARCH PARK DR LAWRENCE, KS 66047

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 02/14/24 and 02/15/24.	S 000		
S5116 SS=E	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 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 12 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) following any significant change in condition for Resident (R) 2 and for Resident (R) 3. Findings included:	S5116		

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

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S5116	Continued From page 1 - Record review for R2 revealed an admission date of 09/27/23 with a diagnosis of Alzheimer's disease with early onset, anxiety disorder, post-traumatic stress disorder. The 12/07/23 "Functional Capacity Screen" (FCS) identified R2 physical assistance with bathing and transfers, supervision for walking/mobility using a wheelchair as needed. The 09/27/23 "NSA" identified facility staff would provide R2 total assistance with bathing and no assistance with transfers and no assistance or assistive devices with walking/mobility. On 02/14/24 at approximately 03:30 PM Administrative nurse B confirmed R2's "NSA" lacked evidence of documentation facility staff provided R2 physical assistance with bathing and transfers, supervision for walking/mobility using a wheelchair as needed. - Record review for R3 revealed an admission date of 04/27/22 with a diagnosis of Alzheimer's disease, dementia, hypothyroidism, depression, anxiety. The 08/24/23 "Functional Capacity Screen" (FCS) identified R3 required physical assistance with bathing, dressing, transfers, and mobility. Resident was not at risk for falls. The 04/26/23 "NSA" identified facility staff would provide R3 total assistance with bathing, dressing, transfers, and mobility and at risk for falls. On 02/14/24 at approximately 03:35PM	S5116		

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S5116	Continued From page 2 Administrative nurse B confirmed R3's "NSA" lacked evidence of documentation facility staff provided R3 physical assistance with bathing, dressing, transfers, and mobility, not at risk for falls. The operator failed to ensure the review and, if necessary, revision of the "Negotiated Service Agreement" (NSA) following any significant change in condition for Resident (R) 2 and for Resident (R) 3.	S5116		
S5171 SS=D	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-204 (i) The facility reported a census of 12 residents. The sample included three "Residents'" (R)'s. Based on observation, record review and interview, the operator failed to provide healthcare services for R2 in accordance with professional standards of practice when Operator A failed to assess R 2's bed assist device to ensure the device posed no risk for entrapment, confirmed the device was not a restraint, and failed to assess R 2's ability to safely use the bed assist device. Findings included:	S5171		

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S5171	Continued From page 3	S5171		

- Review of R 2's record revealed an admission date of 09/27/23 with diagnoses of Alzheimer's disease with early onset, anxiety disorder and post-traumatic stress disorder.

Review of R 2's "Functional Capacity Screening" (FCS) dated 09/27/23 revealed facility provided assist with bathing, dressing, toileting and eating. R 2 lacked the ability to manage her own medications and treatments, she is incontinent of her bladder, and has impaired short-term memory, long-term memory, memory recall, and decision making. She is rarely or never able to make herself understood and she rarely or never understands others. She has impaired hearing, wandering and impaired decision making issues.

The FCS lacked documentation of a bed assist device.

Review of R 2's combined "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP) dated 09/27/23 identified the following healthcare services and instructions to facility staff that R 2 would receive: Bathing two times a week that included physical assistance provided by one or two certified facility staff and physical assistance with dressing provided by one or two certified facility staff. Facility staff were to provide regular meals and assist with cutting R 2's meat into small bites.

The combined NSA/HSP further lacked a description of the device, its purpose and any special instructions on use and monitoring of the device.

R 2's record lacked the documentation of an

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S5171	Continued From page 4	S5171		

assessment to confirm the device was not a restraint, R 2's ability to safely use the device and lacked documentation of the findings in R 2's record.

Observation on 02/15/24 at 11:15 AM of R 2's bed revealed there was a half rail attached to each side of the head of her bed with the right side up and locked, left side down with bed against the wall. The rails were attached to the bedframe and had no large open areas.

Interview on 02/14/24 at 01:20 PM with administrative nurse B revealed a bedrail assessment should have been in R 2's medical record and was not.

Interview on 02/14/24 at 01:20 PM with administrative nurse B confirmed R 2's medical record lacked documentation of an assessment being performed to confirm the device was not a restraint, R 2's ability to safely use the device and documentation of the findings in R 2's record.

The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following:

Complete an assessment of the resident to confirm that the device is not a restraint.

Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record.

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S5171	Continued From page 5 Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record. If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the comments section. Include a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA. Document periodic reassessments of the resident's use of the device and their ability to use it safely and reassessment of the safety of the device in the resident's record. The operator failed to provide healthcare services for R2 in accordance with professional standards of practice when Operator A failed to assess R2's bed assist device to ensure the device posed no risk for entrapment, confirmed the device was not a restraint, and R2's ability to safely use the bed assist device.	S5171		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (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	S5265		

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S5265	Continued From page 6 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 26-42-205(a) The facility reported a census of 12 residents with three included in the sample reviewed. Based on interview and record review the operator failed to ensure a licensed nurse performed an assessment to determine if Resident (R) 1 could self-administer insulin safely and accurately. Findings included: - Record review for R1 revealed an admission date of 02/02/24 with a diagnosis of type two diabetes mellitus. The 02/02/24 "Functional Capacity Screen" (FCS) identified R1 was unable to perform management of medications.	S5265		

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S5265	Continued From page 7 The 02/02/24 "Negotiated Service Agreement" (NSA) identified R1 managed administration of insulin. R1's record lacked evidence of documentation of a medication self-administration assessment. On 02/14/24 at approximately 02:40 PM Administrative Nurse B confirmed R1's record lacked evidence of documentation of a medication self-administration assessment. The operator failed to ensure a licensed nurse performed an assessment to determine if R1 could self-administer insulin safely and accurately.	S5265		
S5286 SS=D	26-42-205 (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 26-42-205(b) The facility reported a census of 12 residents with three residents included in the sample. Based on interview and record review the	S5286		

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S5286	Continued From page 8 operator failed to ensure Resident (R) 1's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management of select medications. Findings included: - Record review for R1 revealed an admission date of 02/02/24 with diagnoses Type 2 Diabetes. The 02/02/24 "Functional Capacity Screen" (FCS) identified R1 unable to perform management of medications. Review of R1's combined "Negotiated Service Agreement" (NSA)/ "Health Service Plan" (HSP) dated 02/02/24 instructed the facility staff to administer her medications and R1 will self-administer her insulin. Review of R1's 02/2024 "Medication Administration Record" (MAR) revealed she self-injects Novolog Flexpen 13 units subcutaneously with breakfast and lunch and injects Novolog Flexpen 18 units subcutaneously with supper. On 02/14/24 at approximately 12:50 PM Administrative Nurse B confirmed R1 self-administered insulin. The administrator failed to ensure R1's "NSA" identified who was responsible for the administration and management of the select medication.	S5286		