| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N064002 | A. BUILDING: _____ B. WING _____ | 02/15/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNCIL GROVE ASSISTED LIVING | 554 COUNTRY LANE COUNCIL GROVE, KS 66846 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a resurvey with a complaint 185612 at the above named (Assisted Living, Home Plus) conducted on 02/14/24, and 02/15/24. | S 000 | | |
| S3081 SS=D | 26-41-201 (c) Functional Capacity Screen Reassessment<br><br>(c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements:<br>(1) At least once every 365 days;<br>(2) following any significant change in condition as defined in K.A.R. 26-39-100; and<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-201(c)(1)<br><br>The facility reported a census of 25 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for resident (R)103 when she experienced a significant change.<br><br>Findings included:<br><br>- R103's medical record revealed the resident moved into the facility on 09/01/22 with a | S3081 | | |

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

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| S3081 | Continued From page 1<br>diagnosis of dementia.<br><br>The 01/13/23 FCS identified R103 required supervision with transfers and walking/mobility and was frequently incontinent.<br><br>The 01/16/24 FCS identified R103 required total assistance with transfers and walking/mobility and was always incontinent.<br><br>On 02/15/24 at 11:30 AM Certified Medication Aide (CMA) B stated R103 had a change in condition within the last two to three months and required two-person assist with transfers and full assistance with activities of daily living.<br><br>On 02/15/24 at 12:12 PM Administrative Nurse A stated R103 experienced a change in condition late last year, was not able to walk on her own anymore, and was not able to safely stand in the bathroom using her handrails. Administrative Nurse A stated she could not find that a significant change FCS completed when R103 experienced this significant change.<br><br>The operator failed to ensure designated staff completed a FCS for R103 when she experienced a significant change in condition. | S3081 | | |
| S3085 SS=E | 26-41-202 (a) Negotiated Service Agreement<br><br>(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 | S3085 | | |

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| S3085 | Continued From page 2<br>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:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(a)(1)<br><br>The facility reported a census of 25 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)102 and R103.<br><br>Findings included:<br><br>- R102's medical record revealed he moved into the facility on 03/09/21.<br><br>The 01/23/24 FCS identified R102 experienced occasional bladder incontinence and impaired vision.<br><br>The 01/23/24 NSA did not address bladder | S3085 | | |

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| S3085 | Continued From page 3 | S3085 | | |

incontinence and impaired vision.

On 02/15/24 at 12:01 PM Administrative Staff A stated R102's NSA did not address his incontinence. Administrative Staff A stated R102 had glaucoma and wore glasses but was not addressed on his NSA.

The 05/30/23 "Negotiated Service Agreement" policy documented, "The director or licensed nurse will complete a negotiated service agreement based on the results of the functional capacity screen. This agreement will outline 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, his service needs, and preferences.

- R103's medical record revealed she moved into the facility on 09/01/22.

The 01/16/24 FCS identified R103 triggered for impaired vision, impaired hearing and inappropriate behavior.

The 01/16/24 NSA did not address R103's impaired vision, impaired hearing and inappropriate behavior.

On 02/15/24 at 12:12 PM Administrative Staff A stated R103's NSA did not address all that triggered on her FCS.

The 05/30/23 "Negotiated Service Agreement" policy documented, "The director or licensed nurse will complete a negotiated service agreement based on the results of the functional

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| S3085 | Continued From page 4<br>capacity screen. This agreement will outline the services to be provided."<br><br>The administrator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. | S3085 | | |
| S3092 SS=D | 26-41-202 (d) Negotiated Service Agreement Revisions<br><br>(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;<br>(2) following any significant change in condition, as defined in K.A.R. 26-39-100;<br>(3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(d)(2)<br><br>The facility reported a census of 25 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)103 was revised when she experienced a significant change in condition. | S3092 | | |

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|---|---|---|---|---|
| S3092 | Continued From page 5<br><br>Findings included:<br><br>- R103's medical record revealed the resident moved into the facility on 09/01/22 with a diagnosis of dementia.<br><br>The 01/13/23 FCS identified R103 required supervision with transfers and walking/mobility and was frequently incontinent.<br><br>The 01/16/24 FCS identified R103 required total assistance with transfers and walking/mobility and was always incontinent.<br><br>On 02/15/24 at 11:30 AM Certified Medication Aide (CMA) B stated R103 had a change in condition within the last two to three months and required two-person assist with transfers and full assistance with activities of daily living.<br><br>On 02/15/24 at 12:12 PM Administrative Nurse A stated R103 experienced a change in condition late last year, was not able to walk on her own anymore, and was not able to safely stand in the bathroom using her handrails. Administrative Nurse A stated she could not find that a significant change NSA completed when R103 experienced this significant change.<br><br>The 05/30/23 "Negotiated Service Agreement" policy documented, "An initial Negotiated Service Plan shall be developed at admission and shall be reviewed within the first thirty (30) days and annually thereafter, unless there is a significant change in a resident's cognitive, medical, physical or social condition..." | S3092 | | |

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| S3092 | Continued From page 6<br><br>The operator failed to ensure R103's NSA was revised when she experienced a significant change in condition. | S3092 | | |
| S3213 SS=F | 26-41-205 (g) (2) Medication Labeling<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(g)(2)<br><br>The facility reported a census of 25 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.<br><br>Findings included:<br><br>- Observation on 02/14/24 at 10:22 AM revealed the facility's medication cart contained numerous prescription medication containers stored in their original packaging that was not marked with the full name of the resident.<br><br>On 02/14/24 at 10:35 AM Administrative Staff A stated she was not aware that prescription medications stored in the original packaging | S3213 | | |

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| S3213 | Continued From page 7<br>needed to have a label from the pharmacy attached to it.<br><br>The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. | S3213 | | |