STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023019	A. BUILDING: _____ B. WING _____	03/27/2024

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

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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 03/27/24.	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 12 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 following a significant change in condition. Findings included: - R103's medical record revealed he moved into the facility on 08/30/23 with a diagnosis of dementia.	S5085		

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

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S5085	Continued From page 1 The 08/31/23 FCS revealed R103 required physical assistance with transfers and used a bed rail. The 02/01/24 "Admit Note" documented, "Resident placed on [name] hospice." On 03/27/24 at 01:09 PM "Certified Medication Aide" (CMA) B stated R103 had a fall about a month after being admitted to the facility and did not fully recover. R103 had a decline in condition and was put on hospice and now mobilized using a wheelchair. On 03/27/24 at 03:30 PM Administrative Nurse A stated a significant change FCS should have been completed after R103 came back from the hospital after having a fall. The 02/12/19 "FCS, NSA, CP Policies related to Resident Rights and ADC Home Regulatory Requirements" documented, "We will follow all Adult Care Home Statutes and Regulations for the State of Kansas including but not limited to updates for FCS, NSA's, Care plans, assessments for change of condition..." The operator failed to ensure designated staff completed a FCS for R103 when he experienced a significant change in condition.	S5085		
S5105 SS=E	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	S5105		

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S5105	Continued From page 2	S5105		

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 26-42-202(a)(1)

The facility reported a census of 12 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 and R103.

Findings included:

- R101's medical record revealed he moved into the facility on 04/12/23 with a diagnosis of dementia.

The 03/04/24 FCS identified R101 was sometimes understood when he communicated with others and usually understood when others communicated with him and triggered for falls.

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S5105	Continued From page 3 The 03/04/24 NSA did not address R101's communication difficulties and did not identify that he used a fall mat next to his bed. On 03/27/24 at 01:26 PM R101 rested in his bed and had a fall mat on the floor next to his bed. On 03/27/24 at 03:18 PM Administrative Nurse A stated R101's NSA did not include anything about the use of a fall mat and did not address all that triggered on the FCS. The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS. - R103's medical record revealed the resident moved into the facility on 08/30/23 with a diagnosis of dementia. The 08/31/23 FCS identified R103 was had severely impaired cognition, impaired communication and impaired vision. The 08/31/23 NSA did not address what services staff provided for R103's severely impaired cognition, communication or his impaired vision. On 03/27/24 at 03:30 PM Administrative Nurse A stated R103's NSA did not address all that triggered on the FCS. The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS.	S5105		

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S5116	Continued From page 4	S5116		
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)(4) The facility reported a census of 12 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 reviewed and revised after he experienced a significant change in condition and failed to revise the NSA for R102 when a fall intervention was added. Findings included: - R103's medical record revealed the resident moved into the facility on 08/30/23 with a diagnosis of dementia.	S5116		

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S5116	Continued From page 5 The most current NSA available in R103's medical records was dated 08/31/23 with no documentation to show a revised NSA was completed since this date to indicate R103 used a wheelchair for mobility, no longer wandered, and was placed on hospice. On 03/27/24 at 01:09 PM "Certified Medication Aide" (CMA) B stated R103 had a fall about a month after being admitted to the facility and did not fully recover. R103 had a decline in condition and was put on hospice and now mobilized using a wheelchair. On 03/27/24 at 03:30 PM "Licensed Nurse" (LN) A stated R103's NSA should have been revised when he experienced a significant change in condition. The 02/12/19 "FCS, NSA, CP Policies related to Resident Rights and ADC Home Regulatory Requirements" documented, "We will follow all Adult Care Home Statutes and Regulations for the State of Kansas including but not limited to updates for FCS, NSA's, Care plans, assessments for change of condition..." The operator failed to ensure designated staff revised the NSA for R103 following a significant change in condition. - R102's medical record revealed she moved into the facility on 07/27/15 with a diagnosis of dementia. The 12/07/23 FCS identified R102 triggered for falls, unsteadiness.	S5116		

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S5116	Continued From page 6 The 12/07/23 NSA did not identify R102 used a chair alarm. The 02/04/24 "Charting Notes" documented R102 had a fall next to her recliner when she attempted to transfer, and staff added a chair alarm as an intervention. On 03/27/24 at 01:23 PM R102 sat in her wheelchair in the dining room and used a chair alarm. On 03/27/24 at 03:05 PM Administrative Nurse A stated R102's NSA did not include anything about a chair alarm and expected an addendum to the NSA be completed when she started using one. The 02/12/19 "FCS, NSA, CP Policies related to Resident Rights and ADC Home Regulatory Requirements" documented, "We will follow all Adult Care Home Statutes and Regulations for the State of Kansas including but not limited to updates for FCS, NSA's, Care plans, assessments for change of condition..." The operator failed to ensure designated staff revised R102's NSA to include the use of a chair alarm as a fall intervention.	S5116		
S5312 SS=E	26-42-205 (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.	S5312		

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S5312	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (g)(2) The facility reported a census of 12 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 03/27/24 at 09:15 AM revealed the facility's medication drawers contained the following prescription medications which were not labeled with a resident's full name: Resident (R)104: Two bottles of Fluticasone Propionate 50 micrograms (mcg). One bottle of Genteal Tears One bottle of Thera tears R105: Two bottles of Fluocinolone Acetonide Topical Solution On 03/27/24 at 03:44 PM Administrative Nurse A stated she expected prescription medication containers stored in the original packaging to be labeled with the full name of the resident. The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S5312		

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