STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023019	A. BUILDING: _____ B. WING _____	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER RIDGE RETIREMENT COMMUNITY	4851 HARVARD ROAD LAWRENCE, KS 66049

(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 06/05/24 and 06/06/24.	S 000		
S3085 SS=D	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 K.A.R 26-41-202(a)(1) The facility reported a census of 48 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	S3085		

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

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S3085	Continued From page 1	S3085		

resident (R)102 to include transfer assist devices used.

Findings included:

- R102's medical record revealed she moved into the facility on 06/03/19.

The 02/07/24 FCS identified R102 required physical assistance with transfers.

The 02/07/24 NSA documented staff assisted R102 with transfers but did not identify that R102 utilized a bed assist device, transfer poles or a pivot disc when she transferred.

On 06/06/24 at 12:51 PM R102 sat in a recliner in her room and there was a transfer pole located next to her recliner and another transfer pole was located next to her bed along with a u-shaped bed cane.

On 06/06/24 at 01:24 PM "Certified Medication Aide" (CMA) B stated R102 had a transfer pole next to her recliner and one next to her bed. CMA B stated R102 also had a u-shaped bed assist device attached to her bed and used a pivot disc when she transferred.

On 06/06/24 at 02:03 PM Administrative Nurse A stated R102 required staff assistance for transfers and utilized a transfer pole and pivot disk, and a bed cane for transfers. Administrative Nurse A acknowledged the use of a bed cane, transfer poles or a pivot disk for transfers were not addressed on R102's NSA.

The administrator failed to ensure R102's NSA was fully developed to include all items that

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S3085	Continued From page 2 triggered on the FCS, her service needs, and preferences.	S3085		
S3186 SS=D	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 48 residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101 identified the responsible person for administration and management of selected medications. Findings included: -R101's medical record revealed she moved into the facility on 09/01/23.	S3186		

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S3186	Continued From page 3 The 03/05/24 Functional Capacity Screen documented R101 required physical assistance with medication management. The 03/05/24 NSA documented staff administered R101's medications. The NSA did not identify R101 self-administered her Zofran. Order dated 12/22/23 for Zofran 4 milligram (mg) tablet, give 8 mg. by mouth every four hours as needed for nausea and vomiting, unsupervised self-administration. A "Self-Medication Administration" assessment was completed on 01/08/24 but did not specify what medication R101 was able to self-administer. On 06/06/24 at 01:22 PM Certified Medication Aide B stated R101 self-administered her Zofran as needed which she kept in her room. On 06/06/24 at 01:41 PM Administrative Nurse A stated R101 self-administered her own Zofran when she was on hospice but was not sure if she continued to self-administer it at this time. Administrative Nurse A acknowledged the self-administration assessment, and the NSA did not identify which medications R101 self-administered. The administrator failed to ensure the NSA identified who was responsible for administration and management of R101's Zofran.	S3186		
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	S3310		

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S3310	Continued From page 4 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: 3310 KAR 26-41-207(c) The facility reported a census of 48 residents. The sample included three residents. Based on interview and record review for three residents the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility. Findings included: - Resident (R)103 moved into the facility on 04/29/24 with a diagnosis of neoplasm of the uterus. Review of R103's medical record revealed she refused to have a two-step TB skin test	S3310		

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S3310	Continued From page 5 completed due to concerns that she received chemotherapy. The medical records did not indicate whether-or-not staff offered an interferon gamma release assay (IGRA) blood test or chest x-ray instead of the two-step TB skin test. On 06/06/24 at 02:20 PM Administrative Nurse A stated upon admission to the facility, R101 refused the two-step TB skin test and was offered chest x-ray instead but R101 refused that as well. Administrative Nurse A stated she did not think to offer the QuantiFERON blood test. The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency ...unless ...the findings of anterior-posterior and lateral view chest x-rays and physician documentation confirming that the individual does not have active TB. " The administrator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		