STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089103	A. BUILDING: _____ B. WING _____	06/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDERSGATE VILLAGE HOME PLUS NORTH	7202 SW UXBRIDGE TOPEKA, KS 66614

(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 an initial certification survey for the above named Home Plus facility conducted on 06/13/24 and 06/17/24.	S 000		
S5105 SS=D	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 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: 5105 KAR 26-42-202(a)(1) The facility reported a census of nine residents with three residents included in the sample. Based on interview, and record review and observation, 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)103.	S5105		

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

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S5105	Continued From page 1 Findings included: - R103's medical record revealed she moved into the facility on 01/03/24. The 04/05/24 FCS identified R103 required physical assistance with transfers. The 04/05/22 NSA did not address R103's use of a bed assist device for transfers. An observation on 06/17/24 at 02:15 PM revealed there was a bed assist device attached to R103's bed. On 06/17/24 at 03:55 PM Licensed Nurse B acknowledged R103's NSA did not address the use of a bed assist device. The operator failed to ensure R103's NSA was fully developed to include the use of a bed assist device.	S5105		
S5116 SS=D	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	S5116		

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S5116	Continued From page 2 legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: 5116 KAR 26-42-202(d)(2) The facility reported a census of nine 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 after she experienced a significant change in condition and was placed on hospice. Findings included: - R102's medical record revealed she moved into the facility on 02/22/24. The most current NSA available in R102's medical records was dated 02/21/24 with no documentation to show a revised NSA was completed since this date to indicate R102 was placed on hospice. The "Health Status Note" dated 03/18/24 documented R102 was admitted to hospice. On 06/17/24 at 03:34 "Licensed Nurse" (LN) B stated R102 originally received services from home health and was transferred to hospice due to a continued decline in status. LN B stated R102's NSA was not revised to show that R102 received hospice services. The operator failed to ensure designated staff	S5116		

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S5116	Continued From page 3 revised R102's NSA when she started hospice services.	S5116		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: 5126 KAR 26-42-202(h) The facility had a census of nine residents. Three residents were included in the sample. The operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for resident (R)101 and R103. Findings included: - R101 admitted to the facility on 04/01/24. The 05/06/24 NSA revealed R101 was cognitively intact, and the NSA was not signed by R101. On 06/17/24 at 12:00 PM "Licensed Nurse" (LN) B acknowledged R101 did not sign the NSA dated 05/06/24. The operator failed to ensure the NSA was signed by R101.	S5126		

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S5126	Continued From page 4 - R103 admitted to the facility on 01/03/24. The 04/05/24 NSA revealed R103 was cognitively intact, and the NSA did not include the signature of her legal representative. On 06/17/24 at 03:55 PM LN B stated R103's NSA should have been signed by the DPOA when the NSA was developed. The operator failed to ensure the NSA was signed by her legal representative.	S5126		
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: 5286 KAR 26-42-205(b) The facility reported a census of nine residents. Based on interview, and record review and observation the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101 identified the responsible person for administration and management of selected	S5286		

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S5286	Continued From page 5 medications. Findings included: -R101's medical record revealed he moved into the facility on 04/01/24 with a diagnosis of hypothyroidism. The 05/06/24 "Functional Capacity Screen" (FCS) documented R101 unable to manage his medications. The 05/06/24 NSA documented that staff administered R101's medications and failed to identify that R101 self-administered his Levothyroxine. Order dated 04/18/24 for Levothyroxine Sodium 125 micrograms, give one tablet by mouth in the morning for low thyroid, unsupervised self-administration. 05/28/24 "Medication Self-Administration Assessment" completed for Levothyroxine. An observation on 06/17/24 at 01:49 PM revealed there was a bottle of Levothyroxine located on a table between two recliners in R101's apartment. On 06/17/24 at 01:49 PM R101 stated he self-administered his Levothyroxine in the morning before meals. On 06/17/24 at 02:03 PM Certified Medication Aide C stated R101 administered his own Levothyroxine. On 06/17/24 at 12:00 PM "Licensed Nurse" (LN) B stated facility staff administered all of R101's	S5286		

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S5286	Continued From page 6 medications except for his Levothyroxine which he took himself in the morning. LN B stated the NSA did not identify that R101 self-administered his own Levothyroxine. The operator failed to ensure the NSA identified the responsible person for administration and management of R101's Levothyroxine.	S5286		