STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N081006	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF MANHATTAN	1923 LITTLE KITTEN AVE MANHATTAN, KS 66502

(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 citations represent the findings of a resurvey with a complaints 181563 and 187828 at the above named Assisted Living conducted on 07/10/24 and 07/11/24.	S 000		
S3085 SS=E	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 KAR 26-41-202(a)(1) The facility reported a census of 37 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen"	S3085		

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

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S3085	Continued From page 1 (FCS), service needs, and preferences for resident (R)102 and R103. Findings included: - Record review for R102 revealed she was admitted to the facility on 05/04/23. The 06/05/24 FCS identified R102 required assistance with bathing, she was occasionally incontinent and triggered for falls. The 02/29/24 NSA failed to describe services R102 received for incontinence and falls. On 07/11/24 at approximately 01:24 PM Administrative Nurse B confirmed R102's NSA failed to describe the services provided for bathing, incontinence and falls. The administrator failed to ensure R102's NSA described the services she received based on her "FCS." - Record review for R103 revealed he was admitted to the facility on 04/04/23. The 04/29/24 NSA failed to identify that R103 received services for wound care from a home health agency. On 07/11/24 at 12:54 PM Licensed Nurse C stated R103 received wound care from a home health agency in the past. On 07/11/24 at 01:00 PM Licensed Nurse B acknowledged there was not addendum completed to R103's NSA when he was discharged from receiving wound care services	S3085		

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S3085	Continued From page 2 from the home health agency. The administrator failed to ensure R103's NSA described the services he received from a home health agency.	S3085		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: 3211 KAR 26-41-205 (g)(3) The facility reported a census of 37 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of "over the counter" (OTC) medications for seven residents. Findings included:	S3211		

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S3211	Continued From page 3 - Observation on 07/10/24 at 04:15 PM revealed the facility's medication room contained the following OTC medications which were not labeled with a resident's full name: One bottle of Equate Aspirin 81 milligrams One tube of Kroger Maximum Strength Pain Relieving Cream Observation on 07/10/24 at 04:30 PM revealed the facility's "North" medication cart contained the following OTC medications which were not labeled with a resident's full name: One container of Olly Men's Multivitamins An interview on 07/11/24 at 01:40 PM Licensed Nurse C stated it was her expectation that all OTC medications be labeled with the resident's full name. A policy concerning labeling of medications was requested on 07/11/24 but the facility did not provide one. The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3213 SS=E	26-41-205 (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.	S3213		

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S3213	Continued From page 4 This REQUIREMENT is not met as evidenced by: 3213 KAR 26-41-205 (g)(2) The facility reported a census of 37 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: - On 07/10/24 at 04:07 PM of the "South" medication cart contained the following prescription medication containers that did not have a label provided by the dispensing pharmacy that included the resident's full name: One spray bottle of fluticasone propionate 50 micrograms (mcg.) One Breo Ellipta inhaler Observation on 07/10/24 at 04:15 PM of the medication room revealed the following prescription medication containers that did not have a label provided by the dispensing pharmacy that included the resident's full name: Two bottles of fluticasone propionate 50 mcg. Observation on 07/10/24 at 04:30 PM of the "North" medication cart contained the following prescription medication containers that did not have a label provided by the dispensing pharmacy that included the resident's full name: One albuterol sulfate inhalation aerosol One Trelegy Ellipta inhaler One fluticasone propionate 50 mcg.	S3213		

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S3213	Continued From page 5 All prescription medications from a certain local pharmacy did not come with a label with the resident's full name on the medication container. An interview on 07/11/24 at 01:40 PM "Licensed Nurse" (LN) C stated she was unaware that prescription medication containers needed to have a label with the resident's full name provided by the dispensing pharmacy. A policy concerning medication labeling was requested on 07/11/24 but the facility did not provide one. The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		