STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N069011	A. BUILDING: _____ B. WING _____	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANDBE HOME ACRES	200 WHISPERING PINES AVENUE NORTON, KS 67654

(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 an initial survey at the above named facility conducted on 08/13/24.	S 000		
S3080 SS=E	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (a) The census equaled 2 residents. The sample included 2 residents. Based on record review and interview for 2 Residents (R)1 and R2, the facility failed to ensure designated facility staff conducted a screening on or before admission to the assisted living facility to determine the resident's functional capacity. Findings included: Review of the "Resident Roster" obtained on	S3080		

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

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S3080	Continued From page 1 08/13/24 included R1 and R2. The roster indicated R1 self-administered medications and required physical assistance with activities of daily living. The roster indicated R2 was forgetful and required physical assistance with activities of daily living. - Record review for R1 revealed an admission date of 06/17/24 with diagnoses of chronic kidney disease hypertension, osteoarthritis and hypothyroidism. Review of R1's record lacked completion of a "Functional Capacity Screen" (FCS). Review of R1's current "Negotiated Service Agreement" (NSA)/ Health Care Service Plan dated 06/21/24 recorded facility staff assisted with bathing and obtained weekly weights. Interview on 08/13/24 at 12:03 PM with R1 stated facility staff assisted her with bathing. - Record review for R2 revealed an admission date of 06/19/24 with diagnosis of hypertension, major depressive disorder, Vitamin D deficiency, hypothyroidism and hypokalemia. Review of R2's record lacked completion of a "Functional Capacity Screen" (FCS). Review of resident's current "Negotiated Service Agreement" (NSA)/ Health Care Service Plan dated 06/21/24 recorded facility staff physically assisted with bathing, medication administration and obtained weekly weights. Interview on 08/13/24 at 11:57 AM with R2 stated facility staff administered her medications and assisted with bathing.	S3080		

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S3080	Continued From page 2 Interview on 08/13/24 at 01:34 PM with Administrator/ LN A confirmed a FCS was not developed for R1 and R2. The facility failed to provide a policy on FCS. The facility failed to ensure designated facility staff conducted a screening on or before admission to the assisted living facility to determine the resident's functional capacity for R1 and R2.	S3080		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (d) The facility reported a census of 2 residents. The sample included 2 residents. Based on record review and interview for 2 sampled Residents (R)1 and R2, Administrator/ Licensed Nurse (LN) A failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan. Findings included: - Record review for R1 revealed an admission	S3165		

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S3165	Continued From page 3 date of 06/17/24 with diagnoses of chronic kidney disease hypertension, osteoarthritis and hypothyroidism. Review of R1's record lacked completion of a "Functional Capacity Screen." Review of R1's current "Negotiated Service Agreement" (NSA)/ Health Care Service Plan dated 06/21/24 recorded facility staff assisted with bathing and obtained weekly weights. The NSA lacked the name of the current licensed nurse responsible for the implementation of the health care service plan. - Record review for R2 revealed an admission date of 06/19/24 with diagnosis of hypertension, major depressive disorder, Vitamin D deficiency, hypothyroidism and hypokalemia. Review of R2's record lacked completion of a "Functional Capacity Screen." Review of resident's current "Negotiated Service Agreement" (NSA)/ Health Care Service Plan dated 06/21/24 recorded facility staff physically assisted with bathing, medication administration and obtained weekly weights. The NSA lacked the name of the current licensed nurse responsible for the implementation of the health care service plan. Interview on 08/13/24 at 01:34 PM with Administrator/ LN A confirmed the NSA documents lacked the current licensed nurse responsible for the implementation of the health care service plan on 2 of 2 sampled residents.	S3165		

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S3165	Continued From page 4 The facility failed to provide a policy on negotiated service agreements. Administrator/ LN A failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan.	S3165		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (a) (1) The census equaled 2 residents. The sample included 2 residents. Based on record review, interview and observation for 1 sampled Resident	S3175		

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S3175	Continued From page 5 (R)1, the facility failed to ensure a licensed nurse (LN) performed an assessment for residents who self-administered some or all of their medications. Findings included: - The "Resident Roster" obtained on 08/13/24 from Administrator/ LN A identified one resident as self- administering medications (R)1. - Record review for R1 revealed an admission date of 06/17/24 with diagnosis of chronic kidney disease, hypothyroidism, osteopenia and osteoarthritis. Review of R1's record lacked completion of a "Functional Capacity Screen." Review of resident's current "Negotiated Service Agreement" / Health Care Service Plan dated 06/21/24 recorded R1 self-administered all medications. Review of R1's record lacked evidence a licensed nurse performed a self-administration of medication assessment. Interview on 08/13/24 at 12:03 PM with R1 in her room stated she self-administered all medications and stored all medications in her room. Interview on 08/13/24 at 01:30 PM with Administrator/ LN A confirmed record lacked a self-administration assessment for R1 to self-administer all of her medications. Facility failed to provide a policy on self-administration of medications. The facility failed to ensure a licensed nurse	S3175		

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S3175	Continued From page 6 performed an assessment for R1, who self-administered all of her medications.	S3175		
S3260 SS=E	26-41-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This REQUIREMENT is not met as evidenced by: KAR 26-41-105 (f) (3)	S3260		

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S3260	Continued From page 7 The facility reported a census of 2 residents. The sample included 2 residents. Based on interview and record review for 2 of 2 sampled residents (R)1 and R2, Administrator/ Licensed Nurse (LN) A failed to ensure the resident's record contained the admission agreement and any amendments. Findings included: - Record review for R1 revealed an admission date of 06/17/24. R1's record lacked completion of an admission agreement. - Record review for R2 revealed an admission date of 06/19/24. R2's record lacked completion of an admission agreement. Interview on 08/13/24 at 12:21 PM with Administrator/ LN A confirmed an admission agreement was not completed for R1 and R2. The facility failed to provide a policy on admission agreements. Administrator/ LN A failed to ensure the resident's record contained the admission agreement and any amendments.	S3260		
S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the	S3298		

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S3298	Continued From page 8 residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (d) The census equaled 2 residents. The sample included 2 residents. Based on record review, interview and observation for all residents living in the facility and receiving meal services, Administrator/ Licensed Nurse (LN) A failed to ensure the facility staff served food at the proper temperature. Findings included: - During the initial tour of the facility's kitchen on 08/13/24 at 10:44 AM with Certified Medication Aide (CMA) B, facility food temperature monitoring logs were requested, and the facility failed to provide food temperature logs for breakfast, lunch and supper meals. Interview on 08/13/24 at 11:53 AM with Administrator/ LN A confirmed food temperature monitoring logs were not completed.	S3298		

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S3298	Continued From page 9 Observation on 08/13/24 at 12:21 PM revealed 2 of 2 residents eating lunch time meal in the dining room of the facility. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. Facility failed to provide a policy on food temperature monitoring. For all residents of the facility, Administrator/ LN A failed to ensure facility staff served food at the proper temperature.	S3298		
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 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	S3310		

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S3310	Continued From page 10 by: K.A.R 26-41-207 (c) The census totaled 2 residents. The sample included 2 residents and review of 3 newly hired employees. Based on record review and interview for 2 of 2 sampled Residents (R)1 and R2 and 3 of 3 sampled staff (Certified Medication Aide (CMA) B, CMA C and CMA D, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R1's "Health Record" revealed she admitted to the facility on 06/17/24 and the record lacked completion of TB testing and a TB questionnaire upon admission. - R2's "Health Record" revealed she admitted to the facility on 06/19/24 and the record lacked completion of TB testing and a TB questionnaire upon admission. - Review of CMA B's employee record revealed they hired onto the facility on 06/14/24. CMA B's record lacked completion of TB testing upon hire. - Review of CMA C's employee record revealed they hired onto the facility on 06/18/24. CMA C's record lacked completion of TB testing and a TB questionnaire upon hire. - Review of CMA D's employee record revealed they hired onto the facility on 06/05/24. CMA D's record lacked completion of TB testing and a TB questionnaire upon hire. Interview on 08/13/24 at 11:53 AM with Administrator/ Licensed Nurse (LN) A confirmed	S3310		

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S3310	Continued From page 11 R1 and R2 did not receive TB testing and a TB questionnaire upon admission. Interview on 08/13/24 at 01:20 PM with Administrator/ LN A confirmed CMA B, CMA C and CMA D did not receive TB testing upon hire and further confirmed CMA C and CMA D did not receive a TB questionnaire upon hire. Facility's "Infection Control/Standard Precautions" policy (no date) recorded, "The Director shall ensure that the facility's compliance with the Tuberculosis guidelines per Kansas Department for Aging and Disability Services." The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		