STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N063018	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF INDEPENDENCE	2120 N 13TH ST INDEPENDENCE, KS 67301

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Assisted Living facility conducted on 08/20/24 and 08/21/24.	S 000		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: 3082 26-41-201(d) The facility reported a census of 13 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) accurately reflected resident (R)102's functional capacity for cognition. Findings included: - R102's medical record revealed she moved into the facility on 06/28/24. The 06/28/24 FCS identified that R102 had short-term memory loss, long-term memory loss, memory/recall deficits and impaired decision-making abilities. The 06/28/24 "Negotiated Service Agreement / Healthcare Service Plan" (NSA/HCSP) documented R102 made safe judgments,	S3082		

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

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S3082	Continued From page 1 functioned appropriately in social situations, was oriented and able to recall or retain information. On 08/21/24 at 01:49 PM R102 was observed to be alert and able to answer questions without any noticeable difficulties. On 08/21/24 at 02:56 PM Administrative Nurse A stated she felt R102's FCS was not correct and the NSA better reflected R102's true cognitive ability. The operator failed to ensure R102's FCS was completed accurately.	S3082		
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	S3085		

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S3085	Continued From page 2 by: 3085 26-41-202(a)(1) The facility reported a census of 13 residents with three residents included in the sample. Based on interview, observation and record review the operator failed to ensure the "Negotiated Service Agreement /Health Care Plan" (NSA/HCSP) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)103. Findings included: - R103's medical record revealed he moved into the facility on 11/29/23 with a diagnosis of dementia. The 11/29/23 FCS identified R103 had short-term memory, long-term memory, memory/recall and decision-making impairments and triggered for falls. The 11/29/23 NSA/HCP did not identify what services staff provided to address R103's cognitive impairment or falls. On 08/21/24 at 11:30 AM R103 walked independently using a cane to the dining room area before lunch. There was a sign posted on his door that asked, "Did you get your cane?" One 08/21/24 at 03:00 PM Administrative Nurse A acknowledged R103's NSA/HCSP did not address what services staff provided concerning his cognition and falls. Administrative Nurse A stated staff placed a sign in his room to remind him to use his cane and staff encourage him to	S3085		

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S3085	Continued From page 3 stay in the commons area as much as possible so staff can keep an eye on him. The operator failed to ensure R103's NSA/HCSP was fully developed to include all items that triggered on the FCS, his service needs, and preferences.	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 13 residents. Based on observation 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 six residents.	S3211		

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S3211	Continued From page 4 Findings included: - Observation on 08/20/24 at 02:53 PM revealed the facility's medication room contained the following OTC medications which were not labeled with a resident's full name: Resident (R)104: One bottle of Bausch and Lomb Ocuvite Adult 50+ One bottle of Caltrate Bone Health Gummy Bites Two bottles of Spring Valley Calcium 500 milligrams (mg.) R103: One bottle of Walgreens Vitamin B12 R106: Two bottles of Vitafusion Calcium Gummies One bottle of Align probiotic One bottle of Equate Pain Reliever R102: One bottle of Good Neighbor Pharmacy Earwax Removal Drops R101: One bottle of Phillips Milk of Magnesia One bottle of Miralax R108: One tube of Voltaren Arthritis Pain One bottle of Member's Mark Melatonin 10 mg. One bottle of Spring Valley Iron 65 mg. A policy concerning medication labeling was requested on 08/21/24 but the facility did not provide one.	S3211		

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S3211	Continued From page 5 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. This REQUIREMENT is not met as evidenced by: 3213 KAR 26-41-205 (g)(2) The facility reported a census of 13 residents. Based on observation 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 08/20/24 at 02:53 PM revealed the facility's medication room contained the following prescription medication containers which were not labeled with a resident's full name: Resident (R)104: One bottle of Latanoprost Ophthalmic Solution 0.005%	S3213		

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S3213	Continued From page 6 R105: One bottle of Camber Dabigatran Etexilate 75 milligrams (mg.) R106: One Albuterol inhaler R107: One Breyna inhaler One bottle of Fluticasone Propionate Nasal Spray A policy concerning medication labeling was requested on 08/21/24 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		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: 3299 KAR 26-41-206 (e)(1) The facility had a census of 13 residents. All 13 residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the	S3299		

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S3299	Continued From page 7 failure to document temperatures of food items stored in the refrigerator/freezer were at acceptable temperatures according to food safety guidelines. Findings included: - Observation on 08/20/24 at 04:20 PM revealed lack of documentation for refrigerator/freezer temperatures documented by staff. Review of the June 2024 "Refrigerator/Freezer Temperature Log Sheet" lacked documentation for: June 1, 2, 15-21, 24-26. Review of the July 2024 "Refrigerator/Freezer Temperature Log Sheet" lacked documentation for: July 26, 28-31. A policy concerning food storage temperatures was requested on 08/21/24 but the facility failed to provide a policy. The Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, p. 19 documented, "Proper holding temperatures must be maintained during display, storage and transportation. Cold foods must be maintained at an internal temperature of 41F or below." The operator failed to ensure food items were stored under safe and sanitary conditions.	S3299		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health	S3320		

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S3320	Continued From page 8 and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: 3320 KAR 28-39-254 (a) The facility reported a census of 13 residents. Based on observation, the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - During the facility tour on 08/20/24 at 02:47 PM an unmarked, lockable closet which was not properly latched revealed a housekeeping cleaning cart stored in it with numerous cleaning chemicals with "KEEP OUT OF REACH OF	S3320		

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S3320	Continued From page 9 CHILDREN" warning labels. On 08/20/24 at 03:15 PM there was an unlocked laundry room which contained the following chemicals with "KEEP OUT OF REACH OF CHILDREN" warning labels: One 16-ounce (oz.) bottle of Swan brand hydrogen peroxide One 60 fluid oz. of Shout One container of Amazon basics laundry detergent packs Two boxes of Snuggle brand dryer sheets On 08/20/24 at 03:25 PM there was an unlocked beauty salon which had the following chemicals with "KEEP OUT OF REACH OF CHILDREN" warning labels: Four 4 fluid oz. bottles of Quantum Neutralizer Three 3.7 fluid oz. bottles of waving lotion Two boxes of Revlon Colorsilk Dark Soft Brown hair color On 08/21/24 a policy concerning chemical storage was requested from the operator but none was provided. The operator failed to ensure staff kept chemicals locked for resident safety.	S3320		