| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| CEDARHURST OF LAWRENCE | 4450 BAUER FARM DRIVE LAWRENCE, KS 66049 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of an initial survey with a complaint #189908 and 190118 at the above named Assisted Living conducted on 09/10/24 and 09/11/24. | S 000 | | |
| S3080 SS=F | 26-41-201 (a) (b) Functional Capacity Screen on Admission<br><br>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.<br>(b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services.<br><br>This REQUIREMENT is not met as evidenced by:<br>3080<br>KAR 26-41-201(b)<br><br>The facility reported a census of 54 residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure the "Functional Capacity Screen" (FCS) was signed by the licensed nurse who completed the assessment for resident (R)101, R102, R103.<br><br>Findings included: | S3080 | | |

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

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| S3080 | Continued From page 1 | S3080 | | |

- R101's medical record revealed she moved into the facility on 04/29/24.

Review of R101's medical record revealed the 04/29/24 FCS was filled out but not signed by the licensed nurse who completed the assessment.

On 09/11/24 at 04:32 PM Licensed Nurse (LN) B stated she completed the FCS assessment but did not sign the form.

The administrator failed to ensure R101's FCS was signed by the nurse who completed the assessment.

- R102's medical record revealed he moved into the facility on 04/22/24.

Review of the R102's medical record revealed the 04/22/24 FCS was filled out but not signed by the licensed nurse who completed the assessment.

On 09/11/24 at 04:32 PM Licensed Nurse (LN) B stated she completed the FCS assessment but did not sign the form.

The administrator failed to ensure R102's FCS was signed by the nurse who completed the assessment.

- R103's medical record revealed he moved into the facility on 08/06/24.

Review of the R103's medical record revealed the 08/06/24 FCS was filled out but not signed by the licensed nurse who completed the assessment.

On 09/11/24 at 04:32 PM Licensed Nurse (LN) B

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| S3080 | Continued From page 2<br>stated she completed the FCS assessment but did not sign the form.<br><br>The administrator failed to ensure R103's FCS was signed by the nurse who completed the assessment. | S3080 | | |
| S3082 SS=F | 26-41-201 (d) Functional Capacity Screen Accurate<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>3082<br>KAR 26-41-201(d)<br><br>The facility reported a census of 54 residents. The sample included three residents. Based on interview, and record review the administrator failed to ensure the "Functional Capacity Screen" (FCS) accurately reflected resident (R)101, R102, and R103's functional capacity for cognition.<br><br>Findings included:<br><br>- R101's medical record revealed she moved into the facility on 04/29/24.<br><br>The 04/29/24 FCS failed to accurately identify R101's functional capacity for cognition when the assessment documented R101 only had deficiencies with short-term memory. | S3082 | | |

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| S3082 | Continued From page 3<br><br>On 09/11/24 at 04:32 PM Licensed Nurse (LN) B stated R101's FCS concerning her cognition was incorrect. LN B stated instead of scoring a one the assessment should have indicated a score of three as R101 had cognitive deficits with long-term memory, memory/recall and decision-making.<br><br>The administrator failed to ensure R101's FCS was completed accurately.<br><br>- R102's medical record revealed she moved into the facility on 04/29/24.<br><br>The 04/22/24 FCS failed to accurately identify R102's functional capacity for cognition when the assessment documented R102 had deficits with short-term and long-term memory, memory/recall and decision-making.<br><br>On 09/11/24 at 04:32 PM LN B stated R102's FCS concerning his cognition was incorrect. LN B stated instead of scoring a four the assessment should have indicated a score of zero as R102 had fully intact cognition.<br><br>The administrator failed to ensure R102's FCS was completed accurately.<br><br>- R103's medical record revealed he moved into the facility on 08/06/24.<br><br>The 08/06/24 FCS failed to accurately identify R103's functional capacity for cognition when the assessment documented R103 had deficits with short-term and long-term memory, memory/recall and decision-making.<br><br>On 09/11/24 at 04:25 PM LN B stated R103's FCS concerning his cognition was incorrect. LN B | S3082 | | |

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| S3082 | Continued From page 4<br>stated instead of scoring a four the assessment should have indicated a score of zero as R103 had fully intact cognition.<br><br>The administrator failed to ensure R103's FCS was completed accurately. | S3082 | | |
| S3085 SS=E | 26-41-202 (a) Negotiated Service Agreement<br><br>(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:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>3085<br>KAR 26-41-202(a)(1)(3)<br><br>The facility census equaled 54 residents with three residents sampled. Based on record review and interview for three residents the administrator failed to ensure the "Negotiated Service | S3085 | | |

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| S3085 | Continued From page 5 | S3085 | | |

Agreement" (NSA) completed for residents who required health care services, was done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident received (resident (R)103), and identified each party responsible for payment if outside resources provide a service (R102, R103).

Findings included:

- R102's medical record revealed he moved into the facility on 04/22/24.

The 04/22/24 NSA did not identify the party responsible for payment of outside resources for physical therapy services received.

On 09/11/24 at 04:32 PM Licensed Nurse (LN) B stated R102 received physical therapy services provided an outside provider, but the NSA did not identify who was responsible for payment of services provided.

The administrator failed to ensure R102's NSA was fully developed to identify the party responsible for payment of services provided by an outside service provider.

- R103's medical record revealed he moved into the facility on 08/06/24.

The 08/06/24 Functional Capacity Screen documented R103 required physical assist from staff for transfers and used a mechanical lift.

The 08/06/24 NSA identified R103 required staff assist with transfers but did not identify that he required the use of a mechanical lift with

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| S3085 | Continued From page 6<br>transfers. The NSA also identified R103 received hospice services provided by an outside provider but did not identify who was responsible for payment of these services from an outside provider.<br><br>On 09/11/24 at 04:25 PM Licensed Nurse (LN) B stated R103 admitted to the facility using th a sit-to-stand lift but the NSA did not identify the use of this lift. LN B stated R103 utilized a local hospice service but the NSA did not identify the payor for services provided by the hospice.<br><br>The administrator failed to ensure R103's NSA was fully developed to include all services provided and identify the party responsible for payment of services provided by an outside service provider. | S3085 | | |
| S3092 SS=D | 26-41-202 (d) Negotiated Service Agreement Revisions<br><br>(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;<br>(2) following any significant change in condition, as defined in K.A.R. 26-39-100;<br>(3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and<br>(4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. | S3092 | | |

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| S3092 | Continued From page 7<br>This REQUIREMENT is not met as evidenced by:<br>3092<br>KAR 26-41-202(d)(4)<br><br>The facility reported a census of 54 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure designated staff revised a "Negotiated Service Agreement" (NSA) when resident (R)102 changed physical therapy providers.<br><br>Findings included:<br><br>- R102's medical record revealed he moved into the facility on 04/22/24.<br><br>The most current NSA available in R102's medical records was dated 04/22/24 and identified a certain provider for physical therapy services but was not revised when R102 changed physical therapy service providers shortly after admission.<br><br>On 09/11/24 at 04:32 PM Administrative Nurse B stated R102's NSA was not revised to show the current provider of physical therapy services after R102 switched physical therapy providers soon after R102 admitted to the facility.<br><br>The administrator failed to ensure designated staff revised R102's NSA to identify the current provider of physical therapy services. | S3092 | | |
| S3101 SS=F | 26-41-202 (h) NSA Signatures<br><br>(h) Each individual involved in the development of | S3101 | | |

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| S3101 | Continued From page 8<br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>3101<br>KAR 26-41-202(h)<br><br>The facility reported a census of 54 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, R102 and R103 was signed by all individuals involved in the development of the NSA to include the nurse responsible for the development of the NSA.<br><br>Findings included:<br><br>- R101's medical record revealed she moved into the facility on 04/29/24.<br><br>The 08/11/24 NSA lacked a place for signatures for all who were involved in the developed the NSA to be documented and the NSA was not signed.<br><br>On 09/11/24 at 04:32 PM Licensed Nurse (LN) B stated R101's NSA was not signed by all parties involved in the development of the NSA.<br><br>The administrator failed to ensure R101's NSA was signed by all individuals involved in the development of the NSA. | S3101 | | |

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| S3101 | Continued From page 9<br><br>- R102's medical record revealed he moved into the facility on 04/22/24.<br><br>The 04/22/24 NSA lacked a place for signatures for all who were involved in the developed the NSA to be documented and the NSA was not signed.<br><br>On 09/11/24 at 04:32 PM Licensed Nurse (LN) B stated R102's NSA was not signed by all parties involved in the development of the NSA.<br><br>The administrator failed to ensure R102's NSA was signed by all individuals involved in the development of the NSA.<br><br>- R103's medical record revealed he moved into the facility on 08/06/24.<br><br>The 08/06/24 NSA lacked a place for signatures for all who were involved in the developed the NSA to be documented and the NSA was not signed.<br><br>On 09/11/24 at 04:32 PM Licensed Nurse (LN) B stated R103's NSA was not signed by all parties involved in the development of the NSA.<br><br>The administrator failed to ensure R103's NSA was signed by all individuals involved in the development of the NSA. | S3101 | | |
| S3155 SS=D | 26-41-204 (a) Health Care Services<br><br>. (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health | S3155 | | |

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| S3155 | Continued From page 10<br>care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.<br><br>This REQUIREMENT is not met as evidenced by:<br>3155<br>KAR 26-41-204(a)<br><br>The facility reported a census of 54 residents. The sample included three residents. Based on observation, interview and record review the administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for one of three sampled residents evidenced by the failure to complete and document an assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint for resident (R)103.<br><br>Findings included:<br><br>- R103's medical record revealed he moved into the facility on 08/06/24.<br><br>The 08/06/24 "Functional Capacity Screen" (FCS) documented R103 required physical assist from staff for transfers.<br><br>The 08/06/24 "Negotiated Service Agreement" (NSA) documented R103 required staff assist of one to two staff members for transfers but did not mention the use of bed rails or an overhead | S3155 | | |

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| S3155 | Continued From page 11<br>trapeze.<br><br>Review of R103's medical records failed to locate an assessment for the use of bedrails.<br>On 09/11/24 at 03:19 PM an observation revealed R103 had bilateral bed rails and a trapeze properly attached to his bed.<br><br>On 09/11/24 at 03:19 PM R103 stated he had bedrails and a trapeze available for him to use with transfers.<br><br>On 09/11/24 at 04:11 PM "Certified Medication Aide" (CMA) E stated R103 had bed rails and required transfer assistance of two staff. CMA E stated R103 was able to use the trapeze and bed rails to assist with transfers.<br><br>On 09/11/24 at 04:25 PM "Licensed Nurse" (LN) B stated R103 had a trapeze and bed rails available for him to use with transfers. LN B stated she had not completed a bed rail assessment.<br><br>The administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R103 regarding the use of a bed assistive device. | S3155 | | |
| S3211 SS=F | 26-41-205 (g) (3) OVER THE COUNTER DRUGS<br><br>(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 | S3211 | | |

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| S3211 | Continued From page 12<br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>3211<br>KAR 26-41-205 (g)(3)<br><br>The facility reported a census of 54 residents. Based on observation and interview the administrator 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.<br><br>Findings included:<br><br>- Observation on 09/10/24 at 10:13 AM revealed the facility's memory care unit medication cart contained the following OTC medications which were not labeled with a resident's full name:<br><br>Resident (R)104:<br>One bottle of Equate 8-hour Arthritis Pain relief<br>One bottle of Equate Aspirin<br>One bottle of Equate Sleep-Aid<br><br>R105:<br>One bottle of Major Aspirin 81 milligrams<br><br>There was a plastic basket of that contained the following which were only marked as belonging to | S3211 | | |

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| S3211 | Continued From page 13<br>room 122:<br>Three bottles of Visine Dry Eye Relief<br>Two bottles of Systane Lubricant Eye Drops<br>One bottle of Thera Tears Extra eye drops.<br><br>On 09/10/24 at approximately 10:13 AM Certified Medication Aide (CMA) C stated the bottles of eye drops labeled as belonging to room 122 were brought in for R106 by his family but there was not a physician's order for these medications, so staff did not administer them.<br><br>The bottom drawer contained the following medications labeled as STOCK:<br>One bottle of CVS Antacid Tablets<br>One box of CVS Anti-Diarrheal<br>One box of Pepto Bismol Liquid caps<br><br>The 09/22/22 "Medication Storage" policy documented, "It is expected that medications will be stored appropriately ...This is required by law and is a community expectation."<br><br>The administrator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name. | S3211 | | |
| S3280 SS=F | 26-41-104 (d) Disaster and Emergency Preparedness<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;<br>(2) education of each resident upon admission to the facility regarding emergency procedures; | S3280 | | |

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| | N023025 | A. BUILDING: _____ B. WING _____ | 09/11/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| CEDARHURST OF LAWRENCE | 4450 BAUER FARM DRIVE LAWRENCE, KS 66049 |

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| S3280 | Continued From page 14<br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br>(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.<br><br>This REQUIREMENT is not met as evidenced by:<br>3280-<br>KAR 26-41-104(d)(3)<br><br>The facility reported a census of 54 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with residents.<br><br>Findings included:<br><br>- On 09/10/24 documentation of quarterly reviews of the emergency management plan was requested. Review of documentation lacked evidence that quarterly reviews with residents was completed.<br><br>On 09/11/24 at 02:20 PM Administrative Staff A stated staff reviewed the emergency management plan with residents when they first admitted to the facility but have not completed quarterly reviews with residents.<br><br>The facility failed to ensure disaster and emergency preparedness by failing to perform | S3280 | | |

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| S3280 | Continued From page 15<br>quarterly reviews of the emergency management plan with residents. | S3280 | | |
| S3298 SS=F | 26-41-206 (d) Food Preparation<br><br>(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.<br>(1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.<br>(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.<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>3298<br>KAR 26-41-206 (d)<br><br>The facility had a census of 54 residents. All 54 residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature.<br><br>Findings included: | S3298 | | |

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| S3298 | Continued From page 16<br><br>- Review of the "Food Holding Temperature Log Main Dining Room" lacked documentation staff obtained and documented food temperatures for:<br>08/05/24- breakfast, lunch, dinner<br>08/06/24- dinner<br>08/09/24- breakfast, lunch, dinner<br>08/10/24- breakfast, lunch, dinner<br>08/11/24- breakfast, dinner<br>09/02/24- dinner<br>09/03/24 - breakfast, lunch<br>09/04/24 - 09/07/24- breakfast, lunch, dinner.<br><br>On 09/10/24 at 03:50 PM Regional Dining Services Director D stated her expectation was for dietary staff to complete food and log food temperatures for every meal.<br><br>The undated "Monitoring Food Temperatures for Meal Services" policy documented, "Food temperatures will be taken and recorded for all hot and cold foods prior to placing them on the serving line."<br><br>According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or higher and cold foods must be maintained at an internal temperature of 41 F or below.<br><br>The operator failed to ensure food items were served at the proper temperature. | S3298 | | |
| S3299 SS=F | 26-41-206 (e) (1) Facility Food Storage<br><br>(e) Food storage. Facility staff shall store all food under safe and sanitary conditions.<br>(1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas | S3299 | | |

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| S3299 | Continued From page 17<br>used for food storage, preparation, or serving.<br><br>This REQUIREMENT is not met as evidenced by:<br>3299<br>KAR 26-41-206 (e)<br><br>The facility had a census of 54 residents. All 54 residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to document temperatures of food items stored in the refrigerator/freezer were at acceptable temperatures according to food safety guidelines.<br><br>Findings included:<br><br>- Observation on 09/10/24 at 03:40 PM revealed lacking documentation of refrigerator/freezer temperatures documented by staff.<br><br>Review of the "July" refrigerator / freezer temperature log revealed it lacked documentation of refrigerator / freezer temperatures on:<br>07/21/24- PM<br>07/22 - 07/31.<br><br>Review of the "August" refrigerator / freezer temperature log revealed missing documentation for all refrigerator / freezer temperatures on:<br>08/17/24- PM<br>08/18/24- AM<br>08/19/24 - 08/21/24- AM / PM<br>08/22/24 - 08/23/24- AM<br>08/24/24- AM / PM | S3299 | | |

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| S3299 | Continued From page 18<br>08/25/24 - 08/27/24- AM<br>08/28/24- AM / PM<br>08/29/24 - 08/31/24- AM<br>08/19/24 - 08/21/24<br><br>The undated "Refrigerator/Freezer Temperatures" policy documented, "Dining Services will be responsible for taking temperatures on all kitchen and nourishment room refrigerators and freezers, and recording temperatures on temperature report logs daily, during each shift."<br><br>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."<br><br>On 09/10/24 at 03:50 PM Regional Dining Services Director C stated her expectation was for dietary staff to complete refridgerator/freezer temperatures logs daily with each meal.<br><br>The operator failed to ensure food items were stored under safe and sanitary conditions. | S3299 | | |
| S3305 SS=F | 26-41-207 (a) (b) Infection Control<br><br>(a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents.<br>(b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements:<br>(1) Using universal precautions to prevent the | S3305 | | |

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| S3305 | Continued From page 19<br>spread of blood-borne pathogens;<br>(2) techniques to ensure that hand hygiene meets professional health care standards;<br>(3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards;<br>(4) providing sanitary conditions for food service;<br>(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;<br>(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<br>(7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents.<br><br>This REQUIREMENT is not met as evidenced by:<br>3305<br>KAR 26-41-207(b)(4)<br><br>The facility had a census of 54 residents. All 54 residents ate food prepared in the same kitchen. The operator failed to ensure sanitary conditions for food service by not ensuring hot water temperature and chemical strengths were documented daily.<br><br>Findings included: | S3305 | | |

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| S3305 | Continued From page 20<br><br>- Review of the August "Temperature / Sanitizer Log" revealed missing documentation for:<br>08/17/24- lunch, dinner<br>08/18/24- breakfast, lunch<br>08/19/24- breakfast, lunch<br>08/20/24- breakfast, lunch, dinner<br>08/21/24- breakfast, lunch, dinner<br>08/22/24 to 08/23/24- breakfast, lunch<br>08/24/24- breakfast, lunch, dinner<br>08/25/24 to 08/27/24- breakfast, lunch<br>08/28/24- breakfast, lunch, dinner<br>08/29/24 to 08/31/24- breakfast, lunch<br><br>Review of the September "Temperature / Sanitizer Log" revealed missing documentation for:<br>09/01/24 to 09/02/24- breakfast, lunch, dinner.<br><br>On 12/21/23 at 01:25 PM Dietary Staff C stated the "November Temperature/ Sanitizer" log was completed and put in the binder but could not locate it.<br><br>The undated "Dishwashing Machine" policy documented, "Monitor that machine is maintaining operating guidelines for wash, rinse, and final rinse temperatures."<br><br>On 09/10/24 at 03:50 PM Regional Dining Services Director C stated her expectation was for dietary staff to complete Temperature/Sanitizer Logs daily.<br><br>The operator failed to ensure sanitary conditions in the kitchen by failing to ensure documentation of hot water and chemical sanitizer strength was logged daily. | S3305 | | |

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| S3310 | Continued From page 21 | S3310 | | |
| S3310 SS=F | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(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;<br>(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<br>(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<br><br>This REQUIREMENT is not met as evidenced by:<br>3310<br>KAR 26-41-207(c)<br><br>The facility reported a census of 54 residents. The sample included three residents. Based on interview and record review for three residents and five newly hired employee records, 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.<br><br>Findings included:<br><br>- Resident (R)101 moved into the facility on | S3310 | | |

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| S3310 | Continued From page 22<br>04/29/24.<br><br>Review of R101's medical record revealed the TB symptom screen did not include all the components of the Tuberculosis Symptom Screen Questionnaire as provided by the department.<br><br>On 09/11/24 at 04:32 PM Licensed Nurse (LN) B acknowledged the TB symptom screening questionnaire the facility used did not include all the required components.<br><br>The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire ..."<br><br>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.<br><br>- R102 moved into the facility on 04/22/24.<br><br>Review of R102's medical record revealed the TB symptom screen did not include all the components of the Tuberculosis Symptom Screen Questionnaire as provided by the department.<br><br>On 09/11/24 at 04:32 PM Licensed Nurse (LN) B acknowledged the TB symptom screening questionnaire the facility used did not include all the required components.<br><br>The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom | S3310 | | |

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| S3310 | Continued From page 23<br>screen that includes the components of the Tuberculosis Symptom Screen Questionnaire ..."<br><br>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.<br><br>- R103 moved into the facility on 08/06/24.<br><br>Review of R103's medical record revealed the TB symptom screen did not include all the components of the Tuberculosis Symptom Screen Questionnaire as provided by the department.<br><br>On 09/11/24 at 04:32 PM Licensed Nurse (LN) B acknowledged the TB symptom screening questionnaire the facility used did not include all the required components. The document contained only 5 of the 8 symptoms to check and lacked questions #2 (Have you ever been told that you have active TB?), #3 (Have you ever had contact with anyone with active TB?) and #4 (Have you ever traveled or lived outside the country for 3 months or greater?).<br><br>The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire ..."<br><br>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.<br><br>- Review of five newly hired employee files revealed the TB symptom screen did not include | S3310 | | |

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| S3310 | Continued From page 24<br>all the components of the Tuberculosis Symptom Screen Questionnaire as provided by the department. The document contained only 5 of the 8 symptoms to check and lacked questions #2 (Have you ever been told that you have active TB?), #3 (Have you ever had contact with anyone with active TB?) and #4 (Have you ever traveled or lived outside the country for 3 months or greater?).<br><br>The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ... employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire ..."<br><br>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 | | |
| S3320 SS=F | 28-39-254 CONSTRUCTION<br><br>(a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public.<br><br>(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.<br><br>(c) New construction, modifications and equipment shall conform to the following codes and standards: | S3320 | | |

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| S3320 | Continued From page 25<br><br>(1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and<br><br>(2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.<br><br>This REQUIREMENT is not met as evidenced by:<br>3320<br>KAR 28-39-254 (a)<br><br>The facility reported a census of 54 residents. Based on observation, record review and interview the administrator failed to ensure staff monitored each exit to maintain the safety of all residents which resulted in resident (R)101 exiting the building with her dog and being out of the facility for approximately 20 minutes without staff knowledge.<br><br>Findings included:<br><br>- R101 moved into the facility on 04/29/24 with a diagnosis of age-related cognitive decline.<br><br>Review of R101's medical record revealed the 04/29/24 did not identify her as wandering.<br><br>Review of R101's "Negotiated Service Agreement" revealed R101 sometimes will sometimes leave the building without anyone knowing.<br><br>The NSA was revised (at an unknown date) to include hourly checks from 7PM to 7AM, and safety checks every two hours from 7AM to 7PM. | S3320 | | |

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| S3320 | Continued From page 26 | S3320 | | |

Care staff were instructed to look for R101 outside of the building if the alarm to room 27 sounded, as this indicated the possibility R101 had exited the building.

The 05/08/24 "Observation and Internal Note" documented, care staff reported R101 was visualized walking in front of the community with her dog (Teddy) who was off leash. R101 apparently exited the community from a side door to go out with her dog. R101 was redirected back into the community. R101 was reminded that Teddy needed to be on a leash when outside of her room and that the courtyard could be accessed from the back door of her room and was the most appropriate place to let Teddy out for toileting, etc.

The 05/16/24 "Observation and Internal Note" documented, R101 was found walking outside by apartment. 27. Staff redirected her back to her room with her dog Teddy. R101 told staff she was just going for a walk.

07/17/24 at 05:00 PM "Observation and Internal Note" documented, R101 had incident this morning of exit seeking activity that resulted in her exiting the building, the alarm set to assist in detecting this activity sounded and staff responded appropriately...safety checks increased too hourly until further notice.

On 09/11/24 at 03:40 PM an observation revealed the northwest exit door located at the end of the hall near room 27 had an alarm installed on the top of the door.

On 09/11/24 at 01:00 PM R101 stated she understood that this was where she lived and did not plan on "running away." R101 stated she liked

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N023025 | A. BUILDING: _____ B. WING _____ | 09/11/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CEDARHURST OF LAWRENCE | 4450 BAUER FARM DRIVE 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 |
|---|---|---|---|---|
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to take her dog for walks.

On 09/10/24 at 04:45 PM "Certified Nurse Aide" (CNA) F stated R101 wandered around the facility with her dog or went outside to the courtyard. CNA F stated the day of the elopement R101 tried to exit out the front door and he redirected R101 to the dining room. CNA F stated he last saw R101 around 01:30 PM sitting on her patio inside the courtyard area outside of her apartment. CNA F stated R101 was found outside of the facility with her dog and was brought back around 1:50 PM. CNA F stated that he did not know R101 had left the building. CNA F stated if someone exited one of the exit doors staff were alerted through their pagers and staff were required to check both outside and inside to see if a resident was missing.

On 09/11/24 at 04:16 PM CMA E stated R101 had walked around the building a couple of times walking her dog. CMA E stated the northwest door was set to alarm across staff pagers if it notified staff were expected to immediately go to R101's room to see if she was there, if not there they would go outside and look for her.

On 09/11/24 at 10:45 AM Administrative Staff A stated R101 was used to taking her dog outside for walks and this is what she would do prior to being admitted to the facility. Administrative Staff A stated they placed the room 27 door alarm on the northwest hallway exit door to notify staff when that door was opened. Administrative Staff A stated upon admission to the facility all residents were placed on safety checks every two hours for 72 hours but for R101 these safety checks were kept in place and increased to every hour when she exhibited more confusion. Administrative Staff A stated R101 left the facility

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|---|---|---|---|
| | N023025 | A. BUILDING: _____ B. WING _____ | 09/11/2024 |

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|---|---|---|---|---|
| S3320 | Continued From page 28<br>on 08/11/24 through the door next to apartment 27. Staff did not respond because the pagers did not alert them. It was found the alarm had a lose connection and did not alert staff when R101 exited this door. Administrative Staff A stated they did not check the alarm to make sure it functioned properly on a regular basis.<br><br>The failure to check the alarm installed on the northwest exit door to see if it worked properly resulted in R101 exiting the facility with her dog and was outside of the facility without staff knowledge for approximately 20 minutes.<br><br>The administrator failed to ensure staff monitored exit doors and ensure residents at risk for elopement did not leave the facility without the knowledge of staff. | S3320 | | |