STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087081	A. BUILDING: _____ B. WING _____	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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 represents the findings of a Re-Licensure survey with complaint investigation KS00187267 for the above named Assisted Living Facility conducted on 09/18/24 and 09/19/24.	S 000		
S 150 SS=D	26-39-103 (k) Resident Right Work (k) Work. (1) The administrator or operator shall ensure that each resident is afforded the right to refuse to perform services for the adult care home. (2) A resident may perform services for the adult care home, if the resident wishes and if all of the following conditions are met: (A) The administrator or operator, or the designee, has documented the resident ' s need or desire for work in the plan of care or negotiated service agreement. (B) The plan of care or negotiated service agreement specifies the nature of the services performed and whether the services are voluntary or paid. (C) The resident or resident ' s legal representative has signed a written agreement consenting to the work arrangement described in the plan of care or negotiated service agreement. This STANDARD is not met as evidenced by: KAR 26-39-103 (k)(2)(A)(B)(C) The facility reported a census of 19 residents. The sample included three residents and two focused record reviews. Based on observation, interview, and record review the operator failed to ensure the resident the right to perform services for the care home if the resident wished to do so and failed to document the residents desire to	S 150		

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

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S 150	Continued From page 1 work in the Negotiated Service Agreement (NSA) or Health Care Service Plan (HCSP), specified the nature of the services performed, if services were voluntary or paid and failed to have a signed written agreement with the resident's legal representative consenting to the work arrangement described in the NSA or HCSP. Findings included" - Review of R4's medical record revealed he moved into the facility on 09/03/22 with a diagnosis of Cerebral Palsy. R4's "Functional Capacity Screen" dated 09/01/23 identified he was independent with activities of daily living, needed physical assistance with management of medications, and had impaired vision and decision-making abilities. R4's "Negotiated Service Agreement" (NSA) dated 09/01/23 and signed by R4's legal representative, identified at times he liked to help deliver mail but lacked documentation of additional services the resident would provide for the facility, such as setting tables with silverware, fixing ice water and iced tea and then putting the drinks on the tables. Review of R4's unsigned "Health Care Service Plan" identified R4 liked to clean tables after meals and help wash dishes. It included a revision dated 10/01/23 that he enjoyed preparing and serving the ice water and tea for every meal and staff needed to ensure he washed his hands and wore gloves prior to preparing drinks. Observation on 09/18/24 at 11:03 AM R4 pushed a kitchen cart that contained wrapped silverware and passed them out for the residents table	S 150		

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S 150	Continued From page 2 settings. Observation on 09/18/24 at 11:10 AM R4 had on gloves and proceeded to fill glasses with ice and then water, passed them out and then filled more glasses with ice and tea then set them out on the dining room tables. Interview on 09/19/24 at 03:13 PM Administrative Licensed Nurse B reported R4 fixing drinks was added to his care plan on 10/1/23 and thought maybe she should have done an addendum to his NSA so his legal representative would have signed it. The operator failed to ensure the services R4 provided the facility were care planned and specified in an agreement with R4's legal representative.	S 150		
S3081 SS=E	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c)(1)	S3081		

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S3081	Continued From page 3	S3081		

The facility reported a census of 19 residents (R). The sample included three residents and two focused record reviews. Based on interview and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" for one (R4) of three sampled residents and one (R6) of two focused reviews at least every 365 days.

Findings Included:

- R4's Electronic Medical Record and paper chart revealed he moved into the facility on 09/03/22 with a diagnosis of Cerebral Palsy.

Review of R4's electronic record on 09/18/24, included a current "Functional Capacity Screen" (FCS) completed on 09/01/23. It also included a FCS that staff had opened on 09/01/24 but had not entered any assessment or coding information in the FCS and was identified by the electronic record as being "in-progress".

Interview on 09/19/24 at 03:09 PM Administrative Licensed Nurse B reported she had opened but not completed R4's FCS yet. Administrative Licensed Nurse B acknowledged they were to be completed at least every 365 days.

The operator failed to ensure designated staff completed R4's FCS at least every 365 days.

- R6's electronic medical record and paper chart revealed he moved into the facility on 09/06/22 with a diagnoses of dementia and diabetes mellitus type II.

Review of R6's electronic record on 09/18/24 revealed a "Functional Capacity Screen" (FCS) had been opened but had no assessment or

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S3081	Continued From page 4 coding information entered into the screening tool. Interview on 09/19/24 at 02:07 PM Administrative Licensed Nurse acknowledged she opened R6' FCS on 09/01/24 but she did not complete it until 09/19/24. The executive director failed to ensure designated staff completed R6's FCS at least every 365 days.	S3081		
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: K.A.R 26-41-201 (d) The facility reported a census of 19 residents(R). The sample included three residents and two focused record reviews. Based on interview and record review, the operator failed to ensure designated staff completed one (R7) of two focused reviews "Functional Capacity Screen" accurately to reflect their functional ability related to management of medical treatments and mobility. Findings Included: - Review of R7's medical record revealed he moved into the facility on 03/22/24 with diagnoses	S3082		

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S3082	Continued From page 5 of diabetes mellitus type II and congestive heart failure. R7's "Functional Capacity Screen" (FCS) dated 03/22/24 coded R7 a "3" for mobility, unable to participate and a "0" (independent) for management of medical treatments. R7's "Negotiated Service Agreement" dated 03/22/24 revealed the resident used a wheelchair and front wheeled walker for mobility and needed assistance to and from the dining room for meals. It also identified wound care would be preformed by Home Health services. Interview on 09/19/24 at 08:48 AM Administrative Licensed Nurse B stated she coded him a "3" for mobility because he didn't move around a lot. She reported when he initially moved in staff had to help him in the restroom and he is now independent with the use of a stool riser. For the medical treatments, Administrative Licensed Nurse B reported she thought because Home Health did his treatments and not the facility she was to mark it a zero. After review of the FCS manual Administrative Licensed Nurse B acknowledged the FCS was inaccurate. The operator failed to ensure designated staff completed R37s FCS accurately to identify his functional ability related to mobility and management of medical treatments and his need for health care services.	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	S3085		

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S3085	Continued From page 6 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: KAR 26-41-202(a)(1) The facility reported a census of 19 residents(R). The sample included three residents and two focused record reviews. Based on interview and record review the operator failed to ensure designated staff completed one (R3) of three sampled residents "Negotiated Service Agreement and Health Care Service Plan" based on their "Functional capacity Screen" and service needs. Findings included: - R3's Medical Record revealed she moved into the facility on 08/05/24 with a diagnosis of Alzheimer's disease. R3's "Functional Capacity Screen" (FCS) dated 08/05/24 identified R3 had a current problem or	S3085		

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S3085	Continued From page 7	S3085		

risk for falls, impaired hearing and impaired decision-making. The FCS did not identify the resident used a wheelchair as a mobility device.

R3's "Negotiated Service Agreement" dated 08/05/24 identified she had a very unsteady gait but failed to identify the resident used a wheelchair as an assistive device for mobility include a description of the services provided related to falls. It also failed to identify services related to impaired hearing and impaired decision-making ability.

Observation on 09/18/24 at 11:05 AM Certified Medication Aide (CMA) K pushed R3 via wheelchair into her room. When surveyor bent over to introduce self to resident, the resident did not hear/understand the first time, so surveyor moved more in front of the resident and eye level and then R3 acknowledged understanding of who Surveyor was.

Interview on 09/19/24 at 07:21 AM CMA K reported R3 was at risk for falls and on a good day she walked with her walker otherwise staff pushed her in the wheelchair. She also reported that she can hear what you are saying but sometimes you have to get to where she can read your lips to understand.

On 09/19/24 at 09:24 AM Administrative Licensed Nurse B looked at R3's NSA and reported that under mobility we remind R3 to use assistive devices when ambulating so that is what we do for falls and acknowledged she had not identified services related to address impaired hearing or impaired decision-making ability.

The operator failed to ensure designated staff included a description of services R3 received

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S3085	Continued From page 8 according to R3's FCS and service needs.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement 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, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(2) The facility reported a census of 14 residents (R). The sample included three residents and two focused record reviews. Based on interview and record review the operator failed to ensure designated staff reviewed/revised one (R4) of three sample residents and two (R6 and R7) of two focused record reviews "Negotiated Service Agreement" following a significant change and/or at least every 365 days. Findings Included: - R4's Electronic Medical Record and paper chart	S3092		

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S3092	Continued From page 9	S3092		

revealed he moved into the facility on 09/03/22 with a diagnosis of Cerebral Palsy.

Review of R4's electronic record on 09/18/24, included a current "Functional Capacity Screen" (FCS) completed on 09/01/23. It also included an FCS that staff had opened on 09/01/24 but had not entered any assessment or coding information in the FCS and was identified by the electronic record as being "in-progress".

Review of R4's electronic record on 09/18/24 included a "Negotiated Service Agreement" (NSA) completed on 09/01/23. It also included an NSA that had been opened on 09/01/24 with all areas blank and a status of "in-progress".

Interview on 09/19/24 at 03:09 PM Administrative Licensed Nurse B reported the NSA needed to be revised when a resident had a change in status and annually. Administrative Licensed Nurse B acknowledged R4's NSA was opened on 09/01/24 but had not been completed yet.

The operator failed to ensure designated staff completed R4's NSA at least every 365 days.

- R6's electronic medical record and paper chart revealed he moved into the facility on 09/06/22 with a diagnoses of dementia and diabetes mellitus type II.

Review of R6's electronic record on 09/18/24 revealed a "Functional Capacity Screen" (FCS) had been opened on 09/01/24 but had no assessment or coding information entered into the screening tool.

Review of R6's electronic record on 09/18/24 included a "Negotiated Service Agreement" (NSA)

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S3092	Continued From page 10	S3092		

opened on 09/01/24 that had all areas blank and "in-progress. Review of R6's electronic record on 09/19/24 identified the NSA opened on 09/01/24 had been completed by Administrative Licensed Nurse on 09/19/24 at 04:13 AM.

Interview on 09/19/24 at 02:07 PM Administrative Licensed Nurse acknowledged she opened R6' NSA on 09/01/24 but she did not complete it until 09/19/24.

The operator failed to ensure designated staff completed R6's NSA at least every 365 days.

- Review of R7's medical record revealed he moved into the facility on 03/22/24 with diagnoses of diabetes mellitus type II and congestive heart failure.

R7's "Functional Capacity Screen" dated 03/22/24 identified R7 was independent with management of medical treatments.

R7's "Negotiated Service Agreement" identified a local home health agency would provide the skilled service for wound care, physical therapy, and occupational therapy.

Review of R7's progress notes revealed he started physical therapy on 03/23/24 and discontinued on 04/18/24. He started occupational therapy on 03/27/24 and discontinued it on 04/22/24. It also included a note that he was seen by the wound clinic on 04/11/24.

Observation on 09/19/24 at 08:20 PM R7 walked out of the facility using a front wheeled walker and had both legs wrapped from is toes up to below his knees.

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S3092	Continued From page 11 Interview on 09/19/24 at 08:34 AM Administrative licensed nurse B reported R7 admitted on home health services and no longer received their services and goes to wound care. She acknowledged she had not completed a revision in R7's NSA when he discharged form physical and occupational therapy or nursing services for wound care. The operator failed to ensure designated staff completed R6's NSA at least every 365 days.	S3092		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication	S3215		

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S3215	Continued From page 12 and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(4) The facility reported a census of 149residents. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse did not administer Tuberculin Skin Test Antigens beyond the manufacturer's recommended date of expiration. Findings included: - During initial tour on 09/18/24 at 09:15 AM Certified Medication Aide J unlocked the medication room for inspection. Observation of the medication storage refrigerator contained three vials of Tuberculin, two unopened and one opened. The open vial had a handwritten open date of 07/09/24 and expired on 08/07/24. Review of R3's two-step TB skin test revealed Administrative Licensed Nurse B administered R3's first TB skin test on 08/05/24 and read it on 08/07/24. Administrative Licensed Nurse B administered R3's second TB skin test on 08/12/24, five days after the Tubersol vial should have been discarded.	S3215		

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S3215	Continued From page 13 On 09/18/24 at 09:43 AM Administrative Licensed Nurse B confirmed the TB solution had expired and should have been discarded. Per Tubersol package directions, a vial of Tubersol which has been entered and in use for 30 days should be discarded. The operator failed to ensure Administrative Licensed Nurse A discarded the Tubersol vial according to the manufacturers recommended date of expiration.	S3215		
S3227 SS=E	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (l)(2)	S3227		

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COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3227	Continued From page 14	S3227		

The facility reported a census of 19 residents. The sample included three residents and two focused record reviews. Based on interview for all residents, and record review for two (R5 and R6) of three sampled residents the operator failed to ensure the licensed nurse attempted to get a response from the medical provider for pharmacy recommendations for two (R5 and R6) of three sampled residents and three other residents identified to have had physician recommendations from the pharmacist. The operator also failed to ensure the licensed nurse responded to the pharmacist recommendations for nursing, for four different residents.

Findings included:

- Review of R5's medical record revealed she moved into the facility on 12/08/23 with diagnosis of chronic pain.

R5's "Functional Capacity Screen" identified she needed physical assistance with management of medications.

- Review of R6's medical record revealed he moved into the facility on 09/16/22 with diagnoses of diabetes mellitus type II and dementia.

R6's "Functional Capacity Screen" dated 08/01/23 identified he needed physical assistance with management of his medications.

Review of the pharmacy notebook provided by Administrative Licensed Nurse B included pharmacy reviews with the most recent report conducted in October 2023. Administrative Licensed Nurse B confirmed she had more pharmacy reviews in her email sent to her by the pharmacist. Administrative Licensed Nurse B

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S3227	Continued From page 15 said she would print them out and provide for review. Review of the pharmacy notebook with all pharmacy reviews provided by Administrative Licensed Nurse B on 09/19/24 at 02:51 PM revealed R5 and R6 had recommendations from the pharmacist to the physician which the nurse failed to seek a response from the medical provider. It also included recommendations for three other residents to the physician and four residents that had nursing recommendations the licensed nurse failed to seek a response from the medical provider or address nursing the nursing recommendations. Interview on 09/19/24 at 02:52 PM Administrative Licensed Nurse reported the only way she would have known if there were any physician or nursing recommendations to be sent to the physician or addressed by nursing was if she had printed pharmacy report sent to her via email. The operator failed to ensure a licensed nurse attempted to get a response from the medical care provider related to pharmacy recommendations and also failed to respond to nursing recommendations by the pharmacist.	S3227		
S3228 SS=F	26-41-205 (l) (3) Medication Regimen Review Record (l) (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record.	S3228		

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S3228	Continued From page 16 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (l) (3) The facility reported a census of 19 residents. The sample included three residents and two focused record reviews. Based on interview for all residents, and record review for two (R4, R5) of three sampled residents, the administrator failed to ensure designated staff kept the medication regimen reviews in each resident's clinical record. Findings included: - R4's Electronic Medical Record and paper chart revealed he moved into the facility on 09/03/22 with a diagnosis of Cerebral Palsy. Review of R4's current "Functional Capacity Screen" (FCS) completed on 09/01/23.identified he needed physical assistance with management of medications. Review of R4's pharmacy consultant progress notes in the electronic record identified the pharmacist was in the facility on 10/10/23, 04/19/24, and 07/18/24 but did not identify a pharmacist reviewed R4's record during the first quarter of 2024. - Review of R5's medical record revealed she moved int the facility on 12/08/23 with diagnosis of chronic pain. R5's "Functional Capacity Screen" identified she needed physical assistance with management of medications. Review of R5's pharmacy consultant progress notes in the electronic record revealed the	S3228		

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S3228	Continued From page 17 pharmacist reviewed R5's record on 01/11/24 and 07/18/24 but lacked documentation of reviewing the record during the second quarter. Review of the pharmacy notebook provided by Administrative Licensed Nurse B included pharmacy reviews with the most recent report conducted in October 2023. Administrative Licensed Nurse B confirmed she had more pharmacy reviews in her email sent to her by the pharmacist. Administrative Licensed Nurse B acknowledged the pharmacy reviews in her email were not a part of the resident's record. The administrator failed to ensure the medication regimen review was kept in each resident's clinical record.	S3228		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 19 residents(R). The sample included three residents and two focused record reviews. Based on interview and record review the operator failed to ensure three (R3, R4, and R5) of three sampled residents and one (R7) of two focused record reviews contained	S3261		

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S3261	Continued From page 18	S3261		

documentation of all incidents, symptoms, and other indications of illness or injury, what staff did, and the results of action taken.

Findings included:

- R3's Medical Record revealed she moved into the facility on 08/05/24 with a diagnosis of Alzheimer's disease.

R3's "Functional Capacity Screen" (FCS) dated 08/05/24R3 needed physical assistance with bathing, transfers and management of medications and had impaired cognition with a risk for falls.

R3's "Negotiated Service Agreement " dated 08/05/24 identified staff provided physical assistance with bathing, supervision with dressing, toileting, mobility, and transfers. It also identified qualified nursing staff would manage and administer all medications.

Review of R3's nursing progress notes included the following documentation:
08/06/24 - New order for Voltaren gel (anti-inflammatory) to right knee four times a day. The record lacked follow up on results of new pain medication.
09/11/24 - Syncopal (fainting) episode for 15 seconds with orders to obtain EKG, labs, and orthostatic blood pressures x three days. The record lacked follow up related to syncopal episode.
09/17/24 - resident found on the floor in her room. The record lacked follow up status post fall.

Interview on 09/19/24 at 09:15 AM Administrative Licensed Nurse B reported she was the only one who documented in the nurse's notes and would

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document "new orders and such".

Interview on 09/19/24 at 09:31 AM Administrative Licensed Nurse reviewed the nursing progress notes with surveyor and acknowledged she had not documented results from the Voltaren gel or follow up from R3's syncopal episode or her fall. Administrative Licensed Nurse B stated she did not necessarily follow up with a nurses note when someone had a fall but did do vital signs for three days post fall.

The operator failed to ensure R3's documentation included follow up to the results of starting Voltaren gel for knee pain, follow up on resident status post syncopal episode and follow up post fall, what was done, and results of action taken.

- Review of R4's medical record revealed he moved into the facility on 09/03/22 with a diagnosis of Cerebral Palsy (progressive disorder of movement, muscle tone or posture caused by injury or abnormal development in the immature brain, most often before birth).

R4's "Functional Capacity Screen" dated 09/01/23 identified he was independent with activities of daily living, needed physical assistance with management of medications, and had impaired vision and decision-making abilities.

R4's "Negotiated Service Agreement" (NSA) dated 09/01/23 identified R4 was independent with activities of daily living, required staff to administer all medications and had impaired decision-making abilities.

Review of R4's progress notes included the following documentation:
01/27/23 - start Fluconazole (antifungal) times

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one dose and Nystatin cream (antifungal) twice a day to groin area till healed. The record lacked documentation as to symptoms the resident had requiring the starting of antifungal treatment.
03/07/23 - lab drawn for leg cramps. The record lacked documentation of the resident having leg cramps and what staff did to help relieve them.
04/25/23 - Gabapentin (anticonvulsant) started for neuropathy (nerve damage). The record lacked documentation of symptoms of neuropathy and if the Gabapentin helped relieve his symptoms.
08/22/24 - resident having increased agitation, yells at family member and throws walking stick. New order to increase Lexapro (antidepressant). The record lacked follow-up if the increase in Lexapro helped resolve or decrease symptoms of agitation.

Interview on 09/19/24 at 09:15 AM Administrative Licensed Nurse B reported she was the only one who documented in the nurse's notes and would document "new orders and such".

Interview on 09/19/24 at 03:12 PM with Administrative Licensed Nurse B, surveyor reviewed documentation related to new medications, changes in medications with no follow-up related to results of changes. Administrative Licensed Nurse B acknowledged the documentation lacked follow-up.

- Review of R5's medical record revealed she moved into the facility on 12/08/23 with diagnosis of chronic pain.

R5's "Functional Capacity Screen" identified she needed physical assistance with management of medications and supervision with bathing, dressing and had slightly impaired cognition.

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S3261	Continued From page 21 Review of R5's nursing progress notes included the following documentation: 12/13/23 - resident had non-injury fall in her room. The record lacked follow-up post fall. 12/19/23 - Increase Gabapentin (anticonvulsant) to 100 mg three times per day for neuropathy (nerve damage) and decrease Lisinopril (antihypertensive) to 2.5 milligrams (mg). The record lacked documentation of follow-up if the Gabapentin helped reduce symptoms of neuropathy and change in Lisinopril improved her blood pressure. 01/24/24 - new order for Tramadol (opioid analgesics) 50 mg three times a day for pain. The record lacked follow-up if the Tramadol helped relieve R5's pain or if it had any adverse effects. 03/06/24 - new order to discontinue Tramadol and schedule Norco (narcotic pain medication) 5/325 mg ever six hours as needed and to start Miralax (laxative) daily for constipation. The record lacked documentation related to why tramadol was discontinued and follow up on the Norco and Miralax. 06/12/23 - Zanaflex (muscle relaxer) decreased to 2 mg due to hallucinations and Norco 7.5/325 three times a day and one at bedtime. The record lacked follow up as the results from decreasing Zanaflex and if increasing the Norco helped to decrease R5's pain. 08/10/24 - resident found sitting on floor, hematoma to right front of head. Resident said she got dizzy and fell and staff reminded her to keep her walker near her. The record lacked follow-up status post fall with hematoma. 09/14/24 - new order to discontinue Lasix (diuretic). The record lacked documentation related to reasoning and follow up to results of discontinuing R5's Lasix. Interview on 09/19/24 at 09:15 AM Administrative	S3261		

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S3261	Continued From page 22 Licensed Nurse B reported she was the only one who documented in the nurse's notes and would document "new orders and such". Interview on 09/19/24 with Administrative Licensed Nurse B and brief review of resident notes, Administrative Licensed Nurse B acknowledged she had not followed up with new medications, and changes in treatments including pain medications. The operator failed to ensure R5's documentation included symptoms that required changes in medications and follow up on results of those changes as well as follow up status post fall. - Review of R7's medical record revealed he moved into the facility on 03/22/24 with diagnoses of diabetes mellitus type II and congestive heart failure (a condition with low heart output and the body becomes congested with fluid). R7's "Functional Capacity Screen" dated 03/22/24 identified R7 needed physical assistance with bathing, dressing, toileting, and transfers. He needed physical assistance with medication management but was independent with management of medical treatments. R7's "Negotiated Service Agreement" included services related to staff helping with activities of daily living. It also identified a local home health agency would provide the skilled service for wound care. Review of R7's progress notes since admission, lacked documentation of the facility nurse assessing R7's leg wounds including a description of his wounds or measurements.	S3261		

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S3261	Continued From page 23	S3261		

R7's progress notes also included the following documentation:
04/18/24 -- Lasix (diuretic) on Monday, Wednesday, and Friday for congestive heart failure. The record lacked documentation of edema or results of the use of Lasix.
05/01/24 - new order to increase Lasix to 20 milligrams (mg) daily and Percocet (narcotic pain medication) three times a day. The record lacked documentation related to the changes in medication and results.
05/15/24 - Start Gabapentin 100 mg three times a day for neuropathy (nerve damage). The record lacked documentation of symptoms of neuropathy and results of starting the Gabapentin.
08/06/24 - weight up 10 pounds in three days, new order to give Lasix 20 mg twice a day times three days then resume 20 mg daily. The record lacked documentation related to the results of the increase in Lasix and weight gain.
08/24/24 - continue Lasix 40 mg on Monday, Wednesday, and Saturday and 20 mg on other days.
09/04/24 - up five pounds - administer Lasix 20 mg today at 02:00 pm. The record lacked follow up related to results of additional Lasix.
09/17/24 - up another 10 pounds, increase Lasix to 40 mg every morning. The record lacked follow up related to the results in the increased Lasix.

Interview on 09/19/24 at 08:26 AM Administrative Licensed Nurse reported that she does not check R7's leg wounds because he goes out to the wound clinic and they put the wraps on which are supposed to stay on for the whole week until his next appointment. She stated she had only gotten one note from the wound clinic since he started going. Administrative Licensed Nurse

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S3261	Continued From page 24 reported when he first came, he had the "boots" and home health was doing the dressing changes and managing wound care. Administrative Licensed Nurse reported she did not go in with the home health nurse to change his wraps and assess his wounds and did not document on them because home health did. Interview on 09/19/24 at 09:15 AM Administrative Licensed Nurse B reported she was the only one who documented in the nurse's notes and would document "new orders and such". Administrative Licensed Nurse B acknowledged she had not followed upon the results of medication changes. The operator failed to ensure R7's record included documentation related to R7's leg wounds and symptoms related to need for multiple changes in diuretic medications and other medications including pain medications.	S3261		
S3305 SS=F	26-41-207 (a) (b) Infection Control (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. (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: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards;	S3305		

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S3305	Continued From page 25 (4) providing sanitary conditions for food service; (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 (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-207 (b)(4) The facility reported a census of 19 residents. Based on observations and interview the operator failed to ensure sanitary conditions for food services related to hair restraint and process for filling and passing out glasses of ice water and tea for meals. Findings included: - During initial tour on 09/18/24 at 08:29 AM Dietary staff I prepared breakfast in the kitchen area with a cap on and had a beard approximately 2" long. During tour Dietary staff failed to wear a beard restraint. Interview on 09/18/24 at 09:07 AM Administrative	S3305		

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S3305	Continued From page 26 Staff A reported the facility did not previously have any beard covers but they have been ordered and should wear them when in the food service area. The operator failed to ensure sanitary conditions for food service by the failure of dietary staff to wear proper hair restraints when preparing food. - Observation on 09/18/24 at 11:03 AM Resident (R) 4 pushed a kitchen cart that contained wrapped silverware and passed them out for the residents table settings. R4 wore gloves and touched only the wrapped part of the silverware. Observation on 09/18/24 at 11:10 AM R4 had on gloves and filled glasses with ice water. R4 would take the empty cup, scoop the cup in the ice and fill it all the way with his other gloved hand in the ice. R4 then proceeded to fill them with water and put the on the cart. While handling the glasses he would pick them up by the rim area where residents would drink from. R4 went over by the kitchen half door, touching the counter and the door with his gloved hands and then rubbed his nose with his left hand and proceeded to pass out the rest of the water glasses. When R4 finished passing those glasses he went over to the kitchen sink area and again rubbed his nose with his gloved hand. R4 then proceeded to fill more glasses with ice and water and pass to other residents. He continued this process passing all the waters and then passing iced tea to residents as well. When R4 completed passing the water and tea he removed his gloves and threw them away. Interview on 09/18/24 at 11:27 AM Administrative Staff A acknowledged R4 should have changed his gloves after he had touched his nose.	S3305		

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S3305	Continued From page 27 The operator failed to ensure sanitary conditions for food service by the failure to ensure R4 handled glasses properly and changed his gloves after touching his nose.	S3305		
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 by: K.A.R 26-41-207(c) The facility reported a census of 19 residents (R). The sample included three residents, two focused record reviews, and five newly hired staff. Based on interview and record review for three (R3, R4, and R5) of three sampled residents and five of five newly hired employees, the operator 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	S3310		

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	N087081	A. BUILDING: _____ B. WING _____	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLWICH GARDENS ASSISTED LIVING LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3310	Continued From page 28 lived in the facility. Findings included: - Review of R3's medical record revealed she moved into the facility on 08/05/24 with a diagnosis of Alzheimer's disease. R3's record failed to include a TB symptoms screen that included the components of the "Tuberculosis Symptom Screen Questionnaire completed within seven days of admission. Interview on 09/19/24 at 09:40 AM Administrative Licensed Nurse B reported she did not realize residents also needed to have a TB symptom screen completed on admission. The operator failed to ensure designated staff completed R3's TB symptom screen within seven days of admission. - Review of R4's medical record revealed he moved into the facility on 09/03/22 with a diagnosis of Cerebral Palsy. R4's record included a TB symptom screen completed on 09/01/23 but failed to include an annual TB symptom screen for 2024. Interview on 09/19/24 at 03:07 PM Administrative Licensed Nurse B acknowledged she had not completed R4's annual TB symptom screen yet. The operator failed to ensure designated staff completed R4's annual TB symptom screen. - Review of R5's medical record revealed she moved into the facility on 12/08/23 with a diagnosis of chronic pain.	S3310		

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S3310	Continued From page 29 R5's record failed to include a TB symptoms screen that included the components of the "Tuberculosis Symptom Screen Questionnaire completed within seven days of admission. Interview on 09/19/24 at 09:40 AM Administrative Licensed Nurse B reported she did not realize residents also needed to have a TB symptom screen completed on admission. - Review of five newly hired employee records revealed the following: - Review of dietary staff D's employee file revealed she was hired on 07/12/23. Her filed failed to include a TB symptoms screen that included the components of the "Tuberculosis Symptom Screen Questionnaire" completed within seven days of employment. Dietary staff D's file also included TB skin testing initiated on 12/05/23, more than seven days after her hire date. - Review of Certified Medication Aide (CMA) E's employee file revealed she was hired on 10/05/23. Her record failed to include a TB symptoms screen that included the components of the "Tuberculosis Symptom Screen Questionnaire" and a two-step TB skin test initiated within seven days of employment. - Review of Licensed Nurse F's employee file revealed he was hired on 05/24/24. His record failed to include a TB symptoms screen that included the components of the "Tuberculosis Symptom Screen Questionnaire" completed within seven days of employment. - Review of Certified Nurse Aide (CNA) G's	S3310		

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S3310	Continued From page 30	S3310		

employee file revealed she was hired on 07/23/24. Her record failed to include a TB symptoms screen that included the components of the "Tuberculosis Symptom Screen Questionnaire" completed within seven days of employment and failed to include a second TB skin test.

- Review of Certified Medication Aide H's employee filed revealed she was hired on 08/08/24. Her record failed to include a TB symptoms screen that included the components of the "Tuberculosis Symptom Screen Questionnaire" and a two-step TB skin test initiated within seven days of employment.

Interview on 09/18/24 at 12:03 PM Administrative Licensed Nurse B reported for all newly hired staff she did not realize they needed to have a TB symptom screen when she hired them. She also reported for Dietary staff D, CMA E, and CMA H, they said they would provide Administrative Licensed Nurse B with a TB skin test from their previous employer and never brought anything in.

Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 a new resident and new employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within seven days of residency or employment. Each new resident and new employee shall receive a two-step TB skin test within seven days of residency or employment unless specific conditions are met.

For three of three sampled residents and five of five newly hired employees, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult

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S3310	Continued From page 31 care homes adopted by reference in K.A.R. 26-39-105.	S3310		