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	N087066	A. BUILDING: _____ B. WING _____	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVITA SENIOR LIVING AT DERBY	719 N KLEIN CIRCLE DERBY, KS 67037

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint number 190037 for the above named facility conducted on 10/01/24 and 10/02/24.	S 000		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(e) The facility reported a census of 32 residents. Based on interview and record review the administrator failed to ensure four of four newly hired Certified Medication Aides (CMA) were trained by a "Licensed Nurse" (LN) and delegated the nursing procedure of preparing and dialing an insulin pen to the ordered dosage for a resident to then self-inject according to the nurse practice act K.S.A. 65-1124 and amendments thereto. Findings included: - Review of the resident roster provided on 10/01/24 revealed five residents received insulin injections. Review of the current personnel list included four Certified Medication Aides who were hired who	S3166		

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

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S3166	Continued From page 1 had been preparing insulin pens for residents since their hire date. Review of R1's "Health Service Plan" (HSP) revealed the following "Diabetic management: CMA/LN will dial pen, apply needle" and then hand the pen to R1 for self-injection. Review of R2's HSP revealed the following; "CMA/LPN will dial insulin pen, apply needle" and then hand the pen to R2 for self-injection. Interview On 10/02/24 at approximately 02:30 PM Operator A and LN B confirmed the competency check sheet for the newly hired CMAs lacked the evidence of delegation/competency for dialing insulin pens. The executive director failed to ensure the Licensed Nurse delegated the nursing procedure of preparing and dialing the dosage of an insulin pen, which is not included in the CMA curriculum, to four newly hired CMAs who had prepared insulin pens for each of the two residents to self-inject.	S3166		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (i)	S3171		

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S3171	Continued From page 2	S3171		

The facility reported a census of 32 "Residents'". Based on observation, interview, and record review the Administrator failed to provide healthcare services for R2 in accordance with professional standards of practice when Administrator A failed to an assessment for R2's bed assist device was conducted ensuring the device posed no risk for entrapment, confirmed the device was not a restraint, determined R2's ability to safely use the bed assist device and ensure the device was securely attached to the bed.

Findings included:

- Record review for R2 revealed an admission date of 08/05/21 with diagnoses of dependence on renal dialysis, mild cognitive impairment, end stage renal disease, type two diabetes mellitus, other cerebral infarction due to occlusion stenosis of small artery, major depressive disorder, and morbid obesity to excessive calories.

Review of R2's "Functional Capacity Screen" (FCS) dated 06/10/24 revealed R2 required supervision with bathing and dressing. R2 was occasionally incontinent. She lacked the ability to manage her own medications and self-injected her own insulin. Her cognition was intact, she was able to make herself understood and she understood others. She used a walker and wheelchair mobility device.

R2's FCS lacked documentation in the "Comments" section of a bed assist device.

R2's "Negotiated Service Agreement" (NSA) dated 06/10/24 identified the facility would provide the following health services: assistance with

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S3171	Continued From page 3	S3171		

bathing, dressing, ambulation assistance, and managing her incontinence. Qualified nursing staff to administer R2's medications / medical treatments and dial her insulin pen.

R2's "Health Service Plan" (HSP) instructed facility staff to provide one person to stand by assist R2 with getting in and out of the shower, washing and drying her back and lower extremities. Facility staff were instructed to provide "standard dressing/ grooming assistance" in the morning and evening and assist her with her socks. prompt and encourage R2 to dress and provide one staff assistance with transferring at times. R2 ambulated with a walker and required total assistance with showering twice weekly.

R2's NSA and HSP lacked a description of the bed assist device, its purpose, R2's ability to safely use the device, and any special instructions on use and monitoring of the device.

Observation on 10/02/24 at approximately 03:00 PM of R2's bed revealed an inverted "U" shaped device that slid under the mattress and measured approximately 19 inches in height and 14 inches in width. There was a nylon bag attached to the opening of the "U" shape and the bed assist device freely slid from under the mattress.

Interview on 10/02/24 at approximately 02:30 PM with "Licensed Nurse" B confirmed R2's medical record lacked a bed assist device assessment being performed prior to 10/01/24.

Interview on 10/02/24 at approximately 03:00 PM with "Regional Vice President" D confirmed the bed assist device was not securely attached to R2's bed.

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S3171	Continued From page 4 The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following: Complete an assessment of the resident to confirm that the device is not a restraint. Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record. Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record. If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the comments section. Include a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA. The Administrator failed to provide healthcare services for R2 in accordance with professional standards of practice when Administrator A failed to ensure an assessment for R2's bed assist device was conducted ensuring the device posed no risk for entrapment, confirmed the device was not a restraint, determined R2's ability to safely use the bed assist device and ensure the device was securely attached to the bed.	S3171		

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S3175	Continued From page 5	S3175		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (a) (1) The facility reported a census of 32 residents. Based on observation, interview, and record review the Operator failed to ensure the "Licensed Nurse" (LN) completed an assessment for R1 determining that R1 could safely and accurately without staff assistance self-administer eye drops and over the counter topical creams. The operator further failed to ensure the LN completed an assessment annually for R2 determining that R2 could perform safely and accurately without staff assistance self-administration of her insulin and select	S3175		

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S3175	Continued From page 6	S3175		

medical treatments.

Findings included:

- Record review for R1 revealed an admission date of 02/14/22 with diagnoses of essential hypertension, heart failure, type two diabetes mellitus, pain in unspecified knee, encephalopathy, abnormal findings on diagnostic imagining of other specified body structures, cirrhosis of the liver, long term use of anti-coagulants, and unspecified atrial fibrillation.

Review of R1's "Functional Capacity Screen" (FCS) dated 04/19/24 revealed R1 was independent with bathing, dressing, and toileting, transferring, and walking/mobility. He was usually continent and had impaired short-term memory. He was able to make him self understood and he understood others. He used a walker mobility device.

Review of R1's undated "Negotiated Service Agreement" (NSA)identified the facility would provide the following health services; Under the section titled "Nursing Services" the following were glucose monitoring, insulin, medication management, uncomplicated dressing changes, weight monitoring, and dialing of R1's insulin pen for self-injection.

Review of R1's "Health Service Plan" (HSP) instructed facility staff to provide medication management and administration.

Review of R1's electronic "Medical Record" under the assessments tab revealed an assessment titled "Self Administration of Medication Review". Under the section titled "Competency"

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S3175	Continued From page 7 7. State/Demonstrate appropriate use and documentation for use for as needed use was marked as non-applicable. 8. Administer drops/ointments was marked as non-applicable. Observation on 10/02/24 at approximately 02:00 PM in R1's bathroom on the counter around the bathroom sink were the following over the counter topical creams: 1 bottle of Asper Cream 1 bottle of Kera Sal Neuro Cream 1 tube of Triple Antibiotic Ointment 1 tube of Neosporin 1 tube of Arthritis Cream 1 bottle of Icy Hot and 1 bottle of Systane eye drops. Interview on 10/02/24 at approximately 02:30 PM with Operator A and LN B confirmed R1 medications and medical treatments are managed by the facility. - Record review for R2 revealed an admission date of 08/05/21 with diagnoses of dependence on renal dialysis, mild cognitive impairment, end stage renal disease, type two diabetes mellitus, other cerebral infarction due to occlusion stenosis of small artery, major depressive disorder, and morbid obesity to excessive calories. Review of R2's FCS dated 06/10/24 revealed R2 required supervision with bathing and dressing. R2 was occasionally incontinent. She lacked the ability to manage her own medications and self-injected her own insulin. Her cognition was intact, she was able to make herself understood and she understood others. She used a walker	S3175		

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S3175	Continued From page 8	S3175		

and wheelchair mobility device.

R2's NSA dated 06/10/24 identified the facility would provide the following health services: assistance with bathing, dressing, ambulation assistance, and managing her incontinence. Qualified nursing staff to administer R2's medications / medical treatments and dial her insulin pen.

R2's HSP instructed facility staff to provide one person to stand by assist R2 with getting in and out of the shower, washing and drying her back and lower extremities. Facility staff were instructed to provide "standard dressing/ grooming assistance" in the morning and evening and assist her with her socks. prompt and encourage R2 to dress and provide one staff assistance with transferring at times. R2 ambulated with a walker and required total assistance with showering twice weekly. Facility staff were to perform "finger stick accuchecks" as needed, the "Certified Medication Aide" or the LN would dial R2's insulin pen, apply the needle and hand the pen to R2 for self-injection of the insulin. R2 was able to self-administer AmLactin Lotion 12% to her "port" prior to dialysis.

Review of R2's electronic "Medical Record" under the assessments tab an assessment titled "Self Administration of Medication Review" and was dated 07/05/23.

Observation on 10/02/24 at approximately 02:00 PM on R2's bedside table were 2 bottles of Systane Eye drops and a can of Asper Cream Spray, and on the right side of the sink on the bathroom counter was 1 bottle of Systane Eye drops.

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S3175	Continued From page 9 Interview on 10/02/24 at approximately 02:30 PM with LN B confirmed R2's electronic "Medical Record" lacked a current assessment determining that R2 could perform safely and accurately without staff assistance self-administration of her insulin and medical treatments.	S3175		
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: K.A.R.26-41-105 (f) (11) The facility reported a census of 32 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure the resident records contained documentation for all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of actions taken for R1 and R2. Findings included: - Record review for R1 revealed an admission date of 02/14/22 with diagnoses of essential hypertension, heart failure, type two diabetes mellitus, pain in unspecified knee, encephalopathy, abnormal findings on diagnostic	S3261		

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imagining of other specified body structures, cirrhosis of the liver, long term use of anti-coagulants, and unspecified atrial fibrillation.

Review of R1's "Functional Capacity Screen" (FCS) dated 04/19/24 revealed R1 was independent with bathing, dressing, and toileting, transferring, and walking/mobility. He was usually continent and had impaired short-term memory. He was able to make him self understood and he understood others. He used a walker mobility device.

Review of R1's undated "Negotiated Service Agreement" (NSA)identified the facility would provide the following health services; Under the section titled "Nursing Services" the following were glucose monitoring, insulin, medication management, uncomplicated dressing changes, weight monitoring, and dialing of R1's insulin pen for self-injection.

Review of R1's "Health Service Plan" (HSP) instructed facility staff to provide medication management and administration.

Review of R1's electronic "Medical Record" under the "Progress Notes" tab revealed the following entries:

On 09/05/24 at 03:02 PM R1 reported to the Nurse that while getting ready to take a morning shower he lost his balance and fell into the shower wall. R1 reported that "his knees have been weaker and he's not able to stand for as long as he used to." The nurse recommended R1 wear his emergency pendant at all times even when showering and suggested increasing level of care to add showering assistance, and the addition of outside therapy serviced for physical

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therapy, occupational therapy and speech therapy for evaluation and treatment.

The electronic progress note lacked the follow up documentation on R1 receiving outside therapy, the provider being notified of R1's reported increasing weakness of his knees and his ability to stand "for as long as he used to".

The electronic "Progress Notes" lacked entries for 09/06/24, 09/07/24 and 09/08/24.

On 09/09/24 at 06:37 PM R1 was found on the floor in another resident's room. R1 was laying on the floor with his head near the door. He told the Certified Medication Aide that he had been trying to get up off of the sofa and lost his balance and fell. R1 was unable to assist in the nursing assessment for range of motion and was sent to the local emergency room for evaluation ad treatment.

The electronic "Progress Notes" lacked an entry for the results of R1's emergency room visit and further lacked documentation of R1's return to the facility.

Review of R1's medical record revealed a document titled "Message" dated 09/03/24 the document revealed the following:

The medical assistant stated that it had been reported by "Licensed Nurse" (LN) B that R1 had cognitive changes and R1 is confused when trying to self-administer his insulin. "When he goes to inject, he's bending the needles and insulin runs down his abdomen. R1 was confused on how to inject the insulin and he has required instructions on how to self-inject.

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S3261	Continued From page 12 R1's electronic "Medical Record" under the "Progress Notes" tab lacked documentation of symptoms of other indications of illness related to the increased confusion. - Record review for R2 revealed an admission date of 08/05/21 with diagnoses of dependence on renal dialysis, mild cognitive impairment, end stage renal disease, type two diabetes mellitus, other cerebral infarction due to occlusion stenosis of small artery, major depressive disorder, and morbid obesity to excessive calories. Review of R2's FCS dated 06/10/24 revealed R2 required supervision with bathing and dressing. R2 was occasionally incontinent. She lacked the ability to manage her own medications and self-injected her own insulin. Her cognition was intact, she was able to make herself understood and she understood others. She used a walker and wheelchair mobility device. R2's NSA dated 06/10/24 identified the facility would provide the following health services: assistance with bathing, dressing, ambulation assistance, and managing her incontinence. Qualified nursing staff to administer R2's medications / medical treatments and dial her insulin pen. R2's HSP instructed facility staff to provide one person to stand by assist R2 with getting in and out of the shower, washing and drying her back and lower extremities. Facility staff were instructed to provide "standard dressing/ grooming assistance" in the morning and evening and assist her with her socks. prompt and encourage R2 to dress and provide one staff assistance with transferring at times. R2	S3261		

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S3261	Continued From page 13 ambulated with a walker and required total assistance with showering twice weekly. Facility staff were to perform "finger stick accuchecks" as needed, the "Certified Medication Aide" or the LN would dial R2's insulin pen, apply the needle and hand the pen to R2 for self-injection of the insulin. Review of R3's electronic "Medical Record" under the "Progress Notes" tab revealed the following entry: On 09/29/24 at 06:53 AM at approximately 06:18 AM R2 had "rolled out of bed". The nurse instructed the Certified Medication Aide to call 911 for assistance in helping R2 off the floor. R2 reported to nursing staff she had a bad dream and rolled out of bed. The nursing assessment revealed R2 was free of injury, and the nurse and R2 had "no further concerns at this time. Plan of care on going". R2's electronic "Progress Notes" lacked entries after 09/29/24. Interview on 10/02/24 at approximately 02:30 PM with Operator A and LN B confirmed the resident records for R1 and R2 did not include documentation of all incidents, symptoms and other indications of illness or injury, actions taken and results of actions taken. The Operator failed to ensure the resident records contained documentation for all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of actions taken for R1 and R2.	S3261		
S3270 SS=F	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure	S3270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087066	A. BUILDING: _____ B. WING _____	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVITA SENIOR LIVING AT DERBY	719 N KLEIN CIRCLE DERBY, KS 67037

(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
S3270	Continued From page 14 the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-104 (b) The operator reported a census of 32 residents. Based on record review and interview the Operator failed to develop a detailed written emergency management plan to manage potential emergencies and disasters to include all the following: fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, missing residents, and any other potential emergency situations. Findings included: - Review of the undated facility provided policy titled "Fire and Disaster" included the following disasters; Fire, Flooding, Explosion or Natural Gas Leak, Electrical Interruption, Water Supply Interruption, and Sever Storms and Tornados.	S3270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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
S3270	Continued From page 15 The policy lacked the topic of "Missing Residents". Interview on 10/02/24 at approximately 02:30 PM with Operator A confirmed the facility's "Fire and Disaster" policy laced the topic of "Missing Residents". The Operator failed to ensure the facility's "Fire and Disaster" policy included the emergency plan for "Missing Residents".	S3270		