STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N054005	A. BUILDING: _____ B. WING _____	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANEW HEALTHCARE PLEASANTON	706 W 15TH STREET PLEASANTON, KS 66075

(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 represent the findings of a resurvey for the above named Residential Health Care facility conducted on 10/01/24 and 10/02/24.	S 000		
S3085 SS=F	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: 3085 26-41-202(a)(1)(2)(3) The facility reported a census of 19 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and	S3085		

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

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S3085	Continued From page 1	S3085		

preferences for resident and failed to identify outside providers of services and who was responsible for payment of these services for resident (R)101, R102 and R103.

Findings included:

- R101's medical record revealed she moved into the facility on 12/05/16 with a diagnosis of diabetes.

The 12/14/23 FCS identified R101 was unable to manage her own treatments.

The 12/14/23 NSA/HCSP did not address management of treatments, did not identify outside providers, and did not identify who was responsible for payment of these services.

On 10/02/24 at 12:50 PM Administrative Staff A stated management of treatments was not addressed on the NSA and acknowledged the NSA/HCSP did not identify who provided outside services and who was responsible for payment of these services.

The operator failed to ensure R101's NSA/HCSP was fully developed to include all items that triggered on the FCS, her service needs, and preferences, providers of outside services, and who was responsible for payment of these services.

- R102's medical record revealed she moved into the facility on 10/15/19 with a diagnosis of chronic back pain.

The 10/04/23 FCS identified R102 required physical assistance with eating, was unable to

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S3085	Continued From page 2	S3085		

manage treatments on her own, had impaired vision and impaired hearing.

The 10/04/23 NSA/HCSP did not address what services staff provided R102 concerning eating, management of treatments, impaired vision, and impaired hearing, did not identify outside providers, and did not identify who was responsible for payment of these services.

On 10/02/24 at 01:25 PM Administrative Staff A stated concerning eating, management of treatments, impaired vision, and impaired hearing were not addressed on R102's NSA/HCSP and acknowledged the NSA/HCSP did not identify who provided outside services and who was responsible for payment of these services.

The operator failed to ensure R102's NSA/HCSP was fully developed to include all items that triggered on the FCS, her service needs, and preferences, providers of outside services, and who was responsible for payment of these services.

- R103's medical record revealed she moved into the facility on 09/04/14 with diagnoses of neuropathy and fatigue.

The 08/12/24 FCS identified R103 was unable to manage treatments on her own.

The 08/12/24 NSA/HCSP did not address what services staff provided R103 concerning management of treatments, did not identify outside providers, and did not identify who was responsible for payment of these services.

On 10/02/24 at 01:33 PM Administrative Staff A stated management of treatments was not

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S3085	Continued From page 3 addressed on R103's NSA/HCSP and acknowledged the NSA/HCSP did not identify who provided outside services and who was responsible for payment of these services. The operator failed to ensure R103's NSA/HCSP was fully developed to include all items that triggered on the FCS, her service needs, and preferences, providers of outside services, and who was responsible for payment of these services.	S3085		
S3092 SS=D	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: 3092 26-41-202(d)(2) The facility reported a census of 19 residents. The sample included three residents. Based on	S3092		

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S3092	Continued From page 4 interview, and record review the operator failed to revise the "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) when resident (R)101 started physical therapy services. Findings included: - R101's medical record revealed she moved into the facility on 12/05/16 with a diagnosis of diabetes mellitus. The most current NSA/HCSP available in R101's medical records was dated 12/14/23. No addendum or revision to the NSA/HCSP was found to indicate that R101 started physical therapy services. On 10/02/24 at 12:50 PM Administrative Staff A stated R101 recently started physical therapy services but failed to complete an addendum to the NSA to show that R101 was on physical therapy services. The operator failed to revise R101's NSA/HCSP to include recently started physical therapy services.	S3092		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency	S3280		

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S3280	Continued From page 5 procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (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. This REQUIREMENT is not met as evidenced by: 3280 KAR 26-41-104(d)(3) The facility reported a census of 19 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 included all eight required items. Findings included: - On 10/01/24 review of the documentation of the quarterly reviews of the emergency management plan revealed they were completed on a quarterly basis but did not address required topics such as flood, severe weather, tornado, explosion, natural gas leak, and lack of electrical or water service. On 10/01/24 at 03:00 PM Administrative Staff A stated she did not review all eight required items during the quarterly reviews of the emergency management plan.	S3280		

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S3280	Continued From page 6 The operator failed to ensure disaster and emergency preparedness by failing to perform quarterly reviews of the emergency management plan with employees and residents that included all eight required topics.	S3280		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: 3320 KAR 28-39-254 (a)	S3320		

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S3320	Continued From page 7 The facility reported a census of 19 residents. Based on observation, and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - Observations during initial tour on 10/01/24 at 01:35 PM revealed the following: The unlocked laundry room located off the service hallway and was accessible to residents had the following unlocked chemicals located under the double sink which had KEEP OUT OF REACH OF CHILDREN warning labels: One 1-gallon container of Betco Duet L Laundry Detergent One 16 fl. oz. (fluid oz) bottle of Murphy Oil Soap Household Cleaner One 30-oz. can of Rustoleum Chalk Board. The connected unlocked storeroom/ linen closet contained: One 33.8 fl. oz. container of Tetra Aqua Safe Plus water conditioner. One 4 fl. oz. bottle of Algae Destroyer Advanced One 8 fl. oz. bottle of Melafix Fish First Aid One 1.69 fl. oz. bottle of Tetra Algae Control One 8 fl. oz. bottle of Algae Destroyer Advanced One bottle of Algae-A-Way One 67.6 fl. oz. bottle of True Living brand Window Cleaner Refill. Seven containers of Certol ProSpray Disinfectant wipes On 10/01/24 at 01:45 PM observation of the unlocked maintenance closet and the adjacent unlocked janitor closet revealed they contained numerous chemicals.	S3320		

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S3320	Continued From page 8 On 10/02/24 a policy concerning chemical storage was requested from the operator but none was provided. The operator failed to ensure staff kept chemicals locked for resident safety.	S3320		