| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | N040001 | A. BUILDING: _____ B. WING _____ | 10/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a Re-Licensure Survey for the above named Assisted Living Facility conducted on 10/07/24 and 10/08/24. | S 000 | | |
| S3081 SS=D | 26-41-201 (c) Functional Capacity Screen Reassessment<br><br>(c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements:<br>(1) At least once every 365 days;<br>(2) following any significant change in condition as defined in K.A.R. 26-39-100; and<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-201 (c)(2)<br><br>The facility reported a census of 25 residents (R). The sample included three residents. Based on interview, and record review the operator failed to ensure staff completed a "Functional Capacity Screen" for one (R3) of three sampled residents when they experienced a significant change in status.<br><br>Findings Included:<br><br>- R3's Electronic Medical Record revealed he moved into the facility on 02/23/23 with a diagnoses of chronic kidney disease and bradycardia. | S3081 | | |

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

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| S3081 | Continued From page 1<br><br>R3's "Functional Capacity Screen" (FCS) dated 02/23/24 identified he was independent with bathing and was not at risk for falls.<br><br>R3's record included an "Updated" "Negotiated Service Agreement dated 05/22/24 that included the addition of staff providing assistance with bathing twice a week.<br><br>Review of the nursing "Progress Notes" dated 04/14/24 identified R4 had an unwitnessed fall while showering.<br><br>Interview on 10/08/24 at 08:30 AM R3 reported he used to do his own showers in his room until he had a fall and then decided it would be better if he had staff assist with his bathing.<br><br>Interview on 10/08/24 at 09:33 AM Administrative Nurse B acknowledged R4 should have had a new FCS completed when she did a new NSA related to his fall and bathing.<br><br>The Executive Director failed to ensure designated staff completed a FCS for R3 after he experienced a fall and need for assistance with bathing. | S3081 | | |
| 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 | S3085 | | |

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| S3085 | Continued From page 2 | S3085 | | |

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)(2)

The facility reported a census of 25 residents. The sample included three residents. Based on record review and interview the executive director failed to ensure designated staff completed two (R3 and R5) of three sampled resident's "Negotiated Service Agreement" based on the "Functional Capacity Screen" and included the provider of each service, including services that require specialized training or education.

Findings included:

- R3's "Electronic Medical Record" revealed he moved into the facility on 02/23/23 with a diagnoses of chronic kidney disease and bradycardia.

R3's "Functional Capacity Screen" (FCS) dated 02/23/24 identified R3 needed supervision with management of medications and physical assistance with management of medical treatments.

R3's Updated "Negotiated Service Agreement"

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| S3085 | Continued From page 3 | S3085 | | |

(NSA) dated 05/22/24 had checked the box beside medication administration, health and safety monitoring, and education and training listed under "Nursing Services". The NSA dated 05/22/24 included a check box for bathing two times weekly. It did not include Management of treatments which the FCS identified R3 needed physical assistance with. The NSA failed to identify who provided the service for administration of medications, as all "nursing staff" are not qualified to administer medications and did not identify who provided bathing assistance.

Interview on 10/08/24 at 09:41 AM Administrative Nurse B acknowledged R3's NSA did not specify "who" provided medication administration or bathing and just assumed it was understanding it was facility staff.

The executive director failed to ensure designated staff completed R3's NSA to identify who provided services to meet R3's needs, including services which required specialized training.

- R5's "Electronic Record" revealed she moved into the facility on 07/23/24 with a diagnosis of Parkinson's disease.

R5's "Functional Capacity Screen" dated 07/23/24 identified she needed physical assistance with bathing and was unable to manage her medications or medical treatments.

R5's "Negotiated Service Agreement" dated 07/23/24 included check marked box for medication administration, medical management, and health and safety monitoring under "Nursing Services" and a checked box for bathing

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| S3085 | Continued From page 4<br>assistance two times per week under "Personal Care Services". The NSA failed to identify who provided the services for administration of medications, as all "nursing staff" are not qualified to administer medications and did not identify who provided bathing assistance.<br><br>Interview on 10/08/24 at 09:41 AM Administrative Nurse B acknowledged R5's NSA did not specify "who" provided medication administration or bathing and just assumed it was understanding it was facility staff.<br><br>The executive director failed to ensure designated staff completed R5's NSA to identify who provided services to meet R5's needs, including services which required specialized training. | S3085 | | |
| S3175 SS=E | 26-41-205 (a) (1) Self Administration of Medication<br><br>(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.<br>(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. | S3175 | | |

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| S3175 | Continued From page 5 | S3175 | | |

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(a)(1)

The facility reported a census of 24residents (R). The sample included three residents. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for self-administration of medications for two (R3 and R4) prior to self-administering oral and topical medications.

Findings included:

- R3's "Electronic Medical Record" revealed he moved into the facility on 02/23/23 with a diagnoses of chronic kidney disease and bradycardia.

R3's "Functional Capacity Screen" (FCS) dated 02/23/24 identified R3 needed supervision with management of medications and physical assistance with management of medical treatments.

R3's "Negotiated Service Agreement" (NSA) dated 02/23/24 and his updated NSA dated 05/22/24 identified R3d self administered h-
R3's "Electronic Medical Record" revealed he moved into the facility on 02/23/23 with a diagnoses of chronic kidney disease and bradycardia.

R3's "Functional Capacity Screen" (FCS) dated 02/23/24 identified R3 needed supervision with management of medications and physical assistance with management of medical

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| S3175 | Continued From page 6 | S3175 | | |

treatments.

R3's "Negotiated Service Agreement" (NSA) dated 02/23/24 and his updated NSA dated 05/22/24 failed to identify R3 self-administered some of his medications.

Review of R3's "Electronic Medical Record" lacked evidence of a Licensed Nurse assessing R3 to be able to self administer medications.

Observation/Interview on 10/08/24 at 08:30 AM R3 stated he did do eye drops and had some other medications that he managed himself. R3 walked into the bedroom, and he had some refresh tears and Systane eye drops. In the bathroom cabinet he had Metamucil, Rolaids, and Saline Nasal Spray that he was able to explain how he used each medication.

Interview on 10/8/24 at 09:37 AM Administrative Nurse B acknowledged R3 should have had a self-medication assessment prior to self-administration of eye drops, nasal spray, Metamucil, and Rolaids.

Review of the "Medication Self-Administration w/Assistance in AL" policy dated 02/13/24 revealed an Evaluation of resident's ability to Self-Administer Medication shall be performed before the resident begins to self-administer medication.

The executive director failed to ensure a Licensed Nurse completed an assessment to assess R3s ability to self-administer topical and oral medications.

- R4's "Electronic Medical Record" revealed he moved into the facility on 01/17/23 with diagnosis

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| S3175 | Continued From page 7 | S3175 | | |

of type II diabetes mellitus.

R4's "Functional Capacity Screen" dated 01/26/24 identified he was independent with management of medications and medical treatments.

R4's "Negotiated Service Agreement" dated 01/29/24 identified R4 self administered his insulin and checked his own blood sugars.

R4's record included a self-administration assessment dated 09/25/24 that included medications approved for self-administration were Novolog and Lantus insulin.

R4's "Electronic Medical Record" included on the "Medication Administration Record" since April 2024, R4 has self-administered Systane eye drops.

Interview on 10/07/24 at 02:05 PM R4 acknowledged that he does have eye drops that he self-administers.

Interview on 10/8/24 at 09:29 AM Administrative Nurse B acknowledged a Licensed Nurse should have completed a self-medication assessment to include administration of his eye drops.

Review of the "Medication Self-Administration w/Assistance in AL" policy dated 02/13/24 revealed an Evaluation of resident's ability to Self-Administer Medication shall be performed before the resident begins to self-administer medication.

The executive director failed to ensure a Licensed Nurse completed a self-medication assessment for R4 related to the administration of eye drops.

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| S3186 | Continued From page 8 | S3186 | | |
| S3186 SS=E | 26-41-205 (b) Administration of Selected Medications<br><br>(b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205 (b)<br><br>The facility reported a census of 25 residents(R). The sample included three residents. Based on observation, interview, and record review the administrator failed to ensure two (R3 and R4) of three sampled residents Negotiated Service Agreement included the selected medications the resident chose to administer.<br><br>Findings included:<br><br>- R3's "Electronic Medical Record" revealed he moved into the facility on 02/23/23 with a diagnoses of chronic kidney disease and bradycardia.<br><br>R3's "Functional Capacity Screen" (FCS) dated 02/23/24 identified R3 needed supervision with management of medications and physical | S3186 | | |

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| S3186 | Continued From page 9 | S3186 | | |

assistance with management of medical treatments.

R3's "Negotiated Service Agreement" (NSA) dated 02/23/24 and his updated NSA dated 05/22/24 failed to identify R3 self-administered some of his medications.

Observation/Interview on 10/08/24 at 08:30 AM R3 stated he did do eye drops and had some other medications that he managed himself. R3 walked into the bedroom, and he had some refresh tears and Systane eye drops. In the bathroom cabinet he had Metamucil, Rolaids, and Saline Nasal Spray that he was able to explain how he used each medication.

Interview on 10/8/24 at 09:39 AM Administrative Nurse B acknowledged R3' NSA should identify what medications the self-administers and that qualified staff administer the rest.

The executive director failed to ensure R3's NSA identified medications he chose to self-administer and qualified staff administered all other medications.

- R4's "Electronic Medical Record" revealed he moved into the facility on 01/17/23 with diagnosis of type II diabetes mellitus.

R4's "Functional Capacity Screen" dated 01/26/24 identified he was independent with management of medications and medical treatments.

R4's "Negotiated Service Agreement" dated 01/29/24 identified R4 self administered his insulin and checked his own blood sugars, but failed to identify he self-administered his eye drops.

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| S3186 | Continued From page 10<br><br>Interview on 10/07/24 at 11:45 AM Certified Medication Aide C reported facility staff administer all of R4's medications except for his insulins.<br><br>Interview on 10/07/24 at 02:00 PM Administrative Nurse B reported R4's eye drops should have been included on his NSA as being self-administered.<br><br>The executive director failed to ensure designated staff identified what select medications a resident chose to self-administer. | S3186 | | |
| 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;<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 | S3280 | | |

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| S3280 | Continued From page 11<br>by:<br>KAR 26-41-104(d)(3)<br><br>The facility reported a census of 25 residents. Based on record review and interview for all employees, the executive director failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with all facility staff.<br><br>Findings included:<br><br>- Review of the emergency plan reviews provided by Administrative Nurse B on 10/07/24 did not include information related to reviewing the emergency management plan quarterly with facility staff. Administrative Nurse B provided on-line training which included annual reviews for severe weather, fire safety/emergency preparedness, hazardous wandering and elopement.<br><br>Interview on 10/7/24 at 11:58 AM Administrative Nurse B reported they have now added their Disaster review plan to the on-Line training, and it is scheduled for all employees to be done quarterly.<br><br>The executive director failed to ensure the facility's emergency plan was reviewed with all employees quarterly. | S3280 | | |
| S3310 SS=E | 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 | S3310 | | |

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| S3310 | Continued From page 12<br>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>K.A.R 26-41-207(c)<br><br>The facility reported a census of 25 residents (R). The sample included three residents and Tuberculosis (TB) Screening review for all 25 residents. Based on interview and record review for two (R3 and R4) of three sampled residents and for 17 out of 25 residents, the executive director failed to ensure the facility remained in compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.<br><br>Findings included:<br><br>- 1. Review of R3's record revealed he moved into the facility on 03/25/24. The resident's record included a TB symptom screen completed on 02/27/23, more than 1 year and seven months ago.<br><br>2. Review of R4's "Electronic Record" revealed he moved into the facility on 01/17/23. The resident's record included a TB symptom screen | S3310 | | |

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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 |
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| S3310 | Continued From page 13<br>completed on 01/25/23, more than 1 year and eight months ago.<br><br>3. Review of all 25 residents' immunization records revealed for 17 out of 25 residents' staff should have completed a TB symptom screening review prior to 10/01/24 and did not.<br><br>Interview on 10/07/24 at 01:51 PM Administrative Nurse B reported the staff completed the TB symptom screen for residents when they first move into the facility but do not complete one annually.<br><br>Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed Each resident shall have a TB Symptom Screen Questionnaire completed within seven days of residency, annually, and upon return from a hospitalization or therapeutic leave.<br><br>Review of the facility's "TB Policy for Residents and Staff" revealed "Each resident ... shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire."<br><br>For 17 out of 25 residents, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 by failing to complete an annual TB symptom screen. | S3310 | | |