STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046057	A. BUILDING: _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABERDEEN VILLAGE	17500 W 119TH STREET OLATHE, KS 66061

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 186878 and 182843 for the above named facility conducted on 10/30/24 and 10/31/24.	S 000		
S3085 SS=E	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: K.A.R. 26-41-202 (a) (1) (2) (3) The facility reported a census of 22 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Administrator failed to ensure the "Negotiated Service Agreement" (NSA), provided a description of services, who would provide the	S3085		

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

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S3085	Continued From page 1	S3085		

services and the party responsible for payment when an outside provider was used for R1's occupational and physical therapy services and, R2's wound care provider.

Findings included:

- Record review for R1 revealed an admission date of 10/11/23 with diagnoses of Type 1 Diabetes with diabetic neuropathy, chronic obstructive pulmonary disease, peripheral vascular disease, major depressive disorder, adjustment disorder with anxiety, hypertension, anemia and acquired absence of the right and left leg below the knees.

Review of R1's "Functional Capacity Screen" (FCS) dated 11/09/23 revealed he required assistance/supervision with bathing, dressing, and toileting. He was independent with transferring and mobility. He was cognitively intact and lacked the ability to manage his own medications. He was able to make himself understood and he understood others. He was marked as a fall risk and used a wheelchair mobility device.

Review of R1's combined NSA/" Health Service Plan" (HSP) dated 11/09/23 instructed the facility staff to provide the following health services: assistance / supervision with bathing, dressing, set up assistance with toileting, monitor and identify risk for falls, perform blood sugar checks, and manage insulin administration.

Review of R1's electronic "Medical Record" under the "Occupational Therapy" tab revealed a document titled "Occupational Therapy Treatment Encounter note" dated 10/29/24.

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S3085	Continued From page 2 Review of R1's electronic "Medical Record" under the "Physical Therapy" tab revealed a document titled "Physical Therapy Encounter Note" dated 10/29/24. Interview on 10/31/24 at approximately 02:30 PM with LN A confirmed R1 received services from outside providers for "Occupational" and "Physical Therapy", she further confirmed that R1's NSA lacked the name of the outside provider for therapy a description of the therapy services R1 would receive from the outside provider, and who would pay for the outside provider services. . - Record review for R2 revealed and admission date of 09/13/21 with diagnoses of Alzheimer's disease, Dementia, hypertension, polyarthritis, personal history of trans ischemic attack, tremors, and age-related osteoporosis. Review of R2's FCS dated 11/07/23 revealed R2 required supervision/assistance with bathing and dressing. She was independent with toileting and transferring. She required some assistance with walking. R2 lacked the ability to manage her own medications and medical treatments. She was occasionally incontinent, and had impaired long-term memory, impaired memory recall and impaired decision making. She used a walker mobility device. Review of R2's combined NSA/HSP instructed the facility staff to provide the following health services: staff to provide assistance/supervision with bathing and dressing. Staff to provide moderate assistance with toileting and monitor R2 for unsteadiness with ambulation.	S3085		

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S3085	Continued From page 3 Review of R2's electronic "Medical Record" under the "Interdisciplinary Notes" tab revealed the following entry: On 09/12/24 at 09:50 AM The provider gave the order to refer R2 to an outside provider to evaluate and treat her wound. Interview on 10/31/24 at approximately 02:30 PM with LN A confirmed R2 had an outside provider that came to the facility to manage a wound she received from a witnessed fall outside of the facility, she further confirmed that R2's NSA lacked the name of the outside provider for wound care, a description of services R2 would receive from the outside provider, and who would pay for the outside provider services.	S3085		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (d) The facility reported a census of 22 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Administrator failed to ensure the "Negotiated Service Agreement" (NSA), named the "Licensed Nurse" (LN) responsible for the supervision and	S3165		

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S3165	Continued From page 4 implementation of the health service plan for R1 and R2. Findings included: - Record review for R1 revealed an admission date of 10/11/23 with diagnoses of Type 1 Diabetes with diabetic neuropathy, chronic obstructive pulmonary disease, peripheral vascular disease, major depressive disorder, adjustment disorder with anxiety, hypertension, anemia and acquired absence of the right and left leg below the knees. Review of R1's "Functional Capacity Screen" (FCS) dated 11/09/23 revealed he required assistance/supervision with bathing, dressing, and toileting. He was independent with transferring and mobility. He was cognitively intact and lacked the ability to manage his own medications. He was able to make himself understood and he understood others. He was marked as a fall risk and used a wheelchair mobility device. Review of R1's combined NSA/" Health Service Plan" (HSP) dated 11/09/23 instructed the facility staff to provide the following health services: assistance / supervision with bathing, dressing, set up assistance with toileting, monitor and identify risk for falls, perform blood sugar checks, and manage insulin administration. Under the category titled "Health Care Services" LN C is documented as being the nurse responsible for the nursing plan. - Record review for R2 revealed and admission	S3165		

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S3165	Continued From page 5	S3165		

date of 09/13/21 with diagnoses of Alzheimer's disease, Dementia, hypertension, polyarthritis, personal history of trans ischemic attack, tremors, and age-related osteoporosis.

Review of R2's FCS dated 11/07/23 revealed R2 required supervision/assistance with bathing and dressing. She was independent with toileting and transferring. She required some assistance with walking. R2 lacked the ability to manage her own medications and medical treatments. She was occasionally incontinent, and had impaired long-term memory, impaired memory recall and impaired decision making. She used a walker mobility device.

Review of R2's combined NSA/HSP instructed the facility staff to provide the following health services: staff to provide assistance/supervision with bathing and dressing. Staff to provide moderate assistance with toileting and monitor R2 for unsteadiness with ambulation.

Under the category titled "Health Care Services" LN C is documented as being the nurse responsible for the nursing plan.

Interview on 10/30/24 at approximately 12:00 PM with LN A confirmed LN C had not been the nurse responsible for the supervision and implementation of the facility's health service plans for approximately seven weeks. LN C continued to confirm the NSA's for R1 and R2 were not updated to show the current nurse responsible for the implementation and supervision of their health service plans.

The Administrator failed to ensure the NSA named the LN responsible for the supervision and

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S3165	Continued From page 6 implementation of the health service plan for R1 and R2.	S3165		
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 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: K.A.R. 26-41-104 (d) (3) The facility reported a census of 22 residents. Based on record review and interview the Administrator failed to ensure a quarterly review of the facility's emergency management plan with employees quarterly. Findings included:	S3280		

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S3280	Continued From page 7 - Interview on 10/31/24 at approximately 02:30 PM with Licensed Nurse A confirmed the facility's "Emergency Preparedness" training is assigned to employees through the "Online" learning resource. Licensed Nurse A further confirmed the "Emergency Preparedness" training is assigned through the online learning resource annually. The Administrator failed to ensure a quarterly review of the facility's emergency management plan with employees quarterly.	S3280		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-206 (e) The facility reported a census of 22 residents. Based on observation and interview the administrator failed to ensure all food was stored under safe conditions. Findigs included: - Observation on 10/30/24 at approximately 11:15 AM in the facility's kitchen and serving area, a wire rack sat in the southeast corner by	S3299		

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S3299	Continued From page 8 the back door and on the bottom shelf was a container of "The Pink Stuff" cleaner and a bottle of "Stainless Steel Polish". The shelf directly above the chemicals was two open bags of potato chips and several cans of soup. Interview on 10/31/24 at approximately 03:00 PM with Licensed Nurse A confirmed chemicals should not be stored in the same area as food items. The administrator failed to ensure all food was stored under safe conditions.	S3299		