STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087067	A. BUILDING: _____ B. WING _____	11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVITA SENIOR LIVING AT ROLLING HILLS	629 S MAIZE COURT WICHITA, KS 67209

(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 a Re-Licensure Survey with complaint investigations 185986 and 190261 for the above named Assisted Living Facility conducted on 11/14/24 and 11/18/24.	S 000		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The facility reported a census of 89 residents(R). The sample included three residents and one focused record review. Based on interview and record review the executive director failed to ensure one (R5) of three sampled residents had a "Functional Capacity Screen" completed by designated staff on or before admission to the assisted living facility to determine the resident's functional capacity.	S3080		

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

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S3080	Continued From page 1 Findings included: - Review of R5's medical record revealed she moved into the facility on 08/09/24 with a diagnoses of dementia. . R5's "Electronic Medical Record" included an admission "Functional Capacity Screen" (FCS) staff opened on 08/08/24 but sections were not signed and completed until 08/13/24, four days after moving into the facility. Interview on 11/18/24 at 10:17 AM Administrative Nurse B reported the FCS should have been completed when they moved into the facility. The Executive Director failed to ensure designated staff completed an admission Functional Capacity Screen for R5, on or before admission to the facility.	S3080		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c) The facility reported a census of 89 residents(R). The sample included three residents and one focused record review. Based on interview and	S3090		

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S3090	Continued From page 2 record review the executive director failed to ensure one (R5) of three sampled residents had an initial "Negotiated Service Agreement" completed at admission. Findings included: - Review of R5's medical record revealed she moved into the facility on 08/09/24 with a diagnosis of dementia. . R5's "Electronic Medical Record" included an admission Negotiated Service Agreement (NSA) signed as completed on 08/15/24, six days after she moved into the facility. Interview on 11/18/24 at 10:17 AM Administrative Nurse B reported the NSA should have been completed when they moved into the facility. The Executive Director failed to ensure designated staff completed an admission Negotiated Service Agreement for R5, at the time of admission	S3090		
S3101 SS=D	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h)	S3101		

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S3101	Continued From page 3 The facility reported a census of 89 residents (R). The sample included three residents and one focused record review. Based on interview and record review for one (R5) of three sampled residents, the executive director failed to ensure that everyone involved in the development of the Negotiated Service Agreement signed the agreement. Findings included: - R5's "Electronic Medical Record" (EMR) revealed she moved into the facility on 08/09/24 with a diagnosis of dementia. R5's "Functional Capacity Screen dated 08/13/24 identified she needed supervision with bathing, physical assistance with management of medication and medical treatments. She also had impaired cognition, at risk for falls, wandered, and impaired decision making. R5's "Negotiated Service Agreement" (NSA) dated 08/15/24 included services to provide but only included the signature of Administrative Nurse B. Interview on 11/18/24 at 09:30 AM Administrative Staff J reported she sent the NSA to R5's legal representative and did not get anything back so she sent it to R5's spouse this time. Review of R5's EMR included documentation on 11/14/24 staff sent R5's NSA to her spouse, more than two months after moving into the facility. Interview on 11/18/24 at 10:19 AM Administrative Nurse B acknowledged the NSAs were supposed to be signed by all parties when it is done.	S3101		

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S3101	Continued From page 4 The executive director failed to ensure all who participated in the development of R5's "Negotiated Service Agreement and Health Care Service Plan" signed it.	S3101		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 89 residents(R). Based on observation, interview, and record review the executive director failed to ensure a licensed nurse or pharmacist included the residents full name on all over-the-counter medications, including the original manufacturer's medication package and the medication container/tube. Findings included:	S3211		

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S3211	Continued From page 5 - During initial tour on 11/14/24 from 07:37 AM to 08:42 PM the following observations were made: 1. Certified Medication Aide (CMA) F unlocked the downstairs medications for inspection and revealed the following: bottles of Women's Centrum Silver, Tylenol, and Tylenol PM with a first initial and last name on the bottle; bottles of Iron, Selenium, and two Vitamin D3 with a residents first name and last initial, bottles of Occuvite, and Vitamin D3 with initials only. 2. CMA G unlocked the upstairs medication cart for inspection which revealed a bottle of Vitamin B12 and bottle of Tylenol with room numbers only on the bottle. 3. CMA H unlocked the Memory Care medication cart for inspection which revealed the following: bottle of AREDs, Centrium vitamins, stool softener with only a resident's first name; Bottle of Vitamin D3 with no name, Bottle of Tylenol, 2 bottles of Polyethylene glycol 3350 labeled stock, and a bottle of Tylenol and Imodium with a resident's first name only. While checking the cart CMA H reported the bottles labeled "stock " are for any resident to use that has an order. 4. CMA I unlocked the other Memory Care medication cart and revealed multiple over the counter medications and dietary supplements without the resident's full name on them. They included, Mykind spray, Refresh Plus eye drops, a bottle of Quick Silver, Insomnitol, Saccharomyces Boulardii, Niacinamide, Trigandha, Omega, Tri-Butyrin, Cogumin SLCP, Zinc, Mega SporeBioric, OrthoMega, Arterosil, MitoDetoxIII, Bright Minds Memory Powder, IgGI Shield, Kforce, Ceylon Cinnamon, FloraMyces,	S3211		

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S3211	Continued From page 6 Fodmate - Tri-Butyrin Supreme, P5P 50, ProbioMed, Brain Vitals, Pure Magnesium, and Lion's Mane. Interview on 11/14/24 at 04:45 PM Administrative Nurse B reported all over-the-counter medications including dietary supplements are supposed to have the residents full name on the bottle and the facility is not to use "stock" medications. The executive director failed to ensure a licensed nurse or pharmacist wrote the residents full name on all over-the-counter medications, including the medication package and container.	S3211		
S3214 SS=D	26-41-205 (g) (4) Sample & Indigent Medication Program Meds (g) (4) Licensed nurses and medication aides may administer sample medications and medications from indigent medication programs if the administrator or operator ensures the development of policies and implementation of procedures for receiving and identifying sample medications and medications from indigent medication programs that include all of the following conditions: (A) The medication is not a controlled medication. (B) A medical care provider ' s written order accompanies the medication, stating the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. (C) A licensed nurse or medication aide receives the medication in its original, unbroken manufacturer ' s package. (D) A licensed nurse documents receipt of the medication by entering the resident ' s name and	S3214		

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S3214	Continued From page 7 the medication name, strength, and quantity into a log. (E) A licensed nurse places identification information on the medication or package containing the medication that includes the medical care provider ' s name; the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions as documented on the medical care provider ' s order. Facility staff consisting of either two licensed nurses or a licensed nurse and a medication aide shall verify that the information on the medication matches the information on the medical care provider ' s order. (F) A licensed nurse informs the resident or the resident ' s legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident ' s clinical record shall contain documentation that the resident or the resident ' s legal representative has received the information and accepted the risk of potential adverse consequences. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(4)(E) The facility reported a census of 89 residents (R). The sample included three residents and one focused record review. Based on observation, interview and record review the executive director failed to ensure a Licensed Nurse included required information on each box/container and	S3214		

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S3214	Continued From page 8 indicate verification of such information. for one (R3) of one resident who received sample medications. Findings included: - Review of R4's medical record revealed he moved into the facility on 06/15/12 with diagnoses of major depressive disorder, spinal stenosis, and urinary incontinence. R4's "Functional Capacity Screen" dated 06/13/22 revealed the resident was independent in the management of her medications. Observation on 11/14/24 at 07:37 AM Certified Medication Aide (CMA) F unlocked the downs stairs medication cart which contained a a box of Myrbetriq 50 milligrams (mg) that said "sample, not for sale" on it. It did not include the medical providers name, dosage, route and frequency of administration on the box, or any cautionary instructions identified on the providers order. It also failed to include two staff, either two nurses or a nurse and a CMA, verifying that the information on the medication container matches the information on the medical care providers order. Review of the "Sample Medication and Treatments" policy dated 06/18/23 identified the sample medication and/or treatment will be properly labeled in accordance with the applicable regulations. The Executive director failed to ensure the appropriate information regarding the administration of sample medications for R3 was include on the medication box.	S3214		

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S3298	Continued From page 9	S3298		
S3298 SS=E	KAR 26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 89 residents. Based on observation, interview, and record review the executive director failed to ensure dietary staff on the "Memory Care" units, monitored food temperatures to ensure it was prepared and served at the proper temperature. Findings included: - During initial tour on 11/14/24 at 08:56 PM Dietary Staff E reported the food is all cooked in the main kitchen except for the other memory	S3298		

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S3298	Continued From page 10 care and they cook all their own food. He stated the food is all temped in the main kitchen and then brought down to the memory care and put on the steam table. Dietary E did not have any type of log for checking food temperatures that were brought to memory care. During initial tour on 11/14/24 at 9:00 AM Dietary Staff D in memory care stated he temped the foods when he cooked them but did not keep any kind of a log. Interview on 11/14/24 at 09:15 AM Dietary Staff C acknowledged there currently was not a log for taking food temperatures in either memory care unit. He reported they should be temping their own foods before serving then. The executive director failed to ensure dietary staff monitored food cooking and serving temperatures to ensure it was prepared and served at the proper temperature.	S3298		
S3299 SS=E	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: KAR 26-41-206(e) The facility reported a census of 89 residents.	S3299		

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S3299	Continued From page 11 Based on observation and interview the executive director failed to ensure designated staff stored all food under safe and sanitary conditions. Findings included: - Observations during the kitchen tour on 11/14/24 at 09:29 AM observation revealed the following in the walk-in cooler: Baggie of Peperoni opened not labeled or sealed. Baggie of cooked sausage not labeled or sealed. Box of hamburger chubs thawed out with two full chubs not opened, a baggie with a partial chub not dated or labeled, and another chub staff opened on one end with about 1/4 of the hamburger used with no label and was not sealed. Staff failed to date any of the hamburger to identify the date it was put in the walk-in. Box of thawed, whole chickens with no date to identify when they were put in the walk-in. Interview on 11/14/24 at 09:37 AM Dietary Staff C acknowledged food items in the walk-in needed to be sealed, labeled, and dated as to when put in the walk-in. Dietary Staff C stated staff put the chicken and hamburger in the walk-in Tuesday, two days ago, when the truck came. Review of the "Dietary Policy and Procedures" dated 07/11/22 directed that all foods would be stored under safe and sanitary conditions. The executive director failed to ensure designated staff stored foods in manner to ensure they were sealed, dated, and labeled properly.	S3299		
S3305 SS=E	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted	S3305		

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S3305	Continued From page 12 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; (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 had a census of 89 residents. One	S3305		

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S3305	Continued From page 13 side of the Memory Care Unit included 13 residents and dished used for this unit were washed in the Memory Care Kitchen. Based on interview, and record review, the executive director failed to ensure sanitary conditions for food service by not ensuring hot water temperature and chemical strengths were documented daily back on the memory care unit. Findings included: During initial tour dietary staff were unable to provide a "Temperature/Sanitization Log" for the dishwasher on the memory care unit. On 11/14/24 at 09:15 PM Dietary Staff C stated the staff on the memory care unit should have been checking the temperature of the hot water and sanitization chemical strength to ensure proper chemical sanitization occurred. Review of the "Dietary Services Policy and Procedures" dated 08/08/24 identified staff will use only approved detergents and sanitizer suitable for commercial dishwashers and will verify the concentration of sanitizer with test strips dail, ensuring it meets recommended levels. The executive director failed to ensure sanitary conditions in the kitchen by failing to ensure documentation of hot water and chemical sanitizer strength was logged daily.	S3305		