STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011011	A. BUILDING: _____ B. WING _____	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE MEMORY CARE UNIT	315 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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 for the above named facility conducted on 11/12/24 and 11/13/24.	S 000		
S3085 SS=D	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 10 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R1 contained a description of services, the provider of services, and the responsible party for payment for R1's hospice provider. The Operator further failed to provide a	S3085		

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

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S3085	Continued From page 1	S3085		

description of R1's health services for wound management, and health services to prevent the development of wounds.

Findings included:

- Record review for R1 revealed an admission date of 08/17/24 with the diagnoses of senile degeneration of the brain.

Review of R1's "Functional Capacity Screen" (FCS) dated 08/17/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, and walking/mobility. R1 required supervision when eating, and she lacked the ability to manager her own medications and medical treatments. R1 was frequently incontinent, and had impaired short-term memory, memory recall and impaired decision making. She used a walker mobility device.

Review of R1's combined NSA/" Health Service Plan" (HSP) dated 08/17/24 instructed facility staff to provide physical assistance with bathing, and "Hospice aide twice a week." Facility staff were instructed to provide moderate assistance with dressing, provide catheter care and one person assistance with ambulation. Under the section titled "Incontinence" facility staff were instructed to provide physical assistance with catheter care. "Hospice nurse changes every 6 weeks".

Review of the facility provided document from R1's outside hospice provider titled "Current Plan of Care as of August 16, 2024" revealed under the section titled "Musculo/Skeletal - Issues" "Decreased mobility and strength." Under the section titled "Skin Integrity/Vascular

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S3085	Continued From page 2	S3085		

Access-Issues" "Wound Pressure area", "Issue description:" R1 had a non-surgical wound to the left shoulder.

Review of the facility provided document titled "Progress Notes" dated 08/26/24 and signed by "Advanced Practice Registered Nurse" (APRN) C revealed R1 was being seen at the request of the facility nurse for "wounds". Staff reported to APRN C R1 had "persistent wounds to the gluteal cleft."

Review of the facility provided document from R1's outside hospice provider titled "Patient Care Plan" dated 11/13/24 revealed the identification of the following wounds:

"Pressure ulcer of right buttock stage two", "Pressure ulcer of the left buttock stage two", and "Pressure ulcer of right heel unstageable".

Interview on 11/13/24 at approximately 03:00 PM with Operator A and Licensed Nurse B confirmed the combined NSA/HSP for R1 lacked the identification of the outside hospice provider, a description of the services hospice would provide, and identification of the payor source for the outside provider. Operator A and Licensed Nurse B confirmed R1's combined NSA/HSP lacked services for the management of R1's wounds and a description of health services to prevent the development of wounds.

The Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R1 contained a description of services, the provider of services, and the responsible party for payment for R1's hospice provider. The Operator further failed to provide a description of R1's health services for wound management, and health services to

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S3085	Continued From page 3 prevent the development of wounds.	S3085		
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: K.A.R. 26-41-205 (g) (3) The facility reported a census of 10 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on observation and interview the Operator failed to ensure the "Licensed Nurse" (LN) or the licensed Pharmacist placed the full name of the resident on the "Over the Counter" medication bottles/packages. for R1. Findings included: - Observation on 11/13/24 at approximately 02:40PM with of R1's room revealed in a container on the nightstand on the left side of the	S3211		

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S3211	Continued From page 4	S3211		

bed the following unsecured uncontrolled / over the counter medications which lacked the full name of R1:

4 Spray Bottles of Skintegrity wound cleanser
40 packages of Povidone Iodine 3 swabs/package
10 packages of Povidone Iodine 1 swab/package
20 packages of single small Povidone Iodine pads
3 bottles of Skintegrity hydrogel

Review of R1's "Functional Capacity Screen" (FCS) dated 08/17/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, and walking/mobility. R1 required supervision when eating, and she lacked the ability to manager her own medications and medical treatments. R1 was frequently incontinent, and had impaired short-term memory, memory recall and impaired decision making. She used a walker mobility device.

Review of R1's combined NSA/" Health Service Plan" (HSP) dated 08/17/24 instructed facility staff to provide physical assistance with bathing, and "Hospice aide twice a week." Facility staff were instructed to provide moderate assistance with dressing, provide catheter care and one person assistance with ambulation. Under the section titled "Incontinence" facility staff were instructed to provide physical assistance with catheter care. "Hospice nurse changes every 6 weeks". Facility staff were to manage R1's medications.

Review of the facility provided document from R1's outside hospice provider titled "Patient Care Plan" dated 11/13/24 revealed the identification of the following wounds:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3211	Continued From page 5 "Pressure ulcer of right buttock stage two", "Pressure ulcer of the left buttock stage two", and "Pressure ulcer of right heel unstageable". Interview on 11/13/24 at approximately 03:00 PM with Operator A and Licensed Nurse B confirmed the non-controlled / over the counter medications bottles/packages lacked R1's full name and were brought to the facility by R1's outside hospice provider. The Operator failed to ensure the "Licensed Nurse" (LN) or the licensed Pharmacist placed the full name of the resident on the "Over the Counter" medication bottles/packages. for R1.	S3211		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store	S3215		

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S3215	Continued From page 6	S3215		

medications in a place that is accessible only to the resident, licensed nurses, and medication aides.
(3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility.
(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-205 (h)

The facility reported a census of 10 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on oservation and interview the Operator failed to ensure the "Licensed Nurse" (LN) or "Certified Medication Aide" (CMA) stored non-controlled medications / over the counter medications managed by the facility in a locked medication room, cabinet, or medication cart for R1.

Findings included:

- Observation on 11/13/24 at approximately 02:40PM with Operator A of R1's room revealed in a container on the nightstand on the left side of the bed the following unsecured uncontrolled / over the counter medications:

4 Spray Bottles of Skintegrity wound cleanser
40 packages of Povidone Iodine 3 swabs/package

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S3215	Continued From page 7 10 packages of Povidone Iodine 1 swab/package 20 packages of single small Povidone Iodine pads 3 bottles of Skintegrity hydrogel Review of R1's "Functional Capacity Screen" (FCS) dated 08/17/24 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, and walking/mobility. R1 required supervision when eating, and she lacked the ability to manager her own medications and medical treatments. R1 was frequently incontinent, and had impaired short-term memory, memory recall and impaired decision making. She used a walker mobility device. Review of R1's combined NSA/" Health Service Plan" (HSP) dated 08/17/24 instructed facility staff to provide physical assistance with bathing, and "Hospice aide twice a week." Facility staff were instructed to provide moderate assistance with dressing, provide catheter care and one person assistance with ambulation. Under the section titled "Incontinence" facility staff were instructed to provide physical assistance with catheter care. "Hospice nurse changes every 6 weeks". Facility staff were to manage R1's medications. Review of the facility provided document from R1's outside hospice provider titled "Patient Care Plan" dated 11/13/24 revealed the identification of the following wounds: "Pressure ulcer of right buttock stage two", "Pressure ulcer of the left buttock stage two", and "Pressure ulcer of right heel unstageable". Interview on 11/13/24 at approximately 03:00 PM with Operator A and Licensed Nurse B confirmed	S3215		

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S3215	Continued From page 8 the non-controlled / over the counter medications were to be in the medication room. The Operator failed to ensure the "Licensed Nurse" (LN) or "Certified Medication Aide" (CMA) stored non-controlled medications / over the counter medications managed by the facility in a locked medication room, cabinet, or medication cart for R1.	S3215		