STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008008	A. BUILDING: _____ B. WING _____	11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF AUGUSTA	1611 FAIRWAY STREET AUGUSTA, KS 67010

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint (#Complaint Number) at the above named Assisted Living conducted on 11/18/24 and 11/19/24.	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: 3085 26-41-202(a)(1) The facility reported a census of 29 residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen"	S3085		

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

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S3085	Continued From page 1	S3085		

(FCS), service needs, and preferences for resident (R)101 and R103.

Findings included:

- R101's medical record revealed she moved into the facility on 03/04/22 with diagnoses of type two diabetes mellitus and obstructive sleep apnea.

The 04/04/24 FCS identified R101 triggered for impaired vision, impaired hearing and inappropriate behaviors.

The 04/04/25 NSA did not identify what services staff provided for R101 concerning impaired vision, impaired hearing and inappropriate behaviors. The NSA did not address R101's use of continuous oxygen.

On 11/19/24 at 09:59 AM "Certified Medication Aide" (CMA) C stated R101 used continuous oxygen and had an oxygen concentrator. CMA C stated R101 was independent with managing her oxygen equipment except when she changed her tubing and asked staff to help remove the old tubing.

An observation on 11/19/24 at 10:12 AM revealed R101 was alert and oriented and rested in her bed using an oxygen concentrator and other oxygen equipment.

On 11/19/24 at 10:12 AM R101 stated she was able to manage her own continuous oxygen equipment. She stated she was able to remove the water reservoir and filled it but had staff re-attach the bottle to the oxygen concentrator. R101 also stated she needed staff to run the oxygen tubing from the concentrator to the CPAP

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S3085	Continued From page 2 machine. On 11/19/24 at 01:45 PM Administrative Nurse B stated R101's NSA did not address everything that triggered on her FCS and did not address what services staff provided concerning R101's continuous oxygen use. The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R103's medical record revealed she moved into the facility on 05/09/24 with a diagnosis of dementia. The 05/09/24 FCS identified staff managed R103's treatments. The 05/09/24 NSA did not describe services staff provided R103 concerning the treatment of wounds. On 11/19/24 at 01:04 PM R103 was observed self-propelling in her wheelchair down the hall towards her room. Staff offered to assist R103 to use the restroom and then offered to put her in her bed, but she refused. Staff offered to put R103 in a recliner in the living room but R103 refused this as well. On 11/19/24 at 01:26 PM Administrative Nurse B stated facility staff completed dressing changes to wounds but stated that services provided by staff for wound care was not included on the R103's NSA. The operator failed to ensure R103's NSA was fully developed to include services provided by staff for wound care.	S3085		

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S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: 3213 KAR 26-41-205 (g)(2) The facility reported a census of 29 residents. Based on observation and interview the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - Observation on 11/18/24 at 11:49 AM of the first-floor medication cart revealed the top drawer contained a bottle of Fluticasone Propionate nasal spray not stored in its original package that was not labeled with a resident's full name on it. There were numerous other prescription medication containers stored in the original packaging that were not labeled with a resident full name. On 11/20/24 at 11:49 AM Certified Medication Aide (CMA) C confirmed the unlabeled Fluticasone Propionate nasal spray found in the upper drawer of the first-floor medication cart belonged to resident (R)101.	S3213		

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S3213	Continued From page 4 The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
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) The facility reported a census of 29 residents. Based on observation, and interview the operator	S3320		

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S3320	Continued From page 5 failed to ensure staff secured all chemicals to maintain the safety of all residents, personnel and the public. Findings included: - Observations during initial tour on 05/21/24 at 03:41 PM revealed the following: On 11/18/24 at 11:10 AM an observation of a cart with nail care items was found in the activities room located on the second floor and contained the following unlocked chemicals: One 16 fluid (fl.) ounce (oz.) bottle of ONYX brand nail polish remover One 8 fl. oz. bottle of Bath & Beauty brand nail polish remover One 5.1 fl. oz. container of Kwik Off moisturizing nail polish remover One box of Dukal brand Nail polish remover with individually wrapped wipes A plastic storage container of assorted nail polish all with "KEEP OUT OF REACH OF CHILDREN" warning labels. On 11/18/24 at 11:39 AM an observation of a cabinet located in a hallway near the front entrance contained a 32 fl. oz. bottle of Lysol Bleach Multi-purpose cleaner and an 8.8 oz. spray can of Febreze Unstopables air freshener with "KEEP OUT OF REACH OF CHILDREN" warning labels. On 11/18/24 at 01:50 PM an observation of the unlocked beauty shop located on the second floor	S3320		

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S3320	Continued From page 6 revealed the following unlocked chemicals that had a "KEEP OUT OF REACH OF CHILDREN" warning label. : Three- 4 fl. oz. bottles of neutralizer Three- 4 fl. oz. bottles of waving lotion One 2 fl. oz. bottle of colorant One box of Revlon Colorsilk beautiful color permanent hair color One 32 oz. spray bottle of Ecolab TB Disinfectant Cleaner One 64 oz. bottle of Barbicide One container of Clorox Disinfecting Bleach One quart of Betco Best Scent odor eliminator One 32 oz. bottle of Beauty Secrets Cleansing Alcohol On 11/18/24 at approximately 04:00 PM Administrative Staff A stated she believed that since the residents living in the assisted living portion of the facility were not severely cognitively impaired it did not warrant chemicals to be locked away. On 11/18/24 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, personnel and public safety.	S3320		