STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023017	A. BUILDING: _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR OF LAWRENCE	3220 PETERSON RD LAWRENCE, KS 66049

(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 represents the findings of a resurvey with attached complaint 190424, 191933, 191936, 192103, and 188173 at the above named assisted living facility conducted on 12/09/24 and 12/10/24.	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The facility reported a census of 37 residents with three residents included in the sample and one closed record review. Based on interview and record review the operator failed to ensure designated facility staff ensured the Functional Capacity Screen (FCS) for Resident (R) 1, R2, and R3 accurately reflected their functional capacity for management of medications. Findings included: - Record review for R1 revealed an admission date of 09/11/19 with a diagnosis of Alzheimer's disease. The 10/20/24 FCS identified R1 required supervision for management of medications.	S3082		

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

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S3082	Continued From page 1	S3082		

The 10/20/24 combined Negotiated Service Agreement and Health Service Plan (NSA/HSP) identified R's medications were managed by the facility's staff.

On 12/10/24 at 10:31 AM Certified Nurse Aide D stated Certified Medication Aide (CMA) C administered R1's medications to her this morning.

On 12/10/24 at approximately 12:12 PM Administrative Nurse B confirmed R1's FCS failed to identify her level of medication management which was not accurate.

- Record review for R2 revealed an admission date of 06/20/24 with diagnoses of dementia, diabetes mellitus type two, and peripheral vascular disease.

The 07/20/24 FCS identified R2 required supervision with management of medications and treatments.

The 07/20/24 combined NSA/HCP identified facility staff managed medications for R2.

On 12/09/24 at approximately 01:11 PM CMA C stated facility staff ordered and kept all her medications and brought them to her when she needed to take them.

On 12/10/24 at approximately 12:12 PM Administrative Nurse B confirmed R2's FCS failed to identify her level of medication management which was not accurate.

- Record review for R3 revealed an admission

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S3082	Continued From page 2 date of 03/31/24 with a diagnosis of obesity, dementia, glaucoma, hear failure, and diabetes mellitus type two. The 08/17/24 FCS identified R3 required supervision with management of medications and treatments. The 08/17/24 combined NSA/HCP identified facility staff managed medications for R3. On 12/10/24 at approximately 09:37 AM R3 stated facility staff ordered and kept all his medications and brought them to him when he needed to take them. On 12/10/24 at approximately 12:12 PM Administrative Nurse B confirmed R3's FCS failed to identify his level of medication management which was not accurate. The operator failed to ensure designated facility staff ensured the FCS for R1, R2 and R3 accurately reflected their functional capacity for management of medications.	S3082		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition	S3092		

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S3092	Continued From page 3 assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(2) The facility reported a census of 37 residents with three residents included in the sample and one closed chart review. Based on interview and record review the operator failed to ensure the facility staff completed a Negotiated Service Agreement (NSA) based on residents' Functional Capacity Screen (FCS), service needs, and preferences for Residents (R) 3 and R4 on change of condition. Findings included: - Record review for R3 revealed an admission date of 03/31/24 with a diagnosis of obesity, dementia, glaucoma, hear failure, and diabetes mellitus type two. The most recent FCS dated 08/17/24 identified R3 required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; was independent with eating; required supervision with management of medications and treatments; was incontinent; had difficulty with short-term memory, memory/recall, and decision making; and was identified at risk for falls.	S3092		

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S3092	Continued From page 4 The most recent 08/17/24 combined Negotiated Service Agreement/Healthcare Service Plan (NSA/HCP) identified facility staff would provide full transfer assistance for bathing and one person for washing and drying; staff managed medications; staff of one person provided full assist with dressing; one staff provided full assistance for toileting; and staff ensured R3 used assistive devices as ordered and kept walkways free of clutter; and staff provided management of medications. The NSA/HSP failed to document the resident utilizes an outside provider for hospice services. R3's record lacked evidence of an NSA since 08/17/24. The 09/27/24 at 02:00 PM "Charting Note" by Administrative Nurse B documented R3 was admitted to a local hospital. The 10/02/24 at 10:26 AM "Charting Note" by Administrative Nurse B documented R3 returned to facility with new padded boots for both feet and hospice staff arrived for admission to hospice services. On 12/10/24 at 11:43 AM Administrative Nurse B confirmed that R3 was hospitalized from 09/27/24 to 10/02/24 and started hospice upon returning to facility. On 12/10/24 at 11:43 AM Administrative Nurse B confirmed the most recent NSA for R3 was completed on 08/17/24. The facility's "Negotiated Service Agreement"	S3092		

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S3092	Continued From page 5	S3092		

policy dated 07/01/12 documented the "Negotiated Service Plan ...shall be ....updated upon significant change in condition."

The operator failed to ensure facility staff completed an NSA based on R3's FCS, service needs, and preferences upon change in condition when he was hospitalized and upon return began hospice services.

- Record review for R4 revealed an admission date of 03/31/24 with diagnoses of Parkinson's, diabetes mellitus type two, and oxygen dependence.

The 04/04/24 FCS identified R4 required supervision with bathing, management of medications and treatments; was independent with dressing, toileting, transfers, and walking/mobility; was occasionally incontinent of bladder; had short-term difficulty; was understandable and understood others during communication; and was marked for falls.

The 04/04/24 combined NSA/HSP identified facility staff would provide R4 assistance of one staff with bathing; R4 was independent with dressing, mobility, and toileting; staff ensured R4 used assistive devices as ordered and kept walkways free of clutter; and staff provided management of medications.

R4's record lacked evidence of an NSA since 04/04/24.

Review of R4's record revealed an order dated 05/21/24 for home health, physical therapy, and occupational therapy related to a fall with injury.

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S3092	Continued From page 6 On 12/10/24 at approximately 11:27 AM Administrative Nurse B confirmed the most recent NSA for R4 was completed on 04/04/24. The facility's "Negotiated Service Agreement" policy dated 07/01/12 documented the "Negotiated Service Plan ...shall be ....updated upon significant change in condition." The operator failed to ensure facility staff completed an NSA based on R4's FCS, service needs, and preferences upon change in condition when she sustained a fall which caused injury and obtained orders for home health, physical therapy, and occupational therapy.	S3092		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 37 residents with three included in the sample and one closed chart review. Based on observation, interview, and record review the operator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment,	S3171		

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S3171	Continued From page 7 and to confirm the bed assist device was not a restraint for Resident (R) 1. Findings included: - Record review for R1 revealed an admission date of 09/11/19 with a diagnosis of Alzheimer's disease. The 10/20/24 Functional Capacity Screen (FCS) identified R1 was independent with transfers and was marked for falls. The 10/20/24 combined Negotiated Service Agreement and Health Service Plan (NSA/HSP) identified R1 was independent with transfers and facility staff provided encouragement for R1 to remain in common areas and engage in activities to prevent falls. R1's record lacked evidence of documentation R1 was able to use bed assist device safely, without risk of entrapment, and the device was installed properly and not a restraint. Observation on 12/10/24 at 10:31 AM revealed a bed assist device was attached to the right side of R1's bed. There was a 5.5-inch gap between the rails of the bed assist that lacked a cover to prevent entrapment between the rails. On 12/10/24 at approximately 11:38 AM Administrative Nurse B confirmed R1's record lacked evidence of documentation a bed rail assessment included R1's ability to use bed assist device safely, without risk of entrapment, and the device was installed properly and not a restraint.	S3171		

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S3171	Continued From page 8 The operator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R1. The operator further failed to ensure a gap greater than 4.75 inches between the rails of a bed assist device was covered to prevent entrapment.	S3171		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 37 residents with three residents included in the sample and one closed record review. Based on interview and record review the operator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when Resident (R) 4 was transported to the hospital. Findings included: - Record review for R4 revealed an admission	S3261		

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S3261	Continued From page 9	S3261		

date of 03/31/24 with diagnoses of Parkinson's, diabetes mellitus type two, and oxygen dependence.

The 04/04/24 Functional Capacity Screen identified R4 required supervision with bathing, management of medications and treatments; was independent with dressing, toileting, transfers, and walking/mobility; was occasionally incontinent of bladder; had short-term difficulty; was understandable and understood others during communication; and was marked for falls.

The 04/04/24 combined Negotiated Service Agreement/Health Service Plan identified facility staff would provide R4 assistance of one staff with bathing; R4 was independent with dressing, mobility, and toileting; staff ensured R4 used assistive devices as ordered and kept walkways free of clutter; and staff provided management of medications.

The 05/21/24 at 01:49 PM "Charting Note" by Administrative Nurse B documented R4 was lying on the floor next to her bed at 07:45 PM on 05/20/24. She was assessed and transported to local hospital and received staples to repair cut on her head.

The 06/07/24 at 03:24 PM "Charting Note" by Administrative Nurse B documented R4 rated her pain at five on a scale from one to ten with ten being the worst pain and she had bruising.

The 06/18/24 at 03:31 PM "Charting Note" by Administrative Nurse B was the next note entered and documented R4 was visited by provider who reviewed pain, recent fall, and "xray

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S3261	Continued From page 10 results". Review of local hospital's emergency room documentation from 06/14/24 for R4 revealed reports of fractures to the bone in the upper right arm and two fingers on the right hand. The emergency room provider placed a splint and sling. Review of R4's record revealed lack of evidence of documentation of all incidents, symptoms, and other indications of injury including the date and time of occurrence, action taken, and results of the action. The 07/01/24 at 09:04 AM "Charting Note" by Administrative Nurse B documented R4 passed away on 06/30/24. On 12/10/24 at 12:28 PM Administrative Nurse B confirmed R4 passed on 06/30/24 and her record lacked evidence of documentation of incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action from when R4 was transported to the hospital and found to have broken bones. The operator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when R4 was transported to the hospital.	S3261		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all	S3299		

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S3299	Continued From page 11 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 37 residents. The facility had a main kitchen where food was stored, prepared, and served to all residents. Based on observation and interview the operator failed to ensure food items were stored under safe conditions. Findings included: - Observation on 12/09/24 at 01:22 PM in the memory care kitchen revealed a refrigerator that contained food items for the residents. The following food items lacked labels identifying a date the food was opened or prepared. One bottle brown liquid in water bottle, 20 oz One 64 fluid ounce container white cranberry juice One 46 fluid ounce container 100% orange juice One gallon pitcher of pink lemonade One 20 fluid ounce container grape jelly One 10 fluid ounce bottle cranberry juice One zippered bag containing two pieces of pizza The following food items were dated longer than seven-day consumption/discard time period:	S3299		

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S3299	Continued From page 12 One five-pound container marked as peaches dated 11/2 1 gallon container of ranch dressing dated 3-7, no year On 12/09/24 at approximately 01:29 PM Administrative Staff A confirmed the food items lacked labels identifying a date the food was opened or prepared and/or past seven days. Observation on 12/09/24 at 01:49 PM in the stainless-steel triple door refrigerator located in the main kitchen revealed food items stored for the residents. Inside was a four pound, eight ounce container of cole slaw undated on opening and an unsealed and undated zippered bag of cooked tater tots. On 12/09/24 at approximately 01:56 PM Administrative Staff A confirmed the food items were undated and/or unsealed. The Kansas Department of Agriculture's "Focus on Food Safety" booklet Page 20 explains that commercially prepared foods must be date marked after the original container was opened and held under refrigeration. Foods prepared on site must be labeled and date marked for consumption or discarded within 24 hours. Foods dated can be held under adequate refrigeration for seven days. The facility's "Storage of Foods" policy dated 03/18/14 documented to "wrap, cover or seal all refrigerated foods and label with the preparation date." The policy failed to identify when foods should be discarded according to date opened or prepared.	S3299		

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S3299	Continued From page 13 The operator failed to ensure foods were stored under safe conditions.	S3299		
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: KAR 28-39-254(a) The facility reported a census of 37 residents. Based on observation and interview the operator	S3320		

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S3320	Continued From page 14 failed to ensure the facility was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas. Findings included: - Observation on 12/09/24 at 01:22 PM of the memory care kitchen area revealed an unlocked cabinet under the sink that contained one 75 fluid ounce bottle of Dawn dish soap and a tall unlocked cabinet on opposite wall that contained one bottle 10 milliliter lavender essential oil, one bottle 10 milliliter peppermint essential oil, and one bottle five milliliter grapefruit essential oil with labels that said, "Keep out of reach of children." On 12/09/24 at 01:22 PM Administrative Staff A confirmed chemicals were not stored in locked areas. - Observation on 12/09/24 at 01:48 PM of the main dining area revealed an unlocked cabinet that contained one spray bottle of air freshener with label that said, "Keep out of reach of children." On 12/09/24 at 01:48 PM Administrative Staff A confirmed chemical was not stored in a locked area. - Observation on 12/10/24 at approximately 10:28 AM of R2's bathroom revealed one 19 ounce aerosol can of glass cleaner with label that said "Keep out of reach of children." On 12/10/24 at 12:08 PM Administrative Nurse B	S3320		

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	N023017	A. BUILDING: _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR OF LAWRENCE	3220 PETERSON RD LAWRENCE, KS 66049

(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
S3320	Continued From page 15 confirmed chemical was not stored in a locked area. The facility's "Hazardous Materials Communication" policy dated 11/19/19 failed to identify where chemicals were to be stored. The operator failed to ensure the building was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas.	S3320		