STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N070007	A. BUILDING: _____ B. WING _____	12/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PETERSON ASSISTED LIVING LLC	629 HOLLIDAY STREET OSAGE CITY, KS 66523

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Assisted Living, facility conducted on 12/30/24.	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 18 residents with three residents included in the sample. Based on 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" (FCS), service needs, and preferences for resident	S3085		

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

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S3085	Continued From page 1 (R)101, R102 and R103. Findings included: - R101's medical record revealed she moved into the facility on 11/20/22 with a diagnosis of macular degeneration. The 11/26/24 FCS identified R101 had short term memory, memory/recall and decision-making impairments. The 11/26/24 NSA did not address what services staff provided R101 concerning her cognitive impairments. On 12/30/24 at 03:09 PM Administrative Staff A stated R101's NSA did not address what services staff provided for all that triggered on the FCS. The 03/01/20 "Negotiated Service Agreement and Health Services Plan Policy and Procedures" documented, "Each resident will have a NSA developed according to the Functional Capacity Screen and...will outline: a. The residents needs and preferences." The administrator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R102's medical record revealed she moved into the facility on 09/22/21 with a diagnosis of diabetes mellitus. The 02/27/24 FCS identified R102 had short term memory, and decision-making impairments.	S3085		

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S3085	Continued From page 2 The 02/27/24 NSA did not address what services staff provided R102 concerning her cognitive impairments. On 12/30/24 at 03:20 PM Administrative Staff A stated R102's NSA did not address what services staff provided for all that triggered on the FCS. The 03/01/20 "Negotiated Service Agreement and Health Services Plan Policy and Procedures" documented, "Each resident will have a NSA developed according to the Functional Capacity Screen and...will outline: a. The residents needs and preferences." The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R103's medical record revealed he moved into the facility on 09/22/21 with a diagnosis of hypertension. The 03/05/24 FCS identified R103 had short term memory, and decision-making impairments. The 03/05/24 NSA did not address what services staff provided R103 concerning his cognitive impairments or for the use of a bed rail. On 12/30/24 at 03:33 PM Administrative Staff A stated R103's NSA did not address all that triggered on the FCS and did not address the use of a bedrail provided by hospice. The 03/01/20 "Negotiated Service Agreement and Health Services Plan Policy and Procedures" documented, "Each resident will have a NSA developed according to the Functional Capacity Screen and...will outline: a. The residents needs	S3085		

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S3085	Continued From page 3 and preferences." The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		
S3092 SS=D	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 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: 3092 26-41-202(d)(4) The facility reported a census of 18 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)102 was revised when she discharged from physical therapy services. Findings included:	S3092		

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S3092	Continued From page 4 - (R)102 admitted to the facility on 09/22/21 with a diagnosis of diabetes mellitus. An addendum to R102's NSA was completed on 05/03/24 documenting her admission to home health physical therapy services. On 12/30/24 at 03:20 PM Administrative Staff A stated R102's NSA was not revised when she was discharged from receiving physical therapy services through home health. The operator failed to ensure R102's NSA was revised when she was discharged from home health physical therapy services.	S3092		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.	S3175		

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S3175	Continued From page 5 This REQUIREMENT is not met as evidenced by: 3175 KAR 26-41-205(a)(1) The facility reported a census of 18 residents. The sample included three residents. Based on interview and record review the operator failed to ensure one of three sampled resident's medical records contained documentation of a completed medication self-administration assessment. Findings included: -R101's medical record revealed she moved into the facility on 11/20/22 with a diagnosis of diabetes mellitus. The 11/26/24 "Functional Capacity Screen" (FCS) identified R101 was unable to manage her own medications. The 11/26/24 NSA documented staff administered R101's medications. The NSA did not identify that R101 self-administered her insulin and other injectable medications. Review of R101's medical records revealed physician orders for the following injectable medications: 09/25/23 Ozempic 8 milligrams per 3 milliliters (mL), inject 0.75 mL, subcutaneously, once a week for diabetes mellitus 07/18/23 Tojeo Solo (insulin) 300 international units/mL, inject 50 units subcutaneously once daily for diabetes mellitus	S3175		

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S3175	Continued From page 6 Review of R101's medical records failed to locate a medication self-administration assessment completed for insulin and other injectable medications. On 12/30/24 at 01:12 PM Administrative Staff A stated a medication self-administration assessment was not completed for R101's insulin and injectable medications. The 03/01/20 "Medication Administration Policy and Procedures" documented, "Residents of Peterson Assisted Living, LLC may self-administer...medications...Only if the resident has been assessed by the licensed nurse and can perform this function safely and accurately without staff assistance." The operator failed to ensure a medication self-administration assessment was completed for R101's use of insulin and other injectable medications.	S3175		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.	S3186		

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S3186	Continued From page 7 This REQUIREMENT is not met as evidenced by: 3186 KAR 26-41-205(b) The facility reported a census of 18 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101 identified the responsible person for administration and management of selected medications. Findings included: -R101's medical record revealed she moved into the facility on 11/20/22 with a diagnosis of diabetes mellitus. The 11/26/24 "Functional Capacity Screen" (FCS) identified R101 was unable to manage her own medications. The 11/26/24 NSA documented staff administered R101's medications. The NSA did not identify that R101 self-administered her insulin and other injectable medications. Review of R101's medical records revealed physician orders for the following injectable medications: 09/25/23 Ozempic 8 milligrams per 3 milliliters (mL), inject 0.75 mL, subcutaneously, once a week for diabetes mellitus 07/18/23 Tojeo Solo (insulin) 300 international units/mL, inject 50 units subcutaneously once	S3186		

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S3186	Continued From page 8 daily for diabetes mellitus On 12/30/24 at 01:12 PM Administrative Staff A stated R101 self-administered her injectable medications but staff administered all her other medications. The operator failed to ensure the NSA identified who was responsible for administration and management of R101's Tojeo and Ozempic.	S3186		
S3298 SS=F	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: 3298 KAR 26-41-206 (d)	S3298		

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	N070007	A. BUILDING: _____ B. WING _____	12/30/2024

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S3298	Continued From page 9 The facility had a census of 18 residents. All 18 residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature. Findings included: - On 12/30/24 at 02:19 PM review of the December 2024 food temperature log revealed no food temperatures were documented for: 12/05/24- supper 12/07/24- lunch and supper 12/13/24- lunch and supper 12/14/24- lunch 12/18/24- supper 12/21/24- lunch 12/27/24- lunch 12/28/24- lunch, supper The 03/01/20 "Dietary Services Policy and Procedures" documented, "Food will be prepared by facility staff...shall be served at the proper temperature." According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or higher and cold foods must be maintained at an internal temperature of 41 F or below. The operator failed to ensure food items were served at the proper temperature.	S3298		
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.	S3299		

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S3299	Continued From page 10 (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: 3299 KAR 26-41-206(e) The facility had a census of 18 residents. All 18 residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to ensure foods stored in the refrigerator and freezer were dated and labeled according to accepted food safety guidelines. Findings included: - Observation of the kitchen on 12/30/24 at approximately 02:19 PM revealed the following: A double-doored refrigerator contained a plastic storage bag of what appeared to be chicken fried steak, and a bag of sliced cheese. The dry goods pantry had a storage bag of rolls that were not dated or labeled. An upright refrigerator/freezer had a bag of dinner rolls, chicken fried steak and peppers not dated or labeled. The facilities "Dietary Services Policy and Procedures" did not address dating and labeling of foods. According to the Kansas Department of	S3299		

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S3299	Continued From page 11 Agriculture "Focus on Food Safety" revised August 2017 documented, "Date mark foods appropriately." The operator failed to ensure food items were stored under safe and sanitary conditions by failing to date and label food items.	S3299		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (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 (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: 3310 KAR 26-41-207(c) The facility reported a census of 18 residents. The sample included three and five newly hired employees. Based on interview and record review for three residents and five new employee records, the operator failed to ensure the facility remained in compliance with the department's	S3310		

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S3310	Continued From page 12	S3310		

tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility.

Findings included:

- Resident (R)101 moved into the facility on 11/20/22 with a diagnosis of diabetes mellitus.

Review of R101's medical record lacked evidence an annual TB Symptom Screen Questionnaire was completed for 2024.

On 12/30/24 at 03:09 PM Administrative Staff A stated she was not able to locate an annual TB symptom screening questionnaire completed for R101.

The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen."

The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

- R102 moved into the facility on 09/22/21 with a diagnosis of diabetes mellitus.

Review of R102's medical record lacked evidence an annual TB Symptom Screen Questionnaire was completed for 2024.

On 12/30/24 at 03:20 PM Administrative Staff A stated she could not find an annual TB symptom screen questionnaire completed for R102.

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S3310	Continued From page 13 The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen." The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - R103 moved into the facility on 09/22/21 with a diagnosis of hypertension. Review of R103's medical record lacked evidence an annual TB Symptom Screen Questionnaire was completed for 2024. On 12/30/24 at 03:33 PM Administrative Staff A stated she could not find an annual TB symptom screen questionnaire completed for R103. The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen." The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Review of five newly hired employee files revealed the following: Dietary Aide (B) hired on 07/08/24, had no two-step TST completed upon hire. "Certified Medication Aide" (CMA) C hired on 10/09/24, had no two-step TST completed upon hire. CMA D hired on 07/23/24, had no two-step TST	S3310		

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S3310	Continued From page 14 completed upon hire. Dietary Aide E hired on 08/18/24, had no two-step TST completed upon hire. CMA F hired on 10/04/24, had no two-step TST completed upon hire. On 12/30/24 at 12:25 PM Administrative Staff A stated that none of the newly hired personnel reviewed had two-step TST tests on file. She stated that she requested copies of results from other facilities or asked newly hired staff to get one completed at the health clinic or from their primary care provider, but she failed to follow-up with this to make sure they were completed. The 03/01/20 "Infection Control Policy and Procedures" documented, "Upon hire, employees...must have a two-step tuberculosis skin test (TST) with the first step being administered within 7 days of hire." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		