STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N080004	A. BUILDING: _____ B. WING _____	02/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING OF LYONS	502 S MILES STREET LYONS, KS 67554

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with attached complaints (191798 and #191716) at the above named facility conducted on 02/17/25.	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: KAR 26-41-202 (a) (1) (2) (3) The facility reported a census of 18 residents. The sample included 3 residents. Based on record review, observation and interview for 3 sampled residents (R)1, R2 and R3, Operator A failed to ensure the Negotiated Service	S3085		

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

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S3085	Continued From page 1 Agreement (NSA) completed for residents who required health care services identified a description of the services the resident received, identified the provider of each service and identified each party responsible for payment if outside resources provided a service. Findings included: - Record review for R1 revealed he admitted on 11/29/24 with diagnoses of atrial fibrillation, coronary artery disease and congestive heart failure. R1's "Functional Capacity Screen" dated 11/29/24 recorded the resident as independent with dressing, toileting, transfer, walk/ mobility and eating, supervision required for bathing, and was unable to manage medications and treatments. The FCS recorded R1 had no short- or long-term memory impairment, memory/ recall impairment or impaired decision making. R1 was understandable/ understood communication. The FCS further recorded R1 was at risk for falls/ unsteadiness, had impaired vision and used a walker for ambulation. The resident's current "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP)" dated 11/29/24 recorded staff assisted R1 with bathing, administered medications and treatments and completed nighttime safety checks. The NSA failed to identify a bed assistive device used for transfers and further failed to identify a description of services, the provider of services and party responsible for payment of services	S3085		

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S3085	Continued From page 2 from an outside resource. Signed physician order dated 12/20/24 recorded physical therapy/ occupational therapy to evaluate and treat R1 for diagnosis of weakness. Observation on 02/17/25 at 01:37 PM in R1's room revealed a bed assist rail to the right side of his bed. R1 stated he used the bed rail to get in and out of bed. Interview on 02/17/25 at 12:59 PM with Operator A and Licensed Nurse (LN) B A confirmed R1's current NSA lacked outside resource provided by physical therapy/ occupational therapy and further confirmed the current NSA lacked identification of a bed assistive device. - Record review for R2 revealed she admitted on 03/07/24 with diagnoses of Alzheimer's Disease, hypertension, hyperlipidemia, hypothyroidism and diabetes mellitus type II. R2's "Functional Capacity Screen" dated 03/06/24 recorded the resident as independent with toileting, transfer, walk/ mobility, physical assistance required for bathing, dressing, and was unable to manage medications and treatments. The FCS recorded R2 had no short-term memory impairment, memory/ recall impairment and impaired decision making. R2 was understandable/ understood communication. The FCS further recorded R2 had impaired vision and was at risk for wandering. The resident's "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP)" dated 03/06/24 recorded staff assisted R2 with bathing	S3085		

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S3085	Continued From page 3	S3085		

and dressing, administered medications and treatments, provided reminders for meals and activities and completed wanderguard checks every shift. NSA failed to identify a bed assistive device used for transfers.

The NSA failed to identify a bed assistive device used for transfers.

Observation on 02/17/25 at 01:30 PM in R2's room revealed a bed assist rail to the right side of her bed.
Interview on 02/17/25 at 01:11 PM with Operator A and LN B confirmed R2's bed assistive device was not listed on her current NSA.

- Record review for R3 revealed she admitted on 01/09/25 with diagnoses of weakness and deconditioning.

R3's "Functional Capacity Screen" dated 01/09/25 recorded the resident required supervision with dressing, toileting, transfer, walk/ mobility and eating, physical assistance required for bathing, and was unable to manage medications and treatments. The FCS recorded R3 had no short- or long-term memory impairment, memory/ recall impairment or impaired decision making. R3 was understandable/ understood communication. The FCS further recorded R3 was at risk for falls/ unsteadiness, had impaired vision and hearing and used a walker for ambulation.

The resident's current "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP)" dated 01/09/25 recorded staff assisted R3 with bathing, dressing, transfer, walk/ mobility

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S3085	Continued From page 4 and eating, administered medications and treatments and completed catheter care daily. The NSA failed to identify a description of services, the provider of services and party responsible for payment of services from an outside resource. Signed physician order dated 01/09/25 recorded physical therapy and occupation therapy was ordered for R3. Interview on 02/17/25 at 01:08 PM with Operator A and LN B A confirmed R3's current NSA lacked the outside resource provided by physical therapy/ occupational therapy. Operator A failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services identified a description of the services the resident received, identified the provider of each service and identified each party responsible for payment if outside resources provided a service.	S3085		
S3171 SS=E	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)	S3171		

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S3171	Continued From page 5 The census totaled 18 residents. The sample included 3 residents. Based on observation, interview and record review, Operator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 2 of 3 sampled residents (R)1 and R2. Findings included: - The "Resident Roster" obtained on 02/17/25 identified four residents as having a bed rail. - Record review for R1 revealed he admitted on 11/29/24 with diagnoses of atrial fibrillation, coronary artery disease and congestive heart failure. R1's "Functional Capacity Screen" dated 11/29/24 recorded the resident as independent with dressing, toileting, transfer, walk/ mobility and eating, supervision required for bathing, and was unable to manage medications and treatments. The FCS recorded R1 had no short- or long-term memory impairment, memory/ recall impairment or impaired decision making. R1 was understandable/ understood communication. The FCS further recorded R1 was at risk for falls/ unsteadiness, had impaired vision and used a walker for ambulation. The resident's current "Negotiated Service Agreement (NSA)/ Health Care Service Plan (HCSP)" dated 11/29/24 recorded staff assisted R1 with bathing, administered medications and treatments and completed nighttime safety	S3171		

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S3171	Continued From page 6	S3171		

checks. The NSA failed to identify a bed assistive device used for transfers.

Record review lacked an annual assessment of the resident to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an annual assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment.

Observation on 02/17/25 at 01:37 PM in R1's room revealed a bed assist rail to the right side of his bed. R1 stated he used the bed rail to get in and out of bed.

Interview on 02/17/25 at 01:01 PM with Operator A and Licensed Nurse (LN) B confirmed a bed assistive device assessment for R1 was not completed.

- Record review for R2 revealed she admitted on 03/07/24 with diagnoses of Alzheimer's Disease, hypertension, hyperlipidemia, hypothyroidism and diabetes mellitus type II.

R2's "Functional Capacity Screen" dated 03/06/24 recorded the resident as independent with toileting, transfer, walk/ mobility, physical assistance required for bathing, dressing, and was unable to manage medications and treatments. The FCS recorded R2 had no short-term memory impairment, memory/ recall impairment and impaired decision making. R2 was understandable/ understood communication. The FCS further recorded R2 had impaired

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S3171	Continued From page 7 vision and was at risk for wandering. The resident's current "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP)" dated 03/06/24 recorded staff assisted R2 with bathing and dressing, administered medications and treatments, provided reminders for meals and activities and completed wanderguard checks every shift. The NSA failed to identify a bed assistive device used for transfers. Record review lacked an annual assessment of the resident to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an annual assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 02/17/25 at 01:30 PM in R2's room revealed a bed assist rail to the right side of her bed. Interview on 02/17/25 at 01:11 PM with Operator A and LN B confirmed a bed assistive device assessment for R2 was not completed. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 03/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches	S3171		

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S3171	Continued From page 8 Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Facility's "Bed Rail Policy and Procedure" dated 10/05/22 recorded, "[Facility name] Licensed Nurse will be responsible for 1) completing individual bed rail evaluation on an annual basis and/or when needed." Operator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs of R1 and R2 regarding use of a bed assistive devices.	S3171		
S3248 SS=D	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not	S3248		

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S3248	Continued From page 9 have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) (2) The facility census equaled 18 residents. The sample included 3 residents and record review of 5 newly hired employees. Based on interview and personnel record review for 1 of 5 staff sampled, Operator A failed to obtain evidence of supporting documentation for criminal background checks when the background checks were not conducted through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d). Findings included: - On 02/17/25, personnel record review for staff revealed the following: Review of Maintenance Staff C's employee record revealed they hired onto the facility on 10/20/23. Record lacked evidence of criminal background check completed through the Kansas Department for Aging and Disability	S3248		

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S3248	Continued From page 10 Services according to K.S.A 39-970 (d). Interview on 02/17/25 at 12:53 PM with Operator A confirmed she was unable to locate the criminal background check completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d) on newly hired Maintenance Staff C. Facility's "Hiring Staff Policy" policy dated 07/26/24 recorded, "All applicants are required to undergo statewide criminal background check as part of the employment process to determine if there is a conviction record ...These background screens will be completed within 24-hr timeframe from point of hire with a start date upon received approval of backgrounds." For all residents, Operator A failed to obtain evidence of supporting documentation for criminal background checks of facility staff, pursuant to K.S.A. 39-970 and amendments thereto.	S3248		