STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N019009	A. BUILDING: _____ B. WING _____	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAN VILLAS PITTSBURG	1004 E CENTENNIAL STREET PITTSBURG, KS 66762

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 03/10/25 and 03/11/25.	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: K.A.R. 26-41-201 (d) The facility reported a census of 24 residents. The sample included 3 "Residents'" (R)'s 1, 2 and 3. Based on record review, interview and observation, the Operator failed to ensure the designated facility staff ensured that each resident's functional capacity at the time of the screening was accurately reflected on the screening form for R1 and R3. Findings included: - Record review of the facility provided document titled "Resident Roster" revealed 13 residents administered their own medications and 10 residents received insulin injections. Record review for R1 revealed an admission date of 12/29/22 with diagnoses of type two diabetes, chronic kidney disease stage 3b, and	S3082		

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

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S3082	Continued From page 1	S3082		

occlusion and stenosis of bilateral carotid arteries.

Review of R1's "Functional Capacity Screen" (FCS) dated 02/05/25 revealed R1 was independent with bathing, dressing, toileting, transferring, walking/mobility and eating. R1 was identified as unable to perform management of his medications. R1 was continent, cognitively intact, and was able to make himself understood and he understood others.

Review of R1's combined "Negotiated Service Agreement/Health Service Plan" (NSA/HSP) dated 02/05/25, under the section titled "Medication Management" Revealed the facility would provide the following; "All physician ordered medications" would be administered by facility "Certified Medication Aides'" (CMA)'s and managed by "Registered Nurse" (RN) A. "Medication management" included the oversight of over the counter medications and medical treatments.

Review of R1's electronic "Medical Record" under the "Assessment" tab revealed a "Medication Self Administration" assessment dated 02/06/25 and in the comments section it was typed "Resident self-administers insulin. Resident has Tums, Ibuprofen and Aspirin in room".

Interview on 03/11/25 at 02:45 PM Operator B and RN A confirmed the qualified facility staff dial the insulin pens for residents and the residents must self-administer the insulin. RN A further confirmed R1 had Tums in his room that he was able to self-administer.

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S3082	Continued From page 2 Observation on 03/11/25 at approximately 02:30 PM of R1's medicine cabinet located on the west wall on the right had of the bathroom sink revealed on the bottom shelf a bottle of Tums. - Record review for R3 revealed an admission date of 08/08/23 with diagnoses of cerebral infarction, type two diabetes, major depressive disorder, hypertension, and history of falling. Review of R3's FCS dated 08/08/24 revealed R3 required supervision with bathing, and was independent with dressing, toileting, transferring, walking/mobility, and eating. R3 was identified as unable to perform management of her own medications. R3 was continent and had impaired short-term memory and impaired memory recall. R3 was able to make herself understood and she understood others. Review of R3's combined NSA/HSP dated 08/08/24, under the section titled "Medication Management" Revealed the facility would provide the following; "All physician ordered medications" would be administered by facility CMA's and managed by RN A. "Medication management" included the oversight of over the counter medications and medical treatments. Review of R3's electronic "Medical Record" under the "Assessment" tab revealed a "Medication Self Administration" assessment dated 08/08/24, and in the comments section it was typed "Staff to prep insulin pen, dial up correct dose, and resident self-administers	S3082		

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S3082	Continued From page 3 insulin injections." Interview on 03/11/25 at 02:45 PM Operator B and RN A confirmed the qualified facility staff dial the insulin pens for residents and the residents must self-administer the insulin. Review of the "Resident Functional Capacity Screen Manual" updated 07/11/2008, under the section titled "Section B" under the "Management of medications, treatments", "Unable to perform" was defined as; A caregiver was needed to administer medications and perform all tasks related to ordered treatments. The Operator failed to ensure the designated facility staff ensured that each resident's functional capacity at the time of the screening was accurately reflected on the screening form for R1 and R3.	S3082		
S3186 SS=E	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 4 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (b) The facility reported a census of 24 residents. The sample included 3 "Residents'" (R)'s 1, 2 and 3. Based on record review, interview and observation, the Operator failed to ensure any resident who self -administered medications may select some mediation to be administered by the "Licensed Nurse" (LN) or "Certified Medication Aide" CMA. The "Negotiated Service Agreement" (NSA) shall reflect this service and identify who is responsible for the administration and management of selected medications for R1 and R3. Findings included: - Record review of the facility provided document titled "Resident Roster" revealed 13 residents administered their own medications and 10 residents received insulin injections. Record review for R1 revealed an admission date of 12/29/22 with diagnoses of type two diabetes, chronic kidney disease stage 3b, and occlusion and stenosis of bilateral carotid arteries. Review of R1's "Functional Capacity Screen" (FCS) dated 02/05/25 revealed R1 was independent with bathing, dressing, toileting, transferring, walking/mobility and eating. R1 was identified as unable to perform management of his medications. R1 was continent, cognitively intact, and was able to make himself understood	S3186		

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S3186	Continued From page 5	S3186		

and he understood others.

Review of R1's combined "Negotiated Service Agreement/Health Service Plan" (NSA/HSP) dated 02/05/25, under the section titled "Medication Management" Revealed the facility would provide the following; "All physician ordered medications" would be administered by facility "Certified Medication Aides'" (CMA)'s and managed by "Registered Nurse" (RN) A. "Medication management" included the oversight of over the counter medications and medical treatments.

Review of R1's electronic "Medical Record" under the "Assessment" tab revealed a "Medication Self Administration" assessment dated 02/06/25 and in the comments section it was typed "Resident self-administers insulin. Resident has Tums, Ibuprofen and Aspirin in room".

Interview on 03/11/25 at 02:45 PM Operator B and RN A confirmed the qualified facility staff dial the insulin pens for residents and the residents must self-administer the insulin. RN A further confirmed R1 had Tums in his room that he was able to self-administer.

Observation on 03/11/25 at approximately 02:30 PM of R1's medicine cabinet located on the west wall on the right had of the bathroom sink revealed on the bottom shelf a bottle of Tums.

- Record review for R3 revealed an admission date of 08/08/23 with diagnoses of cerebral infarction, type two diabetes, major depressive

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S3186	Continued From page 6 disorder, hypertension, and history of falling. Review of R3's FCS dated 08/08/24 revealed R3 required supervision with bathing, and was independent with dressing, toileting, transferring, walking/mobility, and eating. R3 was identified as unable to perform management of her own medications. R3 was continent and had impaired short-term memory and impaired memory recall. R3 was able to make herself understood and she understood others. Review of R3's combined NSA/HSP dated 08/08/24, under the section titled "Medication Management" Revealed the facility would provide the following; "All physician ordered medications" would be administered by facility CMA's and managed by RN A. "Medication management" included the oversight of over the counter medications and medical treatments. Review of R3's electronic "Medical Record" under the "Assessment" tab revealed a "Medication Self Administration" assessment dated 08/08/24, and in the comments section it was typed "Staff to prep insulin pen, dial up correct dose, and resident self-administers insulin injections." Interview on 03/11/25 at 02:45 PM Operator B and RN A confirmed the qualified facility staff dial the insulin pens for residents and the residents must self-administer the insulin, they further confirmed the combined NSA/HSP's for R1 and R3 lacked identification of who was managing the select medications.	S3186		

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S3186	Continued From page 7 The Operator failed to ensure any resident who self -administered medications may select some mediation to be administered by the LN or CMA. The NSA shall reflect this service and identify who is responsible for the administration and management of selected medications for R1 and R3.	S3186		