STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N014005	A. BUILDING: _____ B. WING _____	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY PLACE ASSISTED LIVING	722 LIBERTY STREET CLAY CENTER, KS 67432

(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 citation represents the findings of a licensure resurvey at the above named facility conducted on 03/11/25.	S 000		
S3265 SS=J	26-41-104 (a) Disaster and Emergency Preparedness (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (a) The facility reported a census of 18 residents. The sample included 3 residents. Based on record review, observation and interview for one Resident (R)3, who required a two person assist to transfer, Operator/ Certified Medication Aide (CMA) A failed to ensure the provision of a sufficient number of staff members on night shift to take all residents who would require assistance in an emergency or disaster to a secure location. This failure placed R3 in immediate jeopardy for harm, injury, or death from 01/21/25 until 03/10/25. Findings included: - The "Resident Roster" obtained on 03/11/25 from Operator/ CMA A recorded a total census of	S3265		

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

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S3265	Continued From page 1	S3265		

18 residents. Eleven residents listed on the roster were identified as having impaired cognition. Three residents (R1, R2 and R3) listed on the roster were identified as requiring two staff for transfer assistance. Upon observation on 03/11/25, R1 and R2 were table to be transferred safely with one staff member.

Interview on 03/11/25 at 12:00 PM, Operator/CMA A confirmed one staff member was scheduled in the facility on night shift from 10:00 PM to 06:00 AM and further confirmed staff on duty on night shift was a Certified Nurse Aide (CNA), a CMA or a Licensed Nurse (LN).

- Record review for R3 revealed she admitted to the facility on 03/01/24 with diagnoses of anxiety, hypertension and osteoporosis.

R3's "Functional Capacity Screen" (FCS) dated 12/04/24 recorded the resident required physical assistance with walk/ mobility, eating and medication management and was unable to perform bathing, dressing, toileting, transfer and management of treatments. The FCS recorded R3 was usually continent, had short-term memory impairment and impaired memory/recall. R3 was at risk for falls/ unsteadiness and had impaired vision and hearing. R3 used a walker and a wheelchair for mobility.

The resident's "Negotiated Service Agreement/ Health Care Plan" (NSA/ HCP) dated 12/04/24 recorded staff provided R3 with physical assistance for bathing, dressing, toileting, transfer, walk/ mobility and administered medications and treatments. R3 required assistance of one to two people for all transfers

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S3265	Continued From page 2	S3265		

between bed and chairs, staff to provide verbal cueing for safety, a lift chair and quarter bedrail to right side of bed was used for bed mobility and transferring. A walker and wheelchair were used for ambulation. The NSA/HCP further recorded R3 had impaired memory loss related to short term memory and staff to use notebook provided by family for reminders.
Interview on 03/11/25 at 12:41 PM with CNA D stated R3 required two-person assistance for transfers.

Interview on 03/11/25 at approximately 01:15 PM with LN C stated R3 required two-person assistance for transfers and further stated it often took the 1-night shift staff member up to thirty minutes to get R3 out of bed during the night to go to the bathroom due to R3 being anxious and pushing back against staff.

Interview on 03/11/25 at approximately 12:00 PM with Operator/CMA A confirmed she was unable to locate a completed annual full evacuation with all residents of the facility and only one staff member to a secure location.

Interview on 03/11/25 at 02:12 PM with LN B confirmed R3 required two staff assistance with transfers since 01/21/25.

Observation on 03/11/25 at 01:30 PM revealed 2 staff, LN C and CNA D, transfer R3 from a wheelchair to a standing position using a gait belt.

On 03/11/25 at approximately 01:08 PM, Operator/ CMA A provided the staffing schedule for February 2025 and March 2025.

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S3265	Continued From page 3 Operator/CMA A confirmed only one staff member was on duty from 10:00 PM to 06:00 AM every night in February 2025 and further confirmed only one staff member was on duty from 10:00 PM to 06:00 AM from 03/01/25 through 03/10/25. On 03/11/25 at 01:55 PM, surveyor informed Operator/CMA A of immediate jeopardy for failure to ensure sufficient staff in the facility at all times for safe evacuation of residents requiring assistance of two staff. Operator/CMA A failed to ensure the provision of sufficient staff to take all residents to safety in the event of an emergency/evacuation on the night shift. The current roster included 18 residents, which included R3, who required two staff to assist with transfers. The current March 2025 staff schedule included one staff member on duty overnight from 10:00 PM to 06:00 AM daily. This failure placed R3 in immediate jeopardy for harm, injury or death. The Immediate Jeopardy was removed on 03/11/25 at 03:38 PM when the following signed removal plan was received from Operator/CMA A: A sleeper along with another certified staff member would be working overnight shift starting today [03/11/25]. A staffing schedule was included from 03/11/25 through 03/16/25 with two staff members on duty overnight from 10:00 PM to 06:00 AM. R3 was to discharge from the facility on 03/17/25 at 10:00 AM. The facility would continue to staff two employees if they had	S3265		

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S3265	Continued From page 4 a two-person transfer resident. A full evacuation drill was to be completed on 03/18/25 with one staff member and all residents. Operator/ CMA A failed to ensure the provision of a sufficient number of staff members on night shift to take all residents who would require assistance in an emergency or disaster to a secure location. This failure placed R3 in immediate jeopardy for harm, injury, or death from 01/21/25 until 03/10/25.	S3265		