

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER TRUSTWELL LIVING OF MISSION SPRINGS II		STREET ADDRESS, CITY, STATE, ZIP CODE 5350 WEST 61ST PLACE MISSION, KS 66205		
(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 citations represent the findings of the licensure resurvey for the above named facility conducted on 04/07/25, 04/08/25, and 04/09/25.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-201 (c) (2) The facility reported a census of 34 residents. The sample included three "Residents" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure a screening was performed to determine R1's functional capacity after she experienced a significant change of condition. Findings included: - Record review for R1 revealed an admission date of 08/29/23 with diagnoses of cachexia,	S3081		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3081	Continued From page 1 chronic atrial fibrillation, heart failure, other disorders of plasma protein metabolism, unspecified atrial fibrillation, protein calorie malnutrition, and vitamin D deficiency. Review of R1's "Functional Capacity Screen" (FCS) dated 11/24/24 revealed R1 required supervision with bathing. R1's functional ability to dress herself was not scored, and she required supervision with managing her own medications. R1 was not identified to have any current risk or problems and she used a walker mobility device. R1 was continent, her cognition was intact, and she was able to make herself understood and she understood others. Review of R1's "Negotiated Service Agreement" (NSA) dated 11/24/24 identified the facility would provide the following health services; facility staff would manage and administer R1's medications, facility staff were to provide physical assistance or stand by assistance for safety during showers, staff assistance with dressing and undressing, and provide custom interventions to decrease fall risk. Review of R1's facility provided nurse notes revealed the following entries; An "Incident note" with an "Effective Date of "01/01/1900" at 03:30 PM signed by LN D with a "Created date" of 01/17/25 revealed "Certified Medication Aide" (CMA) heard a boom when she was in the medication room. The CMA reported that R1 was found on the floor sitting on her buttocks in the common television area. When R1 was asked what happened she was unable to explain. "Resident appeared confused, and	S3081		

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S3081	Continued From page 2 unable to speak", 911 was called due to elevated pulse and confusion. Paramedics left with resident around 08:55 AM to go to the local hospital for evaluation. R1 was admitted to the local hospital with a diagnosis of Sepsis. A "General Entry note" "Effective 01/21/25" at 09:57 AM signed by "Licensed Nurse" (LN) D with a "Created" date of 01/21/25 at 10:07 AM revealed R1 was admitted to the hospital on 01/17/24 "due to altered mental status", she returned via family vehicle with her family on 01/20/24. R1 had new orders for Atorvastatin and an increase in her Metoprolol, and R1 was to start home health due to her "cardio". A "General Entry" "Effective" on 03/14/25 at 04:25 PM signed by LN D with a "Created date" of 03/14/25 at 04:26 PM revealed R1 was on home health for physical and occupational therapy for strengthening. An "Incident Note" "Effective date" of 04/03/25 at 01:27 PM signed by LN D with a "Created date: of 04/04/25 at 01:31 PM revealed the writer heard a loud boom at around 01:45 PM and noted R1 was on the floor in the dining room. There was another resident present and stated that R1 was reaching down to pick up a cup off the floor when her chair tilted, and resident fell out of her chair. "When writer asked resident due to cognition she just looked, smiling reaching out her hand for writer to assist her." Observation and Interview on 04/09/25 at approximately 09:30 AM with R1 revealed she answered all questions with a yes and was hard of hearing.	S3081		

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S3081	Continued From page 3 Interview on 04/09/25 at approximately 12:30 PM confirmed R1 did not have a functional capacity screening performed when she experienced a change of condition on 01/17/25. The Operator failed to ensure a screening was performed to determine R1's functional capacity after she experienced a significant change of condition.	S3081		
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 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: K.A.R. 26-41-202 (d)(2) The facility reported a census of 34 residents. The sample included three "Residents" (R)'s 1, 2, and 3. Based on record review and interview	S3092		

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S3092	Continued From page 4 the Operator failed to ensure the review and revision of the "Negotiated Service Agreement" for R1 for the addition of therapy services, and for R3 for the removal of therapy services. Findings included: - Record review for R1 revealed an admission date of 08/29/23 with diagnoses of cachexia, chronic atrial fibrillation, heart failure, other disorders of plasma protein metabolism, unspecified atrial fibrillation, protein calorie malnutrition, and vitamin D deficiency. Review of R1's "Functional Capacity Screen" (FCS) dated 11/24/24 revealed R1 required supervision with bathing. R1's functional ability to dress herself was not scored, and she required supervision with managing her own medications. R1 was not identified to have any current risk or problems and she used a walker mobility device. R1 was continent, her cognition was intact, and she was able to make herself understood and she understood others. Review of R1's "Negotiated Service Agreement" (NSA) dated 11/24/24 identified the facility would provide the following health services; facility staff would manage and administer R1's medications, facility staff were to provide physical assistance or stand by assistance for safety during showers, staff assistance with dressing and undressing, and provide custom interventions to decrease fall risk. Under the section titled "Special Services" it stated, "Requires outside provider, resident will receive services from outside provider, and staff will ensure outside provider provides assistance	S3092		

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S3092	Continued From page 5 on scheduled days or as needed". Review of R1's facility provided nurse notes revealed the following entries; An "Incident note" with an "Effective Date of "01/01/1900" at 03:30 PM signed by LN D with a "Created date" of 01/17/25 revealed "Certified Medication Aide" (CMA) heard a boom when she was in the medication room. The CMA reported that R1 was found on the floor sitting on her buttocks in the common television area. When R1 was asked what happened she was unable to explain. "Resident appeared confused, and unable to speak", 911 was called due to elevated pulse and confusion. Paramedics left with resident around 08:55 AM to go to the local hospital for evaluation. R1 was admitted to the local hospital with a diagnosis of Sepsis. A "General Entry note" "Effective 01/21/25" at 09:57 AM signed by LN D with a "Created" date of 01/21/25 at 10:07 AM revealed R1 was admitted to the hospital on 01/17/24 "due to altered mental status", she returned via family vehicle with her family on 01/20/24. R1 had new orders for Atorvastatin and an increase in her Metoprolol, and R1 was to start home health due to her "cardio". A "General Entry" "Effective" on 03/14/25 at 04:25 PM signed by LN D with a "Created date" of 03/14/25 at 04:26 PM revealed R1 was on home health for physical and occupational therapy for strengthening, and therapy services would discharge resident the following week and transition resident to outpatient.	S3092		

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S3092	Continued From page 6 An "Incident Note" "Effective date" of 04/03/25 at 01:27 PM signed by LN D with a "Created date: of 04/04/25 at 01:31 PM revealed the writer heard a loud boom at around 01:45 PM and noted R1 was on the floor in the dining room. There was another resident present and stated that R1 was reaching down to pick up a cup off the floor when her chair tilted, and resident fell out of her chair. "When writer asked resident due to cognition she just looked, smiling reaching out her hand for writer to assist her." Review of R1's "Medical Record" revealed a document titled "Occupational Therapy Treatment and Weekly Progress note for 03/25/25." The "Start of Care Date" was 03/24/25. Review of R1's "Medical Record" revealed a document titled "Physical Therapy Treatment and Weekly Progress Note for 03/24/25." The "Start of Care Date" was 03/24/25. The NSA for R1 lacked documentation of a review and revision of the NSA with the addition of therapy services. - Record review for R3 revealed an admission date of 02/13/25 with macular degeneration and internal pacemaker. Review of R3's FCS dated 02/13/25 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, walking and he was independent with eating. R3 lacked the ability to manage his own medications and was occasionally incontinent. R3 was cognitively	S3092		

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S3092	Continued From page 7 intact and was able to make himself understood and he understood others. R3 was identified at risk for falls and impaired hearing. He used a walker and wheelchair mobility device. Under ordered therapies and treatments R3 admitted to the facility with a local home health agency that provided therapy services. Review of R3's NSA dated 02/17/24 identified the facility staff would provide the following health services; the management and administration of his medications, physical assistance with bathing and toileting, and some hands on assistance with transferring. Staff to keep is room free from clutter and perform wellness checks every shift. The NSA identified a local home health agency. The NSA did not provide a description of services from the home health agency. Review of the facility provided progress notes revealed the following "General" entry on 03/14/24 at 05:04 PM and entered by LN D "Resident will be transitioning to outpatient therapy". Discharged from home health. Review of the facility provided documented titled "Communication Note" from the local home health revealed on 03/14/25 physical therapy discharge complete Patient and his family are wanting to have therapy at increased frequency under outpatient services on - site at the assisted living facility clinic. Due to this, discharging from home health services at this time. R3's NSA lacked documentation of review and revision with the discharge of the therapy services from the local home health. Interview on 04/09/25 with Operator E confirmed	S3092		

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S3092	Continued From page 8 the NSA for R's 1 and 3 lacked documentation of the review and revision of the NSA's with the addition and removal of the therapy services. The Operator failed to ensure the review and revision of the NSA for R1 for the addition of therapy services, and for R3 for the removal of therapy services.	S3092		
S3156 SS=E	26-41-204 (b) Health Care Services (b) If the functional capacity screening indicates that a resident is in need of health care services, a licensed nurse, in collaboration with the resident, the resident ' s legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, shall develop a health care service plan to be included as part of the negotiated service agreement. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (b) The facility reported a census of 34 residents. The sample included three "Residents" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure healthcare services were included as part of the "Negotiated Service Agreement" (NSA) for falls for R1, and for preservation of the skin for R2.	S3156		

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S3156	Continued From page 9 Findings included: - Record review for R1 revealed an admission date of 08/29/23 with diagnoses of cachexia, chronic atrial fibrillation, heart failure, other disorders of plasma protein metabolism, unspecified atrial fibrillation, protein calorie malnutrition, and vitamin D deficiency. Review of R1's "Functional Capacity Screen" (FCS) dated 11/24/24 revealed R1 required supervision with bathing. R1's functional ability to dress herself was not scored, and she required supervision with managing her own medications. R1 was not identified to have any current risk or problems and she used a walker mobility device. R1 was continent, her cognition was intact, and she was able to make herself understood and she understood others. Review of R1's "Negotiated Service Agreement" (NSA) dated 11/24/24 identified the facility would provide the following health services; facility staff would manage and administer R1's medications, facility staff were to provide physical assistance or stand by assistance for safety during showers, staff assistance with dressing and undressing, and provide custom interventions to decrease fall risk. The NSA lacked documentation of custom interventions to reduce R1's fall risk. Review of R1's facility provided nurse notes revealed the following entries; An "Incident note" with an "Effective Date of "01/01/1900" at 03:30 PM signed by LN D with a	S3156		

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S3156	Continued From page 10 "Created date" of 01/17/25 revealed "Certified Medication Aide" (CMA) heard a boom when she was in the medication room. The CMA reported that R1 was found on the floor sitting on her buttocks in the common television area. When R1 was asked what happened she was unable to explain. "Resident appeared confused, and unable to speak", 911 was called due to elevated pulse and confusion. Paramedics left with resident around 08:55 AM to go to the local hospital for evaluation. R1 was admitted to the local hospital with a diagnosis of Sepsis. The notes lacked documentation of actions taken and the results of the actions taken after finding R1 on the floor. A "General Entry note" "Effective 01/21/25" at 09:57 AM signed by "Licensed Nurse" (LN) D with a "Created" date of 01/21/25 at 10:07 AM revealed R1 was admitted to the hospital on 01/17/24 "due to altered mental status", she returned via family vehicle with her family on 01/20/24. R1 had new orders for Atorvastatin and an increase in her Metoprolol, and R1 was to start home health due to her "cardio". A "General Entry" "Effective" on 03/14/25 at 04:25 PM signed by LN D with a "Created date" of 03/14/25 at 04:26 PM revealed R1 was on home health for physical and occupational therapy for strengthening. An "Incident Note" "Effective date" of 04/03/25 at 01:27 PM signed by LN D with a "Created date: of 04/04/25 at 01:31 PM revealed the writer heard a loud boom at around 01:45 PM and noted R1 was on the floor in the dining room.	S3156		

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S3156	Continued From page 11 There was another resident present and stated that R1 was reaching down to pick up a cup off the floor when her chair tilted, and resident fell out of her chair. "When writer asked resident due to cognition she just looked, smiling reaching out her hand for writer to assist her." The notes lacked documentation of actions taken and the results of the actions taken after finding R1 on the floor. Record review for R2 revealed an admission date of 01/01/21 with diagnoses of aneurysm, anxiety, respiratory failure, depression, hypertension, and heart failure. Review of R2's FCS dated 03/12/25 revealed R2 required physical assistance with bathing and dressing. Toileting was not scored. R2 was unable to transfer himself and "Hoyer" was handwritten next to transferring. R3 was unable to walk. R3 lacked the ability to manage his own medications and had an indwelling urinary catheter in place. R3 was cognitively intact and was able to make himself understood and he understood others. R3 was not scored with any risk or problems. R3 used a mechanical lift and a wheelchair mobility device. Review of R2's NSA dated 03/12/25 identified the facility would provide the following health services; facility staff would manage/administer medications as ordered, and "Stall will offer pharmacological and/or non- pharmacological interventions in order to support the resident when experiencing pain. Resident has chronic pain related to his paraplegia. Also has pain to	S3156		

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S3156	Continued From page 12 buttocks/coccyx due to wound and recent flap surgery." Staff to provide 2 person assist with transferring R2 to the shower and 1 person to partially assist with shower. Staff to empty catheter bag at "least every shift", catheter was maintained by a local home health agency, and staff were to notify the health service director with assistance with colostomy needs. Two staff members were to use the mechanical lift with transferring R2. Resident received services from an outside home health agency and went to the local wound clinic. Resident outside provider will maintain skin integrity by providing wound/skin care. The NSA lacked interventions for preservation of R2's skin and lacked instructions for staff to prevent further skin breakdown and additional wounds. Review of R2's "Medical Record" revealed a document titled "Physician Order Report" 03/10/25 - 03/31/25 with a diagnoses list of the following: encounter for surgical aftercare following surgery on the skin and subcutaneous tissue, debridement, osteomyelitis of vertebra sacral and sacrococcygeal region, pressure ulcer of sacral region stage 4, chronic respiratory failure with hypoxia, paraplegia, hypertensive heart disease with heart failure, diabetes mellitus, anemia, and localized edema. Review of the document titled "Assisted Living Visit Coordination Note" dated 03/24/25 revealed the following note: "Buttocks 11.1 x 14 x 1.5, Coccyx 8.0 x 6.4 x 0.4" The note did not give units of measurement.	S3156		

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S3156	Continued From page 13 The Operator failed to ensure healthcare services were included as part of the NSA for falls for R1, and for preservation of the skin for R2.	S3156		
S3175 SS=E	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. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (a)(1) The facility reported a census of 34 residents. The sample included three "Residents" (R)'s 1, 2, and 3. Based on observation interview and record review, the Operator failed to ensure the "Licensed Nurse" (LN) performed an assessment	S3175		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER TRUSTWELL LIVING OF MISSION SPRINGS II			STREET ADDRESS, CITY, STATE, ZIP CODE 5350 WEST 61ST PLACE MISSION, KS 66205		
(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
S3175	Continued From page 14 determining R1 and R3 could safely, accurately, and without staff assistance self-administer "Over-the-Counter" (OTC) medications. Findings included: - Record review for R1 revealed an admission date of 08/29/23 with diagnoses of cachexia, chronic atrial fibrillation, heart failure, other disorders of plasma protein metabolism, unspecified atrial fibrillation, protein calorie malnutrition, and vitamin D deficiency. Review of R1's "Functional Capacity Screen" (FCS) dated 11/24/24 revealed R1 required supervision with bathing. R1's functional ability to dress herself was not scored, and she required supervision with managing her own medications. R1 was not identified to have any current risk or problems and she used a walker mobility device. R1 was continent, her cognition was intact, and she was able to make herself understood and she understood others. Review of R1's "Negotiated Service Agreement" (NSA) dated 11/24/24 identified the facility would provide the following health services; facility staff would manage and administer R1's medications, facility staff were to provide physical assistance or stand by assistance for safety during showers, staff assistance with dressing and undressing, and provide custom interventions to decrease fall risk. Observation on 04/09/25 at approximately 12:10 PM with Business Office Director C in R1's bathroom, revealed in the cabinet on the east wall were the following OTC medications;	S3175			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER TRUSTWELL LIVING OF MISSION SPRINGS II		STREET ADDRESS, CITY, STATE, ZIP CODE 5350 WEST 61ST PLACE MISSION, KS 66205		
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S3175	Continued From page 15 1 box of Refresh Tears 2 bottles of Melatonin 10 milligrams 1 bottle of Vita Fusion 2 bottles of Sanguneal Nitric Oxide 2 tubes of Triple antibiotic ointment 1 box of Bio Freeze patches 1 tube of Wound relief gel 1 tube of Anti itch cream R1's Medical record lacked an assessment performed by a "Licensed Nurse" determining that R1 could safely, accurately, and without staff assistance self-administer "Over-the-Counter" (OTC) medications. - Record review for R3 revealed an admission date of 02/13/25 with macular degeneration and internal pacemaker. Review of R3's FCS dated 02/13/25 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, walking and he was independent with eating. R3 lacked the ability to manage his own medications and was occasionally incontinent. R3 was cognitively intact and was able to make himself understood and he understood others. R3 was identified at risk for falls and impaired hearing. He used a walker and wheelchair mobility device. Under ordered therapies and treatments R3 admitted to the facility with a local home health agency that provided therapy services. Review of R3's NSA dated 02/17/24 identified the facility staff would provide the following health services; the management and administration of	S3175		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/09/2025
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S3175	Continued From page 16 his medications, physical assistance with bathing and toileting, and some hands on assistance with transferring. Staff to keep is room free from clutter and perform wellness checks every shift. Observation on 04/09/25 at approximately 12:10 PM with Business Office Director C in R3's bathroom were the following OTC medications; 1 tube of Cool and Heat Pain relieving cream 1 tube of Desitin Cream 1 Tube of Icy Hot Observation on 04/09/25 at approximately 12:15 PM of R3's kitchenette counter sat a bottle of NyQuil Honey Cold and Flu. R3's Medical record lacked an assessment performed by a "Licensed Nurse" determining that R3 could safely, accurately, and without staff assistance self-administer "Over-the-Counter" (OTC) medications. Interview on 04/09/25 at approximately 12:40 PM with Operator E confirmed R1 and R3's medical records lacked the documentation of an assessment that determined they could safely, accurately and without staff assistance self-administer OTC medications. The Operator failed to ensure the "Licensed Nurse" performed an assessment determining R1 and R3 could safely, accurately, and without staff assistance self-administer OTC medications.	S3175		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS	S3211		

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S3211	Continued From page 17 (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (g) (3) The facility reported a census of 34 residents. Based on observation, interview, and record review the Operator failed to ensure the "Licensed Nurse" (LN) or the Licensed Pharmacist placed the full name of the resident on the bottles of "Over-the-Counter" (OTC) medications. Findings included: - Observation on 04/07/25 at approximately 04:35 PM, of the locked medication cart labeled "S2" revealed five small baskets sitting on top of the medication cart. The following OTC medications lacked the full name of the resident, were observed in the baskets sitting on top of the medication cart:	S3211		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/09/2025
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S3211	Continued From page 18 1 bottle of Equate Pain Reliever 500 "milligrams" (mg) 1 tube of Turbinafine hydrochloride 1 bottle of L Methylfolate 50 "micrograms" (mcg) 1 bottle of B Complex B12 1 bottle of 81 mg Aspirin 1 bottle of D-3 50mcg Vitamins Observation on 04/07/25 at approximately 04:40 PM, "Certified Medication Aide" (CMA) A unlocked the facility medication cart labeled "S2" and the following OTC medications lacked the full name of the resident; 1 box of Imodium Soft Gels 1 bottle of Focus Select 1 bottle of Kirkland Adult Multivitamin Observation on 04/07/25 at approximately 04:45 PM, CMA A unlocked the second facility medication cart labeled "S1" and the following OTC medications lacked the full name of the resident; 1 bottle of Nature Made D3 1,000 units 1 bottle of Ashwagandha 1,000 milligrams per serving Interview on 04/07/25 at approximately 04:50 PM with CMA A confirmed the OTC bottles and tube lacked the full name of the residents. Record review of the undated facility policy titled "Medication Packaging Policy" revealed the following; "4. Medications will be packaged, labeled, and	S3211		

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S3211	Continued From page 19 stored in accordance with federal and state laws and assisted living regulations." The Operator failed to ensure the LN or the Licensed Pharmacist placed the full name of the resident on the bottles/tubes of OTC medications.	S3211		
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: K.A.R. 26-41-105 (f) (11) The facility reported a census of 34 residents. The sample included three "Residents" (R)'s 1, 2, and 3. Based on record review and interview the Operator failed to ensure the 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 for R1. Findings included: - Record review for R1 revealed an admission date of 08/29/23 with diagnoses of cachexia, chronic atrial fibrillation, heart failure, other	S3261		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/09/2025
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S3261	Continued From page 20 disorders of plasma protein metabolism, unspecified atrial fibrillation, protein calorie malnutrition, and vitamin D deficiency. Review of R1's "Functional Capacity Screen" (FCS) dated 11/24/24 revealed R1 required supervision with bathing. R1's functional ability to dress herself was not scored, and she required supervision with managing her own medications. R1 was not identified to have any current risk or problems and she used a walker mobility device. R1 was continent, her cognition was intact, and she was able to make herself understood and she understood others. Review of R1's "Negotiated Service Agreement" (NSA) dated 11/24/24 identified the facility would provide the following health services; facility staff would manage and administer R1's medications, facility staff were to provide physical assistance or stand by assistance for safety during showers, staff assistance with dressing and undressing, and provide custom interventions to decrease fall risk. Review of R1's facility provided nurse notes revealed the following entries; An "Incident note" with an "Effective Date of "01/01/1900" at 03:30 PM signed by LN D with a "Created date" of 01/17/25 revealed "Certified Medication Aide" (CMA) heard a boom when she was in the medication room. The CMA reported that R1 was found on the floor sitting on her buttocks in the common television area. When R1 was asked what happened she was unable to explain. "Resident appeared confused, and unable to speak", 911 was called due to elevated	S3261		

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S3261	Continued From page 21 pulse and confusion. Paramedics left with resident around 08:55 AM to go to the local hospital for evaluation. R1 was admitted to the local hospital with a diagnosis of Sepsis. A "General Entry note" "Effective 01/21/25" at 09:57 AM signed by LN D with a "Created" date of 01/21/25 at 10:07 AM revealed R1 was admitted to the hospital on 01/17/24 "due to altered mental status", she returned via family vehicle with her family on 01/20/24. R1 had new orders for Atorvastatin and an increase in her Metoprolol, and R1 was to start home health due to her "cardio". The record lacked documentation of R1 having altered mental status prior to the hospitalization. A "General Entry" "Effective" on 03/14/25 at 04:25 PM signed by LN D with a "Created date" of 03/14/25 at 04:26 PM revealed R1 was on home health for physical and occupational therapy for strengthening. Therapy planned to discontinue services the following week and transition resident to outpatient services. An "Incident Note" "Effective date" of 04/03/25 at 01:27 PM signed by LN D with a "Created date: of 04/04/25 at 01:31 PM revealed the writer heard a loud boom at around 01:45 PM and noted R1 was on the floor in the dining room. There was another resident present and stated that R1 was reaching down to pick up a cup off the floor when her chair tilted, and resident fell out of her chair. "When writer asked resident due to cognition she just looked, smiling reaching out her hand for writer to assist her."	S3261		

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S3261	Continued From page 22 The record lacked documentation of the actions taken to monitor R1 after being found on the floor. Interview on 04/09/24 at approximately 12:40 PM with Operator E confirmed the notes lacked documentation for actions taken and results of actions taken with R1 was found twice on the floor, and documentation of R1 having altered mental status prior to her hospitalization. The Operator failed to ensure the 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 for R1.	S3261		
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. (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: K.A.R. 26-41-206 (e) The facility reported a census of 34 residents. Based on observation, interview, and record review the Operator failed to ensure the dietary staff stored all food under safe and sanitary conditions.	S3299		

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S3299	Continued From page 23 Findings included: - Observation on 04/07/25 at approximately 03:00 PM, of the facility kitchen with Business Office Director C, revealed a dry storage food room in the southeast corner of the kitchen. A set of shelves was on the east wall. On the second shelf down were bags of cereal. A bag of what appeared to be Raisin Bran cereal was standing opened. The refrigerators on the west wall of the kitchen contained a small metal container that contained six hard boiled eggs, and were covered in plastic wrap, with a sticker on the plastic wrap that had printed "Use By" and handwritten was "03/05". A second small metal container covered in plastic wrap had what appeared to be hot dogs. The sticker on the plastic wrap hand printed "Use By" and handwritten was "03/14." Interview on 04/07/25 at approximately 03:00 PM with Business Office Director C confirmed the date on the hard boiled eggs was 03/05 and the date on what appeared to be hotdogs was 03/14. Record review of the undated facility policy titled "Storage of Products" revealed the following; "Once opened, foods that have been sorted in dry storage should either be refrigerated (canned fruits, vegetables, gravy) or sealed in airtight containers and returned to dry storage (flour, dry cereal, cookies, pasta)." "Leftover foods that have not been frozen must be discarded after three days if not used."	S3299		

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S3299	Continued From page 24	S3299		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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 (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide	S3305		

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S3305	Continued From page 25 the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (b) (4) The facility reported a census of 34 residents. Based on observation, interview, and record review the Operator failed to ensure the dietary staff provided sanitary conditions for the facility food service. Findings included: - Observation on 04/07/25 at approximately 03:50 PM, of the facility kitchen revealed in the northeast corner a room with a dish sanitation area. Posted on the east wall above the dishwasher was a sign that stated the dishwasher was a low temperature machine. Interview on 04/07/25 at approximately 04:00 PM with Food Service Director B revealed the meals were prepared off site and brought over and served from the facility kitchen. Food Service Director B the dish washer was a low temperature machine and the machine used chemical sanitation, and he confirmed the dirty resident dishes were washed in the facility kitchen, and he further confirmed the chemical strips for dishwashing were done where the food was prepared and not where the residents' dishes were washed at.	S3305		

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S3305	Continued From page 26 Record review of the undated facility provided policy titled "Washing and Sanitizing Dishes / Utensils" revealed the following; "Follow the operating instructions by the manufacturer of the machine. The instructions are posted by the machine." Review of the "Focus On Food Safety" guidelines from the Department of Agriculture revised 08/2017 revealed the following under the section titled "Cleaning and Sanitizing", "Low Temperature; chemical sanitization required, Chemicals must be auto dispensed into final rinse water; and check at least daily." The Operator failed to ensure the dietary staff provided sanitary conditions for the facility food service.	S3305		