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	N023022	A. BUILDING: _____ B. WING _____	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY VILLAGE	3901 PETERSON ROAD LAWRENCE, KS 66049

(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 represents the findings of a resurvey with attached complaint 193741, 193546, 192598, 191217, and 188788 at the above named assisted living facility conducted 04/15/25-04/17/25.	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) The facility reported a census of 27 residents with five residents included in the sample and three closed record reviews. Based on interview, observation, and record review the operator	S3085		

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

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S3085	Continued From page 1	S3085		

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 (R)2 and R4 including a description of the services the resident received and the provider of each service.

Findings included:

- Record review for R2 revealed an admission date of 07/15/23 with a diagnosis of generalized muscle weakness.

The 12/01/24 Functional Capacity Screen (FCS) identified R2 required supervision with bathing, dressing, and transfers; was independent with toileting; required physical assistance for walking/mobility and eating; was unable to perform management of medications and treatments; and was at risk of falls and had impaired hearing.

The 11/27/24 combined Negotiated Service Agreement/Health Service Plan (NSA/HSP) identified facility staff provided physical assistance with walking/mobility and administered medications. The NSA/HSP failed to identify services provided to R2 for prevention of falls or impaired hearing.

- Record review for R4 revealed an admission date of 03/11/21 with diagnoses of polyneuropathy, dysphagia, hypothyroidism, depression, and dementia.

The 09/11/24 FCS identified R4 was independent with dressing, toileting, transfers,

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S3085	Continued From page 2 walking/mobility, and eating; and was unable to perform management of medications and treatments; and had impaired vision. The 09/11/24 combined NSA/HSP failed to identify services provided to R4 for his impaired vision. On 04/17/25 at approximately 02:20 PM Administrative Staff A and Administrative Nurse B confirmed the facility's NSA does not address any "current or recent problems and risks" from the FCS. The operator failed to ensure R2 and R4's NSAs described the services they received, and the provider of the service based on their FCS.	S3085		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b)	S3186		

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S3186	Continued From page 3 The facility reported a census of 27 residents with five included in the sample and three closed record reviews. Based on interview and record review the operator failed to ensure Resident (R) 2 and R4's Negotiated Service Agreement (NSA) identified who was responsible for the administration and management of select medications. Findings included: - Record review for R2 revealed an admission date of 07/15/23 with a diagnosis of generalized muscle weakness. The 12/01/24 Functional Capacity Screen (FCS) identified R2 required supervision with bathing, dressing, and transfers; was independent with toileting; required physical assistance for walking/mobility and eating; was unable to perform management of medications and treatments; and was at risk of falls and had impaired hearing. The 11/27/24 combined Negotiated Service Agreement/Health Service Plan (NSA/HSP) identified facility staff provided complete supervision and administration of R2's medications. The NSA/HSP failed to identify the medications he administered himself and the select medications facility staff administered. The 02/01/25 "Evaluation for Self Administration of Medications" documented R2 had the ability to administer oral medications, opthalmics, and topicals without specifying what medications. The evaluation form documented R2 was able to	S3186		

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S3186	Continued From page 4	S3186		

keep bedtime medications at bedside.

Review of April 2025 "Medication Administration Record" (MAR) revealed bedtime medications were Dutasteride, Gabapentin, Melatonin, Tamsulosin, and Trazodone. Each of these medications were documented as administered by staff. The medication listed as "Probiotic Oral Capsule" was documented as self-administered by R2.

Observation on 04/17/25 at 11:50 AM of R2's room revealed medications on the computer table which consisted of Culturelle, robitussin, and a dietary supplement. The widowsill was found with three cans of simply saline nasal mist, two containers of Flonase, and bottles of centrum silver men vitamins, Afrin, Tums, fungal nail treatment, Colace, Claritin, and Advil. The bathroom sink countertop was host to a tube of mupirocin with R2's name on pharmacy label and tubes of Preparation H and Nystatin cream with no name.

On 04/17/25 at 12:26 PM R2 stated that he manages some of his medications including Advil, Flonase, and simply saline. He stated he no longer takes the probiotic.

On 04/17/25 at 02:10 PM Administrative Nurse B confirmed R2 self-administered some of his medications which were not his bedtime medications. She confirmed the NSA did not include the medications R2 managed and administered to himself nor the medications the facility managed and administered to R2.

- Record review for R4 revealed an admission

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S3186	Continued From page 5	S3186		

date of 03/11/21 with diagnoses of polyneuropathy, dysphagia, hypothyroidism, depression, and dementia.

The 09/11/24 FCS identified R4 was independent with dressing, toileting, transfers, walking/mobility, and eating; and was unable to perform management of medications and treatments; and had impaired vision.

The 09/11/24 combined NSA/HSP identified facility staff physical assisted with medications. The NSA/HSP failed to identify the medications R4 administered himself and the select medications facility staff administered.

The 10/21/24 "Evaluation for Self Administration of Medications" documented R4 had the ability to administer oral medications, opthalmics, and topicals without specifying what medications.

Review of April 2025 "Medication Administration Record" (MAR) revealed R4 self-administered Azelastine 0.1% solution to each side of his nose twice a day, acetaminophen as needed, Biotene Dry Mouth Gel as needed, OcuSoft eye wash solution to both eyes daily, lidocaine gel 4% to feed for pain as needed, Preparation H cream 1% as needed, and saline nasal spray to nose as needed unsupervised. Levalbuterol inhalation solution did not state R4 could take unsupervised.

Observation on 04/17/25 at 12:16 PM of R4's room revealed medications including hydrocortisone cream 1%, antiseptic spray, triple antibiotic ointment, Tums, levalbuterol inhalation solution, and dry mouth lozenges in addition to

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S3186	Continued From page 6 Azelastine, Preparation H, aspercream lidocaine, Biotene, and saline nasal spray. On 04/17/25 at 12:56 PM R4 confirmed the medications he had in his room and that he manages all of them. He stated that he takes the levalbuterol inhalation solution every afternoon on his own. On 04/17/25 at 02:10 PM Administrative Nurse B confirmed R4 self-administered some of his medications and the NSA did not include the medications R4 managed and administered to himself nor the medications the facility managed and administered to R4 by staff. The facility's 06/10/19 "Self-Administration of Medications" policy documented all nurses and aides should report to the licensed nurse any medications found which are not authorized for bedside storage. The operator failed to ensure R2 and R4's NSA identified who was responsible for the administration and management of select medications.	S3186		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals	S3215		

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S3215	Continued From page 7 managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 27 residents. Based on observation and interview, the operator failed to ensure medications were stored in accordance with each manufacturer's recommendations. Findings included:	S3215		

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S3215	Continued From page 8 - Observation on 04/15/25 at approximately 11:42 AM revealed the "attendant" room had medications which included a refrigerator with an opened box that contained an unsealed multi-use vial of Tubersol. The vial lacked a date to indicate when it was opened. The box and the vial of Tuberculin contained instructions that a vial of Tubersol which had been opened for 30 days should be discarded. On 04/15/25 at approximately 11:44 AM Administrative Nurse B confirmed the Tubersol vial was opened and not dated. The operator failed to ensure Tubersol was stored in accordance with the manufacturer's recommendation which had the potential to affect all residents.	S3215		
S3261 SS=E	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: KAR 26-41-105(f)(11) The facility reported a census of 27 residents with five residents included in the sample and three closed record reviews. Based on interview	S3261		

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S3261	Continued From page 9	S3261		

and record review the administrator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when Resident (R) 1 exited the facility with and without staff knowledge and R8 was given wrong medication.

Findings included:

- Record review for R1 revealed an admission date of 02/07/25 with diagnoses of depression and insomnia.

The 02/07/25 "Functional Capacity Screen" (FCS) identified R1 required supervision with bathing; was independent with dressing, toileting, transfers, walking/mobility, and eating; was unable to perform management of medications and treatments; he was continent of bladder; had short-term memory, memory recall, and decision-making difficulties; was understandable and understood others during communication; and was marked for falls, impaired vision, wandering, and impaired decision-making.

The 02/07/25 "Negotiated Service Agreement/Health Care Plan" (NSA/HSP) identified facility staff would provide physical assist with administration of medications and provide R1 guidance to prevent from going out the front door. The NSA/HSP failed to identify services for prevention of falls and impaired decision-making.

Review of R1's record revealed lack of evidence

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S3261	Continued From page 10	S3261		

of documentation of all incidents including the date and time of occurrence, action taken, and results of the action when he activated door alarm and/or was found outside the facility during his time of admission at facility.

On 04/16/25 at 01:09 PM Certified Medication Aide E stated he found R1 outside the facility after he had clocked out at 03:00 PM one afternoon between 02/07/25 and 02/14/25. He brought R1 back inside and notified Administrative Staff F and Administrative Nurse B of his findings. Neither of the administrative staff notified were aware the resident was not in the building.

On 04/16/25 at 03:35 PM Certified Medication Aide (CMA) C stated R1 had activated Hall C door exit alarm and was found outside the building.

On 04/17/25 at 01:15 PM Administrative Nurse B confirmed R1's record lacked evidence of documentation of incidents including the date and time of occurrence, action taken, and results of the action when R1 got out of the building on more than one occassion. She stated that she should be the one to complete those notes and incident reports.

- Record review for R8 revealed an admission date of 02/15/24 with diagnoses of hypertension, Srogren syndrome, and chronic kidney disease.

The 02/15/25 FCS identified R8 was unable to perform management of medications and treatments.

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S3261	Continued From page 11 The 02/09/25 NSA/HSP identified R8 required complete supervision and administration of medications. Review of R8's record revealed lack of evidence of documentation of all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when R8 received another resident's medication on 04/15/25. On 04/16/25 at 01:03 PM documentation regarding the most recent medication errors were requested which the facility failed to provide. On 04/16/25 at approximately 12:10 PM CMA G stated via phone that she had administered R9's gabapentin to R8 on 04/15/25. On 04/16/25 at approximately 12:14 PM Administrative Nurse B stated she does not have a medication error form or investigation regarding the medication R8 was given that belonged to R9. She confirmed R8's record lacked evidence of documentation of incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action. The operator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when R1 exited the facility with and without staff knowledge and R8 was given the wrong medication.	S3261		

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S3280	Continued From page 12	S3280		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 27 residents. Based on interview and record review the operator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with all residents and staff. Findings included: - Review of the facility's emergency plan records lacked evidence of documentation quarterly	S3280		

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S3280	Continued From page 13 reviews were completed with staff during the fourth quarter of 2023, the first quarter of 2024, and the fourth quarter of 2024. On 04/17/24 at 09:30 AM Administrative Staff A confirmed the facility's record lacked documentation reviews of the emergency management plan were completed quarterly with staff. The facility's "Resident Council Meetings" policy dated 05/10 documented emergency preparedness was reviewed quarterly with the residents. The facility's undated "Staff Training in Disaster Preparedness" policy documented all staff would have annual training. The policy failed to meet regulation. The operator failed to provide evidence of documentation reviews of the facility's emergency management plan were completed with all residents and staff each quarter.	S3280		
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	S3310		

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S3310	Continued From page 14 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: KAR 26-41-207(c) The facility reported a census of 27 residents with five residents included in the sample, three closed chart reviews, and five staff record reviews. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for two newly hired staff. Findings included: - Review of Certified Medication Aide (CMA) C's employee record revealed a hire date of 08/12/24 with a first step of tuberculosis skin testing administered on 08/12/24 and read 08/14/24. The record lacked documentation of a second step. On 04/15/24 at approximately 12:44 PM Administrative Staff A confirmed CMA C's record lacked evidence of documentation of TB testing. - Review of Certified Nurse Aide (CNA) D's employee record revealed a hire date of 10/25/24 and lacked evidence of documentation of TB testing. The results were requested which	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023022	A. BUILDING: _____ B. WING _____	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY VILLAGE	3901 PETERSON ROAD LAWRENCE, KS 66049

(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
S3310	Continued From page 15 the facility failed to provide. On 04/15/24 at approximately 02:58 PM Administrative Staff A confirmed CNA D's record lacked evidence of documentation of TB testing. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee shall receive a two-step TB skin test within seven days of employment or admission. The second step of TST was to be administered within one to three weeks after negative first step. The facility's undated "Employee TB Testing" policy documented all employees were to have the first TB skin test administered prior to or on first day of employment. The second step was administered 7-21 days after the initial test. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		