STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N039005	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE ESTATES ASSISTED LIVING	1212 HICKORY STREET HARPER, KS 67058

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey for the above named Assisted Living Facility conducted on 04/29/25 and 04/30/25.	S 000		
S3082 SS=D	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 10 residents(R). The sample included three residents. Based on observation, record review and interview the executive director failed to ensure designated facility staff completed one (R4) of three sampled residents "Functional Capacity Screen" accurately to reflect their functional ability and need for assistance. Findings included: - Review of R4's medical record revealed she moved into the facility on 02/20/25 with diagnosis of Tib/Fib fracture. R4's FCS dated 02/10/25 revealed she was independent with bathing. Observation on 04/29/25 at 04:20 PM Certified	S3082		

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

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S3082	Continued From page 1 Medication Aide (CMA) C staff brought resident from cottage over to main dining area for supper via wheelchair. CMA C and Operator A helped guide R4 to stand up onto the scale and then she sat back in her wheelchair and came to the table. Interview on 04/30/25 at 01:00 PM CMA B reported when R4 first moved in we had to help transfer her into the shower and help wash her. Now she just needs stand by assistance for safety. Interview on 04/30/25 at 01:22 PM Operator/CMA A acknowledged R4 needed physical assistance with showers when she first moved into the facility. The operator failed to ensure designated staff completed R4's FCS accurately related to concerns to her wandering.	S3082		
S3175 SS=D	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.	S3175		

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S3175	Continued From page 2	S3175		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(a)(1)

The facility reported a census of 10 residents (R). The sample included three residents. Based on observation, interview, and record review, the operator failed to ensure a licensed nurse completed an assessment for self-administration of medications for one (R5) of three sampled residents before she started to self administer her medications.

Findings included:

- R5's "Electronic Medical Record" (EMR) revealed she moved into the facility on 01/01/17 with diagnoses of depression and seizures.

R5's "Functional Capacity Screen" dated 03/12/25 revealed the resident required supervision with management of her medications and medical treatments.

R5's "Negotiated Service Agreement" dated 03/13/25 revealed she needed help to order medications but could safely self-administer medications with family assistance.

R5's record included a self-administration assessment for medications dated 03/14/25, after she moved into the facility.

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S3175	Continued From page 3 Observation/Interview on 04/30/25 at 10:45 AM, R5 sat in her recliner watching TV. R5 reported she takes her own medications that her daughter sets up in the pill container.. She lifted the pill container on the table beside her and said takes them every morning. Interview on 04/30/25 at 10:33 AM Operator/Certified Medication Aide (CMA) A reported R5 has been self-administering her medications since she moved into the facility. Operator/CMA A reviewed R5's chart and acknowledged the self-administration assessment was not completed prior to R5 self-administering medications. The operator failed to ensure a Licensed Nurse assessed R5 for her ability to safely and accurately self-administer her medications annually.	S3175		
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: KAR 26-41-105(f)(11) The facility reported a census of 10 residents(R).	S3261		

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S3261	Continued From page 4 The sample included three residents. Based on interview and record review the operator failed to ensure one (R3) of three sampled residents record contained documentation of all incidents, symptoms, and other indications of illness or injury, including the date, what action was taken, and the results of action taken. Findings included: - Review of R3's medical record revealed she moved into the facility on 10/14/24 with a diagnosis of dementia. R3's "Functional Capacity Screen" dated 04/07/25 revealed she needed physical assistance with bathing and supervision with other activities of daily living. R3's "Negotiated Service Agreement" dated 04/08/25 revealed qualified staff would provide assistance with showers as needed and supervision/stand by assistance with other activities of daily living. R3's nursing progress notes included the following: Initial documentation was completed on 10/28/24, 14 days after she moved into the facility. The record lacked documentation of R3 moving into the facility. 11/26/24 - seen in the emergency room for exacerbation of pulmonary disease and had upper respiratory infection. The record failed to include follow up if her symptoms improved with antibiotic treatment until 28 days later.	S3261		

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S3261	Continued From page 5 The record also included an entry for the February monthly assessment that failed to include the date the nurse documented it. Interview on 04/30/25 at 09:38 AM Operator/CMA A reported that when a resident moves in she normally will document vitals and what kind of care a resident would need. She reviewed the chart and acknowledged the resident record did not contain documentation of when she moved into the facility. The operator failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury, what action was taken, and the results of action taken.	S3261		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26,	S3320		

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S3320	Continued From page 6	S3320		

1992; and

(2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.

This REQUIREMENT is not met as evidenced by:
KAR 28-39-254 (a)

The facility reported a census of 10 residents(R). The Resident roster provided by Operator/Certified Medication Aide A identified three residents with impaired cognition. Based on observation and interview the operator failed to ensure staff secured all chemicals in the upstairs west laundry room.

Findings included:

- During initial tour on 04/29/25 at 02:06 PM observations revealed the following unlocked cabinets/room that included a variety of chemicals with warning labels on them related to eyes, skin, and ingestion:

The cabinet under the kitchen sink had a child proof lock on it but it had been turned to where it did not lock. The cabinet contained two bottles of Pine Sol , spray bottle of Lime Away, spray bottle of Good Sense air freshener , spray bottle of carpet cleaner, and a spray bottle of Comet disinfectant cleaner . All of the bottles had child warning labels on them.

Interview at 02:13 PM Certified Medication Aide (CMA) B stated she did not realize the lock even

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S3320	Continued From page 7 turned and confirmed it should be locked. - Observation on 04/29/25 at 02:20 PM the laundry room door was unlocked. It contained the following chemicals in the room easily accessible to residents, Gain laundry soap, Downey softener, gallon jug of Bleach, spray bottle of Shout and OxyClean all on top of the washing machine. Housekeeping cart was in the room and had spray bottles hanging on the cart and in a tote which included- Comet disinfecting cleaner, spray bottle of glass cleaner, spray bottle of Stride Citrus, 2 spray bottles of Lime Away, spray bottle of Virex disinfectant cleaner, spray bottle of Good Sense freshener - spray bottle labeled Bona floors only. An unlocked cabinet contained three spray bottles of Goo Gone, five spray bottles Lime Away, 10 bottles Clinging tub and tile cleaner, two bottles Comet disinfectant - and other unlocked cabinet included 2 jugs of refill shout, lg bottle of Pine Sol, gallon of bleach, gallon jug of carpet cleaner, jug of Drain Cleaner, gallon jug of bleach and a spray bottle of carpet cleaner. Interview on 04/29/25 at 02:32 PM Operator/CMA A reported the chemicals are all supposed to be secured and locked. The operator failed to ensure staff stored chemicals securely for the safety of all residents, personnel, and visitors.	S3320		
S3420 SS=D	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating	S3420		

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S3420	Continued From page 8 systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels.	S3420		

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S3420	Continued From page 9 This REQUIREMENT is not met as evidenced by: KAR 28-39-256 (c)(2)(B) The facility reported a census of 10 residents. Based on observation, record review, and interview the operator failed to ensure the temperature of hot water in the one (R5) of 10 resident apartments and other areas that would be accessible to residents ranged between 98 degrees Fahrenheit (F) and 120 degrees F according to regulatory guidelines. Findings included: - On 04/30/25 at 11:39 AM during hot water checks for R5's room the temperature in the bathroom sink reached a temperature of 132 degrees F on the surveyors thermometer after 60 seconds. Interview on 04/30/25 at 11:41 PM Certified Medication Aide (CMA) B reported she had not ever monitored hot water temperatures of resident rooms or publicly accessible sinks. Interview on 04/30/25 at 11:43 PM Operator/CMA A reported they do not routinely check hot water temperatures and if someone complained of it being too hot or cold they would contact the maintenance man to check it. She also reported each resident had their own hot water heater. On 04/30/25 at 11:50 AM Surveyor and Operator/CMA A checked all residents rooms and R5 with the facility thermometer and all	S3420		

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S3420	Continued From page 10 bathrooms and kitchens were within regulatory range except for R5's which read 130.9 degrees F in the kitchen and 131.0 degrees F in the bathroom. The operator failed to ensure hot water temperatures in areas accessible to residents remained within regulator guidelines of 98 to 120 degrees F.	S3420		