STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008011	A. BUILDING: _____ B. WING _____	06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELVILLA ASSISTED LIVING	408 E CENTRAL PO BOX 906 ANDOVER, KS 67002

(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 with attached complaint numbers 195522, 195493, 195337, 195317, 195146, 191867, 191273, and 191019, for the above named facility conducted on 06/09/2025 and 06/10/25.	S 000		
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) The facility reported a census of 76 residents. The sample included 6 "Residents'" (R)'s. Based on record review and interview the Administrator	S3175		

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

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S3175	Continued From page 1	S3175		

failed to ensure the facility's "Licensed Nurse" (LN) performed a self- administration of medication assessment using a prefilled syringe for R1 and R2, determining that the resident could self-inject using the prefilled syringed safely, accurately and without staff assistance. The Administrator further failed to ensure the LN performed an assessment for R3 determining the resident could safely, accurately and without staff assistance use an inhaler.

Findings included:

- Record review for R1 revealed an admission date of 03/30/20 with diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting the left dominant side, memory deficit, hypertension, other obesity due to excess calories, and chronic pain.

Review of R1's "Functional Capacity Screen" (FCS) dated 12/01/24 revealed R1 required supervision with the administration of medications and medical treatments.

Review of R1's "Negotiated Service Agreement" (NSA) dated 12/01/24 identified qualified staff would administer R1's medications and perform simple treatments. R1's NSA identified R1 would self-administer Xylimelts mouth and throat disk, Cepacol, Nasal Spray, Proair Aerosol, and Calmoseptine.

Review of R'1s "Health Service Plan" (HSP) dated 12/01/24 instructed qualified staff to administer medications and perform simple treatments.

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S3175	Continued From page 2 Review of R1 electronic "Medication Administration Record" (MAR) revealed the following order; Ozempic 0.25 or 0.5 milligram/dose. Subcutaneous solution Pen injector 2 milligram/1.5 milliliters. Inject 0.5 milligrams subcutaneously one time a day every Friday for Diabetes Mellitus Type II. Review of R1's electronic Medical Record under the "Assessments" tab revealed a Self-administration of Medications Assessment dated 06/05/22. In the Medications Approved section it was documented Certified/Licensed staff to administer all medications and perform simple treatments. Interview on 06/10/25 at approximately 11:30 AM with LN E confirmed R1's medical record lacked documentation of an assessment being performed determining R1 could safely and without staff assistance self-administer the weekly Ozempic injection. - Record review for R2 revealed an admission date of 09/25/23 with diagnoses of Diabetes Mellitus Type II, morbid obesity, peripheral vascular disease, atrial fibrillation, macular degeneration, and major depressive disorder. Review of R2's combined "Functional Capacity Screen" (FCS)/ "Negotiated Service Agreement" (NSA)/ "Health Service Plan" (HSP) revealed R2 lacked the ability to manage his own medications and required supervision with the performance of	S3175		

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S3175	Continued From page 3	S3175		

medical treatments. Under the section titled NSA it was identified the facility would manage R2's medications and qualified staff would administer his medications and perform simple treatments. Under the section titled "HSP" it instructed qualified staff to administer medications and perform simple treatments. Mounjaro subcutaneous solution auto injector -inject 2.5 milligrams one time a day every Friday. CMA to dial up pen to correct dose and resident to self-inject, Novolog injection solution inject as per sliding scale.

Review of R2's electronic "Medical Record" under the assessments tab revealed a "Self-Administration of Medication Assessment" dated 05/22/25. In the Medications Approved section it was documented "miconazole and ammonium lactate". The documentation lacked instructions for the Miconazole and Ammonium Lactated and the document further lacked documentation of R2 self-injection Mounjaru and Novolog.

Interview on 06/10/25 at approximately 11:30 AM with LN E confirmed R2's medical record lacked documentation of an assessment being performed determining R12 could safely and without staff assistance self-administer the Mounjaro and Novolog injections.

- Record review for R3 revealed an admission date of 05/31/24 with diagnoses of Sjogren syndrome, other fracture of Thoracic 11 - Thoracic 12, hypothyroidism, hypertension, hypokalemia, mood disorder due to known physiological condition with depressive features.

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S3175	Continued From page 4 Review of R3's combined FCS/NSA/HSP dated 05/22/25 revealed under the section titled "FCS" R3 required supervision with the management of her medications and medical treatments. Under the section titled NSA identified "Qualified Staff" to administer medications and perform simple treatments. Under the section titled "HSP" it instructed qualified staff to administer medications and perform simple treatments. R3 would self administer the Albuterol Sulfate Inhaler and R3 could keep the inhaler at the bed side. Review of R3's electronic "Medical Record" under the assessments "Tab" revealed a "Self-Administration of Medications Assessment" dated 05/20/25. In the section titled "Medications Approved" the following was documented; Qualified staff to administer all medication and perform simple treatments. Clobetasol lotion may be kept at bed side per R3's medical provider. R3's self-administration of medication assessment dated 05/20/25 lacked documentation of the Albuterol Sulfate Inhaler. Interview on 06/10/25 at approximately 11:30 AM with LN E confirmed R3's medical record lacked documentation of an assessment being performed determining R3 could safely and without staff assistance self-administer the Albuterol Sulfate inhaler The Administrator failed to ensure the facility's LN performed a self- administration of medication assessment using a prefilled syringe for R1 and R2, determining that the resident could self-inject using the prefilled syringed safely, accurately	S3175		

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S3175	Continued From page 5 and without staff assistance. The Administrator further failed to ensure the LN performed an assessment for R3 determining the resident could safely, accurately and without staff assistance use an inhaler.	S3175		
S3201 SS=D	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (d) (3) (C) The facility reported a census of 76 residents. The sample included 6 "Residents'" (R)'s. Based on record review and interview the Administrator failed to ensure the facility's "Licensed Nurses"	S3201		

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S3201	Continued From page 6 (LNs) or "Certified Medication Aides" (CMAs) remained with R3 until she ingested her medication managed by the facility. Findings included: - Record review for R3 revealed an admission date of 05/31/24 with diagnoses of Sjogren syndrome, other fracture of Thoracic 11 - Thoracic 12, hypothyroidism, hypertension, hypokalemia, mood disorder due to known physiological condition with depressive features. Review of R3's combined "Functional Capacity Screen" (FCS)/ "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) dated 05/22/25 revealed under the section titled "FCS" R3 required supervision with the management of her medications and medical treatments. Under the section titled NSA identified "Qualified Staff" to administer medications and perform simple treatments. Under the section titled "HSP" it instructed qualified staff to administer medications and perform simple treatments. R3 would self administer the Albuterol Sulfate Inhaler and R3 could keep the inhaler at the bed side. Review of R3's electronic "Medical Record" under the assessments "Tab" revealed a "Self-Administration of Medications Assessment" dated 05/20/25. In the section titled "Medications Approved" the following was documented; Qualified staff to administer all medication and perform simple treatments. Clobetasol lotion may be kept at bed side per R3's medical provider.	S3201		

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S3201	Continued From page 7 Record review of the facility's self-report to the department dated 05/27/25 reveled the following; R3 had an unwitnessed fall and required treatment at the local emergency room. During the facility investigation of the unwitnessed fall, facility staff found " ...pill cups" with assorted medications in them in R3's room. Record review of R3's electronic "Medication Administration Record" for 06/26 revealed the following order; "CMA to Watch resident swallow all medications". Interview on 06/09/25 at approximately 02:00 PM with "Licensed Nurse" (LN) E, "Executive Director" (ED) H, and "Registered Nurse" (RN) G, revealed a photograph provided by LN E. LN E stated the photograph was taken in R3's room and in the photograph, there are 7 medication cups lapeled with R3's name and room number. There are 3 medication cups that approximately 13 tablets/capsules, and 3 medication cups that contain approximately 3 tablets, and 1 medication cup that is empty. LN E identified the medication cups contained the following medications: Seroquel, Iron, Duloxetine, Buspirone, Eliquis, Senna, Morphine and Calcitriol. Review of the facility provided undated policy titled "Medication Administration" revealed the following: 4. Administration; "Observe the resident swallowing oral medications when possible and document accordingly."	S3201		

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S3201	Continued From page 8 The Administrator failed to ensure the facility's LNs or CMAs remained with R3 until she ingested her mediation managed by the facility.	S3201		
S3215 SS=E	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 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	S3215		

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S3215	Continued From page 9 expiration. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (h) (4) The facility reported a census of 76 residents. The sample included 6 "Residents'" (R)'s. Based on observation and interview the Administrator failed to ensure the "Licensed Nurse" (LN) and the "Certified Medication Aides" (CMA)s, did not administer the medication beyond the manufacturer's or pharmacy providers' s recommended date of expiration. Findings included: - Observation on 06/09/25 at approximately 11:00 AM CMA B unlocked facility medication cart labeled "A" and in the top drawer a Lantus insulin pen was labeled with the resident information. The pen lacked a date of when it was opened, and further lacked an expiration date. Interview on 06/09/25 at approximately 11:00 AM CMA B confirmed the pen lacked the date of being opened and an expiration date, she further confirmed all insulin pens were to be dated. Observation on 06/09/25 at approximately 11:15 AM CMA C unlocked the facility mediation cart labeled "C" and in the top drawer an Ozempic insulin pen was labeled with the resident information. The pen lacked a date of when it	S3215		

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S3215	Continued From page 10 was opened, and further lacked an expiration date. Interview on 06/09/25 at approximately 11:15 AM CMA c confirmed the pen lacked the date of being opened and an expiration date, she further confirmed all insulin pens were to be dated. Review of the manufacturer's recommendation for the Lantus insulin pen recommended the following: After 28 days, throw the opened Lantus pen away even if it still has insulin in it. Review of the manufacturer's recommendation for the Ozempic pen after the first use you may store the pen for up to 56 days at room temperature on in the refrigerator. The Administrator failed to ensure the LN's and the CMAs, did not administer the medication beyond the manufacturer's or pharmacy providers' s recommended date of expiration.	S3215		
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)	S3261		

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S3261	Continued From page 11	S3261		

The facility reported a census of 76 residents. The sample included 6 "Residents'" (R)'s. Based on record review and interview the Administrator failed to 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 R2 when he was admitted to the local hospital.

Findings included:

- Record review for R2 revealed an admission date of 09/25/23 with diagnoses of Diabetes Mellitus Type II, morbid obesity, peripheral vascular disease, atrial fibrillation, macular degeneration, and major depressive disorder.

Review of R2's combined "Functional Capacity Screen" (FCS)/ "Negotiated Service Agreement" (NSA)/ "Health Service Plan" (HSP) revealed R2 required physical assistance with bathing, dressing, and toileting. R2 required supervision with transferring and was independent with mobility. R2 lacked the ability to manage his own medications and required supervision with the performance of medical treatments. R2 was continent and was cognitively intact. R2 was able to make himself understood and he understood others. R2 used a wheelchair mobility device.

Under the section titled NSA it was identified the facility would provide physical assistance with bathing, dressing, toileting, and supervision with transferring. The facility would manage R2's medications and qualified staff would administer his medications and perform simple treatments.

Review of R2's electronic Medical Record under

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S3261	Continued From page 12 the "Progress Notes" tab revealed the following entries; On 06/06/25 at 11:30 AM a health status note revealed the skilled nurse from the local home health agency notes were reviewed and there were "No further issues noted at this time". On 06/09/25 at 08:34 AM a health status note revealed lab results were reviewed and there were no critical values noted. The results were sent to R2's medical providers. The notes lacked documentation of R2 being admitted to the local hospital. Interview on 06/10/25 with LN's E and I revealed that R2 had requested to go to the local hospital for evaluation. LN I stated that R2 was having hallucinations about cats, and that he was acting confused. LN E and LN I confirmed R2's progress notes lacked documentation of the symptom of illness and that he went to the local hospital for evaluation and was admitted for treatment. The Administrator failed to 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 R2 when he was admitted to the local hospital.	S3261		
S3310 SS=E	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	S3310		

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S3310	Continued From page 13 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 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: K.A.R. 26-41-207 (c) The facility reported a census of 76 residents. The sample included 6 "Residents'" (R)'s. Based on record and interview the Administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R1 and R2. Findings included: - Record review for R1 revealed an admission date of 03/20/20 with diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting the left dominant side, memory deficit, hypertension, and chronic pain. Review of R1's "Electronic Medical Record" under the "Assessments" tab revealed a TB	S3310		

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S3310	Continued From page 14	S3310		

symptom screen dated 01/24/23. R1's electronic medical record lacked an annual TB symptom review screen for 2024.

- Record review for R2 revealed an admission date of 09/25/23 with diagnoses of type two diabetes mellitus, morbid obesity, peripheral vascular disease, muscle weakness, atrial fibrillation, hypertension macular degeneration and major depressive disorder.

Review of R2's "Electronic Medical Record" under the "Immunization" tab revealed a two step TB skin test being completed on 10/9/23. R2's electronic medical record lacked documentation of the required annual TB symptom screen for 2024 under the "Assessments" tab.

Interview on 06/10/25 at approximately 02:20 PM with LN E confirmed the electronic medical records for R1 and R2 lacked documentation of an annual TB symptom screen.

Record review of the departments TB guidelines for Adult Care Homes dated 06/2013 under the section titled "Resident and Employee Annual Tuberculosis Symptom Screen Review and Tuberculosis Infection Testing" revealed the following; "Each resident and employee shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire".

The Administrator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R1 and R2.