

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER THE ROSE SENIOR LIVING LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5746 MACKEY ST MERRIAM, KS 66202		
(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 an initial survey at the above named home plus conducted on 06/12/25.	S 000		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated 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: KAR 26-42-201(d) The facility reported a census of five residents with three included in the sample. Based on interview and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) for Resident (R) 1 accurately reflected her functional capacity at the time of screening. Findings included: - Record review for R1 revealed an admission date of 10/10/24 with a diagnosis of dementia. The 05/21/25 "FCS" identified R1 had short-term and long-term memory, memory/recall, and decision-making cognitive impairments scored at a total of "10."	S5095		

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

TITLE

(X6) DATE

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S5095	Continued From page 1 The 07/18/24 "Negotiated Service Agreement" (NSA) failed to describe the services provided for cognition. On 06/12/25 at approximately 02:39 PM Administrative Staff A confirmed R1's "FCS" score for cognition was not accurate. On 06/12/25 at approximately 02:55 PM an "FCS" policy was requested which the facility failed to provide. The department's updated 07/11/08 "Resident Functional Capacity Screen Manual" pages 12-14 included instructions to enter a "0" if there was no difficulty or a "1" if there was difficulty for each of four items in Section D. Cognition - Memory, Recall for a total no greater than four. The operator failed to ensure the "FCS" for R1 accurately reflected her functional capacity at the time of screening.	S5095		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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;	S5105		

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S5105	Continued From page 2 (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 26-42-202(a)(1) The facility reported a census of five residents with three included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSA) for Resident (R) 1, R2, and R3 described the services they received based on their "Functional Capacity Screens" (FCS) for eating and cognition. Findings included: - Record review for R1 revealed an admission date of 10/10/24 with a diagnosis of dementia. The 05/21/25 "FCS" identified R1 had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties scored at a total of "10." The 07/18/24 "NSA" failed to describe the services R1 received for cognitive difficulties. - Record review for R2 revealed an admission date of 11/29/24 with diagnoses of dementia and diabetes mellitus. The 02/16/25 "FCS" identified R2 had short-term	S5105		

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S5105	Continued From page 3 and long-term memory, memory/recall, and decision-making cognitive difficulties. The 02/16/25 "NSA" failed to describe the services R2 received for cognitive difficulties. - Record review for R3 revealed an admission date of 11/09/24 with diagnoses of muscle weakness and insomnia. The 02/22/25 "FCS" identified R3 had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties. The 02/22/25 "NSA" failed to describe the services R3 received for cognitive difficulties. On 06/12/25 at 02:25 PM Administrative Staff A confirmed R1, R2, and R3's "NSAs" failed to describe the services they received for cognitive difficulties based on their "FCS." On 06/12/25 at approximately 02:55 PM an "NSA" policy was requested which the facility failed to provide. The operator failed to ensure the "NSAs" for R1, R2, and R3 described the services they received based on their "FCS."	S5105		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a	S5195		

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S5195	Continued From page 4 three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of 10 residents. The facility had a kitchen where food was stored, prepared, and served. Based on observation and interview the operator failed to ensure designated staff stored food items under safe conditions. Findings included: - Observation on 06/12/25 at approximately 09:27 AM revealed a refrigerator in the kitchen that contained food items for the residents. The following opened and prepared food items lacked labels indicating dates and/or contents inside: Two gallons of milk One container of applesauce, 48 ounces (oz) One rectangular plastic food storage container with what appeared to pasta with red sauce One plastic bottle of apple juice, 64 oz One plastic bottle of cherry juice, 64 oz One package of bacon unsealed and open to air One plastic cup with what appeared to a dried out tan substance, open to air One glass jar of alfredo sauce One glass jar of mayonnaise On 06/12/25 at 10:32 AM Administrative Staff A confirmed some food items in the refrigerator	S5195		

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S5195	Continued From page 5 lacked labels indicating dates and/or contents inside. The March 2024 Kansas Department of Agriculture's "Focus on Food Safety" booklet documented food items must be date marked after the original container was opened and can be held up to seven days if refrigeration was adequate at 41 degrees Fahrenheit or less. The operator failed to ensure designated staff stored food items under safe conditions.	S5195		
S5230 SS=F	26-42-207 (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; (c) Each administrator or operator shall ensure the home ' 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 26-42- 207 (c) The facility reported a census of five residents with three residents included in the sample.	S5230		

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S5230	Continued From page 6 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 residents and staff. Findings included: - Record review for Resident (R) 1 revealed an admission date of 10/10/24 with a diagnosis of dementia with anxiety. Designated facility staff administered the first step of a two-step TB skin test on 10/11/24. Facility staff administered the second step on 10/13/24 which was two days after the first step. Designated staff failed to administer the second step to R1 after seven days. - Record review for Resident (R) 2 revealed an admission date of 11/29/24 with diagnoses of dementia and diabetes mellitus. Designated facility staff administered the first step of a two-step TB skin test on 11/29/24. Facility staff administered the second step on 12/03/24 which was four days after the first step. Designated staff failed to administer the second step to R2 after seven days. - Record review for Resident (R) 3 revealed an admission date of 11/09/24 with diagnoses of repeated falls, muscle weakness, and insomnia. Designated facility staff administered the first step of a two-step TB skin test on 11/10/24.	S5230		

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S5230	Continued From page 7 Facility staff administered the second step on 11/15/24 which was five days after the first step. Designated staff failed to administer the second step to R3 after seven days. - Record review for Administrative Staff A revealed a hire date 05/12/24. Designated staff administered the first step of a two-step TB skin test on 06/10/24 which was 29 days after hire. Facility staff administered the second step on 06/13/24 which was two days after the first step. Designated staff failed to administer the first step of a two-step TB skin test to Administrative Staff A within seven days of hire and administer the second step after seven days. Record review for Licensed Nurse B revealed a hire date 05/12/24. Designated staff administered the first step of two-step TB skin test on 06/10/24 which was 29 days after hire. Facility staff administered the second step on 06/13/24 which was two days after the first step. Designated staff failed to administer the first step of a two-step TB skin test to Administrative Staff A within seven days of hire and administer the second step after seven days. Record review for Certified Medication Aide (CMA) C revealed a hire date 01/05/25. Designated staff administered the first of two-step B skin test on 12/19/24. Facility staff administered the second step on 12/22/24 which was three days after the first step. Designated staff failed to administer the second step after seven days. Record review for Certified Nurse Aide (CNA) D revealed a hire date 11/27/24. Designated staff	S5230		

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S5230	Continued From page 8 administered the first of two-step B skin test on 11/01/24. Facility staff administered the second step on 11/06/24 which was five days after the first step. Designated staff failed to administer the second step after seven days. On 06/12/25 at 02:PM PM Administrative Staff A confirmed residents and staff records lacked evidence of documentation the second steps of two-step TB skin tests were administered after at least seven days and Administrative Staff A and Licensed Nurse B's records lacked evidence of documentation TB skin tests were administered within seven days of hire. On 06/12/25 at approximately 02:55 PM a TB policy was requested which the facility failed to provide. The department's June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee and each new resident shall have an TB test within seven days of hire or admission with a second step repeated in one to three weeks. 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.	S5230		
S5286 SS=D	26-42-205 (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	S5286		

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S5286	Continued From page 9 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 26-42-205(b) The facility reported a census of five residents with three residents included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 2's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration of select medications. Findings included: - Record review for R2 revealed an admission date of 11/29/24 with diagnoses of dementia and diabetes mellitus. The 02/16/25 "FCS" identified R2 was unable to perform management of medications. The 02/16/25 "NSA" identified R2 self-administered insulin. The 02/16/25 "NSA" failed to identify who was responsible for the administration of R2's oral medications. On 06/12/25 at 02:3 PM Administrative Staff A stated R2 self-administered his own insulin and	S5286		

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S5286	Continued From page 10 facility staff administered all his other medications. She confirmed R2's "NSA" lacked evidence of documentation who was responsible for the administration of select medications. On 06/12/25 at approximately 02:55 PM a self-administration of medications policy was requested which the facility failed to provide. The operator failed to ensure R2's "NSA" identified who was responsible for administration of select medications.	S5286		