STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N003004	A. BUILDING: _____ B. WING _____	08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAN VILLAS ATCHISON	1635 RILEY STREET ATCHISON, KS 66002

(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 a resurvey with a complaint #169023 at the above named Assisted Living, conducted on 08/15/23.	S 000		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 17 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)101, R102 and R103. Findings included: - R101's medical record revealed the resident moved into the facility on 07/18/23. R101's most recent NSA was completed on 07/18/23 and did not identify the nurse responsible for the implementation of the care plan.	S3165		

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

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S3165	Continued From page 1 On 08/15/23 at 03:52 PM Licensed Nurse (LN) B stated the NSA did not identify her as the nurse responsible for the coordination and implementation of the care plan. The operator failed to ensure R101's NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan. - R102's medical record revealed the resident moved into the facility on 09/14/20. R102's most recent NSA was completed on 01/07/23. On 08/15/23 at 03:29 PM LN B stated she completed an amendment to the NSA that identified her as the nurse responsible when she started work at the facility, but the electronic medical records program did not provide the ability to identify her as the nurse responsible for the coordination and implementation of the care plan. The operator failed to ensure R102's NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan. - R103's medical record revealed the resident moved into the facility on 07/01/07. R103's most recent NSA was completed on 03/31/23. On 08/15/23 at 03:25 PM LN B stated she	S3165		

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S3165	Continued From page 2 completed an amendment to the NSA that identified her as the nurse responsible when she started work at the facility, but the electronic medical records program did not provide the ability to identify her as the nurse responsible for the coordination and implementation of the care plan. The operator failed to ensure R103's NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan.	S3165		
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 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.	S3215		

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S3215	Continued From page 3 (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 17 residents. Based on observation and interview, the operator failed to ensure resident medications were stored in accordance with each manufacturer's recommendations. Findings included: - Observation on 08/15/23 at 09:07 AM the facility's nurse's station had a refrigerator with an opened box with an unsealed vial of TUBERSOL that was marked with an opened date of 04/20/23. The box and the vial of TUBERSOL itself contained instructions that a vial of TUBERSOL which has been entered and in use for 30 days should be discarded. On 08/15/23 at 09:10 AM Licensed Nurse B stated she was not aware the opened TUBERSOL vial needed to be discarded after 30	S3215		

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S3215	Continued From page 4 days. The operator failed to ensure medications were stored in accordance with each manufacturer's recommendations.	S3215		
S3270 SS=F	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(b)(6) The facility reported a census of 17 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure the disaster and emergency plan include all required items as it failed to include information on natural gas leak. Findings included:	S3270		

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S3270	Continued From page 5 - On 08/15/23 review of documentation of the emergency management plan revealed it did not include information concerning natural gas leak. On 08/15/23 at 11:30 AM, Administrative Staff A acknowledged the disaster plan reviews did not include all required topics for review. The operator failed to ensure the emergency management plan included all the required items.	S3270		
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 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 17 residents.	S3310		

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S3310	Continued From page 6 Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Review of four newly hired staff records revealed the following: Certified Medication Aide (CMA) C hired 07/06/23 record lacked a TB symptom screening questionnaire completed upon hire. Certified Nurse Aide (CNA) D hired 06/15/23 record lacked a TB symptom screening questionnaire completed upon hire. CNA E hired 05/18/23 record lacked a TB symptom screening questionnaire completed upon hire. CMA F hired 08/30/22 record lacked a TB symptom screening questionnaire completed upon hire. Licensed Nurse (LN) B hired 09/06/22 record lacked a TB symptom screening questionnaire completed upon hire. On 08/15/23 at 12:15 PM LN B stated she was not aware a TB Symptom Screening Questionnaire needed to be completed for all staff upon hire. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new	S3310		

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S3310	Continued From page 7 ...employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within 7 days of ...employment." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105	S3310		