STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N003005	A. BUILDING: _____ B. WING _____	02/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT ATCHISON LLC	1301 N 4TH ATCHISON, KS 66002

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #167500 at the above named Assisted Living conducted on 02/08/23 and 02/09/23.	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) The facility reported a census of 28 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what	S3085		

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

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S3085	Continued From page 1	S3085		

triggered in the "Functional Capacity Screen" (FCS) for resident (R)102, and R103.

Findings included:

- R102's medical record revealed the resident moved into the facility on 07/26/19 with a diagnosis of dementia.

The 07/21/22 FCS identified R102 triggered for cognition, walking/mobility and falls, unsteadiness.

The 07/21/22 NSA did not address cognition, walking/mobility and falls, unsteadiness.

On 02/09/23 at 02:30 PM Administrative Nurse B stated if something triggered on the FCS it should be addressed on the NSA.

The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS.

- R103's medical record revealed the resident moved into the facility on 10/03/21 with a diagnosis of Parkinson's Disease.

The 10/03/22 FCS identified R103 as having triggered for falls, unsteadiness.

The 10/03/22 NSA did not address R103's trigger falls, unsteadiness.

On 02/09/23 at 02:22 PM Administrative Nurse B stated if something triggered on the FCS it should be addressed on the NSA.

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S3085	Continued From page 2 The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS.	S3085		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by:	S3248		

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S3248	Continued From page 3 KAR 26-41-102(d)(1) The facility reported a census of 28 residents. Based on interview and record review, the operator failed to ensure five of five newly hired employees records included evidence of timely verification the nurse aide registry was completed. Findings included: - Review of employee files conducted on 02/09/22 revealed the following: Certified Nurse Aide (CNA) C hired on 06/20/22. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was completed for this staff. Certified Medication Aide (CMA) D hired on 08/29/21. The "Nurse Aide Registry Confirmation Notice" was checked on 09/02/21three days after CMA D was hired. CMA E hired on 09/14/21. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was completed for this staff. CNA F hired on 03/15/22. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was completed for this staff. CNA G hired on 07/17/22. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was	S3248		

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S3248	Continued From page 4 completed for this staff. The operator failed to ensure timely verifications of the nurse aide registry checks were completed.	S3248		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (d) The facility had a census of 28 residents. All 28 residents ate food prepared in the same kitchen. The operator failed to ensure food items were served at the proper temperature.	S3298		

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S3298	Continued From page 5 Findings included: - On 02/08/23 at 02:20 PM Dietary Staff H stated he took food temperatures but did not log them down. A policy concerning food serving temperatures was requested from the facility on 02/09/23 but the policy provided did not address food serving temperatures. According to the Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, hot foods must be maintained at an internal temperature of 135 Fahrenheit (F) or higher and cold foods must be maintained at an internal temperature of 41 F or below. On 02/09/23 at 08:54 AM Administrative Staff A stated the dietary staff took food temperatures but weren't logging them down like they should. The operator failed to ensure food items were served at the proper temperature.	S3298		
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	S3310		

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S3310	Continued From page 6 (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 28 residents. 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 five newly hired staff records revealed the following: Certified Medication Aide (CMA) D hired on 08/29/21 had her TB Screening Questionnaire completed seven days late and the first step of her two-step TB Skin Test (TST) administered 18 days late. Certified Nurse Aide (CNA) D F hired on 03/15/22 had the second step of her TST administered four days early. CNA G hired on 07/17/22 had the second step of her TST administered one day early. 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 seven days of employment ...If the first TST is read as not positive, a second TST shall be administered within 1-3 weeks..." 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		