STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N007005	A. BUILDING: _____ B. WING _____	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANEW HEALTHCARE AND REHAB HIAWATHA	302 E IOWA STREET HIAWATHA, KS 66434

(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 represent the findings of a resurvey for the above named assisted living facility conducted on 10/01/24 and 10/02/24.	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)(2) The facility reported a census of 12 residents with three residents included in the sample. Based on interview, observation, and record review the administrator failed to ensure the Negotiated Service Agreement (NSA) was fully developed based on the resident's Functional Capacity Screen (FCS), service needs, and preferences for resident (R)1, R2 and R3 including a	S3085		

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

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S3085	Continued From page 1 description of the services the resident received and the provider of each service. Findings included: - Record review for R1 revealed an admission date of 08/01/22 with diagnoses including neuropathy, hypertension, macular degeneration, and venous insufficiency. The 08/07/24 Functional Capacity Screen (FCS) identified R1 required physical assistance with bathing, and was independent with dressing, toileting, transfers, walking/mobility, and eating. She needed assistance with management of medications and treatments, had no cognitive difficulties, was understandable and understood others during communication, was frequently incontinent of bladder, and is at risk of falls. The 08/07/24 "Negotiated Service Agreement/Plan" is the facilities combined NSA/HSP (healthcare service plan) which acknowledged facility staff provided assistance with bathing once a week. R1 can perform dressing, transfers, toileting, and eating by self. Facility staff provided management of medications. R1 received assistance from staff occasionally for incontinence. The NSA/HSP failed to describe services provided for prevention of falls. Review of nurse note dated 09/05/24 at 02:51 PM documented the resident reported increased difficulty in walking and increased fatigue even with short distances. On 10/02/24 at approximately 02:57 PM Licensed Nurse (LN) I stated when she observed R1 ambulating alone, she walked by her side to	S3085		

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S3085	Continued From page 2	S3085		

prevent falls.

On 10/02/24 at approximately 12:47 PM Administrative Nurse B confirmed R1's NSA failed to describe the services provided for prevention of falls.

The administrator failed to ensure R1's NSA described the services she received, and the provider of the service based on her FCS.

- Record review for R2 revealed an admission date of 04/19/24 with a diagnosis of chronic pain, anemia, macular degeneration, transient ischemic attack, and spinal stenosis.

The 08/31/24 Functional Capacity Screen (FCS) identified R2 needed supervision with bathing and mobility; was independent with transferring, dressing, toileting, and eating; required assistance with management of medications and treatments; was identified as having impaired vision; and was at risk for falls due to unsteadiness. R2 had no cognition or communication difficulties.

The 08/31/24 combined NSA/HSP identified R2 transferred self, dressed self, used electric wheelchair for mobility, needed occasional assistance with toileting without who provided the service, and stand by assist with bathing without who provided the service. Facility staff provided management of medications. The NSA/HSP failed to describe services provided for management of treatments, impaired vision, or prevention of falls.

Review of nurse note dated 07/31/24 at 01:30 PM revealed the resident attempted to transfer from wheelchair to bed and sustained a fall.

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S3085	Continued From page 3 Intervention was for resident to call for assistance in the future. On 10/02/24 at approximately 02:57 PM LN I stated when she observed R2 standing or transferring, she would supervise to prevent falls and encourage her to use call light when she needed assistance. On 10/02/24 at approximately 12:47 PM Administrative Nurse B confirmed R2's NSA failed to describe the services provided for management of treatments and prevention of falls. The administrator failed to ensure R2's NSA described the services she received, and the provider of the service based on her FCS. - Record review for R3 revealed an admission date of 10/10/22 with diagnoses including diabetes mellitus type 2, chronic obstructive pulmonary disease, anxiety, and urge incontinence. The 04/19/24 FCS identified R3 required physical assistance with bathing, management of medications, and management of treatments; was independent with toileting, transfers, walking/mobility, and eating; was frequently incontinent of urine; and had no communication or cognitive difficulties. R3 was identified at risk of falls and/or unsteadiness. The 04/19/24 combined NSA/HSP identified R3 was provided stand by assist with bathing without listing who provided the service. R3 transferred self, dressed self, toileted self, and ambulated by self with walker. Staff managed medications according to the NSA/HSP and the resident	S3085		

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S3085	Continued From page 4 required occasional use of nebulizer treatments and oxygen but failed to list who provided the service. The NSA/HSP documented that R3 needed incontinence products occasionally without service or who provided the service. Observation on 10/01/24 at 02:06 PM LN C applied oxygen to R3 per nasal cannula upon request of resident. On 10/02/24 at approximately 02:57 PM LN I stated when she observed R3 ambulating alone, she walked by her side to prevent falls. LN I stated that she administered all medications including treatments like maximist or oxygen when R3 needed it. On 10/02/24 at approximately 12:47 PM Administrative Nurse B confirmed R3's NSA failed to describe the services provided for management of treatments and prevention of falls. The administrator failed to ensure R3's NSA described the services she received, and the provider of the service based on her FCS.	S3085		
S3165 SS=E	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:	S3165		

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S3165	Continued From page 5 KAR 26-41-204(d) The facility reported a census of 12 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the Negotiated Service Agreement (NSA) for Residents (R)1, R2, and R3 named the licensed nurse responsible for implementing and supervising their health care service plans (HSP). Findings included: - Record review for R1 revealed an admission date of 08/01/22 with diagnoses including neuropathy, hypertension, macular degeneration, and venous insufficiency. The 08/07/24 Functional Capacity Screen (FCS) identified R1 required physical assistance with bathing, and was independent with dressing, toileting, transfers, walking/mobility, and eating. She needed assistance with management of medications and treatments, had no cognitive difficulties, was understandable and understood others during communication, was frequently incontinent of bladder, and is at risk of falls due to unsteadiness. The 08/07/24 "Negotiated Service Agreement/Plan" is the facilities combined NSA/HSP which identified facility staff provided assistance with bathing once a week. R1 can perform dressing, transfers, toileting, and eating by self. Facility staff provided management of medications. The NSA/HSP failed to describe services provided for prevention of falls. The 08/07/24 combined NSA/HSP for R1 lacked the name of a licensed nurse responsible for	S3165		

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S3165	Continued From page 6 implementing and supervising the HSP. - Record review for R2 revealed an admission date of 04/19/24 with a diagnosis of chronic pain, anemia, macular degeneration, transient ischemic attack, and spinal stenosis. The 08/31/24 Functional Capacity Screen (FCS) identified R2 needed supervision with bathing and mobility; was independent with transferring, dressing, toileting, and eating; required assistance with management of medications and treatments; was identified as having impaired vision; and was at risk for falls due to unsteadiness. R2 had no cognition or communication difficulties. The 08/31/24 combined NSA/HSP identified R2 transferred self, dressed self, used electric wheelchair for mobility, needed occasional assistance with toileting without who provided the service, and stand by assist with bathing without who provided the service. Facility staff provided management of medications. The NSA/HSP failed to describe services provided for management of treatments, impaired vision, or prevention of falls. The 08/31/24 combined NSA/HSP for R2 lacked the name of a licensed nurse responsible for implementing and supervising the HSP. - Record review for R3 revealed an admission date of 10/10/22 with diagnoses including diabetes mellitus type 2, chronic obstructive pulmonary disease, anxiety, and urge incontinence. The 04/19/24 FCS identified R3 required physical assistance with bathing, management of	S3165		

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S3165	Continued From page 7 medications, and management of treatments; was independent with toileting, transfers, walking/mobility, and eating; was frequently incontinent of urine; and had no communication or cognitive difficulties. The 04/19/24 combined NSA/HSP identified R3 was provided stand by assist with bathing without listing who provided the service. R3 transferred self, dressed self, toileted self, and ambulated by self with walker. Staff managed medications according to the NSA/HSP but failed to list service for treatments. The NSA/HSP documented that R3 needed incontinence products occasionally without service or who provided the service. The 04/19/24 combined NSA/HSP for R3 lacked the name of a licensed nurse responsible for implementing and supervising the plan. On 10/02/24 at 12:47 PM Administrative Nurse B confirmed the NSAs lacked nurse responsible for R1, R2, and R3. On 10/02/24 at approximately 12:51 PM Administrative Staff A stated the form has had the licensed nurse responsible written on the NSA/HSP in the past and confirmed the nurse responsible was not specified on the current NSAs for R1, R2, and R3. The administrator failed to ensure R1, R2, and R3's NSAs named the licensed nurse responsible for implementing and supervising their HSPs.	S3165		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice	S3171		

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S3171	Continued From page 8 (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 12 residents with three included in the sample. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Residents (R) 2. Findings included: - Record review for R2 revealed an admission date of 04/19/24 with a diagnosis of chronic pain, anemia, macular degeneration, transient ischemic attack, and spinal stenosis. The 08/31/24 Functional Capacity Screen (FCS) identified R2 was independent with transfers, supervision needed with mobility, and was identified at risk for falls due to unsteadiness. The 08/31/24 Negotiated Service Agreement (NSA) identified R2 transferred self, uses electric wheelchair for mobility, and no interventions for risk of falls. R2's record lacked evidence of documentation of a bed assist device assessment.	S3171		

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S3171	Continued From page 9 Observation on 10/02/24 at 01:44 PM revealed half rails were attached to both sides of R2's bed. During interview on 10/02/24 at approximately 01:57 PM R2 stated that she owns the bed, and the bed rails were installed for her to move in bed and to get out of bed. On 10/02/24 at approximately 03:20 PM Administrative Nurse B confirmed R2's record lacked evidence of documentation a bed rail assessment was completed. The administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R2.	S3171		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.	S3211		

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S3211	Continued From page 10 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The facility reported a census of 12 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of seventeen over-the-counter (OTC) medications. Findings included: - Observation on 10/01/24 at 10:50 AM revealed the medication room with overflow medications contained the following OTC medications were not labeled with resident's full name: One bottle guaifenesin oral solution 100milligrams per teaspoon, 16 fluid ounces One bottle Safe-tussin DM, 8 fluid ounces One tube Biofreeze gel, 4 fluid ounces One tube IcyHot pain relief cream, 3 ounces One box loperamide tablets 2 milligrams, 24 caplets One box acetaminophen 500 milligrams, 200 caplets One bottle ibuprofen 200 milligrams, 100 tablets One bottle calcium carbonate 1000 milligrams, 160 chewable tablets One bottle acetaminophen 500 milligrams, 100 caplets One tube bacitracin ointment, 1 ounce One bottle enema saline laxative, 4.5 fluid ounces On 10/01/24 at approximately 10:54 AM Administrative Staff A and Licensed Nurse C confirmed the OTC medication were not labeled with a resident's full name.	S3211		

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S3211	Continued From page 11 - Observation on 10/01/24 at approximately 10:56 AM revealed the medication cart contained the following OTC medications not labeled with a resident's full name: One bottle vitamin D3 50 micrograms, 250 softgels One bottle melatonin 5 milligrams, 80 gummies One bottle methylcellulose 500 milligrams, 100 caplets One bottle Azo cranberry urinary tract health, 120 softgels One bottle magnesium 500 milligrams, 55 caplets One bottle acidophilus dietary supplement, 100 caplets On 10/01/24 at approximately 10:57 AM Administrative Staff A and Licensed Nurse C confirmed the OTC medications in the medication cart were not labeled with a residents' full names. On 10/02/24 at 03:22 PM a policy for labeling medications was requested which the facility failed to provide. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of seventeen OTC medications.	S3211		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;	S3280		

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S3280	Continued From page 12 (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(4) The facility reported a census of 12 residents. Based on record review and interview, the administrator failed to ensure disaster and emergency preparedness by ensuring the performance of an emergency drill annually with staff and residents to include an evacuation of the residents to a secure location. Findings included: - Review of the facility's "Emergency Disaster Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents. The facility failed to perform an annual emergency drill between December of 2022 and April of 2024 conducted with all residents and the minimum number of staff on duty at one time that included an evacuation of all residents to a	S3280		

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S3280	Continued From page 13 secure location. Interview on 10/02/24 at 12:00 PM with Administrative Staff A confirmed the facility did not complete a full evacuation drill for 2023. On 10/02/24 at 03:22 PM Administrative Staff A stated that the facility followed regulation for required emergency drills. The administrator failed to ensure disaster and emergency preparedness by the failure to ensure the performance of an emergency drill annually with staff and residents to include an evacuation of the residents to a secure location.	S3280		