STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N007006	A. BUILDING: _____ B. WING _____	02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT HIAWATHA LLC	400 KANSAS AVENUE HIAWATHA, KS 66434

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #182327 at the above named Assisted Living on 02/21/24 and 02/22/24.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(1) The facility reported a census of 26 residents. The sample included three residents. Based on observation, interview, and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for resident (R)101 following a significant change in her ability to walk. Findings included: - R101's medical record revealed the resident moved into the facility on 05/18/22.	S3081		

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

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S3081	Continued From page 1 The 08/17/23 FCS documented R101 required standby assistance with transfers and walking/mobility and used a walker. The 08/17/23 "Negotiate Service Agreement" (NSA) documented staff provided SBA with transfers for safety and R101 used a walker for stability and safety." On 02/22/24 at 10:00AM R101 sat in her recliner and used supplementary oxygen. There was a walker and a wheelchair in her room. On 02/22/24 at 10:00AM R101 stated she required staff assistance with transfers. R101 stated her balance was not as good as it used to be and no longer used her walker but staff brought her wheelchair when she needed to use the restroom or go somewhere. On 02/22/24 at 09:03 AM Certified Nurse Aide (CNA) F stated R101 required staff assistance with ambulation and transfers into her wheelchair. CNA F stated R101 was previously independent with cares and used a walker, but now required the use of a wheelchair. On 02/22/24 at 10:51 AM Licensed Nurse (LN) B stated R101 required staff assistance of one with transfers and at times required two staff assistance and used a wheelchair. LN B stated the most current FCS identified R101 used a cane/walker/crutch and did not identify the use of a wheelchair. LN B stated she noticed R101 had a decline and agreed this warranted an update to her FCS.	S3081		

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S3081	Continued From page 2 The operator failed to ensure designated staff completed a FCS for R101 following a significant change in her ability to walk.	S3081		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(2) The facility reported a census of 26 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101 was revised when she experienced a significant change in condition. Findings included:	S3092		

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S3092	Continued From page 3	S3092		

- R101's medical record revealed the resident moved into the facility on 05/18/22.

The 08/17/23 FCS documented R101 required standby assistance with transfers and walking/mobility and used a walker.

The 08/17/23 "Negotiate Service Agreement" (NSA) documented staff provided SBA with transfers for safety and R101 used a walker for stability and safety."

On 02/22/24 at10:00 AM R101 sat in her recliner and used supplementary oxygen. There was a walker and a wheelchair in her room.

On 02/22/24 at 10:00 AM R101 stated she required staff assistance with transfers. R101 stated her balance was not as good as it used to be and no longer used her walker, but staff brought her wheelchair when she needed to use the restroom or go somewhere.

On 02/22/24 at 09:03 AM Certified Nurse Aide (CNA) F stated R101 required staff assistance with ambulation and transfers into her wheelchair. CNA F stated R101 was previously independent with cares and used a walker but now required the use of a wheelchair.

On 02/22/24 at 10:51 AM Licensed Nurse (LN) B stated R101 required staff assistance of one with transfers and at times required two staff assistance and used a wheelchair. LN B stated the most current NSA identified R101 used a cane/walker/crutch and did not identify the use of a wheelchair or the need for two-person transfer assistance at times. LN B stated she noticed

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S3092	Continued From page 4 R101 had a decline and agreed this warranted an update to her NSA. The operator failed to ensure R101's NSA was updated when she experienced a significant change in condition.	S3092		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 26 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over the counter (OTC) medications for four residents. Findings included:	S3211		

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S3211	Continued From page 5 - Observation on 02/21/24 at 11:03 AM revealed the facility's medication cart and overflow cabinet contained the following OTC medications which were not labeled with a resident's full name: Resident (R)104: One bottle of Equate Stool Softener One bottle of Centrum Women's 50+ Multigummies R105: One container of Eucerin Original Healing Cream R106: One bottle of MiraLAX R108: One bottle of Bausch and Lomb PreserVision The 05/20/23 "Medication Services- Kansas" policy documented, "A licensed nurse or pharmacist shall place the resident's full name on the package." The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3213 SS=F	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14.	S3213		

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S3213	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(2) The facility reported a census of 26 residents. Based on observation. the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - Observation on 02/21/24 at 11:03 AM revealed the facility's medication cart and overflow cabinet contained all prescription medications provided by a local pharmacy with the medication container stored in the original packaging that lacked a label provided by the dispensing pharmacist with the resident's full name attached to the medication container. The 05/20/2019 "Medication Services-Kansas" policy documented, "If the original manufacturer's package of ...medication contains a medication in a container, bottle, or tube that can be removed from the original package ...shall place the resident's full name on both the package and the container." The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		

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S3310	Continued From page 7	S3310		
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 26 residents. The sample included three residents. Based on interview and record review for three residents and five new employee records, 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 K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility. Findings included:	S3310		

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S3310	Continued From page 8 - Resident (R)101 moved into the facility on 05/18/22. Review of R101's medical record lacked evidence the resident had an annual TB Symptom Screening Questionnaire completed for 2023. On 02/21/24 at 04:02 PM Licensed Nurse (LN) B stated she was not able to locate a 2023 TB Symptom Screening Questionnaire for R101. The 10/17/22 "Tuberculosis Screening- Kansas" policy documented, "Annual Tuberculosis Symptom Review Questionnaire should be completed annually for residents ...and documentation should be in resident's clinical record ..." The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Review of five newly hired employee files revealed the following: Review of facility personnel records revealed Certified Medication Aide (CMA) C was hired on 06/26/23 but lacked evidence a TB Symptom Screening Questionnaire and a one-step TB skin test (TST) was completed after providing documentation that a TST had been completed elsewhere prior to being hired. Certified Nurse Aide (CNA) D was hired on 05/19/23. The operator provided documentation that CNA E had a TST completed on 08/02/22	S3310		

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S3310	Continued From page 9 which was approximately nine months prior to being hired and was outdated. Dietary Staff E was hired 09/09/22. A TB Symptom Screening Questionnaire was not completed until 03/01/23 and there was not documentation provided showing a two-step TST was completed upon hire. On 02/22/24 at 12:00 PM Administrative Staff A stated she was not able to locate the missing documentation for CMA C, acknowledged CNA D's TST documentation completed at the health department was outdated and a follow-up TST was not completed, and could not provide documentation that a two-step TST was completed for dietary staff E. The 10/17/22 "Tuberculosis Screening- Kansas" policy documented, "Each new ...associate shall have an initial Annual Tuberculosis Symptom Review Questionnaire from completed within 7 days of ...employment ...Each new ...associate shall receive a two-step TST within 7 days of ...employment ...If the new associate provides satisfactory documentation of receiving a single TST within 6 months prior to employment that read not positive, the associate shall only be required to have a single TST within 7 days of employment." For one of three sampled residents (R101) and three of five new employee records reviewed, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		