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	N008004	A. BUILDING: _____ B. WING _____	07/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVENA LIVING AT FOUNTAINVIEW	601 N ROSE HILL ROAD ROSE HILL, KS 67133

(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 Re-Licensure survey for the above named Assisted Living facility, conducted on 07/10/23 and 07/11/23.	S 000		
S3080 SS=E	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a)(b) The facility reported a census of nine residents(R). The sample included three residents. Based on interview and record review the administrator failed to ensure two (R3 and R5) of three sampled residents "Functional Capacity Screens" failed to identify who completed the screening tool and failed to indicate that a licensed nurse assessed R3 or R5	S3080		

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

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S3080	Continued From page 1	S3080		

even though they both required health care services.

Findings included:

- Review of R3's "Electronic Medical Record" revealed she moved into the facility on 12/01/21 with diagnoses of heart disease and schizophrenia.

R3's "Functional Capacity Screen" (FCS) dated 04/12/23 identified she needed supervision with bathing, management of medications and medical treatments. The FCS was signed by the resident's legal representative but did not include a signature of the person who completed it, or evidence of a licensed nurse participated in completing the FCS.

On 07/11/23 at 10:21 AM Administrative Licensed Nurse C reported the FCS needed to be signed by those involved in completing it., including whoever did it and a licensed nurse.

The administrator failed to ensure those who participated in the completion of the FCS signed it, including the person who completed it and a licensed nurse.

- Review of R5's medical record revealed he moved into the facility on 05/01/23 with diagnoses of congestive heart failure and edema.

R5's "Functional Capacity Screen" (FCS) dated 05/01/23 identified the resident needed supervision with bathing, was unable to participate in walking/mobility, and needed

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S3080	Continued From page 2 physical assistance with management of his medications. The FCS was signed by the resident but did not include a signature of the person who completed it or evidence a licensed nurse participated in completion of the FCS. On 07/11/23 at 10:21 AM Administrative Licensed Nurse C reported the FCS needed to be signed by those involved in completing it., including whoever completed it and a licensed nurse. The administrator failed to ensure those who participated in the completion of the FCS signed it, including the person who completed it and a licensed nurse.	S3080		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility 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: K.A.R 26-41-201 (d) The facility reported a census of nine residents(R). The sample included three residents. Based on record review and interview the administrator failed to ensure designated facility staff completed two (R4 and R5) of three sampled residents "Functional Capacity Screen" accurately to reflect their functional ability and need for assistance.	S3082		

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S3082	Continued From page 3 Findings included: - Review of R4's "Electronic Medical Record" EMR revealed she moved into the facility on 02/18/21 with a diagnosis of Parkinson's. R4's "Functional Capacity Screen" (FCS) dated 04/13/23 identified she was independent with dressing. R4's "Negotiated Service agreement/Health Care Service Plan" dated 04/24/23 identified the resident needed assistance with putting on her ted hose. On 07/10/23 at 12:25 PM Certified Medication Aide D reported the resident needed help with putting on her ted hose, shoes, and her bra in the mornings. On 07/11/23 at 10:41 AM Administrative Licensed Nurse C acknowledged if staff helped put on R4's ted hose, her FCS for dressing should have been coded a "2" for needing physical assistance and not independent. The administrator failed to ensure designated staff coded R4's FCS accurately, reflecting the resident's need for physical assistance with dressing. - Review of R5's medical record revealed he moved into the facility on 05/01/23 with diagnoses of congestive heart failure and edema. R5's "Functional Capacity Screen" dated	S3082		

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S3082	Continued From page 4 05/01/23, facility staff coded walking/mobility as a "3" indicating he could not perform any part of the tasks related to mobility/ambulation. On 07/10/23 at 12:10 PM R5 stated that he didn't need much help other than giving him his medications and cleaning his room when needed. He stated he could get around the facility without staff assistance. Observation on 07/10/23 at 12:30 PM R5 propelled himself down the hall and then went out the north side door and outside. Review of the "Functional Capacity Screen Manual" updated 07/11/08 revealed the walking/mobility section was to be coded a "3" for residents who are bedfast and do not use a wheelchair or other mobility devices. On 07/11/23 at 10:20 AM Administrative Licensed Nurse C acknowledged R5's "Functional Capacity Screen" should not have been coded a "3" for walking/mobility. The administrator failed to ensure designated staff accurately coded R5's "Functional Capacity Screen" related to his walking/mobility.	S3082		
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,	S3092		

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S3092	Continued From page 5 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 nine residents (R). The sample included three residents. Based on interview and record review the administrator failed to ensure staff reviewed and revised the combined "Negotiated Service Agreement/Health Care Service Plan" if necessary, for one (R4) of three sampled residents who experienced a significant change in status related to initiation and discontinuation of therapy services. Findings included: - Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 02/18/21 with a diagnosis of Parkinson's. R4's "Functional Capacity Screen" (FCS) dated 04/13/23 identified she was independent with dressing. R4's "Negotiated Service agreement/Health Care Service Plan" (NSA/HCSP) dated 04/24/23	S3092		

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S3092	Continued From page 6 identified the resident needed assistance with putting on her ted hose. R4's medical record also included an undated Addendum to the NSA that included the addition of outside services related to lab services, oxygen services, and x-ray services. The addendum was not dated and did not include services for occupational and physical therapy. Review of R4's record indicated she received physical and occupational therapy services from a local home health agency. She received physical therapy from 06/30/22 to 09/06/22 and occupational therapy from 09/01/22 to 10/12/22. On 07/11/23 at 10:26 AM Administrative Licensed Nurse C reported the nurse should be doing an addendum to the NSA when a resident starts and end therapy services. The administrator failed to ensure designated staff revised R4's NSA/HCSP when she started and stopped occupational and physical therapy.	S3092		
S3101 SS=D	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced	S3101		

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S3101	Continued From page 7 by: KAR 26-41-202 (h) The facility reported a census of nine residents (R). The sample included three residents and seven focused record reviews. Based on interview and record review for one (R5) of three sampled residents, the executive director failed to ensure that everyone involved in the development of the Negotiated Service Agreement signed the agreement. Findings included: - Review of R3's "Electronic Medical Record" revealed she moved into the facility on 12/01/21 with diagnoses of heart disease and schizophrenia. R3's "Functional Capacity Screen" (FCS) dated 04/12/23 identified she needed supervision with bathing, management of medications and medical treatments. R3's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 04/24/23 included signatures of the resident and her legal representative but did not include signatures of a facility representative who completed the NSA/HCSP. On 07/11/23 at 10:29 AM Administrative Licensed Nurse C reported everyone who is involved in the development of the NSA/HCSP need to sign it. The administrator failed to ensure all who participated in the development of R3's	S3101		

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S3101	Continued From page 8 NSA/HCSP.	S3101		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of nine residents. The sample included three residents. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for self-administration of medications for one (R4) of three sampled residents. Findings included:	S3175		

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S3175	Continued From page 9 - Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 02/18/21 with a diagnosis of Parkinson's. R4's "Functional Capacity Screen" (FCS) dated 04/13/23 identified she needed supervision with management of medications. . R4's "Negotiated Service agreement/Health Care Service Plan" (NSA/HCSP) dated 04/24/23 identified the resident self-administered medications and the facility also administered some of her medications. The resident record lacked a self-administration assessment for the resident to be able to self-administer the medication. Observation on 07/11/23 at 09:55 AM the resident had the following medications in her room that she self-administered: Carbo-levodopa (antiparkinson), Sirolemos (immunosuppressant), Oxycodone (narcotic), Tylenol, Calcium, and Loratadine (antihistamine). On 07/11/23 at 10:43 AM Administrative Staff C looked in the resident record and acknowledged R4 did not have an assessment to assess her ability to self-administer her medications. The administrator failed to ensure a licensed nurse completed a self-administration assessment for R4 who self administered some of her medications.	S3175		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications	S3186		

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S3186	Continued From page 10 (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 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 26-41-205 (b) The facility reported a census of nine residents(R). The sample included three residents. Based on observation, interview, and record review the administrator failed to ensure one (R4) of three sampled residents who self-administered some of their medications had a Negotiated Service Agreement that identified the responsible person for the administration and management of selected medications. Findings included: - Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 02/18/21 with a diagnosis of Parkinson's. R4's "Functional Capacity Screen" (FCS) dated 04/13/23 identified she needed supervision with management of medications. .	S3186		

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S3186	Continued From page 11 R4's "Negotiated Service agreement/Health Care Service Plan" (NSA/HCSP) dated 04/24/23 identified the resident self-administered medications and the facility also administered some of her medications. The NSA/HCSP failed to include what medications the resident self administered and what medications the certified medication aides administered. Observation on 07/11/23 at 09:55 AM R4 had the following medications in her room that she self-administered: Carbo-levodopa (antiparkinson), Sirolemos (immunosuppressant), Oxycodone (narcotic), Tylenol, Calcium, and Loratadine (antihistamine). On 07/11/23 at 10:42 AM Administrative Licensed Nurse C acknowledged the NSA/HCSP did not specify what medications the resident had selected to self-administer. The administrator failed to ensure designated staff included in the NSA/HCSP who was responsible for administration of selected medications when a resident chose to self-administer some of their medications.	S3186		
S3201 SS=D	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered;	S3201		

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S3201	Continued From page 12 (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d)(3)(A) The facility reported a census of nine residents (R). The sample included three residents. Based on observation, interview, and record review the administrator failed to ensure facility staff followed professional standards of practice for documentation of medication administration for one (R4) of three sampled residents when certified medication aides documented they administered medications the resident self-administered. Findings included: - Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 02/18/21 with a diagnosis of Parkinson's. R4's "Functional Capacity Screen" (FCS) dated 04/13/23 identified she needed supervision with management of medications. .	S3201		

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S3201	Continued From page 13 R4's "Negotiated Service agreement/Health Care Service Plan" (NSA/HCSP) dated 04/24/23 identified the resident self-administered medications and the facility also administered some of her medications. Observation on 07/11/23 at 09:55 AM R4 had the following medications in her room that she self-administered: Carbo-levodopa (antiparkinson), Sirolemos (immunosuppressant), Oxycodone (narcotic), Tylenol, Calcium, and Loratadine (antihistamine). On 07/11/23 at 09:55 AM R4 stated that she takes her morning dose of Carbo-levodopa because she must take it first thing when she gets up for her to be able to function well the rest of the day. She also takes her Sirolemos because she must take it an hour after and before any other medications. She has her Calcium that she is taking herself because it kept falling out of the card in the medication cart, so she has it in her room now. R4 stated she also takes Tylenol when she needs it and Loratadine for her allergies if she needs it. Review of the July 2023 Medication Administration Record (MAR) revealed Certified Medication Aides initialed the administration of the residents' morning Carbo-levodopa, Sirolemos, and her Calcium. On 07/11/23 at 11:15 AM Certified Medication Aide D looked at the MAR for July and acknowledged the facility staff had initialed the administration of the medications when in fact the resident self administered the medications.	S3201		

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S3201	Continued From page 14 On 07/11/23 at 10:45 AM Administrative Licensed Nurse C reported the facility staff should not be documenting the administration of medications the resident self-administers. The executive director failed to ensure medications that were the responsibility of the facility to manage and administer, were administered according to professional standards of practice when staff failed to remain with the resident until the medication was ingested.	S3201		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of nine residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure each resident record contained documentation of all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken for two (R3 and R4) of three sampled residents. Findings included:	S3261		

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	N008004	A. BUILDING: _____ B. WING _____	07/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVENA LIVING AT FOUNTAINVIEW	601 N ROSE HILL ROAD ROSE HILL, KS 67133

(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
S3261	Continued From page 15 - Review of R3's "Electronic Medical Record" revealed she moved into the facility on 12/01/21 with diagnoses of heart disease and schizophrenia. R3's "Functional Capacity Screen" (FCS) dated 04/12/23 identified she needed supervision with bathing, management of medications and medical treatments. R3's "Negotiated Service Agreement/Health Care Service Plan" dated 04/24/23 revealed staff needed to provide physical assistance to prepare the bath/shower for the resident and needed physical assistance with management of medications. Review of R4's progress notes revealed the following: 04/11/2023- New orders received for UA, CBC, BMP and left hip and pelvis. The record lacked documentation of any symptoms related to the need to obtain hip and pelvis x-ray. 05/16/2023- EKG results received showing incomplete R bundle branch block. The record lacked documentation of any symptoms the resident had related to the need to obtain an EKG. 06/14/2023- Resident told social worker that she had diarrhea like water. This SW reported this to the charge Nurse and medication aide. The record lacked follow up on the resident having diarrhea. 06/17/2023- Resident had a non-injury fall. She said that she was too weak to make it to her bed and too weak to get off floor once she was down.	S3261		

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S3261	Continued From page 16	S3261		

Denies hitting head, denies pain, no injuries present.
06/19/2023- This RN received orders from Dr Bryant office to send resident to Rock Regional to be checked out.
The record lacked documentation of symptoms that sent the resident to the hospital, lacked documentation of her return and any follow up on condition post hospital stay. (the resident was in the hospital from 6/19/23 to 6/22/23)
07/01/2023 - Resident continues antibiotic for C-Difficile (an intestinal infection causing severe diarrhea)
The record lacked documentation of the resident being on an antibiotic and having a new diagnosis of C-Difficile.

On 07/11/23 at 10:34 AM Administrative Licensed Nurse C reported she would expect for the progress notes to include documentation of any changes, new medications, and if a resident went to the hospital and returned. Administrative Licensed Nurse C acknowledged R3's progress notes lacked documentation regarding symptoms related to pain and need for medical treatments and results of the treatments.

The administrator failed to ensure designated staff documented in R3's record regarding symptoms of illness, what was done and results of the action taken.

-Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 02/18/21 with a diagnosis of Parkinson's.

R4's "Functional Capacity Screen" (FCS) dated 04/13/23 identified she needed supervision with

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S3261	Continued From page 17 management of medications. . R4's "Negotiated Service agreement/Health Care Service Plan" (NSA/HCSP) dated 04/24/23 identified the resident self-administered medications and the facility also administered some of her medications. Review of R4's record included the following progress notes: 01/12/2023-New order for nystatin powder twice a day for 14 days for redness under breasts. The record lacked documentation regarding the results of the treatment. 02/24/2023-Received a new order to increase carbidopa-levodopa (antiparkinson) 25-100mg from 1.5 tabs three times a day to two tabs three times a day. The record lacked documentation of symptoms for the need to increase the medication or follow as to the effectiveness of the medication increase. 07/01/2023- Certified Medication Aide informed this nurse that the resident was taken to the emergency room by her son. The record lacked documentation regarding any symptoms that the resident had to cause the need for her to go to the emergency room. On 07/11/23 at 10:49 AM Administrative Licensed Nurse C reported she would expect for the progress notes to include documentation of any changes, new medications, and if a resident went to the hospital and returned. Administrative Licensed Nurse C acknowledged R4's progress notes lacked documentation regarding symptoms related to symptoms and follow up of medical treatment.	S3261		

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S3261	Continued From page 18 The administrator failed to ensure designated staff documented in R4's record regarding symptoms of illness, what was done, and results of the action taken.	S3261		
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; (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)(3) The facility reported a census of nine residents. Based on interview and record review the administrator failed to provide disaster preparedness by the failure to complete quarterly reviews of the facility's emergency management	S3280		

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S3280	Continued From page 19 plan with staff and residents. Findings included: - On 07/10/23 at 12:33 PM Administrative staff A provided the surveyor with information on review of the emergency management plan for residents and staff. Review of the information provided only included review of the plan on 05/29/23. On 07/10/23 at 01:15 PM Administrative staff A stated he did not have evidence of reviewing the emergency management plan with residents and staff prior to 05/29/23. The administrator failed to provide quarterly reviews of the facility's emergency management plan with staff and residents.	S3280		
S3296 SS=F	26-41-206 (c) (1) Dietary Services Weekly Menu (c) (1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(c)(1) The facility reported a census of nine residents. Based on observation and interview the administrator failed to ensure the menu plans were available to each resident on at least a weekly basis. This had the potential to affect all residents who lived int he facility. Findings included:	S3296		

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S3296	Continued From page 20 - Observation on 07/10/23 at 09:25 AM during initial tour of the Assisted Living section of the facility the weekly menu was not available for review. On a table in the dining room were "tickets" for the daily menu but there was no posting of the weekly menu. On 07/10/23 at 09:27 AM Certified Medication Aide (CMA) D reported the menus are not posted on the bulletin board or in the dining room. CMA D stated staff knew what they were having daily according to the menu ticket for each day. The operator failed to ensure the menu was available for each residents on at least a weekly basis.	S3296		