STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008004	A. BUILDING: _____ B. WING _____	07/16/2024

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 the licensure resurvey with attached complaint numbers 189126 and 187523 for the above named facility conducted on 07/15/24 and 07/16/24.	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: K.A.R. 26-41-201 (a) The facility reported a census of 10 residents. The sample included 5 "Residents'" (R)'s. Based on record review and interview the Administrator failed to ensure on or before each individual's admission the assisted living facility, a licensed nurse, a licensed social worker, or the administrator or operator conducted a screening to determine the individual's "Functional Capacity" (FCS) and record all findings on a screening form	S3080		

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

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S3080	Continued From page 1 specified by the department for R3 and R4. Findings included: - Record review for R3 revealed an admission date of 01/19/24 with diagnoses of dementia with behavioral disturbances, major depressive disorder, alcohol abuse with unspecified alcohol induced disorder, Epilepsy and recurrent seizures, nonrheumatic aortic (valve) stenosis, essential hypertension, and sialadenitis. Record review of R3's FCS dated 01/22/24 revealed he was independent with bathing, dressing, toileting, transferring, walking/mobility and eating. He required supervision with his medications and medical treatments and was continent of his bladder. His cognition was intact. He was able to make himself understood and he understood others. He was not marked with any current or recent problems or risks and used no mobility device. Review of R3's NSA dated 01/22/24 identified the facility would provide the following health services: licensed staff would follow orders of mediation management as defined on the "Medication Administration Record" (MAR), and a licensed staff member would provide all ordered medical treatments. Review of R3's "electronic Medical Record" under the "Forms" tab revealed an electronic form titled "Admit/Readmit Screener V2" and was dated 01/19/24. - Record review for R4 revealed an admission date of 09/13/23 with diagnoses of hypocalcemia,	S3080		

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S3080	Continued From page 2	S3080		

bacterial pneumonia, alcohol abuse with unspecified alcohol induced disorder, chronic atrial fibrillation, essential hypertension, unspecified systolic congestive heart failure, chronic obstructive pulmonary disease, presence of cardiac pacemaker, and history of falling.

Review of R4's FCS dated 09/20/23 revealed R4 was independent with bathing, dressing, toileting, transferring, walking/mobility, and eating. R4 lacked the ability to manage his own medications and medical treatments, and he was continent. R4's cognition was intact, and he was able to make himself understood and he understood others. He was not marked with any current or recent problems or risk and used a wheelchair mobility device.

Review of R4's NSA dated 09/19/23 identified the facility would provide the following health services: Under the section titled "Walking/Mobility" it was typed R4 used a wheelchair sometimes if his legs are weak, and R4 was able to walk more than 50 feet. Qualified facility staff would manage R4's medications.

Review of R4's "electronic Medical Record" under the "Forms" tab revealed an electronic form titled "Nursing: Admission Assessment" and was dated 01/19/24.

Interview on 07/16/24 at approximately 12:00 PM with administrator A and Director of Nursing / Registered Nurse C confirmed the admission date to the facility for R3 was on 01/19/24 and the FCS was not completed until 01/22/24. Administrator A confirmed R4's admission to the attached "skilled nursing" unit was on 07/14/23, she confirmed that R4 admitted to the "assisted living" on 09/13/23.

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S3080	Continued From page 3 The Administrator failed to ensure on or before each individual's admission the assisted living facility, a licensed nurse, a licensed social worker, or the administrator or operator conducted a screening to determine the individual's functional capacity, and record all findings on a screening form specified by the department for R3 and R4.	S3080		
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: K.A.R. 26-41-202 (a) (1) (2) (3) The facility reported a census of 10 residents. The sample included 5 "Residents'" (R)'s. Based on record review and interview the Administrator	S3085		

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S3085	Continued From page 4	S3085		

failed to ensure the development of a written "Negotiated Service Agreement" (NSA) based on the individuals "Functional Capacity Screening) (FCS) service needs and preferences which included a full description of services the resident would receive and the provider of each service for R3 and R4.

Findings included:

- Record review for R3 revealed an admission date of 01/19/24 with diagnoses of dementia with behavioral disturbances, major depressive disorder, alcohol abuse with unspecified alcohol induced disorder, Epilepsy and recurrent seizures, nonrheumatic aortic (valve) stenosis, essential hypertension, and sialadenitis.

Record review of R3's FCS dated 01/22/24 revealed he was independent with bathing, dressing, toileting, transferring, walking/mobility and eating. He required supervision with his medications and medical treatments and was continent of his bladder. His cognition was intact. He was able to make himself understood and he understood others. He was not marked with any current or recent problems or risks and used no mobility device.

Review of R3's NSA dated 01/22/24 identified the facility would provide the following health services: licensed staff would follow orders of mediation management as defined on the "Medication Administration Record" (MAR), and a licensed staff member would provide all ordered medical treatments.

Review of R3's HSP instructed facility staff to assist R3 in lighting tobacco products and store

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S3085	Continued From page 5	S3085		

the tobacco product for R3. Staff are to document wandering behaviors and provide resident with meaningful activities. Staff are to observe resident location in the community, administer R3's medications, observe for any episodes of acute sadness and report to the nurse any indications R3 might harm himself or others. Facility staff were instructed to monitor and report to the nurse any mood changes for R3. In the Column titled "Focus" on page 6 it was typed R3 had an "Activities of Daily Living" (ADL) self - care performance deficit related to cognitive impairment, and facility staff were instructed to encourage R3 to participate to the fullest extent possible with each interaction and to encourage R3 to use the call device for assistance. On page 8 under the column titled "Focus" it was typed R3 had memory loss/dementia related to dementia and impaired decision making. Facility staff were instructed to administer medications as ordered after attempting non-medical approaches, keep R3's routine consistent, and present R3 with one question or request at a time.

R3's NSA lacked a description of services for his cigarette smoking, services for wandering and elopement risk, services for monitoring of suicidal risk, and assistance with ADLs.

- Record review for R4 revealed an admission date of 09/13/23 with diagnoses of hypocalcemia, bacterial pneumonia, alcohol abuse with unspecified alcohol induced disorder, chronic atrial fibrillation, essential hypertension, unspecified systolic congestive heart failure, chronic obstructive pulmonary disease, presence of cardiac pacemaker, and history of falling.

Review of R4's FCS dated 09/20/23 revealed R4

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S3085	Continued From page 6	S3085		

was independent with bathing, dressing, toileting, transferring, walking/mobility, and eating. R4 lacked the ability to manage his own medications and medical treatments, and he was continent. R4's cognition was intact, and he was able to make himself understood and he understood others. He was not marked with any current or recent problems or risk and used a wheelchair mobility device.

Review of R4's NSA dated 09/19/23 identified the facility would provide the following health services: Under the section titled "Walking/Mobility" it was typed R4 used a wheelchair sometimes if his legs are weak, and R4 was able to walk more than 50 feet. Qualified facility staff would manage R4's medications. Review of R4's HSP instructed facility staff to manage R4's medications, monitor R4 for side effects of hypertensive medications and report any signs or symptoms of dizziness, monitor for signs and symptoms of heart failure, check on R4 at frequent intervals every 2 hours to offer assistance, monitor for falls, remind R4 to use call device for assistance as needed. On page 9 under the column titled "Focus" it was typed that R4 had the potential to be physically aggressive related to alcohol/drug withdrawal. Under the column titled "Interventions" it was typed "If resident shows signs of agitation intervene before it escalates: remain calm, take a deep centering breath, stand out of reach of the resident, listen and respond with empathy, guide away from source of distress; calmly engage in conversation. If response is aggressive, team member to calmly walk away, ask other residents to leave the area, ensure that the resident and other residents and team members are safe, and immediately report this to the nurse, discuss other approaches and approach later."

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S3085	Continued From page 7 R4's NSA lacked a description of services for non compliance of calling for assistance when needed, inappropriate behaviors, and falls. Interview on 07/16/24 at approximately 12:00 PM with Administrator A and Director of Nursing / Registered Nurse C confirmed the NSA's for R3 and R4 were not based on the FCS for R3 and R4, and they further confirmed the NSA for R3 and R4 lacked a full description of health care services that would be provided to R3 and R4. The Administrator failed to ensure the development of a written NSA based on the individuals FCS service needs and preferences which included a full description of services the resident would receive and the provider of each service for R3 and R4.	S3085		
S3090 SS=E	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (c) The facility reported a census of 10 residents. The sample included 5 "Residents'" (R)'s. Based on record review and interview the Administrator failed to ensure the development of a written "Negotiated Service Agreement" (NSA) at the	S3090		

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S3090	Continued From page 8 time of admission for R3 and R4. Findings included: - Record review for R3 revealed an admission date of 01/19/24 with diagnoses of dementia with behavioral disturbances, major depressive disorder, alcohol abuse with unspecified alcohol induced disorder, Epilepsy and recurrent seizures, nonrheumatic aortic (valve) stenosis, essential hypertension, and sialadenitis. Record review of R3's FCS dated 01/22/24 revealed he was independent with bathing, dressing, toileting, transferring, walking/mobility and eating. He required supervision with his medications and medical treatments and was continent of his bladder. His cognition was intact. He was able to make himself understood and he understood others. He was not marked with any current or recent problems or risks and used no mobility device. Review of R3's NSA dated 01/22/24 identified the facility would provide the following health services: licensed staff would follow orders of mediation management as defined on the "Medication Administration Record" (MAR), and a licensed staff member would provide all ordered medical treatments. Review of R3's HSP instructed facility staff to assist R3 in lighting tobacco products and store the tobacco product for R3. Staff are to document wandering behaviors and provide resident with meaningful activities. Staff are to observe resident location in the community, administer R3's medications, observe for any episodes of acute sadness and report to the nurse any	S3090		

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S3090	Continued From page 9	S3090		

indications R3 might harm himself or others. Facility staff were instructed to monitor and report to the nurse any mood changes for R3. In the Column titled "Focus" on page 6 it was typed R3 had an "Activities of Daily Living" (ADL) self - care performance deficit related to cognitive impairment, and facility staff were instructed to encourage R3 to participate to the fullest extent possible with each interaction and to encourage R3 to use the call device for assistance. On page 8 under the column titled "Focus" it was typed R3 had memory loss/dementia related to dementia and impaired decision making. Facility staff were instructed to administer medications as ordered after attempting non-medical approaches, keep R3's routine consistent, and present R3 with one question or request at a time.

R3's admission NSA was not completed on or before admission date of 01/19/24.

- Record review for R4 revealed an admission date of 09/13/23 with diagnoses of hypocalcemia, bacterial pneumonia, alcohol abuse with unspecified alcohol induced disorder, chronic atrial fibrillation, essential hypertension, unspecified systolic congestive heart failure, chronic obstructive pulmonary disease, presence of cardiac pacemaker, and history of falling.

Review of R4's FCS dated 09/20/23 revealed R4 was independent with bathing, dressing, toileting, transferring, walking/mobility, and eating. R4 lacked the ability to manage his own medications and medical treatments, and he was continent. R4's cognition was intact, and he was able to make himself understood and he understood others. He was not marked with any current or recent problems or risk and used a wheelchair

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S3090	Continued From page 10	S3090		

mobility device.

Review of R4's NSA dated 09/19/23 identified the facility would provide the following health services: Under the section titled "Walking/Mobility" it was typed R4 used a wheelchair sometimes if his legs are weak, and R4 was able to walk more than 50 feet. Qualified facility staff would manage R4's medications.

Review of R4's HSP instructed facility staff to manage R4's medications, monitor R4 for side effects of hypertensive medications and report any signs or symptoms of dizziness, monitor for signs and symptoms of heart failure, check on R4 at frequent intervals every 2 hours to offer assistance, monitor for falls, remind R4 to use call device for assistance as needed. On page 9 under the column titled "Focus" it was typed that R4 had the potential to be physically aggressive related to alcohol/drug withdrawal. Under the column titled "Interventions" it was typed "If resident shows signs of agitation intervene before it escalates: remain calm, take a deep centering breath, stand out of reach of the resident, listen, and respond with empathy, guide away from source of distress; calmly engage in conversation. If response is aggressive, team member to calmly walk away, ask other residents to leave the area, ensure that the resident and other residents and team members are safe, and immediately report this to the nurse, discuss other approaches and approach later."

Interview on 07/16/24 at approximately 12:00 PM with Administrator A and Director of Nursing / Registered Nurse C confirmed the admission date for R3 was 01/19/24 and the date on R3's NSA was 01/22/24, they further confirmed R4's admission date was 09/13/24 and the date on

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S3090	Continued From page 11 R4's NSA was 09/19/24. The Administrator failed to ensure the development of a written "Negotiated Service Agreement" (NSA) at the time of admission for R3 and R4.	S3090		
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 by: K.A.R. 26-41-202 (h) The facility reported a census of 10 residents. The sample included 5 "Residents'" (R)'s. Based on record review and interview the Administrator failed to ensure the "Negotiated Service Agreement" (NSA) was signed by each individual involved in the development of the NSA for R3. Findings included: - Record review for R3 revealed an admission date of 01/19/24 with diagnoses of dementia with behavioral disturbances, major depressive disorder, alcohol abuse with unspecified alcohol induced disorder, Epilepsy and recurrent seizures, nonrheumatic aortic (valve) stenosis, essential hypertension, and sialadenitis.	S3101		

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S3101	Continued From page 12 Record review of R3's FCS dated 01/22/24 revealed he was independent with bathing, dressing, toileting, transferring, walking/mobility and eating. He required supervision with his medications and medical treatments and was continent of his bladder. His cognition was intact. He was able to make himself understood and he understood others. He was not marked with any current or recent problems or risks and used no mobility device. Review of R3's unsigned NSA dated 01/22/24 identified the facility would provide the following health services: licensed staff would follow orders of mediation management as defined on the "Medication Administration Record" (MAR), and a licensed staff member would provide all ordered medical treatments. Review of R3's HSP instructed facility staff to assist R3 in lighting tobacco products and store the tobacco product for R3. Staff are to document wandering behaviors and provide resident with meaningful activities. Staff are to observe resident location in the community, administer R3's medications, observe for any episodes of acute sadness and report to the nurse any indications R3 might harm himself or others. Facility staff were instructed to monitor and report to the nurse any mood changes for R3. In the Column titled "Focus" on page 6 it was typed R3 had an "Activities of Daily Living" (ADL) self - care performance deficit related to cognitive impairment, and facility staff were instructed to encourage R3 to participate to the fullest extent possible with each interaction and to encourage R3 to use the call device for assistance. On page 8 under the column titled "Focus" it was typed R3 had memory loss/dementia related to dementia	S3101		

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S3101	Continued From page 13 and impaired decision making. Facility staff were instructed to administer medications as ordered after attempting non-medical approaches, keep R3's routine consistent, and present R3 with one question or request at a time. Interview on 07/16/24 at approximately 12:00 PM with Administrator A and Director of Nursing / Registered Nurse C confirmed R3's NSA lacked the signatures of each individual involved in the development of the NSA. The Administrator failed to ensure the NSA was signed by each individual involved in the development of the NSA for R3.	S3101		
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: K.A.R. 26-41-204 (d) The facility reported a census of 10 residents. The sample included 5 "Residents'" (R)'s. Based on record review and interview the Administrator failed to ensure the "Negotiated Service Agreement" (NSA) contained 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 health service plan for R2, R3, R4 and R5.	S3165		

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ADVENA LIVING AT FOUNTAINVIEW	601 N ROSE HILL ROAD ROSE HILL, KS 67133

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S3165	Continued From page 14	S3165		

Findings included:

- Record review for R2 revealed an admission date of 03/23/24 with diagnoses of Paroxysmal atrial fibrillation, essential hypertension, arthritis, diverticulitis of the intestine, and wedge compression fracture of unspecified lumbar vertebra, sequela.

Review of R2's "Functional Capacity Screen" dated 03/24/24 revealed R2 was independent with bathing, dressing, toileting, transferring, walking/mobility, and eating. She was occasionally incontinent, and her cognition was intact. She required physical assistance with managing her medications and medical treatments. She was able to make herself understood and she understood others. She had impaired vision and used a cane and walker mobility devices.

Review of R2's NSA dated 03/24/24 identified the facility would provide the following health services: staff to assist with R2's bathing, dressing, toileting, and transferring as needed. Medications would be provided by certified facility staff and R2 could self-administer her Tylenol. The facility nurse may delegate simple wound care per physician orders.

The NSA lacked the name of the nurse responsible for the supervision and implementation of the health service plan.

Review of R2's "Health Service Plan" (HSP) instructed facility staff to monitor R2 for changes in abilities with her independence, and change position slowly.

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S3165	Continued From page 15	S3165		

- Record review for R3 revealed an admission date of 01/19/24 with diagnoses of dementia with behavioral disturbances, major depressive disorder, alcohol abuse with unspecified alcohol induced disorder, Epilepsy and recurrent seizures, nonrheumatic aortic (valve) stenosis, essential hypertension, and sialadenitis.

Record review of R3's FCS dated 01/22/24 revealed he was independent with bathing, dressing, toileting, transferring, walking/mobility and eating. He required supervision with his medications and medical treatments and was continent of his bladder. His cognition was intact. He was able to make himself understood and he understood others. He was not marked with any current or recent problems or risks and used no mobility device.

Review of R3's NSA dated 01/22/24 identified the facility would provide the following health services: licensed staff would follow orders of mediation management as defined on the "Medication Administration Record" (MAR), and a licensed staff member would provide all ordered medical treatments.

The NSA lacked the name of the nurse responsible for the supervision and implementation of the health service plan.

Review of R3's HSP instructed facility staff to assist R3 in lighting tobacco products and store the tobacco product for R3. Staff are to document wandering behaviors and provide resident with meaningful activities. Staff are to observe resident location in the community, administer R3's medications, observe for any episodes of

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S3165	Continued From page 16 acute sadness and report to the nurse any indications R3 might harm himself or others. Facility staff were instructed to monitor and report to the nurse any mood changes for R3. In the Column titled "Focus" on page 6 it was typed R3 had an "Activities of Daily Living" (ADL) self - care performance deficit related to cognitive impairment, and facility staff were instructed to encourage R3 to participate to the fullest extent possible with each interaction and to encourage R3 to use the call device for assistance. On page 8 under the column titled "Focus" it was typed R3 had memory loss/dementia related to dementia and impaired decision making. Facility staff were instructed to administer medications as ordered after attempting non-medical approaches, keep R3's routine consistent, and present R3 with one question or request at a time. - Record review for R4 revealed an admission date of 09/13/23 with diagnoses of hypocalcemia, bacterial pneumonia, alcohol abuse with unspecified alcohol induced disorder, chronic atrial fibrillation, essential hypertension, unspecified systolic congestive heart failure, chronic obstructive pulmonary disease, presence of cardiac pacemaker, and history of falling. Review of R4's FCS dated 09/20/23 revealed R4 was independent with bathing, dressing, toileting, transferring, walking/mobility, and eating. R4 lacked the ability to manage his own medications and medical treatments, and he was continent. R4's cognition was intact, and he was able to make himself understood and he understood others. He was not marked with any current or recent problems or risk and used a wheelchair mobility device.	S3165		

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S3165	Continued From page 17 Review of R4's NSA dated 09/19/23 identified the facility would provide the following health services: Under the section titled "Walking/Mobility" it was typed R4 used a wheelchair sometimes if his legs are weak, and R4 was able to walk more than 50 feet. Qualified facility staff would manage R4's medications. The NSA lacked the name of the nurse responsible for the supervision and implementation of the health service plan. Review of R4's HSP instructed facility staff to manage R4's medications, monitor R4 for side effects of hypertensive medications and report any signs or symptoms of dizziness, monitor for signs and symptoms of heart failure, check on R4 at frequent intervals every 2 hours to offer assistance, monitor for falls, remind R4 to use call device for assistance as needed. On page 9 under the column titled "Focus" it was typed that R4 had the potential to be physically aggressive related to alcohol/drug withdrawal. Under the column titled "Interventions" it was typed "If resident shows signs of agitation intervene before it escalates: remain calm, take a deep centering breath, stand out of reach of the resident, listen and respond with empathy, guide away from source of distress; calmly engage in conversation. If response is aggressive, team member to calmly walk away, ask other residents to leave the area, ensure that the resident and other residents and team members are safe, and immediately report this to the nurse, discuss other approaches and approach later." - Record review for R5 revealed an admission date of 01/19/24 with diagnoses of major depressive disorder recurrent, Type 1 Diabetes	S3165		

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S3165	Continued From page 18 Mellitus, urinary tract infection, benign prostatic hyperplasia with lower urinary tract symptoms, anemia, essential hypertension, and retention of urine. Review of R5's FCS dated 07/10/24 revealed he was independent with bathing, dressing toileting, eating and transferring. R5 required supervision with walking/mobility. R5 required supervision with his medications and medical treatments. He was continent and his cognition was intact. He was able to make himself understood and he understood others. He was marked as a risk for falls and unsteadiness and used a walker device. Review of R5's NSA dated 07/09/24 identified the facility would provide the following health services; R5 was to notify facility staff when he was getting in the shower, manage R5's medications, and licensed facility staff would "handle" medical treatments. Under the section titled "Bladder/Bowel Continence" it was typed R5 had an indwelling catheter that he was able to empty as independently. The catheter would be changed every 30 days and as needed by the licensed nurse. In the section titled "Potential Risk Area" it was typed that R5 was at an increased risk for falls due to the diagnoses of orthostatic hypotension and noncompliance with utilizing his walker. Facility staff were instructed to provide continued "education/encouragement" to utilize his call light for assistance, and R5 was instructed to wait before ambulation after standing up. The NSA lacked the name of the nurse responsible for the supervision and implementation of the health service plan. Review of R5's HSP instructed the facility staff to provide 1 staff supervision with showers two	S3165		

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S3165	Continued From page 19 times a week. Encourage R5 to utilize his walker, and to wait a few minutes when changing position. Facility staff would administer his medication as ordered by the provider and monitor for signs and symptoms of hyper/hypo glycemia. On page 10 under the column titled "Focus" it was typed R5 had a mood problem related to disease process of depression. Staff to monitor and report to nursing any pattern changes of depression. Staff to assist compression stockings in the mornings and remove them in the evening. Staff were to monitor R5 for seizure activity, and the indwelling urinary catheter was to be changed every 30 days and as needed by licensed staff. Interview on 07/16/24 at approximately 12:06 PM with Administrator A and "Director of Nursing" (DON) / "Registered Nurse" (RN) C confirmed the NSAs for R's 2, 3, 4, and 5 lacked the name of the nurse responsible for the implementation and supervision the health service plan, they further confirmed the NSAs for R's 2, 3, 4, and 5 did not provide a full description of health services they would receive. The Administrator failed to ensure the NSA contained 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 health service plans for R2, R3, R4 and R5.	S3165		
S3215 SS=D	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	S3215		

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S3215	Continued From page 20 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. (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: K.A.R. 26-41-205 (h) (4) The facility reported a census of 10 residents. The sample included 5 "Residents'" (R)'s. Based on observation, interview, and record review the administrator failed to ensure the "Licensed Nurse" (LN) did not use a prefilled insulin pen	S3215		

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S3215	Continued From page 21 beyond the manufacturers or pharmacy provider's recommended date of expiration for R5. Findings included: - Observation on 07/15/24 at approximately 08:50 AM during the initial facility tour in the facility's medication room, on the counter on the southeast wall sat a black nylon bag with a Levemir 3 milliliter insulin pen with approximately 12 units of insulin in the pen. It was labeled with R5's name. The pen lacked a date the pen was opened. - Record review for R5 revealed an admission date of 01/19/24 with diagnoses of major depressive disorder recurrent, Type 1 Diabetes Mellitus, urinary tract infection, benign prostatic hyperplasia with lower urinary tract symptoms, anemia, essential hypertension, and retention of urine. Review of R5's "electronic Medication Administration Record" (eMAR) revealed the following order: Levemir Subcutaneous Solution 100 units / milliliter; inject 20 units subcutaneously at bedtime. Interview on 07/15/24 at approximately 08:54 AM with Director of Nursing / Registered Nurse C confirmed the Levemir insulin lacked a date of when the pen was opened for use. Review of the manufacturer's recommendations revealed open or in use Levemir insulin pens should be thrown away in the trash after 42 days even if there is insulin left in the pen.	S3215		

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S3215	Continued From page 22 the administrator failed to ensure the "Licensed Nurse" (LN) did not use a prefilled insulin pen beyond the manufacturers or pharmacy provider's recommended date of expiration for R5.	S3215		
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: K.A.R. 26-41-105 (f) (11) The facility reported a census of 10 residents. The sample included 5 "Residents'" (R)'s. Based on record review and interview the Administrator failed to ensure the resident records contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of the occurrence, action taken and results of the action for R2 and R3. Findings included: - Record review for R2 revealed an admission date of 03/23/24 with diagnoses of Paroxysmal atrial fibrillation, essential hypertension, arthritis, diverticulitis of the intestine, and wedge compression fracture of unspecified lumbar vertebra, sequela.	S3261		

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S3261	Continued From page 23 Review of R2's "Functional Capacity Screen" dated 03/24/24 revealed R2 was independent with bathing, dressing, toileting, transferring, walking/mobility, and eating. She was occasionally incontinent, and her cognition was intact. She required physical assistance with managing her medications and medical treatments. She was able to make herself understood and she understood others. She had impaired vision and used a cane and walker mobility devices. Review of R2's NSA dated 03/24/24 identified the facility would provide the following health services: staff to assist with R2's bathing, dressing, toileting, and transferring as needed. Medications would be provided by certified facility staff and R2 could self-administer her Tylenol. The facility nurse may delegate simple wound care per physician orders. Review of R2's "Health Service Plan" (HSP) instructed facility staff to monitor R2 for changes in abilities with her independence, and change position slowly. Review of R2's "electronic Medical Record" under the "Progress Notes" tab revealed the following entries: On 04/24/24 at 02:55 PM an "Incident follow up note" revealed the writer of the note was called to R2's room for an unwitnessed fall. R2 was found on the floor on her back with blood on the back of her head. R2 stated she fell backwards. R2 complained of dizziness when assisted to a standing position. R2 was sent to the local emergency room for evaluation and treatment at 02:15 PM.	S3261		

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S3261	Continued From page 24 0n 04/25/24 at 05:26 AM a "Nursing Progress Note" revealed that R2 had returned from the local emergency room at 07:35 PM with staples to the laceration to the back of the head. The Progress notes lacked documentation of a description of the laceration and how many staples present to the laceration upon return from the local emergency room. - Record review for R3 revealed an admission date of 01/19/24 with diagnoses of dementia with behavioral disturbances, major depressive disorder, alcohol abuse with unspecified alcohol induced disorder, Epilepsy and recurrent seizures, nonrheumatic aortic (valve) stenosis, essential hypertension, and sialadenitis. Record review of R3's FCS dated 01/22/24 revealed he was independent with bathing, dressing, toileting, transferring, walking/mobility and eating. He required supervision with his medications and medical treatments and was continent of his bladder. His cognition was intact. He was able to make himself understood and he understood others. He was not marked with any current or recent problems or risks and used no mobility device. Review of R3's NSA dated 01/22/24 identified the facility would provide the following health services: licensed staff would follow orders of mediation management as defined on the "Medication Administration Record" (MAR), and a licensed staff member would provide all ordered medical treatments. Review of R3's HSP instructed facility staff to	S3261		

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S3261	Continued From page 25	S3261		

assist R3 in lighting tobacco products and store the tobacco product for R3. Staff are to document wandering behaviors and provide resident with meaningful activities. Staff are to observe resident location in the community, administer R3's medications, observe for any episodes of acute sadness and report to the nurse any indications R3 might harm himself or others. Facility staff were instructed to monitor and report to the nurse any mood changes for R3. In the Column titled "Focus" on page 6 it was typed R3 had an "Activities of Daily Living" (ADL) self - care performance deficit related to cognitive impairment, and facility staff were instructed to encourage R3 to participate to the fullest extent possible with each interaction and to encourage R3 to use the call device for assistance. On page 8 under the column titled "Focus" it was typed R3 had memory loss/dementia related to dementia and impaired decision making. Facility staff were instructed to administer medications as ordered after attempting non-medical approaches, keep R3's routine consistent, and present R3 with one question or request at a time.

Review of R3's electronic medical record under the "Progress Notes" tab revealed the following entries:

On 05/01/24 at 04:31 PM a "Behavior Note" revealed the facility nurse received a call from the local police department stating R3 had called them and R3 had requested a ride to the county jail. Patient "getting agitated per report." The note continued R3 denied needing any medical attention. An to increase R3's Seroquel was obtained.

The record lacked documentation of follow up of the effectiveness of the increased order for

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S3261	Continued From page 26 Seroquel. The next entry was on 05/04/24. On 05/04/24 at 07:29 PM a "Nursing Progress Note" revealed at 06:35 PM the nurse was notified that R3 had pushed the exit door and left, "outside with CMA" (Certified Medication Aide). R2 was unable to be redirected. Two nurses and the CMA walked with R3 across the street. At 06:43 PM a call was made to 911 and officers arrived and talked to the resident. At 07:19 PM the local police officer was able to convince R3 to walk back into the facility. At 07:40 PM R2 came into the building. "Staff will continue to monitor. The next entry was dated 05/06/24 acknowledging R3 had a 10% weight gain. The record lacked documentation of the results of R3 being escorted back into the facility, and the note further lacked documentation of wandering/exit seeking behaviors or the lack of wandering / exit seeking behaviors from R3. The Administrator failed to ensure the resident records contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of the occurrence, action taken and results of the action for R2 and R3.	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;	S3280		

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(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
S3280	Continued From page 27 (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: K.A.R. 26-41-104 (d) (3) The facility reported a census of 10 residents. Based on record review and interview the Administrator failed to ensure a quarterly review of the facility's emergency management plan was performed at least quarterly with all staff and all residents. Findings included: - Record review on 07/15/24 of the facility provided "Employee Monthly Meeting" binder revealed it lacked documentation of a quarterly review with all staff of the facility's emergency management plan that included all of the following topics: fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, missing residents, and any other potential emergency situations. Interview on 07/15/24 at approximately 09:34 AM with Administrator A and Maintenance staff B	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008004	A. BUILDING: _____ B. WING _____	07/16/2024

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S3280	Continued From page 28 confirmed the "Employee Monthly Meeting" Binder lacked documentation of a quarterly review with all staff of the facility's emergency management plan that included all of the following topics: fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, missing residents, and any other potential emergency situations, and they further confirmed the lack of documentation of a quarterly review of the facility's emergency management plan with all residents. Record review of the facility provided policy titled "Emergency Preparedness Training and Evacuation Exercise Policy" dated 01/2024 revealed the following statement under "Procedure" "Creating information for all new residents and family members about the facility's Emergency Preparedness Plan and ensuring the plan is reviewed with residents and family members periodically but not less than annually. The Administrator failed to ensure a quarterly review of the facility's emergency management plan was performed at least quarterly with all staff and all residents.	S3280		
S3310 SS=D	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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008004	A. BUILDING: _____ B. WING _____	07/16/2024

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S3310	Continued From page 29 (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: K.A.R. 26-41-207 (c) The facility reported a census of 10 residents. The sample included 5 "Residents'" (R)'s. Based on interview and record review the administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R3. Findings included: - Record review for R5 revealed an admission date of 01/19/24 with diagnoses of major depressive disorder recurrent, Type 1 Diabetes Mellitus, urinary tract infection, benign prostatic hyperplasia with lower urinary tract symptoms, anemia, essential hypertension, and retention of urine. Review of R5's "electronic Medical Record" under the tabs titled "Immunizations", "Forms" and "miscellaneous", revealed the electronic record lacked documentation of the required two step TB test being administered within seven days of admission to the facility. Interview on 07/15/24 at approximately 04:45 PM with Administrator A confirmed the "electronic	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008004	A. BUILDING: _____ B. WING _____	07/16/2024

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S3310	Continued From page 30 Medical Record" lacked documentation of the required two step TB test being administered within seven days of admission to the facility. Review of the facility provided policy titled "Tuberculosis, Screening Resident for" dated 08/09/21 revealed the following: "6. Screening of new admission or readmissions for tuberculosis infection and disease in compliance with State regulations." The administrator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R3.	S3310		