

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N008010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/05/2023
NAME OF PROVIDER OR SUPPLIER ANDOVER COURT ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 721 WEST 21ST ST ANDOVER, KS 67002		
(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 represents the findings of a resurvey with attached complaints #179498, #176705 , #172864, #166964. #166802, #166045, and #166007 at the above named assisted living facility conducted on 06/29/23 and 07/05/23.	S 000		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1) The facility reported a census of 34 residents with three residents included in the sample and three closed record reviews. Based on interview	S3085		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3085	Continued From page 1 and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R) 631 described the services he would receive based on his "Functional Capacity Screen" (FCS) for toileting, transfers, walking/mobility, management of medications and treatments, bladder incontinence, cognition and impaired hearing. Findings included: - Record review for R631 revealed an admission date of 03/15/23 with unlisted diagnoses. The 04/13/22 "FCS" identified R631 required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; he was unable to perform management of medications and treatments; was incontinent of bladder; had short-term memory loss; and was marked for impaired hearing. The 02/16/23 "NSA" identified facility staff would encourage R631 to do as much as he possibly could for himself for bathing and dressing. Toileting, transfers, walking/mobility, management of medications and treatments, bladder incontinence, cognition, and impaired hearing were not addressed on his "NSA." On 07/05/23 at 10:47 AM Administrative Nurse B stated all residents "NSAs" and "HSPs" were combined on one document. On 07/05/23 at 01:00 PM Administrative Nurse B confirmed R631's "NSA" failed to describe the services he received based on his "FCS" for toileting, transfers, walking/mobility, management	S3085		

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S3085	Continued From page 2 of medications and treatments, bladder incontinence, cognition and impaired hearing. The facility's 01/19/21 "Service Plan Process" policy documented "Indicate frequency needed for staff to intervene as necessary to meet resident's described need." The administrator failed to ensure the "NSA" for R631 described the services he would receive based on his "FCS" for toileting, transfers, walking/mobility, management of medications and treatments, bladder incontinence, cognition and impaired hearing.	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: KAR 26-41-204(d) The facility reported a census of 34 residents with three residents included in the sample and three closed record reviews. Based on interview and record review the administrator failed to ensure three current sampled residents' "Negotiated Service Agreements" (NSAs) named the licensed nurse responsible for implementing and supervising the "Healthcare Service Plans" (HSP).	S3165		

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S3165	Continued From page 3 Findings included: - Record review for Resident (R) 629 revealed an admission date of 12/28/22 with the following diagnoses: dementia and amnesia. The 06/22/23 "Functional Capacity Screen" (FCS) identified R629 required physical assistance with bathing; was unable to perform management of medications and treatments; had short-term and long-term memory loss, memory recall, and impaired decision-making cognitive impairments; and was marked for impaired decision-making. The 06/22/23 "NSA" identified facility staff would provide R629 limited assistance with bathing: management of medications and treatments; and assist hands on with safety awareness and provide reminders of mealtimes for cognition and impaired decision-making. R629's "NSA" lacked the name of a licensed nurse responsible for implementing and supervising the "HSP." - Record review for R630 revealed an admission date of 11/15/19 with the following diagnoses: hypertension and chronic pain. The 03/21/23 "FCS" identified R630 required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; she was unable to perform management of medications and treatments; was incontinent of bladder; and was marked for falls and impaired vision.	S3165		

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S3165	Continued From page 4 The 03/21/23 "NSA" identified facility staff would provide R630 extensive or total assistance with bathing, assistance with dressing, set up and cueing for toileting, assistance of on staff with transfers; and she used a wheelchair for walking/mobility; management of medications and assist with oxygen for treatments; assistance with peri care for bladder incontinence; appropriate non-skid footwear in place and call light within reach to prevent falls; and announce self when entering her room and explain procedures, and adjust lighting to her comfort level for impaired vision. R630's "NSA" lacked the name of the licensed nurse responsible for implementing and supervising the "HSP." - Record review for R631 revealed an admission date of 03/15/23 with unlisted diagnoses. The 04/13/22 "FCS" identified R631 required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; he was unable to perform management of medications and treatments; was incontinent of bladder; had short-term memory loss; and was marked for impaired hearing. The 02/16/23 "NSA" identified facility staff would encourage R631 to do as much as he possibly could for himself for bathing and dressing. Toileting, transfers, walking/mobility, management of medications and treatments, bladder incontinence, cognition, and impaired hearing were not addressed on his "NSA." R631's "NSA" failed to name the licensed nurse responsible for implementing and supervising the	S3165		

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S3165	Continued From page 5 "HSP." On 07/05/23 at 10:47 PM Administrative Nurse B confirmed the nurse responsible was not named on the residents' "NSAs." The facility's 01/19/21 "Service Plan Process" policy documented "Resident Care Director initiates, implements, and communicates the Service Plan. . . Note: State Regulatory Requirements supercede company policy." The administrator failed to ensure the residents' "NSAs" named the licensed nurse responsible for implementing and supervising their "HSPs."	S3165		