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S 000	INITIAL COMMENTS The following citation represents the findings of a Re-Licensure Survey with complaint investigations 188119, 188961, 190647 for the above named Assisted Living Facility conducted on 01/27/25, 01/28/25 and 01/29/25.	S 000		
S3081 SS=E	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)(2) The facility reported a census of thirty-four residents (R). The sample included three residents, one focused record review, and two closed record reviews. Based on interview, and record review the executive director failed to ensure staff completed a "Functional Capacity Screen" for two (R3 and R6) of three sampled residents at least every 365 days. Findings included: - R3's medical record revealed he moved into	S3081		

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

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S3081	Continued From page 1	S3081		

the facility on 11/06/22 with diagnosis of diabetes mellitus type II and heart failure.

R3's most current "Functional Capacity Screen" (FCS) in his paper chart dated 03/20/23 revealed he required physical assistance with his bathing and was independent with his other activities of daily living and management of medications and medical treatments.

Surveyor was unable to find another FCS in R3's paper or electronic record.

On 01/28/25 at 12:18 PM Administrative Licensed Nurse B reported the facility had no additional records for R3.

Interview on 01/28/25 at 03:29 PM Administrative Licensed Nurse B reported the FCS needed to be completed yearly and if the resident had any significant changes in status. Administrative Licensed Nurse B acknowledged R3's medical record did not include evidence of designated staff completing a FCS at least every 365 days.

The executive director failed to ensure designated staff completed R3's FCS at least every 365 days.

- Review of R6's paper record revealed she moved into the facility on 08/16/23 with a diagnosis of age-related cognitive decline.

R6's record included "Functional Capacity Screens" (FCS) dated 08/06/23 and the next one done is dated 09/01/24, more than 365 days after 08/06/23. Both FCSs identified R6 needed supervision with bathing and toileting and was

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S3081	Continued From page 2 unable to participate in management of medications. Interview on 01/28/25 at 11:34 PM Administrative Licensed Nurse B reported the FCS were to be done yearly and acknowledged R6's 09/01/24 FCS had been completed a few days past a year from the previous FCS. The executive director failed to ensure designated staff completed R6's FCS at least every 365 days.	S3081		
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:	S3085		

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S3085	Continued From page 3 KAR 26-41-202 (a)(1)(2)(3) The facility reported a census of thirty-four residents. The sample included three residents, one focused record review and two closed record reviews. Based on interview, and record review the executive director failed to ensure designated staff developed two (R5 and R6) of three sampled residents, and one (R8) of one focused review resident's "Negotiated Service Agreement" based on the "Functional Capacity Screen" (FCS) and service needs. The "Negotiated Service Agreement failed to identify services provided, who provided the service, and who is responsible for payment of service when it is provided by an outside resource. Findings included: - Review of R5's paper and electronic medical record revealed she moved into the facility on 10/26/18 with a diagnosis of pulmonary disease and supplemental oxygen dependence. R5's "Functional Capacity Screen" (FCS) dated 06/04/24 identified she was unable to manage her medical treatments, was at risk for falls, and had impaired hearing. Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the 'Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R5's NSA/HCSP dated 01/07/25 failed to include a description of services related to management of medical treatments, impaired hearing. It did	S3085		

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not address outside services for podiatry, and failed to include payment responsibilities for outside services.

R5's medical record include service notes from a local podiatry service which came into the facility to provide care.

Interview on 01/29/25 at 09:26 AM Administrative Licensed Nurse B reviewed R5's NSA/HCSP and acknowledged R5's NSA/HCSP failed to include service needs related to medical treatments, outside services for podiatry, and payment responsibility for outside services.

The executive director failed to ensure designated staff developed R5's NSA/HCSP according to service needs identified on her FCS and according to outside services received.

- Review of R6's paper and electronic medical record revealed she moved into the facility on 08/16/23 with diagnosis of age-related cognitive impairment.

R6's "Functional Capacity Screen" (FCS) dated 09/01/24 identified R6 was unable to manage medical treatments, had impaired cognition and impaired decision-making ability. It did not address needs related to risk for elopement.

Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the 'Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.

R6's NSA/HCSP dated 10/07/24 failed to include

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S3085	Continued From page 5 a description of services related to management of medical treatments or the resident's identified risk for elopement. On 01/28/25 at 07:38 AM surveyor requested a list of residents identified at risk for elopement. Administrative Licensed Nurse B included R6 on that list. R6's "Elopement Risk Screening" dated 02/21/24 revealed a score of 10 indicating she was at risk for elopement. It identified R6 was fully ambulatory, wandered aimlessly, and had a diagnosis that increased her risk. Review of R6's "Progress Notes" (documented by nursing staff) revealed on 08/17/24 Resident was exit seeking and carried her purse and bible with her. She tried several times go out the back door by the nurse's station and the front door for about four hours. R6 wandered throughout the facility stating that she was looking for her husband and her car and staff had difficulty redirecting her. Interview on 01/28/25 at 11:42 AM Administrative Licensed Nurse B acknowledged R6's NSA/HCSP did not describe services for management of medical treatments. She also reported R6 wandered around the building but did not exit seek and thought the day that she did, she may have had a UTI. The executive director failed to ensure designated staff developed R6's NSA/HCSP according to service needs identified on her FCS and her identified risk for elopement.	S3085		

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S3085	Continued From page 6 - Review of R8's paper and electronic record revealed she moved into the facility on 03/14/23 with a diagnosis of dementia. R8's "Functional Capacity Screen" dated 03/14/24 identified she was unable to manage her medications and medical treatments and had impaired cognition. It also identified she was independent with activities of daily living. Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the 'Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. Review of R8's NSA/HCSP failed to include a description of services related to management of treatments and elopement risk. On 01/28/25 at 07:38 AM surveyor requested a list of residents identified at risk for elopement. Administrative Licensed Nurse B included R6 on that list. Interview on 01/20/25 at 08:33 AM Certified Medication Aide (CMA) C reported the resident's mood varied depending on the day, she walked around independent and might ask how long she had been there or say something about her care being in the parking lot. Interview on 01/29/25 at 9:05 AM CMA I reported R8 was independent with her activities of daily living, spent most of the day in her room during first shift. On evening shift R8 gets more confused, "like sundowners" and will wander around the facility but is usually easily	S3085		

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S3085	Continued From page 7 redirected. Review of R8's most recent "Elopement Risk Screening" dated 07/03/24 identified a score of 10 indicating the resident was at risk for elopement. The screening identified the resident was fully ambulatory, disoriented but did not wander, and received on antipsychotic/mood altering medication with a diagnosis of dementia. Review of R8's "Progress Notes" dated 09/12/24 revealed the resident was wandering the halls yelling and crying about people stealing from her and no one cares about her. Interview on 01/29/25 at 09:39 AM Administrative Licensed Nurse B acknowledged R8's NSA/HCSP did not include services related to management of medications and did not include services related to a risk for elopement. The executive director failed to ensure designated staff developed the NSA/HCSP for R8 according to her FCS and service needs as identified on her elopement risk screening.	S3085		
S3092 SS=E	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	S3092		

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S3092	Continued From page 8 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 thirty-four residents(R). The sample included three residents, one focused record review, and two closed record reviews. Based on interview, and record review the executive director failed to ensure designated staff reviewed and revised the "Negotiated Service Agreement" for three (R3, R5, R6) of three sampled residents when the resident had a significant change in status related to therapy services. Findings included: - R3's paper and electronic medical record revealed he moved into the facility on 11/06/22 with diagnosis of diabetes mellitus type II and heart failure R3's "Functional Capacity Screen" (FCS) dated 03/20/23 identified he needed physical assistance with bathing and was able to manage his own medications. Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the 'Negotiated Service Agreement" and the "Health	S3092		

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Care Service Plan" (NSA/HCSP) were one document.

R3's NSA/HCSP dated 11/21/24 identified he self administered all of his medications and needed special skin treatments of powder to folds provided by facility staff. It also identified he was at risk for falls.

Review of R3's record lacked an addendum or new NSA/HCSP to identify changes in service needs related to Skilled Nursing, related to wound care needs.

Review of R3's "Progress Notes" (documented by nursing staff), revealed on 07/31/24 the local Home Health nurse came to the facility and evaluated R3's wounds.

Phone interview on 01/28/25 at 02:38 PM the Home Health agency who provided wound care reported R3's start of care was 07/31/24 and was discharged on 09/03/24.

Interview on 01/28/25 at 03:31 PM Administrative Licensed Nurse B reported R3 had no revisions to his NSA/HCSP when he started and discharged from Skilled Nursing.

The executive director failed to ensure designated staff reviewed and revised R3's NSA/HCSP when he had a significant change in service needs.

- R5's paper and electronic medical record revealed she moved in on 10/26/18 with diagnoses of glaucoma and pulmonary disease.

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S3092	Continued From page 10 R5's "Functional Capacity Screen" dated 06/04/24 identified she needed physical assistance with transfers and walking/mobility. Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R5's NSA/HCSP identified she received services from a local Home Health agency for physical and occupational therapy. R5's record lacked addendums or new NSA/HCSP to identify start of service and discharges for changes in services related to therapy. Phone interview on 01/28/25 at 02:39 PM local Home Health agency reported R5 received the following outside services; 09/20/23 to 10/10/23 for speech therapy and skilled nursing. 11/29/23 to 01/09/24 for physical and occupational therapy. 05/03/24 to 06/28/24 for physical therapy. 08/09/24 to 08/27/24 for skilled nursing. Observation on 01/28/25 at 08:28 AM resident returned from the dining room via transport wheelchair with caregiver pushing her. Interview on 01/29/25 at 09:28 AM Administrative Licensed Nurse B acknowledged R5's NSA/HCSP had not been reviewed and revised when R5 started and discharged from therapy services.	S3092		

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S3092	Continued From page 11 The executive director failed to ensure designated staff reviewed and revised R5's NSA/HCSP when she had significant changes in service needs. - R6's paper and electronic record revealed she moved into the facility on 08/16/23 with a diagnosis of age-related cognitive decline. R6's "Functional Capacity Screen" dated 09/01/24 revealed she needed supervision with bathing and toileting, had impaired cognition and impaired decision-making ability. Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R6's NSA/HCSP identified staff would provide supervision and assist as needed with toileting, and redirect with activities and to get her clothing out daily. R6's record included additional NSA/HCSP dated 08/16/23 and 03/05/24. All three NSA/HCSP included: Outside Services [name], will maintain current level of functioning and resident requires reminders and escort to outside services. Phone interview on 01/28/25 at 02:38 PM the Home Health agency that provided services for R6, reported services started on 11/28/23 to 12/19/23 for physical therapy. Interview on 01/28/25 at 12:38 PM Administrative	S3092		

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S3092	Continued From page 12 Licensed Nurse B reported R6 is not currently receiving therapy services and acknowledged it had not been reviewed and revised when service started and discontinued. The executive director failed to ensure designated staff reviewed and revised R6's NSA/HCSP when she had significant a change in service needs.	S3092		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(e) The facility reported a census of thirty-four residents. Based on interview and record review the executive director failed to ensure two of two newly hired Certified Medication Aides (CMA) were trained by a licensed nurse and delegated the nursing procedure of checking a resident's blood sugar either by glucometer or glucose scan reader. . Findings included: - Review of the Resident Roster provided by the	S3166		

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S3166	Continued From page 13 Executive Director on 01/27/25 revealed the facility had four residents who received insulin. Review R9 and R10's Medication Administration Records (MAR) revealed facility staff monitored the residents' blood sugars. Review of the Certified Medication Aide (CMA) G and CMA J employee file lacked evidence a licensed nurse completed a delegation monitoring blood glucose via glucometer or scan reader. Review of R9 and R10's Medication Administration Records (MAR) for August, September, October of 2024 revealed CMA G had initialed their MARs indicating she had checked the residents' blood sugar. Review of R9 and R10's Medication Administration Records (MAR) for November and December of 2024 and January of 2025 revealed CMA J had initialed their MARS indicating she had also checked the residents' blood sugar. Interview on 01/28/25 at 05:06 PM Administrative Licensed Nurse B reported she was unable to find delegations for monitoring blood sugars for CMA G and CMA J. The executive director failed to ensure the Licensed Nurse delegated the nursing procedure of monitoring a resident's blood sugar, which is not included in the CMA curriculum, to two newly hired CMAs who had monitored R9 and R10's blood sugars.	S3166		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication	S3175		

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S3175	Continued From page 14 (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 thirty-four residents (R). The sample included three residents, one focused record review, and two closed record reviews. Based on interview, and record review the executive director failed to ensure a licensed nurse completed an assessment for self-administration of medications for one (R5) of three sampled residents. Findings included: - R5's paper and electronic revealed she moved	S3175		

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S3175	Continued From page 15 into the facility on 10/26/18 with diagnosis of with diagnoses of glaucoma and urinary tract infections. R'5s "Functional Capacity Screen" dated 01/26/24 identified she was unable to participate in management of her medications or medical treatments. Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the 'Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R5's NSA/HCSP dated 01/07/25 identified Licensed Nurses and "Med Tech" would administer R5's medications as prescribed. The NSA/HCSP did not identify the resident self administered any medications. R5's record included a physician's order for Estradiol Cream (a type of estrogen) apply to vaginal area topically at bedtime three times a week and resident to self-administer. Review of R5's January 2025 Electronic Medication Administration Record revealed she self-administered her Estradiol Cream three times a week in the evening. R5's electronic record included a "Self-Administration of Medication Evaluation" completed on 02/21/24 which identified the resident was unable to independently self-administer her medications and qualified staff would administer them.	S3175		

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S3175	Continued From page 16 Interview on 01/28/25 at 04:43 PM Certified Medication Aide D reported staff drew up the Estradiol Cream and the resident self-administered it. Interview on 01/30/25 at 01:19 PM Administrative Licensed Nurse B reported at the time she did the "Self-Administration of Medication Evaluation", she did not realize the resident was self-administering her Estradiol cream. The executive director failed to ensure a Licensed Nurse assessed R5 for ability to safely and accurately self administer her Estradiol cream.	S3175		
S3177 SS=D	26-41-205 (a) (2) Self Administration Assessment Content (2) Each assessment shall include an evaluation of the resident ' s physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently or by using a prefilled medication container or prefilled syringe. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(2) The facility reported a census of thirty-four resident's (R). The sample included three residents, one focused record review and two closed record reviews. Based on interview and	S3177		

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S3177	Continued From page 17	S3177		

record review the executive director failed to ensure R3's self-administration medication assessment included an evaluation of his physical, and functional ability to safely and accurately self-administer his insulin.

Findings included:

- R3's paper and electronic medical record revealed he moved into the facility on 11/06/22 with diagnosis of diabetes mellitus type II and heart failure

R3's "Functional Capacity Screen" (FCS) dated 03/20/23 identified he was able to manage his own medications and medical treatments.

Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the 'Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.

R3's NSA/HCSP dated 11/21/24 identified he self administered all of his medications and needed special skin treatments of powder to folds provided by facility staff.

Review of R3's electronic "Medication Administration Records" (MAR) for November 2024, December 2024, and January 2025 revealed R3 self-administered his Insulin Glargine in the evening.

Review of R3's "Self-Administration of Medication Evaluation" failed to include an assessment of R3's functional ability to prepare and self-inject his insulin pen.

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S3177	Continued From page 18 Interview on 01/28/25 at 03:34 PM Administrative Licensed Nurse B reviewed R3's "Self-Administration of Medication Evaluation" and acknowledged it lacked any assessment related to the resident's ability to safely and accurately use an insulin pen to self-administer his insulin. The executive director failed to ensure R3's assessment for ability to self-administer medications included his physical and functional ability to safely and accurately self-administer his insulin.	S3177		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications (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 thirty-four residents(R). The sample included three	S3186		

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S3186	Continued From page 19	S3186		

residents, one focused record review and two closed record reviews. Based on interview, and record review the executive director failed to ensure two (R3 and R4) of three sampled resident's Negotiated Service Agreement included the selected medications the resident chose to administer.

Findings included:

- R3's paper and electronic medical record revealed he moved into the facility on 11/06/22 with diagnosis of diabetes mellitus type II and heart failure

R3's "Functional Capacity Screen" (FCS) dated 03/20/23 identified he needed physical assistance with bathing and was able to manage his own medications and medical treatments.

Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the 'Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.

R3's NSA/HCSP dated 11/21/24 identified he self administered all of his medications and needed special skin treatments of powder to folds provided by facility staff. The NSA/HCSP did not identify any other medications that facility staff administered.

Review of R3's electronic "Medication Administration Records" (MAR) for November 2024, December 2024, and January 2025 the facility staff initialed that they had checked his blood sugars.

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S3186	Continued From page 20 Interview on 1/28/25 at 03:33 PM Administrative Licensed Nurse B acknowledged staff checked R3's blood sugar and confirmed the NSA/HCSP did not include that facility staff would monitor his blood sugars for him. The executive director failed to ensure R3's NSA/HCSP failed to identify what medical treatments the resident chose to do himself and what treatments qualified facility staff completed. - R5's paper and electronic revealed she moved into the facility on 10/26/18 with diagnoses of glaucoma and urinary tract infections. R's "Functional Capacity Screen" dated 01/26/24 identified she was unable to participate in management of her medications or medical treatments. Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the 'Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R5's NSA/HCSP dated 01/07/25 identified Licensed Nurses and "Med Tech" would administer R5's medications as prescribed but did not address medical treatments. The NSA/HCSP did not identify the resident self administered any medications. R5's record included a physician's order for Estradiol Cream (a type of estrogen) apply to vaginal area topically at bedtime three times a week and resident to self-administer.	S3186		

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S3186	Continued From page 21 Interview on 01/28/25 at 04:43 PM Certified Medication Aide D reported staff drew up the Estradiol Cream and the resident self-administered it. Interview on 01/29/25 at 09:27 AM Administrative Nurse B acknowledged R5's NSA did not identify that she self administered her vaginal cream. The executive director failed to ensure designated staff identified what select medications a resident chose to self-administer.	S3186		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced	S3200		

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S3200	Continued From page 22 by: KAR 26-41-205 (d) The facility reported a census of thirty-four residents (R). The sample included three residents, three focused record reviews and two closed record reviews. Based on interview and record review the executive director failed to ensure facility staff administered two (R5 and R6) of three sampled residents, one (R4) of two closed records, and three (R8, R9, R10) of three focused review residents, medications and biologicals in accordance with a medical care provider's written order and standards of practice. Findings included: - R4's paper/electronic medical record revealed she moved into the facility on 09/23/22 with diagnosis of dementia. R4's closed record did not include a "Functional Capacity Screen". Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the 'Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R4's NSA/HCSP dated 08/30/24 revealed medications were administered by licensed nurses and "Med tech" (CMA). Review of R4's June 2024 "Electronic Medication Administration Record" revealed Certified Medication Aide L failed to administer one	S3200		

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scheduled medication on 06/30/24.

R4's electronic "Progress Notes" included the following documentation:
07/01/2024 - Incident Note- Administrative Licensed Nurse B on 07/01/24 identified the resident missed morning doses of medications on 06/29/24. Executive Director, Primary Care Physician, and family all made aware by community staff.
07/06/2024 -Incident Note Medications were missed on 6/30/2024; not 6/29/2024
07/01/2024 -Incident Note- All parties notified of Missed medication, family via phone, and medical provider via notification fax. No adverse effects noted.

- R5's paper and electronic revealed she moved into the facility on 10/26/18 with diagnosis of with diagnoses of glaucoma and urinary tract infections.

R5's "Functional Capacity Screen" dated 01/26/24 identified she was unable to participate in management of her medications or medical treatments.

Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the 'Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.

R5's NSA/HCSP dated 01/07/25 identified Licensed Nurses and "Med Tech" would administer R5's medications as prescribed.

Review of R5's June 2024 "Electronic Medication

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Administration Record" revealed Certified Medication Aide (CMA) L failed to administer R5, 11 medications that were scheduled to be administered by the first shift CMA.

R5's electronic "Progress Notes" included the following documentation:
07/01/2024 - Incident Note- Administrative Licensed Nurse B on 07/01/24 identified the resident missed morning doses of mediations on 06/29/24. Executive Director, Primary Care Physician, and family all made aware by community staff.
07/06/2024 -Incident Note Medications missed on 06/30/2024; not 06/29/2024.
07/01/2024 -Incident Note- All parties notified of Missed medication, family via phone, and medical provider via notification fax. No adverse effects noted.

- R6's paper and electronic record revealed she moved into the facility on 08/16/23 with a diagnosis of age-related cognitive decline.

R6's "Functional Capacity Screen" dated 09/01/24 revealed she was unable to participate in administration and management of medications.

Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.

R6's NSA/HCSP identified Licensed Nurses and "Med Tech" would administer R6's medications as prescribed.

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S3200	Continued From page 25 Review of R6's June 2024 "Electronic Medication Administration Record" revealed Certified Medication Aide (CMA) L failed to administer 11 medications that were scheduled to be administered by first shift CMA. R6's electronic "Progress Notes" included the following documentation: 07/01/2024 - Incident Note- Administrative Licensed Nurse B on 7/1/24 identified the resident missed morning doses of mediations on 06/29/24. Executive Director, Primary Care Physician, and family all made aware by community staff. 07/006/2024 -Incident Note Medications missed on 06/30/2024; not 06/29/2024. 07/01/2024 -Incident Note- All parties notified of Missed medication, family via phone, and medical provider via notification fax. No adverse effects noted. - R8's electronic/paper record revealed she moved into the facility on 03/14/23 with a diagnosis of dementia. R8's "Functional Capacity Screen' Dated 03/14/24 revealed she was unable to manage her medications. Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R8's NSA/HCSP revealed Licensed Nurses and "Med Tech" were to encourage her to take	S3200		

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S3200	Continued From page 26	S3200		

medications as scheduled.

Review of R8's June 2024 "Electronic Medication Administration Record" revealed Certified Medication Aide (CMA) L failed to administer 9 medications that were scheduled to be administered by first shift CMA.

R8's electronic "Progress Notes" included the following documentation:
07/01/2024 - Incident Note- Administrative Licensed Nurse B on 07/01/24 identified the resident missed morning doses of mediations on 06/29/24. Executive Director, Primary Care Physician, and family all made aware by community staff.
07/06/2024 -Incident Note Medications missed on 06/30/2024; not 06/29/2024.
07/01/2024 -Incident Note- All parties notified of Missed medication, family via phone, and medical provider via notification fax. No adverse effects noted.

- Review of R9 and R10's "Electronic Medication Administration Record" for June of 2024 revealed facility staff administered medications to both residents.

Review of R9's June 2024 "Electronic Medication Administration Record" revealed Certified Medication Aide (CMA) L failed to administer 7 medications that were scheduled to be administered by first shift CMA.

Review of R10's June 2024 "Electronic Medication Administration Record" revealed Certified Medication Aide (CMA) L failed to administer 22 medications that were scheduled

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S3200	Continued From page 27 to be administered by first shift CMA. Both R9 and R10's "Electronic Progress Notes included the following documentation: 07/01/2024 - Incident Note- Administrative Licensed Nurse B on 07/01/24 identified the resident missed morning doses of mediations on 06/29/24. Executive Director, Primary Care Physician, and family all made aware by community staff. 07/06/2024 -Incident Note Medications missed on 06/30/2024; not 06/29/2024. 07/01/2024 -Incident Note- All parties notified of Missed medication, family via phone, and medical provider via notification fax. No adverse effects noted. On 01/27/25 Administrative Staff A provided the facilities investigation report and confirmed there were multiple residents who did not receive all their medications for first shift on 06/30/24. The executive director failed to ensure 16 residents, including R4, R5, R6, R8, R9, and R10 received their medications as ordered by their medical provider.	S3200		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by:	S3202		

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S3202	Continued From page 28 KAR 26-41-205(d)(4) The facility reported a census of thirty-four residents. Based on interview and record review the executive director failed to ensure two of two newly hired Certified Medication Aides (CMA) were trained by a licensed nurse and delegated the nursing procedure of preparing and dialing an insulin pen to the ordered dosage for a resident to self-inject according to the nurse practice act and amendments thereto. Findings included: - Review of the Resident Roster provided by the Executive Director on 01/27/25 revealed the facility had four residents who received insulin injections. Surveyor reviewed two residents who received insulin, R9 and R10. Review of the Certified Medication Aide (CMA) G and CMA J employe file lacked evidence a licenses nurse completed delegation of preparing, dialing, and priming insulin pens to the above CMAs for residents to self inject. Review of R9 and R10's Medication Administration Records (MAR) for August, September, October of 2024 revealed CMA G had initialed their MARs for preparation/administration of insulin without having had delegation completed by a licensed nurse. Review of R9 and R10's Medication Administration Records (MAR) for November and December of 2024 and January of 2025 revealed CMA J had initialed their MARs for	S3202		

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S3202	Continued From page 29 preparation/administration of insulin without having had delegation completed by a licensed nurse. Interview on 01/28/25 at 05:06 PM Administrative Licensed Nurse B reported she was unable to find delegation for the preparation/administration of insulin pens to CMA G and CMA J. The executive director failed to ensure the Licensed Nurse delegated the nursing procedure of preparing and dialing the dosage of an insulin pen, which is not included in the CMA curriculum, to two newly hired CMAs who had prepared insulin pens for at least two residents to self-inject.	S3202		
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 thirty-four residents(R). The sample included three residents, one focused record review, and two closed record reviews. Based on interview and record review the executive director failed to ensure three (R3,R5,R6) of three sampled	S3261		

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S3261	Continued From page 30	S3261		

residents records contained documentation of all incidents, symptoms, and other indications of illness or injury, what action was taken, and the results of action taken.

Findings included:

- R3's paper and electronic medical record revealed he moved into the facility on 11/06/22 with diagnosis of diabetes mellitus type II and heart failure

R3's most recent "Functional Capacity Screen" (FCS) dated 03/20/23 identified he needed physical assistance with bathing and was able to manage his own medications and medical treatments.

Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.

R3's NSA/HCSP dated 11/21/24 identified he self administered all of his medications and needed special skin treatments of powder to folds provided by facility staff. It identified he needed one assist with staff for bathing and was at risk for falls.

Review of R3's electronic "Progress Notes" revealed the following documentation:
04/22/2024 -Resident returned from hospital with new orders for accuchecks to be taken by Certified Medication Aides (CMA) and to decrease Metoprolol (blood pressure medication) to 100 milligrams (MG) daily.

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S3261	Continued From page 31 The record failed to include documentation of the results of decreasing R3's blood pressure medication. 06/14/2024 -Skin/Wound - Resident has a cut on his right shin. Resident stated that his walker fell over and hit his right shin and cut him. The cut was cleaned, and bandage applied. 07/02/2024 -Skin/Wound Note-Resident has an old wound that is not healing on his right leg. Right leg is weeping. Daughter was notified and is making an appointment for him. This CMA dressed wound with ABD bandage and gauze. 07/03/2024 14:44 *Skin/Wound Note: This nurse followed up with daughter regarding skin on R [right] leg. 07/23/2024 Licensed Nurse spoke with medical provider reporting the Resident's leg had weeping, which is keeping leg moist; and not allowing healing, area is red around the leg. Licensed Nurse requested wound care to come and manage wound care. 07/31/2024 -Local Home Health Nurse came and evaluated wounds, will be coming out Monday, Wednesday, and Fridays to change dressings on leg wound. The record lacked further documentation of R3's leg wound and treatment and results of treatment. Interview on 01/28/25 - at 03:37 PM Administrative Licensed Nurse B reported she expected documentation to include if resident had a urinary tract infection, behaviors, if refused medications and generally when we have a new order and put it on the orders the electronic record will automatically populate it in the notes as well. Administrative Licensed Nurse B	S3261		

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reviewed R3's progress notes and reported she had documented that she was changing his leg dressing and acknowledged that once Home Health managed the care she did no additional documentation to describe the wound and if it was healing or not.

The executive director failed to ensure R3's medical record included documentation including facility nurse assessing R3's leg wound and documenting healing process after outside agency provided services and follow up on the results of decreasing his blood pressure medication.

- R5's paper and electronic revealed she moved into the facility on 10/26/18 with diagnosis of with diagnoses of glaucoma and urinary tract infections.

R5's "Functional Capacity Screen" dated 01/26/24 identified she needed physical assistance with bathing, dressing, transfers and mobility and was unable to participate in management of her medications or medical treatments.

Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the 'Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.

R5's NSA/HCSP dated 01/07/25 identified staff would assist with activities of daily living and the Licensed Nurses and "Med Tech" would administer R5's medications as prescribed but did not address medical treatments.

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Review of R5's electronic "Progress Notes" included the following documentation:
12/16/23 - resident found on the floor between the couch and the coffee table,

The record lacked documentation if resident had any injuries or complaints of pain and lacked follow up for possible latent injuries post fall.

04/04/24 - documentation populated from entered order for Fluconazole (antifungal) oral tablet for "yeast".

The record lacked documentation of symptoms which required antifungal medications and lacked follow up related to symptom resolution.

09/06/24 - resident has a blister on her left 3rd toe.

The record lacked a nursing assessment of the blister, treatment and if the blister resolved.

10/17/24 - documentation populated form an order entered included it identified a possible drug allergy to Cefuroxime Axetil (antibiotic) given for a Urinary Tract Infection (UTI).

The documentation lacked physician notification, symptoms related to possible UTI and if the resident had an allergy to the antibiotic. It also failed to include documentation of symptom resolution.

Interview on 01/29/25 at 09:32 AM Administrative Licensed Nurse B reported sometimes families take residents to the physician and come back

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S3261	Continued From page 34	S3261		

with new orders. She acknowledged the documentation did not include symptoms for which new medications were started or if those symptoms resolved. She also acknowledged the record lacked further documentation on the resident's blister to her left 3rd toe.

The executive director failed to ensure designated staff documented in R5's record symptoms for initiating changed in medications and follow up on those changes as well as follow up on skin conditions.

- R6's paper and electronic record revealed she moved into the facility on 08/16/23 with a diagnosis of age-related cognitive decline.

R6's "Functional Capacity Screen" dated 09/01/24 revealed she needed supervision with bathing and toileting, had impaired cognition and impaired decision-making ability.

Electronic interview on 01/28/25 at 10:58 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.

R6's NSA/HCSP identified staff would provide supervision and assist as needed with toileting and redirect with activities and to get her clothing out daily.

R6's electronic "Progress Notes" included documentation on 10/19/24 - sleep disorder and start Melatonin as needed for sleep.
The record lacked documentation of the resident's sleep problem and if the melatonin

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S3261	Continued From page 35 was effective. Review of R6's Medication Administration Records for November and December of 2024 and January of 2025 revealed facility staff had not administered the melatonin one time since it had been ordered. Interview on 01/28/25 at 11:43 AM Administrative Licensed Nurse B reported the certified medication Aides do a lot of the documentation and now she has another nurse to help her document. Administrative Licensed Nurse B reported the Melatonin was requested by family because she was having sundowners. Administrative Licensed Nurse acknowledged the record lacked documentation of her having sundowner or sleep disturbance issues. The executive director failed to ensure designated staff documented all symptoms of illness, action taken and results of that action for R6.	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;	S3280		

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S3280	Continued From page 36 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 thirty-four residents. Based on record review and interview for all employees and all residents, the executive director failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with all facility staff and residents. Findings included: - Review of the emergency plan documents provided by Maintenance staff K on 01/27/25 revealed the emergency preparedness plan (EMP) was reviewed with facility employees in February and May of 2024. The record lacked reviews for the third and fourth quarters of 2024. Review of the emergency plan documents for residents revealed EMP completed with residents in May and October of 2024. The record lacked reviews for the first and third quarter of 2024. On 01/27/25 at 11:35 AM Administrative Staff A	S3280		

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S3280	Continued From page 37 reported the missing reviews had not been found yet, but they would continue to look for them. Interview on 01/29/25 at 9:42 AM Administrative Staff A reported maintenance staff had not been able to find the missing quarterly reviews with employees and residents. The executive director failed to ensure the facility's emergency plan (EMP) was reviewed with all employees and residents quarterly.	S3280		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d)	S3298		

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S3298	Continued From page 38 The facility reported a census of thirty-four residents. Based on interview, and record review the executive director failed to ensure dietary staff monitored food temperatures to ensure food was prepared and served at safe temperatures. Findings included: - During initial tour of the kitchen, food temperature logs were provided by Dietary Staff F on 01/27/245 at 10:06 AM. The logbook contained sheets for January 2025. There were multiple days that did not include any food temperatures. Interview at 10:07 AM Dietary staff F reported prior to January the dietary staff did not keep a food temperature log and she is trying to get everyone used to keeping one now. The executive director failed to ensure dietary staff monitored food temperatures to ensure they were prepared and served at the proper temperatures.	S3298		
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	S3310		

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S3310	Continued From page 39 (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 thirty-four residents (R). The sample included three residents, one focused record review and two closed record reviews. Based on interview and record review for four of five newly hired employees and three (R3, R5, R6) of three sampled residents, the executive director failed to ensure the facility remained in compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of five newly hired employee's records revealed the following: Dietary staff F was hired on 11/01/24, the record lacked evidence of completing a two-step TB skin test. Administrative Licensed Nurse B was hired on 12/26/23. The record lacked evidence of completing a two-step TB skin test. Certified Medication Aide G was hired on 08/01/24 and the record lacked evidence of completing a second TB skin test. Certified Nurse Aide H was hired on 01/16/24	S3310		

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S3310	Continued From page 40	S3310		

and the initial TB skin test was not initiated until 02/08/24, more that seven days after hire date.

Interview on 01/27/25 Administrative Staff A reported he would need to check with Administrative Licensed Nurse B to see if she had record of the TB skin tests that were not in employee files.

Interview on 01/28/25 at 12:14 PM Administrative Licensed Nurse B reported she had not found TB skin testing for the newly hired employees who did not have them in their files.

Review of the undated "Infection Control for Associates-TB Skin Testing for New Hires and Annually" revealed all communities must consistently follow policy on associate health upon hire and annually including two-step TB skin testing upon hire/annually.

Review of the department's "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new resident shall have an initial TB symptom screen that included the components of the "Tuberculosis Symptom Screen Questionnaire" within seven days of residency and shall receive a two-step TB skin test within seven days of residency.

The executive director failed to ensure the facility remained in compliance with the department's TB guidelines by failing to ensure all newly hired staff had a two-step TB skin test initiated within seven days of employment.

- Review of R3's resident record revealed he moved into the facility on 11/06/22 and his record

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S3310	Continued From page 41 lacked a TB symptom screen questionnaire or a TB skin test completed annually. - Review of R5's resident record revealed she moved into the facility on 10/26/18. Her record lacked a TB symptom screen questionnaire or a TB skin test completed annually. - Review of R6's resident record revealed she moved into 08/16/23. The record lacked a TB symptom screen questionnaire or TB skin test completed annually. Interview on 01/29/25 at 09:21 Administrative Licensed Nurse B reported the facility did not complete TB symptom screening on residents. Review of the "Residents with Tuberculosis (TB) policy dated 05/2015 did not include information related to annual screening for TB. Review of the departments "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new resident shall have an initial TB symptom screen that included the components of the "Tuberculosis Symptom Screen Questionnaire" within seven days of residency and shall receive a two-step TB skin test within seven days of residency. The executive director 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 by failing initiate TB symptom screens for residents upon moving in and then annually.	S3310		

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S9999	Continued From page 42	S9999		
S9999	Final Observations Kansas Statute 39-981. Authorized electronic monitoring; reasonable accommodations; notice; consent; use as evidence; prohibitions. (d) A resident, or such resident's guardian or legal representative, who wishes to conduct authorized electronic monitoring shall notify the adult care home on a form prescribed by the secretary for aging and disability services. (i) Each adult care home shall post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents. This Requirement is not met as evidenced by: Scope and Severity of F. Findings included: - The facility reported a census of thirty -four residents (R). Based on observation, record review, and interview, the executive director failed to ensure designated staff posted the required notification at the entrance to the assisted living, at the entrance of each resident's room, and failed to have authorization paperwork completed related to rooms of some residents may be monitored electronically according to Kansas Statute 39-981. Observations on 01/27/25 at 09:37 AM during	S9999		

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initial tour revealed R5 had two large signs by the entrance of her room that read "24-hour surveillance". Certified Medication Aide (CMA) C walked by and reported the signs meant family had cameras in her room so they could keep an eye on her. CMA C reported the resident had two cameras, one in the living room and one in the bedroom. Surveyor continued tour and no other resident rooms had a notice at the entrance, and there was not a notice at the front entrance to the facility that some resident rooms may be electronically monitored by or on behalf of the resident.

Review of R5's medical record lacked a signed "Request for Authorized Electronic Monitoring" as required by the department.

On 01/28/25 at 02:10 PM Administrative Staff A reported he did not have the paperwork and would assume it was in R5's chart. He also acknowledged there was not a notice at facility entrance or at each resident's room.

On 01/28/25 at 02:17 PM Administrative Staff E looked through R5's information chart and said he did not have any paperwork related to authorized electronic monitoring.

The executive director failed to post a notice at the entrance of the facility and at the entrance to each resident's room, at the front entrance stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents. He also failed to have authorization paperwork completed by R5's legal representative.