STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N019010	A. BUILDING: _____ B. WING _____	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON RETIREMENT COMMUNITY	1909 E FOURTH STREET PITTSBURG, KS 66762

(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 184655 and 179019 for the above named facility conducted on 09/18/24 and 09/19/24.	S 000		
S3080 SS=D	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 9 residents. The sample included 3 "residents'" (R)'s 1, 2, and 3. Based on interview and record review the operator failed to ensure a screening determining R3's functional capacity prior to or at the time of admission. Findings included:	S3080		

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

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S3080	Continued From page 1 - Record review for R3 revealed an admission date of 02/17/24 with diagnoses of occlusion and stenosis of unspecified carotid artery, osteo arthritis, and dementia. Review of R3's "Functional Capacity Screening" (FCS) dated 02/19/24 revealed he required physical assistance with bathing, dressing, and transferring. R3 required supervision with mobility, and he was usually continent. He had impaired short term memory, memory recall and decision making. He was usually able to make himself understood and he usually understood others. He used a wheelchair mobility device. Review of R3's combined "Negotiated Service Agreement / Health Service Plan" (NSA/HSP) dated 02/20/24 identified the facility staff would provide the following health services; staff would physically assist with bathing and dressing. He required cuing/supervision with transferring, and he lacked the ability to manage his own medications. He was usually able to make himself understood and he usually understood others. Interview on 09/19/24 at approximately 02:00 PM with Operator A and Licensed Nurse B confirmed R3 was admitted on 02/17/24 and the screening determining his functional capacity was not done at the time of admission, they further confirmed the date the FCS was completed was 02/19/24. This was 48 hours after R3's admission to the facility. The operator failed to ensure a screening determining R3's functional capacity prior to or at the time of admission.	S3080		

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S3085	Continued From page 2	S3085		
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: K.A.R. 26-41-202 (a) (1) (2) (3) The facility reported a census of 9 residents. The sample included 3 "residents'" (R)'s 1, 2, and 3. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified a description of services, identification of the provider of each service, and identification of each party responsible for payment when an outside resource provided therapy services to R3. Findings included:	S3085		

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S3085	Continued From page 3 - Record review for R3 revealed an admission date of 02/17/24 with diagnoses of occlusion and stenosis of unspecified carotid artery, osteo arthritis, and dementia. Review of R3's "Functional Capacity Screening" (FCS) dated 02/19/24 revealed he required physical assistance with bathing, dressing, and transferring. R3 required supervision with mobility, and he was usually continent. He had impaired short term memory, memory recall and decision making. He was usually able to make himself understood and he usually understood others. He used a wheelchair mobility device. Review of R3's combined "Negotiated Service Agreement / Health Service Plan" (NSA/HSP) dated 02/20/24 identified the facility staff would provide the following health services; staff would physically assist with bathing and dressing. He required cuing/supervision with transferring, and he lacked the ability to manage his own medications. He was usually able to make himself understood and he usually understood others. Review of R3's electronic medical record under the "Miscellaneous" tab revealed a document titled "Plan of Treatment for Rehabilitation" and was dated 04/02/24. The document revealed R3 began on Occupational Therapy Services on 03/18/24. Interview on 09/19/24 at approximately 02:00 PM with Operator A and Licensed Nurse B confirmed R3's combined NSA/HSP lacked a description of services, identification of the provider of services, and the payor source of the outside Occupational therapy provider.	S3085		

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S3085	Continued From page 4 The operator failed to ensure the NSA identified a description of services, identification of the provider of each service, and identification of each party responsible for payment when an outside resource provided therapy services to R3.	S3085		
S3090 SS=D	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 9 residents. The sample included 3 "residents'" (R)'s 1, 2, and 3. Based on interview and record review the operator failed to ensure a written "Negotiated Service Agreement" (NSA) was developed at the time of admission for R3. Findings included: - Record review for R3 revealed an admission date of 02/17/24 with diagnoses of occlusion and stenosis of unspecified carotid artery, osteo arthritis, and dementia. Review of R3's "Functional Capacity Screening" (FCS) dated 02/19/24 revealed he required physical assistance with bathing, dressing, and	S3090		

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S3090	Continued From page 5 transferring. R3 required supervision with mobility, and he was usually continent. He had impaired short term memory, memory recall and decision making. He was usually able to make himself understood and he usually understood others. He used a wheelchair mobility device. Review of R3's combined "Negotiated Service Agreement / Health Service Plan" (NSA/HSP) dated 02/20/24 identified the facility staff would provide the following health services; staff would physically assist with bathing and dressing. He required cuing/supervision with transferring, and he lacked the ability to manage his own medications. He was usually able to make himself understood and he usually understood others. Interview on 09/19/24 at approximately 02:00 PM with Operator A and Licensed Nurse B confirmed R3 was admitted on 02/17/24 and the written NSA was dated 02/20/24. The operator failed to ensure a written NSA was developed at the time of admission for R3.	S3090		
S3186 SS=D	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.	S3186		

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This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-205 (b)

The facility reported a census of 9 residents. The sample included 3 "residents'" (R)'s 1, 2, and 3. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) reflected who was responsible for select medications for R2.

Findings included:

- Record review for R2 revealed an admission date of 05/02/21 with diagnoses of pulmonary hypertension, chronic obstructive pulmonary disease, and congestive heart failure.

Review of R2's "Functional Capacity Screen" (FCS) dated 06/10/24 revealed R2 required physical assistance with bathing, dressing, toileting, transferring, walking and management of her medications. R1 was usually continent, had impaired memory recall and was identified as a fall risk. She was usually able to make herself understood and she usually understood others.

Review of R2's combined NSA/" Health Service Plan" (HSP) instructed the facility staff to provide physical assistance with bathing, dressing, and toileting. Under the section titled "Medication Management" the following were marked; staff, family, and outside provider. Under the section titled "Level of Functioning" the following were marked "b. I can administer my medications with

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supervision/cuing if they are prepared in advance for me" and "c. I require someone to physically assist me with my medications when they are due."

Record review of R2's electronic "Medication Administration Record" (eMAR) for September 2024 revealed the following orders;

Latanoprost Solution 0.005% Instill 1 drop on both eyes at bedtime for dry eyes. May keep at bedside and self-administer.

Levothyroxine Sodium Tablet 75 micrograms give 1 tablet by mouth one time a day. Unsupervised self-administration.

Tylenol 8-hour Arthritis Pain Oral Tablet Extended Release 650 milligrams. Give 2 tablet my mouth 3 three times a day for pain. Unsupervised self-administration.

Review of R2's electronic medical record under the "Assessments" Tab revealed an assessment titled "Evaluation for Self-Administration of Medications". The assessment identified R2 as capable of self-administering her own medications.

Interview on 09/19/24 at approximately 02:00 PM with Operator A and Licensed Nurse B confirmed R2 does self-administer some of her own medications and they further confirmed the NSA for R2 lacked the identification of who was responsible for the administration of selected medications.

The operator failed to ensure the NSA reflected who was responsible for select medications for R2.

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