STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023005	A. BUILDING: _____ B. WING _____	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWRENCE PRESBYTERIAN MANOR	1429 KASOLD DR LAWRENCE, KS 66049

(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 represent the findings of a resurvey for the above named Assisted Living facility conducted on 09/17/24 and 09/18/24.	S 000		
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: 3085 26-41-202(a)(1)(2)(3) The facility census equaled 22 residents with three residents sampled. Based on record review and interview for three residents (R) 101, 102, 103, the administrator failed to ensure the "Negotiated Service Agreement" (NSA) contained a description of the services the resident received, identified the provider of each service	S3085		

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

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S3085	Continued From page 1 and identified each party responsible for payment if outside resources provided a service. Findings included: - R101's medical record revealed she moved into the facility on 08/17/23 with a diagnosis of COPD. The 08/22/24 NSA did not identify the party responsible for payment of outside resources. On 09/18/24 at 01:16 PM Administrative Nurse B stated R101's NSA did not identify the payor source for services received. The "Health Care Service Plan" policy revised 01/29/24 documented, "Identification of ...the ...payor source responsible should be included in the Service Plan." The administrator failed to ensure R101's NSA was fully developed to identify the party responsible for payment of services provided. - R102's medical record revealed she moved into the facility on 08/27/24 with a diagnosis of age-related disability. The 08/28/24 NSA did not identify the provider of each service and each party responsible for payment of outside resources. On 09/18/24 at 01:19 PM Administrative Nurse B stated R102's NSA did not include a description of the services provided to R102 or identify the payor source for services provided. The "Health Care Service Plan" policy revised 01/29/24 documented, "Identification of ...the	S3085		

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S3085	Continued From page 2 ...payor source responsible should be included in the Service Plan." The administrator failed to ensure R102's NSA was fully developed to include the provider of each service and identify each party responsible for payment of services provided. -R103's medical record revealed she moved into the facility on 07/16/24 with a diagnosis of diabetes mellitus type two. The 07/17/24 NSA did not identify the party responsible for payment of outside resources. On 09/18/24 at 01:07 PM Administrative Nurse B stated R103's NSA and did not identify the payor source for services received. The "Health Care Service Plan" policy revised 01/29/24 documented, "Identification of ...the ...payor source responsible should be included in the Service Plan." The administrator failed to ensure R103's NSA was fully developed to identify the party responsible for payment of services provided.	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:	S3165		

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S3165	Continued From page 3 3165 26-41-204(d) The facility reported a census of 22 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)101, R102 and R103. Findings included: - R101's medical record revealed she moved into the facility on 08/17/23 with a diagnosis of COPD. R101's most recent NSA was completed on 08/22/24 and did not identify the nurse responsible for the implementation and supervision of the health care services plan. On 09/18/24 at 01:16 PM Administrative Nurse B stated an addendum to the NSA was not completed to identify the new nurse responsible for the implementation and supervision of R101's health care services plan. The administrator failed to ensure R101's NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan. - R102's medical record revealed she moved into the facility on 08/27/24 with a diagnosis of age-related disability. R102's most recent NSA was completed on 08/28/24 and did not identify the nurse	S3165		

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S3165	Continued From page 4 responsible for the implementation and supervision of the health care services plan. On 09/18/24 at 01:19 PM Administrative Nurse B stated R102's NSA did not identify the nurse responsible for the implementation and supervision of the health care services plan. The administrator failed to ensure R102's NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan. - R103's medical record revealed she moved into the facility on 07/16/24 with a diagnosis of type two diabetes mellitus. R103's most recent NSA was completed on 07/17/24 and did not identify the nurse responsible for the implementation and supervision of the health care services plan. On 09/18/24 at 01:07 PM Administrative Nurse B stated R103's NSA did not identify the nurse responsible for the implementation and supervision of the health care services plan. The administrator failed to ensure R103's NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan.	S3165		
S3420 SS=J	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems.	S3420		

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S3420	Continued From page 5 (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by:	S3420		

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S3420	Continued From page 6 3420 KAR 28-39-256(c)(2)(B) The facility reported a census of 22 residents. There was one unlocked laundry room accessible to all residents. Based on observation, record review, and interview, the administrator failed to ensure the temperature of hot water ranged between 98 degrees Fahrenheit (F) and 120 degrees F at the laundry sink. This failure potentially put residents, including two residents identified as cognitively impaired that wandered, at risk for severe burns which resulted in immediate jeopardy. Findings included: On 09/17/24 at approximately 10:15 AM an observation was made of the first-floor laundry room that did not have a door to deny access. A hot water temperature of the sink in this laundry room was obtained and registered at 147 degrees F. Administrative Nurse B was present and verified the thermometer reading. On 09/17/24 at 10:38 AM Environmental Services Staff C stated he was aware of the hot water temperature running high and stated there was a work order for a mixing valve to be installed on the first-floor laundry room sink. Environmental Services Staff C stated the facility received the mixing valve but had not gotten around to replacing it yet. Review of the "Lawrence Presbyterian Manor Daily Rounds Check List" revealed the hot water temperature for the "First Floor Laundry Room" registered hotter than 120 degrees F on 02/22/24 with a temperature reading of 162 degrees F. Hot	S3420		

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S3420	Continued From page 7	S3420		

water temperatures of 160 degrees F or greater were recorded through 08/12/24 with the highest temperature reading of 166 degrees F obtained on 06/21/24.

On 09/17/24 at 01:37 PM Environmental Services Staff C stated the mixer valve was ordered on 03/18/24 and the part was mistakenly shipped to a sister facility out of town. He stated he picked the part up sometime in April. He stated the mixer valve replacement work order was entered into the "Worxhub Maintenance Tracking System" on 08/13/24 but he could not say why the repair was not completed before the day of this recertification survey on 09/17/24.

The facility "Safe Water Temperatures" policy dated 07/2018 documented, "It is the policy of this community to maintain appropriate water temperatures in resident care areas ...Water temperatures will be set to a temperature of no more than 120 degrees F, or the state's allowable maximum water temperature ..."

The undated "American Burn Association Scald Injury Prevention Educator's Guide" documented older adults have thinner skin so hot liquids cause deeper burns with even brief exposure. Their ability to feel heat may be decreased due to certain medical conditions or medications so they may not realize water is too hot until injury has occurred. Exposure to hot liquids 160 degrees F or above may result in almost instantaneous burns that will require surgery.

Immediate jeopardy was removed on 09/17/24 at 03:18 PM when the following actions were documented by the facility in the "Abatement Plan" and accepted by the department:

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S3420	Continued From page 8 1) At 10:32 AM an "Out of Order" sign was placed on the faucet and employee were instructed to stand watch over the sink for resident safety until maintenance replaced the mixing valve. 2) Maintenance arrived and the mixing valve was replaced, water temperature was rechecked at 10:58 AM and was within parameters. 3) On 09/17/24 maintenance education was completed with all maintenance staff on reporting any quality checks that are outside of parameters and ensuring staff understand that a supervisor must be notified when this occurs. 4) Water temperatures will be checked daily until 09/26/2024, then twice a week thereafter. 5) The Risk Committee will review the actions taken at least weekly for two weeks and the QAPI Committee will review the actions taken on 09/26/2024. 6) The Medical Director was notified on 09/17/2024. The administrator failed to ensure the temperature of hot water ranged between 98 degrees F and 120 degrees F at a faucet which was readily accessible to all residents which put all residents at risk for severe burns.	S3420		