

Kansas Department on Aging

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>N023009A</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/17/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON WOODS AT ALVAMAR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1501 INVERNESS DR<br/>LAWRENCE, KS 66047</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| S 000                                                               | INITIAL COMMENTS<br><br>The following citations represent the findings of an abbreviated survey for complaints # 179558, 179394, 179434, and 178164 of the above named facility conducted on 04/17/23.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S 000                                                                                    |                                                                                                                          |                                                        |
| S3015<br>SS=D                                                       | 26-41-101 (c) Administration Position Description<br><br>(c) Administrator and operator position description. Each licensee shall adopt a written position description for the administrator or operator that includes responsibilities for the following:<br>(1) Planning, organizing, and directing the facility;<br>(2) implementing operational policies and procedures for the facility; and (3) authorizing, in writing, a responsible employee who is 18 years old or older to act on the administrator's or operator's behalf in the absence of the administrator or operator.<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R. 26-41-101 (c)(3)<br><br>The facility reported a census of 17 residents. Based on observation and interview the administrator failed to authorize in writing a responsible employee to act on the administrator's behalf in the absence of the administrator.<br><br>Findings included:<br><br>- Interview on 04/17/23 at 11:20 AM with administrative assistant C, during the entrance to | S3015                                                                                    |                                                                                                                          |                                                        |

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

TITLE

(X6) DATE

Kansas Department on Aging

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRANDON WOODS AT ALVAMAR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1501 INVERNESS DR<br/>LAWRENCE, KS 66047</b> |                                                                                                                          |                                                        |
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| S3015                                                               | Continued From page 1<br><br>the facility, she confirmed the executive director,<br>and the interim director of nursing were both out<br>of the building and would not return until<br>04/18/23. She stated she could call the<br>marketing director or the director of human<br>resources.<br><br>Observation of the postings in the surrounding<br>area and on the door coming into the facility,<br>revealed a lack of a posting of the name of a<br>responsible employee to act on the<br>administrator's behalf in the absence of the<br>administrator.<br><br>Interview 11/17/23 at approximately 11:25 AM<br>with Human Resources director A, she confirmed<br>the facility lacked a posting in writing a<br>responsible employee to act on the<br>administrator's behalf in the absence of the<br>administrator.<br><br>The administrator failed to authorize in writing a<br>responsible employee to act on the<br>administrator's behalf in the absence of the<br>administrator. | S3015                                                                                    |                                                                                                                          |                                                        |
| S9999                                                               | Final Observations<br><br>K.S.A. 39-938<br><br>Adult care homes shall comply with all the<br>lawfully established requirements and rules and<br>regulations of the secretary of aging and the<br>state fire marshal and any other agency of<br>government so far as pertinent and applicable to<br>adult care homes, their building, operators,<br>staffs, facilities, maintenance, operation, conduct<br>and the care and treatment of resident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S9999                                                                                    |                                                                                                                          |                                                        |

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| S9999                                                               | <p>Continued From page 2</p> <p>This requirement is not met as evidenced by:</p> <p>The facility reported a census of 17. The sample included 2 residents. Based on observation and interviews for all residents, the facility failed to 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.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Observation made on 04/17/23 at 11:20 AM upon entrance to the facility, the front doors lacked a conspicuous notice at the entrance to the adult care home stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.</li> </ul> <p>Observation made on 04/17/23 at 11:29 AM during the facility tour a posting there is only 1 posting for electronic monitoring posted on the hallway where the resident apartments are located.</p> <p>Interview on 04/17/23 at 11:29 AM with human resources employee A, she confirmed there was only one posting on the hallway where resident apartments were located stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.</p> <p>The facility failed to post a conspicuous notice at the entrance to the adult care home and each</p> | S9999                                                                                    |                                                                                                                          |                                                        |

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| S9999                                                               | Continued From page 3<br><br>resident's room stating that the rooms of some<br>residents may be monitored electronically by or<br>on behalf of the room's resident or residents. | S9999                                                                                    |                                                                                                                          |                                                        |