STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023009A	A. BUILDING: _____ B. WING _____	05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDON WOODS AT ALVAMAR	1501 INVERNESS DR LAWRENCE, KS 66047

(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 a resurvey with complaints 181904, 184005, 186017, 187859, and 187844 at the above named Assisted Living conducted on 05/21/24 and 05/22/24.	S 000		
S3081 SS=D	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: 3081 26-41-201(c)(1) The facility reported a census of 37 residents. The sample included three residents and one abbreviated record review. Based on interview, and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for resident (R)103 at least once every 365 days. Findings included: - R103's medical record revealed the resident moved into the facility on 01/22/22.	S3081		

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

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S3081	Continued From page 1 The most current FCS available in R103's medical records was dated 02/06/24 with the previous FCS completed on 01/14/23. On 05/22/24 at 02:28 PM Administrative Nurse A stated R103's FCS was not updated at least once every 365 days for the year 2024. The operator failed to ensure designated staff completed a FCS for R103 at least once every 365 days.	S3081		
S3085 SS=F	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	S3085		

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S3085	Continued From page 2 26-41-202(a)(3) The facility reported a census of 37 residents with three residents included in the sample. Based interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified each party responsible for payment if outside resources provide a service for resident (R)102, R103 and R104. Findings included: - R102's medical record revealed he moved into the facility on 09/07/23. Review of the 11/20/23 NSA revealed that it lacked identification of who was responsible for payment of outside services. On 05/22/24 at 02:08 PM Administrative Nurse A acknowledged R102's NSA did not identify who was responsible for payment of outside services provided. The operator failed to ensure R102's NSA was fully developed to include identification of who was responsible for payment of outside services. - R103's medical record revealed she moved into the facility on 01/22/22. Review of the 01/26/22 NSA revealed that it lacked identification of who was responsible for payment of outside services. On 05/22/24 at 02:28 PM Administrative Nurse A acknowledged R103's NSA did not identify who was responsible for payment of outside services	S3085		

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S3085	Continued From page 3 provided. The operator failed to ensure R103's NSA was fully developed to include identification of who was responsible for payment of outside services. - R104's medical record revealed he moved into the facility on 04/01/24. Review of the 05/10/24 NSA revealed that it lacked identification of who was responsible for payment of outside services. On 05/22/24 at 02:11 PM Administrative Nurse A acknowledged R104's NSA did not identify who was responsible for payment of outside services provided. The operator failed to ensure R104's NSA was fully developed to include identification of who was responsible for payment of outside services.	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: 3090 26-41-202(c) The facility reported a census of 37 residents. Based on interview, and record review the	S3090		

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S3090	Continued From page 4 operator failed to ensure the development of an initial "Negotiated Service Agreement" (NSA) was completed at admission for resident (R)104. Findings included: - R104's medical record revealed he moved into the facility on 04/01/24. Review of 104's records revealed the most current NSA did not have a date indicating when it was developed and was not signed until 05/10/24, 40 days after R104 was admitted to the facility. On 05/22/24 at 02:11 PM Administrative Nurse A stated she was not able to complete R104's NSA on the day of admission due to changes from the original assessment. The operator failed to ensure R104's NSA was developed at admission.	S3090		
S3165 SS=D	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: 3165 26-41-204(d) The facility reported a census of 37 residents with	S3165		

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S3165	Continued From page 5 three residents included in the sample. Based on interview and record review the operator 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)104. Findings included: - R104's medical record revealed he moved into the facility on 04/01/24. R104's most recent NSA was completed on 05/10/24 and did not identify the nurse responsible for the implementation and supervision of the health care services plan. On 05/22/24 at 02:11 PM Administrative Nurse A stated the name of the licensed nurse responsible for the implementation and supervision of the health care services plan seemed to have been omitted from R104's admission NSA. The operator failed to ensure R104's NSA identified the licensed nurse responsible for the implementation and supervision of the health care services plan.	S3165		
S3211 SS=D	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an	S3211		

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S3211	Continued From page 6 over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: 3211 KAR 26-41-205 (g)(3) The facility reported a census of 37 residents. Based on observation the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over the counter (OTC) medications for one resident. Findings included: Observation of the memory care medication cart on 05/21/24 at 03:54 PM revealed the following OTC medications containers that were not labeled with the full name of the resident: R109: One bottle of Phillips colon health daily probiotic One bottle HyVee Health Market Sentry Senior Multivitamin One bottle of HyVee Health Market Psyllium One bottle of TopCare health All Day Allergy One bottle of HyVee Health Market Magnesium 250 milligrams The operator failed to ensure all OTC	S3211		

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S3211	Continued From page 7 medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: 3213 KAR 26-41-205 (g)(2) The facility reported a census of 37 residents. Based on observation the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included: - Observation on 05/21/24 at 10:55 AM revealed the facility's 3rd floor assisted living treatment cart contained the following prescription medications which were not labeled with a resident's full name: Resident (R)105: One tube of Neomycin and Polymyxin B ointment R106: One bottle of Gericare Artificial Tears.	S3213		

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S3213	Continued From page 8 One bottle of Brimonidine Tartrate Ophthalmic Solution One bottle of Latanoprost Ophthalmic Solution 0.005 percent One inhaler of Albuterol Sulfate Inhalation Aerosol There were also 13 other packages that had medication containers that did not have the resident's full name on them. Observation of the memory care medication cart on 05/21/24 at 03:54 PM revealed the following prescription medication containers that were not labeled with the full name of the resident: R107: One bottle of Dorzolamide HCL Ophthalmic Solution 2 percent One bottle of Timolol Maleate Ophthalmic Solution 0.5 percent One bottle of Latanoprost Solution 0.005 percent One bottle of Brimonidine Tartrate Ophthalmic Solution 0.2 percent One bottle of Refresh eye drops R108: Three bottles of Dorzolamide Hydrochloride / Timolol Maleate Ophthalmic Solution Five other prescription medications were not labeled with the full name of the resident. The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records	S3248		

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S3248	Continued From page 9 (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: 3248 KAR 26-41-102(d)(4) The facility reported a census of 37 residents. Based on interview and record review, the operator failed to ensure three of five newly hired employees records included evidence of timely verification with the nurse aide registry was completed and ensure certified staff had valid certifications while employed.	S3248		

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S3248	Continued From page 10 Findings included: - Review of employee files conducted on 05/21/24 revealed the following: "Certified Nurse Aide" (CNA) C was hired on 12/22/23. The operator was unable to provide a copy of a "Nurse Aide Registry Confirmation Notice" to indicate when the background check was completed for this staff prior to or the day of hire. "Certified Medication Aide" (CMA) E was hired on 01/18/24. The operator was unable to provide a copy of a "Nurse Aide Registry Confirmation Notice" to indicate when the background check was completed for this staff prior to or the day of hire. CNA F was hired on 01/18/24. The operator provided a copy of the "Nurse Aide Registry Confirmation Notice" dated 12/13/23 that indicated CNA F's certification has an inactive date of 01/13/24. Upon review of the Kansas Nurse Aide Registry Check revealed CNA F's certification was not renewed prior to the inactive date and worked at the facility with an expired certification. On 05/21/24 at 05:08 PM Administrative Staff G stated CNA F still worked at the facility and acknowledged that her CNA certification had expired. The operator failed to ensure timely verifications of the nurse aide registry checks were completed and ensure certified staff had valid certifications while employed.	S3248		

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S3299	Continued From page 11	S3299		
S3299 SS=E	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: 3299 KAR 26-41-206(e) The facility had a census of 37 residents. Fifteen residents ate food served out of the memory care satellite kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to document temperatures of food items stored in the refrigerator/freezer were at acceptable temperatures according to food safety guidelines. Findings included: - Observation on 05/21/24 at 03:41 PM revealed lacking documentation of the memory care refrigerator/freezer temperatures documented by staff. There were missing refrigerator temperatures for the following times: 05/04- AM 05/06- PM 05/11- AM 05/12- PM	S3299		

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S3299	Continued From page 12 05/15- PM 05/16 - 05/18- AM/PM 05/19- PM 05/20- PM There were missing freezer temperatures for the following times: 05/06 05/12 05/14 - 05/20 The Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, p. 19 documented, "Proper holding temperatures must be maintained during display, storage and transportation. Cold foods must be maintained at an internal temperature of 41F or below." The operator failed to ensure food items were stored under safe and sanitary conditions.	S3299		
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 (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	S3310		

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S3310	Continued From page 13 This REQUIREMENT is not met as evidenced by: 3310 KAR 26-41-207(c) The facility reported a census of six residents. Based on record review the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Resident (R)101 admitted to the facility on 04/01/24. Review of medical records revealed R101 had the first step of the two-step "TB Skin Test" (TST) administered on 04/04/24 and was read on 04/06/24. The second step of the TST was administered on 04/10/24 which was three days early. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "If the first TST is read as not positive, a second TST shall be administered within 1-3 weeks." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - "Certified Nurse Aide" (CNA) C was hired on 12/22/23. The first step of the two-step TST was administered on 12/27/23 and was read not	S3310		

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S3310	Continued From page 14	S3310		

positive on 12/29/23. The second step of the TST was administered two days early on 01/03/24.

Administrative Support Staff D was hired on 02/26/24. The first step of the two-step TST was administered on 03/04/24 and was read as not positive on 03/07/24. The second step of the TST was administered three days early on 03/11/24.

The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "If the first TST is read as not positive, a second TST shall be administered within 1-3 weeks."

The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

- "Certified Medication Aide" (CMA) E was hired on 01/18/24. She provided documentation of a negative one-step TST completed within six-months of hire from an outside source.

The facility did not administer a one-step TST upon hire.

The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "If a new employee provides satisfactory documentation of receiving a single TST within 6 months prior to employment that read not positive, the employee shall only be required to have a single TST within 7 days of employment."

The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDON WOODS AT ALVAMAR	1501 INVERNESS DR LAWRENCE, KS 66047

(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
S3320	Continued From page 15	S3320		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: 3320 KAR 28-39-254(a) The facility reported a census of 37 residents. Based on observation, record review and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included:	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023009A	A. BUILDING: _____ B. WING _____	05/22/2024

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S3320	Continued From page 16 - Observations of the memory care unit, that housed 15 cognitively impaired residents, on 05/21/24 at 03:41 PM revealed the satellite kitchen had an under-sink cabinet. The right-side door had a key lock that did not work but just spun around and did not lock. The following unlocked chemicals were found that had warning labels: Two spray cans of Great Value Linen Fresh Air Freshener One 22 fluid ounce spray bottle of Lime-A-Way One 17-ounce spray can of Ecolab Stainless Steel Cleaner and Polish On 05/21/24 at 03:49 PM Dietary Aide B stated the lock for this cabinet had not worked for approximately 6-months. The operator failed to ensure staff kept chemicals locked for resident safety.	S3320		