STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023021	A. BUILDING: _____ B. WING _____	07/03/2024

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NEUVANT HOUSE OF LAWRENCE	1216 BILTMORE DRIVE 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 represents the findings of a resurvey at the above named assisted living conducted on 07/02-07/03/2024.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by:	S3028		

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

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S3028	Continued From page 1 KAR 26-41-101(f)(3) The facility reported a census of 28 residents with three residents included in the sample. Based on interview and record review the operator failed to report to the department within 24 hours when Resident (R) 2 was found with unexplained bruises to her face, ear, and shoulder. The operator further failed to ensure facility staff completed an investigation to rule out abuse, neglect, or exploitation as a cause for R2's unexplained bruises. Findings included: - Record review for R2 revealed an admission date of 04/06/2021 with a diagnosis of dementia. The 06/28/24 "FCS" identified R2 required physical assistance with bathing, dressing, toileting, transfers, and eating; was unable to perform eating and management of medications or treatments; was incontinent of bladder; had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties; was sometimes understandable and usually understood others during communication; and was marked for falls, impaired vision, socially inappropriate disruptive behavior, and impaired decision-making. The 06/28/24 "NSA" identified facility staff would provide to R2 physical assistance with bathing and dressing; assistance with toileting and bladder incontinence; physical assistance of two staff with transfers; staff to propel wheelchair for walking/mobility; oversight, supervision, and encouragement for eating; certified medication aide (CMA) or a nurse completed management of medications and treatments; staff would assist	S3028		

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S3028	Continued From page 2	S3028		

with safety and activities of daily living for cognitive difficulties; R2 demonstrated understanding during communication by a word, action, or behavior; she was provided a fall mattress to prevent injury from falls; and she wore reading glasses for impaired vision.

The 03/06/24 at 02:25 PM nursing "Incident Note" documented facility staff found a "hematoma" and an "abrasion" injury to the right side of R2's face when they got her up to get dressed for the day. The nurse assessed the resident and found a bruise to her right shoulder. Facial injuries were painful with touch.

Review of records provided by the facility revealed a lack of evidence of documentation the incident was reported to the department within 24 hours or an investigation to rule out abuse, neglect, or exploitation was completed.

On 07/02/24 at approximately 02:52 PM Administrative Staff A confirmed facility records lacked evidence of documentation the incident was reported to the department within 24 hours or an investigation to rule out abuse, neglect, or exploitation was completed.

The 03/03/15 facility's "Resident Care and Services" policy documented the facility would document all incidents and accidents and comply with all reporting and investigation requirements.

The operator failed to report to the department within 24 hours when R2 was found with unexplained bruises to her face, ear, and shoulder. The operator further failed to ensure facility staff completed an investigation to rule out abuse, neglect, or exploitation as a cause for R2's unexplained bruises.

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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: KAR 26-41-202(a)(1) The facility reported a census of 28 residents with three residents included in the sample reviews. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSA) for Resident (R)2 described the services they received based on their "Functional Capacity Screens" (FCS). Findings included: - Record review for R2 revealed an admission date of 04/06/2021 with a diagnosis of dementia.	S3085		

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S3085	Continued From page 4 The 06/28/24 "FCS" identified R2 required physical assistance with eating. The 06/28/24 "NSA" identified facility staff provided to R2 oversight, cueing, or encouragment for eating. The NSA failed to describe the physical assistance services provided for R2 for eating based on her FCS. - Record review for R3 revealed an admission date of 06/10/2024 with a diagnosis of dementia. The 06/10/24 "FCS" identified R3 had short-term and long-term memory, memory/recall and decision making cognitive difficulties; was sometimes understood and sometimes understood others during communication; The 06/10/24 "NSA" Failed to describe the services provided to R3 for cognitivie difficulties and communication. On 07/02/24 at appproximately 02:52 PM Administrative Staff A confirmed R3 ' s "NSA" failed to describe the services provided for cognition and communication. The 12/119/12 "Resident Care and Services" facility's policy documented the "NSA" identified the range of services provided or coordinated by the facility. The operator failed to ensure R2 and R3 ' s "NSA ' s" described the services they received based on their "FCS ' s."	S3085		

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S3165	Continued From page 5	S3165		
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: KAR 26-41-204(d) The facility reported a census of 28 residents with three residents included in the sample record reviews. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)3 named the licensed nurse responsible for implementing and supervising her "Healthcare Service Plans" (HSP)/ "Negotiated Service Agreement" (NSA). Findings included: - Record review for R3 revealed an admission date of 06/08/24 with the following diagnoses: Dementia, Hypertension, Scoliosis, Hypothyroidism. The 06/08/24 admission "Functional Capacity Screen" (FCS) identified R3 was "Unable to perform" bathing, dressing, toileting, transfers, walking/mobility, eating, management of medications and treatments; had short-term and long-term memory, memory recall, and decision-making cognitive difficulties; was sometimes understandable and usually understood others during communication and had	S3165		

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S3165	Continued From page 6 impaired decision-making, falls/unsteadiness and impaired vision. The 06/08/24 combined admission "Negotiated Service Agreement" NSA identified facility staff provided total assistance with bathing and physical assistance with two staff members with every morning and evening with dressing. Physical assistance of two staff members for transfers; required staff to propel wheelchair as she is unable to. Dependent on staff to repeat themselves until understood for cognition. Facility staff provided management of medications and treatments. R3 has a Durable Power of Attorney (DPOA) in place. The 06/08/24 "NSA" for R3 lacked the name of a licensed nurse responsible for implementing and supervising the "HSP/NSA." On 07/02/24 at approximately 02:52 PM Operator confirmed the nurse responsible was not named on the "NSA" for R3. The operator failed to ensure R3's "NSA" named the licensed nurse responsible for implementing and supervising "HSP/NSA."	S3165		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by:	S3171		

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S3171	Continued From page 7 KAR 26-41-204(i) The facility reported a census of 28 residents with three included in the sample reviews. Based on observation, interview, and record review the operator failed to ensure a gap greater than 4.5 inches between the rails of a bed assist device was covered to prevent risk of entrapment. Findings included: - Record review for Resident R1 revealed an admission date of 06/01/2024 with a diagnoses of type two diabetes, and hemiparesis. The 06/01/2024 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with transfers. The 06/01/2024 "Negotiated Service Agreement" (NSA) instructed facility staff to provide R1 physical assistance of one to two staff members for transfers. R1 used a transfer bar to get in and out of bed and on and off the toilet. Staff were instructed to provide use of a mechanical lift as needed if R1 was unable to perform transfers. The "NSA" documented R1 used a bed assist device when getting in and out of bed and repositioning while in bed. On 07/02/2024 at approximately 03:58 AM R1 stated he used the bed assist device to help with bed mobility. Observation on 07/02/24 at 04:22 PM revealed a bed assist device was attached to the left side of R1's bed. There was a 12-inch gap between the rails, and an 11-inch gap between the mattress and top of the rail. The bed assist device lacked a cover to prevent entrapment between the rails.	S3171		

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S3171	Continued From page 8 The operator failed to ensure a gap greater than 4.5 inches between the rails of a bed assist device was covered to prevent entrapment.	S3171		
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 28 residents with three residents included in the sample reviews. Based on interview and record review the operator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when Resident (R)1 had an elevated blood glucose level and R2 had a new wound. Findings included: - Record review for R1 revealed an admission date of 06/01/2024 with a diagnosis of type two diabetes. The 06/01/24 "Functional Capacity Screen" (FCS) identified R1 required physical assistance of one to two staff for bathing, dressing, toileting,	S3261		

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S3261	Continued From page 9	S3261		

transfers; was unable to perform walking/mobility and management of medications and treatments; he was occasionally incontinent of bladder was understandable and understood others during communication and was marked for impaired vision and hearing.

The 06/01/24 "Negotiated Service Agreement" (NSA) identified facility staff would provide R1 assistance of one staff with bathing and dressing, one to two staff for toileting and transfers, and staff propelled wheelchair for walking/mobility; staff provided management of medications and treatment, assistance with bladder incontinence, and he had a durable power of attorney (DPOA) for cognitive difficulties.

The 06/05/24 at 06:00 PM nursing "Health Status Note" documented the certified medication aide (CMA) informed the nurse, who was not familiar with R1, that R1 blood glucose reading was 312.

On 07/02/24 at 02:52 PM Administrative Staff A confirmed R1 record lacked evidence of the action taken and results of the action when he had a elevated blood glucose on 06/05/2024.

- Record review for R2 revealed an admission date of 04/06/2021 with a diagnosis of dementia.

The 06/28/24 "FCS" identified R2 required physical assistance with bathing, dressing, toileting, eating and transfers; was unable to perform walking/mobility and management of medications and treatments, had short and long term memory impairment, memory recall and decision-making cognitive difficulties; sometimes understandable and usually understood others during communication; and was marked for impaired vision, decision making and socially

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S3261	Continued From page 10	S3261		

inappropriate disruptive behaviors as well as falls and unsteadiness.

The 06/28/24 "NSA" identified facility staff would provide R2 physical assistance with bathing, dressing, and toileting; assistance of one to two staff for transfers staff propelled wheelchair for walking/mobility; staff provided management of medications and treatments, and assistance with bladder incontinence; supervision and assistance with activities of daily living (ADL's) and activities for impaired cognition, she had a DPOA for impaired decision making.

The 05/08/24 at 11:20 AM "Skin/Wound Note" documented direct-care staff reported a new wound to superior buttocks and hospice nurse was notified.

R2's record lacked of evidence of documentation for all indications of illness or injury, action taken results of the action taken when direct care staff reported a new wound including nursing assessment to determine wound size (length, width, and depth), odor, tissue characteristics (including drainage, granulation) and any signs of infection.

On 07/02/24 at 02:52 PM Administrative Staff A confirmed R2's record lacked evidence of documentation for all indications of illness or injury, action taken results of the action taken when direct care staff reported a new wound including nursing assessment to determine wound size (length, width, and depth), odor, tissue characteristics (including drainage, granulation) and any signs of infection.

The operator failed to ensure licensed staff documented all incidents, symptoms, and other

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S3261	Continued From page 11 indications of illness or injury including the date and time of occurrence, action taken, and results of the action when R1 had an elevated blood glucose level and R2 had a new wound.	S3261		
S3310 SS=E	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 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 28 residents with three residents included in the sample review. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for one resident and two staff. Findings included:	S3310		

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S3310	Continued From page 12 - Record review for Resident (R)3 revealed an admission date of 06/10/2024 with a diagnosis of dementia. On 06/25/2024 (15 days after admission) first step of the two-step TB skin test for R3 was administered. On 07/02/24 at approximately 02:52 PM Administrative Staff A confirmed R3's TB test was administered late. - Review of Certified Nurse Aide (CNA) T's employee record revealed a hire date of 02/29/2024 and lacked evidence of documentation of results for the first step TB test. On 07/02/24 at approximately 04:06 PM Administrative Staff C confirmed CNA T's record lacked evidence of first step test results. - Review of Licensed Practical Nurse (LPN) Administrative Staff B's employee record revealed a hire date of 06/10/2024 and lacked evidence of completed two-step TB skin test. On 07/02/24 at approximately 02:52 PM Administrative Staff C confirmed did not have Administrative Staff B's TB results. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee, and each new resident shall receive a two-step TB skin test and symptom screen questionnaire within seven days of employment or admission. The operator failed to ensure the facility remained in compliance with the department's tuberculosis	S3310		

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S3310	Continued From page 13 guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		