Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023023	A. BUILDING: _____ B. WING _____	12/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARBORS AT MONTEREY VILLAGE	3905 PETERSON ROAD LAURENCE, KS 66049

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named residential health care facility conducted on 12-17,18-2019.	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: KAR 26-41-202 (a)(1) The facility reported a census of 11 residents. The sample included 3 residents and 1 focused record review. Based on observation, interview and record review the facility failed to ensure designated staff developed a negotiated service agreement that included a description of the services the resident would receive for 3 (#118, #119, #120) of 3 sampled residents.	S3085		

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

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S3085	Continued From page 1 Findings included: - Review of resident #118's medical record revealed he admitted to the facility on 6/25/18 with dementia, hearing loss and anxiety disorder. Review of the resident's functional capacity screen dated 7-10-19 revealed the resident had a score of 4 in cognition indicating the resident had impaired short and long term memory, impaired memory recall and decision-making ability. It also revealed the resident had inappropriate behaviors. Review of the residents Negotiated Service agreement (NSA) dated 7-11-19 identified the resident had cognitive problems and behavior problems but failed to identify what services staff needed to provide related to the residents symptoms. - Review of resident #119's medical record revealed she admitted to the facility on 4-1-19 with diagnoses of Alzheimers disease and behavioral disturbance. Review of the resident's functional capacity screen dated 4-1-19 revealed the resident had a score of 4 in cognition indicating the resident had impaired short and long term memory, impaired memory recall and decision-making ability. It also revealed the resident had impaired hearing and vision and problems with wandering. Review of the resident's negotiated service agreement dated 4-1-19 identified the resident had cognitive problems and behavior problems but failed to identify what services staff needed to	S3085		

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S3085	Continued From page 2 provide related to the residents symptoms. It also failed to address the residents impaired vision and hearing. - Review of resident #120's medical record revealed he admitted to the facility on 11-1-18 with diagnoses of Alzheimers, and diabetes. Review of the resident's functional capacity screen dated 9-5-19 identified the resident had a score of 4 in cognition indicating the resident had impaired short and long term memory, impaired memory recall and decision-making ability. The resident also had impaired communication. Review of the resident's negotiated service agreement dated 11-26-19 identified the resident had cognitive problems but failed to identify what services staff needed to provide related to the residents cognition. It also failed to identify any services related to impaired communication. During an interview on 12-18-19 at 11:12 AM licensed nursing staff D stated the negotiated service agreement is used so staff know how to care for the residents and understood it needed to identify what staff needed to do for residents condition and needs. The operator failed to ensure staff developed a negotiated service agreement that included a description of the services the resident would receive.	S3085		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or	S3166		

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S3166	Continued From page 3 medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR-26-41-204 (e) The facility reported a census of 11 residents. Based on interview and record review of 4 or 5 newly hired certified medication aides the operator failed to ensure the delegation of the nursing procedure of blood sugar monitoring to each certified medication aide under the Kansas nurse practice act, K.S.A.65-1124 and amendments thereto. This had the potential to effect all residents who had their blood sugar checked by certified medication aides. Findings included: - Review of employee records revealed certified staff F,G,H,and I did not have evidence of licensed nurse delegation for blood glucose testing which is not part of the certified medication aide curriculum. During an interview on 12-18-19 at 12:03 PM certified staff C reported she went through and found her delegation for blood sugar checks but could not find delegation for the other 4 certified staff. The operator failed to ensure the delegation of the nursing procedure of blood sugar monitoring to each certified medication aide under the	S3166		

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S3166	Continued From page 4 Kansas nurse practice act, K.S.A.65-1124 and amendments thereto. The failure had the potential to effect all residents who had blood sugar checks monitored by certified medication aides.	S3166		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (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:	S3248		

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S3248	Continued From page 5 KAR 26-41-102(d)(1)(2) The facility reported a census of 1 residents. Based on interview and record review for all residents, the operator failed to ensure employee records included evidence of registration and certification for 4 of 5 newly hired employees that performed a function that required specialized education or training. The same 4 of 5 newly hired employees record lacked documentation of criminal background checks by a state agency, pursuant to K.S.A.39-970 and amendments thereto. Findings included: - Review of the new hire employee files revealed the following: -Certified staff F had a hire dated of 2-27-19 and her record lacked evidence of a criminal background check through the Kansas Department for Aging and Disabilities (KDADS) website and lacked evidence of CMA registry check through the Kansas nurse aide registry. -Certified staff G hired on 8-8-19 and her record lacked evidence of a criminal background check through the Kansas Department for Aging and Disabilities (KDADS) website and lacked evidence of CMA registry check through the Kansas nurse aide registry. -Certified staff H hired on 8-14-19 and her record lacked evidence of a criminal background check through the Kansas Department for Aging and Disabilities (KDADS) website and lacked evidence of CMA registry check through the Kansas nurse aide registry. -Certified staff I hired on 8-21-19 and her record lacked evidence of a criminal background check through the Kansas Department for Aging and	S3248		

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S3248	Continued From page 6 Disabilities (KDADS) website and lacked evidence of CMA registry check through the Kansas nurse aide registry. During an interview on 12-17-19 at 2:45 administrative staff E confirmed the criminal background back ground checks she had provided were not completed through KDADS. On 12-17-19 at 3:45 PM licensed nursing staff D reported she found 1 employee who had their registry and criminal background checks completed through the proper state agency. Stated she did not have information for the other employees. The operator failed to ensure newly hired staff had criminal back ground checks and certification/registry checks completed through the proper state agency.	S3248		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a	S3280		

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S3280	Continued From page 7 secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 11 residents. The sample included 3 residents and 1 focused review. Based on record review and interview for all residential health care residents the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with residents. Findings included: - On 12-17-19 operator E provided an emergency preparedness inservice book with the quarterly reviews tabbed. Review of the provided notebook revealed part of the agenda was "disaster preparedness quarterly review with residents and staff. It included evidence of reviews of the emergency management plan with facility staff but did not included evidence of reviews with residents. During an interview on 12-18-19 at 12:25 PM operator E reported all she had for evidence was that the prior administrator had signed it as done. For all residents the operator failed to ensure emergency preparedness by ensuring quarterly review of the emergency management plan with all residents.	S3280		

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S3310	Continued From page 8	S3310		
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 This REQUIREMENT is not met as evidenced by: K.A.R 26-207(c) The facility reported a census of 11 residents. The sample included 3 residents and 1 focused record review. Based on interview and record review for 4 of 5 newly hired employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living health care facility. Findings included: - Review of employee records revealed certified staff F,G,H,and I did not have evidence of completion of a TB questionnaire or TB skin	S3310		

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S3310	Continued From page 9 testing upon hire. During an interview on 12-18-19 at 12:03 PM certified staff E reported she looked in all the employee files and could not find a questionnaire or TB skin testing for the above listed certified staff. For 4 of 5 new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		