STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N031003	A. BUILDING: _____ B. WING _____	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW SENIOR LIFE	1417 W ASH ST JUNCTION CITY, KS 66441

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Residential Health Care facility conducted on 07/16/24.	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 KAR 26-41-202(a)(1) The facility reported a census of 11 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS) and service needs for resident (R)101, R102 and	S3085		

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

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S3085	Continued From page 1 R103. Findings included: - Record review for R101 revealed she was admitted to the facility on 05/01/23. The 05/01/24 FCS identified R101triggered for falls, unsteadiness and impaired vision. The 05/01/24 NSA failed to describe services R101 received for falls and impaired vision. On 07/16/24 at 02:49 PM Administrative Nurse C confirmed R101's NSA failed to describe the services provided falls and vision. The operator failed to ensure R101's NSA described the services she received based on her FCS. - Record review for R102 revealed she was admitted to the facility on 03/15/22. The 11/22/23 FCS identified R102 needed assistance with management of medications, management of treatments, and impaired vision. The 11/22/23 NSA failed to identify that R102 received services for management of medications, management of treatments, and impaired vision. On 07/16/24 at 02:49 PM Administrative Nurse C confirmed R102's NSA failed to describe the services provided for management of medications, management of treatments and impaired vision.	S3085		

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S3085	Continued From page 2 The operator failed to ensure R102's NSA described the services she received based on her FCS. - Record review for R103 revealed she was admitted to the facility on 03/29/24. The 03/29/24 FCS identified R103 needed assistance with management of treatments, triggered for falls, unsteadiness, impaired vision and impaired hearing. The 03/29/24 NSA failed to identify that R103 received assistance with management of treatments, falls, impaired vision and impaired hearing. On 07/16/24 at 03:31 PM Administrative Nurse C stated not everything that triggered on R103's FCS was addressed on the NSA. The operator failed to ensure R103's NSA described the services she received based on her FCS.	S3085		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.	S3186		

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S3186	Continued From page 3 This REQUIREMENT is not met as evidenced by: 3186 KAR 26-41-205(b) The facility reported a census of 11 residents. The sample included three residents. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)103 identified the responsible person for administration and management of selected medications. Findings included: -R103's medical record revealed she moved into the facility on 03/29/24. The 03/29/24 NSA documented staff administered R103's medications. The NSA did not identify that R103 self-administered selected medications. Observation on 07/16/24 at12:47 PM revealed R103 had a storage cart in her restroom which had various medicated creams stored in it. On 07/16/24 at 12:47 PM R103 stated she self-administered some medicated creams, but staff administered the rest of her medications. On 07/16/24 at 01:20 PM "Certified Medication Aide" (CMA) B stated R103 self-administered her Nystatin, Clobetasol creams and staff administered everything else.	S3186		

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S3186	Continued From page 4 On 07/16/24 at 03:31 PM Administrative Nurse C acknowledged R103's NSA did not identify selected medications for self-administration. The operator failed to ensure the NSA identified who was responsible for administration and management of selected medications for R103.	S3186		
S3211 SS=E	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 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 11 residents. Based on observation, record review and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on all "over the counter" (OTC) medications.	S3211		

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S3211	Continued From page 5 Findings included: - Observation on 07/16/24 at 10:49 AM revealed the facility's medication cart contained the following OTC medication containers which were not labeled with a resident's full name: One bottle of Systane Lubricant Eye drops with no name on the medication container or the original packaging One bottle of AYR Saline Nasal Gel One tube of Equate Arthritis Pain Reliever An observation of the medication room on 07/16/24 at 10:55 AM revealed the following OTC medications not labeled with the full name of the resident: One bottle of Equate Extra Strength Antacid Tablets On 07/16/24 at 03:50 PM Administrative Staff A stated it was her expectation that all medications be labeled with the full name of the resident. The undated "Drug Labels" policy documented, "Medications are labeled in accordance with facility requirements and state and federal laws." The operator failed to ensure all OTC 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	S3213		

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S3213	Continued From page 6 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 11 residents. Based on observation and interview 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 07/16/24 at 10:49 AM revealed the facility's medication cart contained the following prescription medication containers which were not labeled with a resident's full name: One bottle of Refresh Relieva eye drops One Anoro Ellipta 62.5 - 25 microgram inhaler One tube of Triamcinolone 0.1% cream The undated "Drug Labels" policy documented, "Medications are labeled in accordance with facility requirements and state and federal laws... (name of pharmacy) will permanently affix labels to the outside of prescription containers. " On 07/16/24 at 03:50 PM Administrative Staff A stated it was her expectation that all medications be labeled with the full name of the resident. The operator failed to ensure each prescription	S3213		

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S3213	Continued From page 7 medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
S3299 SS=F	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)(1) The facility reported a census of 11 residents. The facility had one kitchen where food was stored and prepared. All residents ate food prepared in this kitchen. Based on observation, record review and interview the operator failed to ensure containers of cleaning supplies were not stored where food items were stored, prepared, or served. Findings included: - An observation on 07/16/24 at 10:41 AM of the kitchen revealed a cabinet where snack items such as Ritz bits, Nutty Butty, and brownies were stored. This cabinet also contained a 20-ounce container of Monogram brand oven and grill cleaner. On 07/16/24 at 03:50 PM Administrative Staff A	S3299		

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S3299	Continued From page 8 stated it was her expectation that all chemicals be stored in the housekeeping closet. The 04/2024 "Proper Storage of Chemicals" policy documented, " ...all chemicals shall be stored in ...locked designated areas." The operator failed to ensure containers of cleaning supplies were not stored in the same area where food items were stored, prepared, or served.	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 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 11 residents with three residents included in the sample. Based on interview and record review the operator failed to	S3310		

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S3310	Continued From page 9	S3310		

ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines in KAR 26-39-105 for resident (R)102 and R103.

Findings included:

- Record review for resident (R)102 revealed she was admitted to the facility on 03/15/22.

R102's medical record had an incomplete annual TB symptom questionnaire signed 06/25/24 with no questions answered.

On 07/16/24 at approximately 03:45 PM Administrative Staff A and Administrative Nurse C confirmed R102's annual TB symptom screen was not complete.

The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire."

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

- Record review for R103 revealed she was admitted to the facility on 03/29/24.

R103's medical record did not include a TB symptom screen questionnaire completed upon admission.

On 07/16/24 at 01:58 PM Administrative Staff A stated TB symptom screening questionnaires have never been completed upon admission but were only completed on an annual basis.

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S3310	Continued From page 10 The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire within 7 days of residency ..." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		
S3395 SS=F	28-39-255 LAUNDRY (c) Laundry facility. (1) The facility shall store soiled laundry in a manner which prevents odors and spread of disease. (2) If laundry is processed in the facility, the facility shall provide washing and drying machines. The facility shall arrange the work area to provide a "one-way flow" of laundry from a soiled area to a clean area. (3) The facility shall provide a work counter and a locked cabinet for storage of chemicals and supplies. (4) The facility shall provide a handwashing lavatory with a non-reusable method of hand-drying within or accessible to the laundry facility. This REQUIREMENT is not met as evidenced by:	S3395		

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S3395	Continued From page 11 3395 KAR 28-39-255(c)(3) The facility reported a census of 11 residents. Based on observation and interview the operator failed to ensure the cabinet in the laundry room remained locked to protect the health and safety of residents and the public and failed to provide a work countertop in the laundry room. Findings included: - An observation on 07/16/24 at 10:20 AM of the laundry room revealed the door was unlocked. There was a cabinet located inside the laundry room that was also unlocked. This cabinet contained two boxes of Ultimate fresh dryer wipes, a 20-ounce can of Faultless regular spray starch, and one container of Xtra laundry detergent. The three products all had labels which read "Keep out of reach of children." The laundry room also lacked a work countertop. On 07/16/24 at approximately 03:39 PM Administrative Staff A confirmed the cabinet in the laundry room was not locked and the laundry room lacked a work countertop. The 04/2024 "Proper Storage of Chemicals" policy documented, " ...chemicals, must remain locked at all times." The operator failed to ensure the facility was in compliance with KAR 28-39-255(c)(3) by not providing a work counter in the laundry room and ensure the cabinet in the laundry area remained locked to protect the health and safety of residents and the public.	S3395		