STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N044004	A. BUILDING: _____ B. WING _____	07/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ESTATES	PO BOX 346 NORTONVILLE, KS 66060

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S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey conducted at the above named assisted living facility on 7/20/16, 7/21/16 and 7/25/16. Revised 2567 sent to facility 8/2/2016.	S 000		
S 225 SS=F	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the	S 225		

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

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S 225	Continued From page 1 administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(2) The facility reported a census of 5 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for all residents, the administrator failed to ensure prior to admission, the prospective resident or resident ' s legal representative was informed in writing of the rates and charges for the adult care home services. As evidenced by review of records for all residents (#720, #721, #722, #723 and #724) who reside at the facility. Findings included: - Review of facility admission agreement on 7/21/16 recorded: " Rent is due in advance on the 1st of each month. "	S 225		

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S 225	Continued From page 2 Agreement lacked rate for " rent " and services at the facility. Interview on 7/21/16 at 2:22pm with facility administrator, confirmed admission agreement does not contain a rate amount. " We don ' t have that on the admission agreement for any residents. " He/she stated it is a room and board fee, usually paid from the resident ' s social security payment. " They let me know their monthly and I let them keep $100-$150 a month. Their rate is $550 - $600 depending on income. " The administrator failed to ensure prior to admission, the resident or resident ' s legal representative was informed in writing of the rates and charges for the adult care home rent and services. For all residents, the administrator failed to ensure prior to admission, the prospective resident or resident ' s legal representative was informed in writing of the rates and charges for the adult care home services.	S 225		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S3155		

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S3155	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 5 residents. The sample included 3 residents, and 2 focus review residents. Based on record review, observation and interview for 2 (#721 and #722) sampled residents, requiring health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #721 recorded admission date of 10/23/14 and diagnoses including: chronic vascular insufficiency of intestine, abdominal pain, gastroparesis, anxiety state, esophageal reflux and dementia. FCS dated 8/20/15 recorded resident required assistance with bathing and management of medications and treatments. NSA dated 8/20/15 recorded: bathing: assist of 1, medication management: medications given by staff. Skilled Services: blank. HCSP dated 7/15/16 recorded: medication management staff nurse will administer meds in the facility; staff to provide. Treatment: NA (not applicable) Health maintenance activities: accucheck BID (blood glucose monitoring twice a	S3155		

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S3155	Continued From page 4 day). Resident treatment administration record for July 2016 recorded the following treatments as administered by facility staff: Fluticasone SPR (spray) (a respiratory medication) 50mcg (micrograms) use 2 sprays in each nostril every day Polyeth Glyc Pow (polyethelene glycol powder) (for constipation) may sprinkle on food as directed. Interview on 7/21/16 at 2:20pm with licensed nurse #A confirmed HCSP lacked entry for management of treatments. Record review for resident #722 recorded admission date of 2/4/15 with diagnoses of: Hyperlipidemia, gout, obesity, hypertension, embolism and thrombosis, congestive obstructive pulmonary disease, gastro esophageal reflux disease, coronary artery disease and debility. FCS dated 2/2/16 recorded resident required assistance with management of medications and treatments. NSA dated 2/2/16 recorded resident to receive assistance with medication management: staff. Skilled services: Blank. HCSP dated 2/2/16 recorded: medication management: staff nurse will administer medications in the facility. Treatment: NA. Transfers: uses a walker. Mobility/ambulate: uses a walker. Resident ' s treatment administration record for July 2016 recorded the following treatments as administered by facility staff:	S3155		

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S3155	Continued From page 5 Flovent HFA AER (an inhaler for respiratory problems) 110mcg (micrograms) inhale 1 puff by mouth twice daily. Nystatin Cream 100000 (a medication used to treat yeast infections) apply topically to affected area(s) twice daily. Observation on 7/21/16 at 2:05 in resident ' s room, observed a ¼ metal rail on the left side of residents bed in the up position. Interview on 7/21/16 at 2:05 in resident ' s room with resident #722 stated, " I use it (side rail). " Interview on 7/21/16 at 2:20pm with licensed nurse #A confirmed HCSP lacked entry for management of treatments and resident use of side rail. For residents #721 and #722 who required health care services the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S3155		
S3165 SS=F	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)	S3165		

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S3165	Continued From page 6 The facility reported a census of 5 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview, for all residents, the operator failed to ensure 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 as evidenced by review of resident records for residents (#720, #721 and #722) who required health care services. Findings included: - Record review for resident #720 recorded admission date of 7/17/15 and diagnoses of: depression, sleep disorder, migraines, osteoporosis, anxiety, pain, allergies, acid reflux and hypercholesterol. Functional Capacity Screen (FCS) dated 10/28/15 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement (NSA) dated 7/15/16 recorded: medication management, staff to provide medications. Treatment: staff to provide. Skilled Services and Nurse supervising skilled services: blank. NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the Health Care services plan. Health Care Service Plan (HCSP) dated 7/15/16 recorded: medication management Staff nurse	S3165		

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S3165	Continued From page 7 will administer meds in the facility; staff to provide. Record review for resident #721 recorded admission date of 10/23/14 and diagnoses including: chronic vascular insufficiency of intestine, abdominal pain, gastroparesis, anxiety state, esophageal reflux and dementia. FCS dated 8/20/15 recorded resident required assistance with bathing and management of medications and treatments. NSA dated 8/20/15 recorded: bathing: assist of 1, medication management, medications given by staff. Skilled Services and nurse supervising skilled services: blank. NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the Health Care services plan. HCSP dated 7/15/16 recorded: medication management Staff nurse will administer meds in the facility; staff to provide. Treatment: NA (not applicable) Health maintenance activities: accucheck BID (blood glucose monitoring twice a day). Record review for resident #722 recorded admission date of 2/4/15 with diagnoses of: Hyperlipidemia, gout, obesity, hypertension, embolism and thrombosis, congestive obstructive pulmonary disease, gastro esophageal reflux disease, coronary artery disease and debility. FCS dated 2/2/16 recorded resident required assistance with management of medications and treatments.	S3165		

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S3165	Continued From page 8 NSA dated 2/2/16 recorded resident to receive assistance with medication management: staff. Skilled services and nurse supervising skilled services: Blank. NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the Health Care services plan. HCSP dated 2/2/16 recorded: medication management: staff nurse will administer medications in the facility. Treatment: NA Interview on 7/21/16 with licensed staff #A confirmed all residents medications and treatments are managed by the facility, and the NSA lacked the name of the licensed nurse responsible for implementation and supervision of health care services plan. For all residents, the operator failed to ensure 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.	S3165		