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 _____	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANEW HEALTHCARE ESTATES	415 E WALNUT ST NORTONVILLE, KS 66060

(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 the licensure resurvey with attached complaint number 164930 for the above named facility conducted on 8/10/22.	S 000		
S3165 SS=E	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 five residents. The sample included three residents (R) (101, 104, and 108). Based on record review and interview the administrator failed to ensure the "licensed nurse" (LN) provided the name of the LN responsible for the implementation and supervision of the "Healthcare Service Plan" (HSP) on the residents "Negotiated Service Agreements" (NSA) for R101, R104, and R108. Findings included: - Record review for R101 on 08/10/22 revealed an admission date of 12/22/21 with diagnoses of major depressive disorder, age related osteoporosis without current pathological fracture, anxiety disorder, iron deficiency, anemia, hypertension and pain.	S3165		

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

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S3165	Continued From page 1 Record review of the "Functional Capacity Screen" (FCS) dated 05/19/22 identified R101 required physical assistance with bathing, management of medications, and management of treatments. The resident had intact cognition, was understandable and understood others. She was independent with walking and mobility and used an electric scooter mobility device for long distances. Record review of the combined "NSA" /" Healthcare Service Plan" (HSP) dated 05/19/22 identified the following healthcare services provided by the facility; physical assist with showers, facility would manage the medications and treatments. The NSA lacked identification of the nurse responsible for the implementation and supervision the "HSP". - Record review for R104 on 8/10/22 revealed an admission date of 03/08/21 with diagnoses of benign prostatic hyperplasia with lower urinary tract symptoms, difficulty in walking, cerebral infraction, flaccid hemiplegia affecting right dominant side, muscle weakness, peripheral vascular disease, heart failure, alcohol abuse and nicotine dependence. Record review of the "FCS" dated 03/08/21 identified R104 required physical assistance with bathing, management of medications, and management of treatments. He required with dressing. He had impaired short-term memory and impaired decision making. R104 was identified as a fall risk, he had impaired vision and impaired decision making. He used a cane	S3165		

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S3165	Continued From page 2	S3165		

or wheelchair mobility devices. He was understandable and understood others.

Record review of the combined "NSA/HSP" dated 03/08/21 identified the following healthcare services provided by the facility; physical assistance with bathing one time weekly, facility would manage the medications and treatments. The NSA lacked identification of the nurse responsible for the implementation and supervision the "HSP".

- Record review for R108 on 08/10/22 revealed an admission date of 06/29/22 with diagnoses of generalized anxiety disorder, major depressive disorder, essential hypertension, other seizures, alcohol dependence, alcohol dependence with alcohol induced persisting dementia.

Record review of the "FCS" dated 06/29/22 identified the resident required physical assistance with medications. He was independent with bathing, dressing, toileting, transferring, walking/mobility and eating. The resident had intact cognition. The resident was understandable and understood others.

Record review of the combined "NSA/HSP' dated 06/29/22 identified the following healthcare services provided by the facility; medication management. The NSA lacked identification of the nurse responsible for the implementation and supervision the "HSP".

Interview at 08/10/22 with Administrator A and "LN" B revealed the "NSA's" for R101, R104 and R108 lacked the identification of the "LN"

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S3165	Continued From page 3 responsible for the implementation and supervision of the "HSP". The administrator failed to ensure the "licensed nurse" (LN) provided the name of the LN responsible for the implementation and supervision of the "Healthcare Service Plan" (HSP) on the residents "Negotiated Service Agreements" (NSA) for R101, R104, and R108.	S3165		
S3248 SS=E	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.	S3248		

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S3248	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) (1) The facility reported a census of 5 residents. Based on record review and interview the administrator failed to have date stamped evidence of license verification prior to providing care from the Kansas State Board of Nursing for one "Licensed Nurse" (LN C) of five newly hired employees reviewed, with the potential to care for all residents. Findings included: - Personnel record review on 08/10/22 at 03:00PM for newly hired LN C, revealed she began employment on 02/21/22. The personnel record lacked evidence of the required registry check for license verification with the Kansas State Board of Nursing after she began employment and provided resident care. Interview on 08/10/22 at 04:00PM with Administrator A revealed, she confirmed the personnel record for LN C lacked the required registry check for license verification with the Kansas State Board of Nursing after she began employment and provided resident care. The administrator failed to have date stamped evidence of license verification from the Kansas State Board of Nursing for LN C prior to providing care to all residents.	S3248		