STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046049	A. BUILDING: _____ B. WING _____	01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT MISSION	7105 MISSION ROAD PRAIRIE VILLAGE, KS 66208

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with attached complaints #173523, #172218, #170770, #170154, #169959 at the above named assisted living conducted on 01/10/23 and 01/11/23.	S 000		
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)(2) The facility reported a census of 58 residents with three residents included in the sample and two closed record reviews. Based on interview and record review the administrator failed to	S3085		

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

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S3085	Continued From page 1	S3085		

ensure the development of a "Negotiated Service Agreement" (NSA) for Resident (R) 110 based on his "Functional Capacity Screen" (FCS); that the "NSA" described the services he received for management of treatments and bladder incontinence; and that the "NSA" identified the hospice provider.

Findings included:

- Record review for R110 revealed an admission date of 09/16/21 with the following diagnoses: dementia and anxiety.

The 05/12/22 "FCS" identified R110 required physical assistance with dressing and toileting; was unable to perform management of treatments; and was occasionally incontinent of bladder.

The 05/19/22 combined "NSA"/Healthcare Service Plan" (HCP) identified R110 was independent with dressing and toileting which did not match the requirement for physical assistance documented on his "FCS."

The NSA failed to address management of treatments, what services were provided for bladder incontinence, and the hospice provider.

The 12/28/22 at 04:00 PM "Health Status Note" documented the writer had contacted the hospice provider regarding a medication for R110.

On 01/11/23 at 11:54 AM Administrative Nurse D stated the "NSA" and "HCP" were combined in one document.

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S3085	Continued From page 2 On 01/11/23 at approximately 02:40 PM during the findings meeting, Administrative Nurse C confirmed R110 was on hospice. The administrator failed to ensure the development of an "NSA" for R110 based on his "FCS"; that the "NSA" described the services he received for management of treatments and bladder incontinence; and that the "NSA" identified the hospice provider.	S3085		
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: KAR 26-41-205 (g)(3) The facility reported a census of 58 residents with 34 residents in the assisted living. The facility identifed a total of three medication carts with one in the memory care unit and two in the	S3211		

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S3211	Continued From page 3	S3211		

assisted living. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original package of 15 over-the-counter (OTC) medications on two medication carts in the assisted living.

Findings included:

- Observation on 01/10/23 at 01:12 PM revealed Certified Medication Aide (CMA) F unlocked and opened the third-floor assisted living medication cart which contained medications for the residents. The following OTC medications were not labeled with residents' full names:

1 bottle of Tylenol 500 milligrams (mg)
1 bottle of antacid calcium carbonate tablets 500 mg
1 bottle of ibuprofen tablets 200 mg
1 bottle of stool softener docusate sodium/sennosides tablets 50/8.5 mg

Observation on 01/10/23 at 01:28 PM revealed CMA H unlocked and opened the first and second floors assisted living medication cart which contained medications for the residents. The following OTC medications were not labeled with resident's full names:

1 bottle of stool softener docusate sodium/sennosides tablets 50/8.5 mg
2 bottles of acetaminophen tablets 100 mg
1 bottle of Miralax 4.5 ounces (oz)
1 bottle of Azo Cranberry 100 tablets
1 bottle of Vitamin D3 capsules 5000 international units (iu)
1 bottle of Equate aspirin tablets 81 mg

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S3211	Continued From page 4 3 bottles of Airborne elderberry gummies 1 bottle of Kaopectate 8 oz On 01/10/23 at 04:31 PM Administrative Nurse D confirmed the OTC medications were not labeled with residents' full names. The administrator failed to ensure all OTC medications were labeled with the residents' full names.	S3211		
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 58 residents. Based on interview and record review the administrator failed to ensure the facility	S3310		

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S3310	Continued From page 5	S3310		

remained in compliance with three out of three residents and three out of five staff sampled with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105.

Findings included:

- Record review for Resident (R) 109 revealed an admission date of 02/21/20 with the following diagnoses: major depressive disorder and dementia.

The 04/03/21 TB annual skin test was negative.

R109's record lacked evidence of a yearly TB screen since 04/03/21 which was 647 days before the start of the survey.

- Record review for R110 revealed an admission date of 09/16/21 with the following diagnoses: dementia and anxiety.

The two-step TB test administered on 09/17/21 and 09/24/21 was negative for both tests.

R110's record lacked evidence of a yearly TB screen since 09/24/21 which was 473 days before the start of the survey.

- Record review for R111 revealed an admission date of 12/07/22 with the following diagnoses: unspecified open wound, heart failure, and weakness.

R111's lacked evidence of TB screening for the 34 days she had lived at the facility so far at the start of the survey.

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S3310	Continued From page 6 - Record review for three staff revealed the following: Licensed Nurse E's employee record revealed a hire date of 09/07/22. Her record lacked evidence of TB screening. Certified Medication Aide (CMA) F's employee record revealed a hire date of 11/29/22. His record lacked evidence of TB screening. Certified Nurse Aide (CNA) G's employee record revealed a hire date of 10/07/22. His record lacked evidence of TB screening. On 01/05/23 at 03:13 PM Administrative Nurses C and D confirmed TB screening had not been conducted per the department's guidelines for staff and residents. The administrator 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=D	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	S3395		

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S3395	Continued From page 7 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: KAR 28-39-255(c)(3) The facility reported a census of 58 residents with 34 residents in the assisted living. The facility identified a total of three laundry areas with one in the memory care unit and two in the assisted living. Based on observation and interview the administrator failed to provide a work counter and a locked cabinet for storage of chemicals in one of two laundry areas in the assisted living. Findings included: - Observation on 01/10/23 at 01:25 PM revealed the door was unlocked to the second floor assisted living laundry area. There was an unlocked cabinet with chemicals inside. The laundry area lacked a work counter. On 01/10/23 at approximately 01:25 PM Administrative Staff I stated the door was unlocked to allow residents in who wished to do wash their own laundry.	S3395		

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S3395	Continued From page 8 On 01/11/23 at 09:34 AM Administrative Staff A confirmed the second floor assisted living laundry area did not have a work counter and the cabinet was not locked with chemicals inside. The administrator failed to provide a work counter and a locked cabinet for storage of chemicals in one of two laundry areas in the assisted living.	S3395		