STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046055	A. BUILDING: _____ B. WING _____	09/24/2024

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VINTAGE PARK AT GARDNER LLC	869 JUNIPER TERRACE GARDNER, KS 66030

(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 for the above named facility conducted on 09/23/24 and 09/24/24.	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: K.A.R. 26-41-202 (a) (1) (3) The facility reported a census of 39 residents The sample included 3 "Residents'" (R)'s. Based on interview and record review the Operator failed to ensure the "Negotiated Service Agreements'" (NSA)'s for R1 and R3 contained a description of services the residents' would receive and the operator further failed to ensure NSA's for R1 and R3 provided identification of each party	S3085		

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

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S3085	Continued From page 1	S3085		

responsible for payment if an outside resource provided a service.

Findings included:

- Record review for R1 revealed an admission date of 01/18/20 with diagnoses of anemia, chronic kidney disease, chronic obstructive pulmonary disease, congestive heart failure, depression, hypoxia, essential hypertension, and urinary retention.

Review of R1's "Functional Capacity Screen" (FCS) dated 01/17/24 revealed R1 required supervision with bathing, and was independent with dressing, toileting, transferring, walking/mobility and eating. R2 required supervision with medication management and her cognition was intact. She was able to make herself understood and she understood others. She was marked at risk for falls, and she used a walker mobility device.

Review of R1's combined NSA / "Health service Plan" (HSP) instructed facility staff to provide the following health services; qualified facility staff were to administer medications per the providers orders and provide stand by assistance with bathing for safety. The NSA listed the name of a local hospice provider.

R1's NSA lacked a description of services from the hospice provider and R1's NSA further lacked the identification of each party responsible for payment for hospice services.

Interview on 09/24/24 at approximately 03:00 PM with Operator A and "Licensed Nurse" (LN) B, confirmed the NSA for R1 a description of services from the hospice provider and

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S3085	Continued From page 2 identification of each party responsible for payment for the hospice services. - Record review for R3 revealed an admission date of 08/15/18 with diagnoses of Alzheimer's disease, chronic obstructive pulmonary disease, hypertension, insomnia, major depressive disorder, paranoid personality, type 2 diabetes, dementia with behavioral disturbances, unspecified psychosis not due to a substance or known physiological condition, and venous insufficiency. Review of R3's "Functional Capacity Screen" dated 07/29/24 revealed R3 required supervision with bathing, dressing, toileting, transferring, walking, and eating. She lacked the ability to manage her own medications and was incontinent. R3 had impaired memory recall, she was usually able to make herself understood and she understood others. Review of R3's combined "Negotiated Service Agreement / Health Service Plan" (NSA/HSP) dated 07/29/24 instructed facility staff to provide the following health services: Certified facility staff to manage and administer R3's medications and medical treatments, R3's NSA identified she received services from a local home health agency. Review of R3's NSA/HSP under the section titled "Health Care Services" lacked identification of the home health agency providing therapy services. Under the section titled "Personal Care with Assistance of Staff" were the following sections; Shower, Morning/Evening Preparation, Mobility, Dressing, toileting, and personal hygiene. In each section the following was typed; R3 was receiving	S3085		

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S3085	Continued From page 3	S3085		

care from home health and facility staff to assist "as needed for resident care as well."

R3's NSA lacked a description of services R3 was to receive for showering, morning/evening preparation, mobility, dressing, toileting, and personal hygiene. R3's NSA further lacked a description of services from the home health provider and identification of each party responsible for payment for the home health services.

Record review of R3's medical record revealed a document titled "Readmission Note" dated 08/07/24 and was signed by R3's medical provider. The note contained the following plan; Plan: blood sugar checks every morning, provide oxygen concentrator and portable tanks; continue all medications, labs treatments and therapies as outlined with physical, occupational and speech therapy.

Interview on 09/24/24 at approximately 03:00 PM with Operator A and LN B confirmed R3's NSA lacked a description of health services she would receive, and they further confirmed R3's NSA lacked a description of services from the home health provider and identification of each party responsible for payment for the home health services.

The Operator failed to ensure the NSA's for R1 and R3 contained a description of services the residents' would receive and the operator further failed to ensure NSA's for R1 and R3 provided identification of each party responsible for payment if an outside resource provided a service.

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S3171	Continued From page 4	S3171		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (i) The facility reported a census of 39 residents The sample included 3 "Residents'" (R)'s. Based on observation, interview, and record review the Operator failed to provide healthcare services for R1 in accordance with professional standards of practice when the Operator failed to ensure R1's "Negotiated Service Agreement" (NSA) included a description of the bed assist device attached to the right side of R1's bed, the purpose of the device, any special instructions on using the device and monitoring of the device. Findings included: - Record review for R1 revealed an admission date of 01/18/20 with diagnoses of anemia, chronic kidney disease, chronic obstructive pulmonary disease, congestive heart failure, depression, hypoxia, essential hypertension, and urinary retention. Review of R1's "Functional Capacity Screen" (FCS) dated 01/17/24 revealed R1 required supervision with bathing, and was independent with dressing, toileting, transferring, walking/mobility and eating. R2 required	S3171		

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S3171	Continued From page 5	S3171		

supervision with medication management and her cognition was intact. She was able to make herself understood and she understood others. She was marked at risk for falls, and she used a walker mobility device.

The comments section of the FCS lacked the listing of the bed assist device attached to the right side of R1's bed.

Review of R1's combined NSA / "Health service Plan" (HSP) instructed facility staff to provide the following health services; qualified facility staff were to administer medications per the providers orders and provide stand by assistance with bathing for safety.

R1's combined NSA/HSP lacked a description of the bed assist device attached to the right side of R1's bed, the purpose of the device, any special instructions on using the device and monitoring of the device.

Review of R1's medical record contained a document titled "Bedside Mobility Device evaluation". The document contained the following statement; "The resident's service plan must indicate the presence and purpose of the Bedside Mobility Device."

Observation on 09/24/24 at approximately 09:30 AM revealed on the right side of the bed a inverted U shaped device that measured approximately 35 inches in height, and in the 12.5 inch space between each leg of the device a black nylon pouch was attached.

Interview on 09/24/24 at approximately 09:30 AM with R1 revealed she did use the device to assist her in getting into and out of bed.

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S3171	Continued From page 6 Interview on 09/24/24 at approximately 03:00 PM with Operator A and "Licensed Nurse" (LN) B, confirmed the NSA for R1 lacked a description of the bed assist device attached to the right side of R1's bed, the purpose of the device, any special instructions on using the device and monitoring of the device. The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following: Complete an assessment of the resident to confirm that the device is not a restraint. Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record. Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record. If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the comments section. Include a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA. Document periodic reassessments of the resident's use of the device and their ability to use	S3171		

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S3171	Continued From page 7 it safely and reassessment of the safety of the device in the resident's record. The Operator failed to provide healthcare services for R1 in accordance with professional standards of practice when the Operator failed to ensure R1's NSA included a description of the bed assist device attached to the right side of R1's bed, the purpose of the device, any special instructions on using the device and monitoring of the device.	S3171		
S3215 SS=D	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as	S3215		

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S3215	Continued From page 8	S3215		

recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility.
(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-205 (h) (1)

The facility reported a census of 39 residents The sample included 3 "Residents'" (R)'s, Based on observation, interview, and record review the Operator failed to ensure the "Licensed Nurse" (LN) and the "Certified Medication Aides'" (CMA)'s ensured all medications and biologicals managed by the facility were stored in separately locked compartments within a locked medication room, cabinet, or medication cart for R3.

Findings included:

- Record review for R3 revealed an admission date of 08/15/18 with diagnoses of Alzheimer's disease, chronic obstructive pulmonary disease, hypertension, insomnia, major depressive disorder, paranoid personality, type 2 diabetes, dementia with behavioral disturbances, unspecified psychosis not due to a substance or known physiological condition, and venous insufficiency.

Review of R3's "Functional Capacity Screen" dated 07/29/24 revealed R3 required supervision with bathing, dressing, toileting, transferring,

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S3215	Continued From page 9 walking, and eating. She lacked the ability to manage her own medications and was incontinent. R3 had impaired memory recall, she was usually able to make herself understood and she understood others. Review of R3's combined "Negotiated Service Agreement / Health Service Plan" (NSA/HSP) dated 07/29/24 instructed facility staff to provide the following health services: Certified facility staff to manage and administer R3's medications and medical treatments, R3's NSA identified she received services from a local home health agency. Observation on 09/24/24 at approximately 09:50 AM of R3's bathroom revealed on the right side of the bathroom sink a tube of Calmoseptine and a bottle of Bio Freeze. Both contained prescription labels from the local pharmacy. Interview on 09/24/24 at approximately 03:00 PM with Operator A and Licensed Nurse B confirmed the facility managed all R3's medical treatments and the tube of Calmoseptine and the Bottle of Bio Freeze should have been locked in the facility's medication cart. The Operator failed to ensure the facility's LN's and CMA's ensured all medications and biologicals managed by the facility were stored in separately locked compartments within a locked medication room, cabinet, or medication cart for R3.	S3215		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms,	S3261		

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S3261	Continued From page 10 and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-105 (f) (11) The facility reported a census of 39 residents The sample included 3 "Residents'" (R)'s. Based on interview and record review the Operator failed to ensure the resident records for R3 contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action. Findings included: - Record review for R3 revealed an admission date of 08/15/18 with diagnoses of Alzheimer's disease, chronic obstructive pulmonary disease, hypertension, insomnia, major depressive disorder, paranoid personality, type 2 diabetes, dementia with behavioral disturbances, unspecified psychosis not due to a substance or known physiological condition, and venous insufficiency. Review of R3's "Functional Capacity Screen" dated 07/29/24 revealed R3 required supervision with bathing, dressing, toileting, transferring, walking, and eating. She lacked the ability to manage her own medications and was incontinent. R3 had impaired memory recall, she was usually able to make herself understood and she understood others.	S3261		

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S3261	Continued From page 11 Review of R3's combined "Negotiated Service Agreement / Health Service Plan" (NSA/HSP) dated 07/29/24 instructed facility staff to provide the following health services: Certified facility staff to manage and administer R3's medications and medical treatments, R3's NSA identified she received services from a local home health agency. Record review of R3's medical record revealed a document titled "Readmission Note" dated 08/07/24 and was signed by R3's medical provider. The note contained the following plan; Plan: blood sugar checks every morning, provide oxygen concentrator and portable tanks; continue all medications, labs treatments and therapies as outlined with physical, occupational and speech therapy. Review of R3's facility provided document titled "Notes Report" dated 07/02/24 to 09/23/24 revealed the following entries: On 08/06/24 at 12:40 AM R3 was confused when taking her bedtime medications, she "forgot how to use inhaler." The record lacked documentation of actions taken for the administration of R3's inhaler, and the record further lacked documentation of the results of actions taken. On 08/06/24 at 12:43 AM R3 was wandering the halls confused. The record lacked documentation of actions taken to redirect R3 when she was wandering the halls confused, and the record further lacked documentation of the results of actions taken.	S3261		

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S3261	Continued From page 12 On 08/06/24 at 01:31 PM R3 was taken by her son for evaluation at the local hospital for continued altered mental status and decreased oxygen saturation levels. On 08/06/24 at 09:54 PM R3 returned from the hospital with an oxygen saturation level of 89% and facility staff assisted her with getting ready for bed. The record lacked documentation of results of the actions after R3 returned from the hospital. On 08/07/24 at 10:36 AM R3 continued with confusion, staff was assisting R3 with her activities of daily living. R3 continued to have poor food and fluid intake and required stand by assistance with ambulation. A call was placed to the local pharmacy to follow up on an antibiotic order. The record lacked documentation for follow up on the order for R3's antibiotic. On 08/12/24 R3 came out of her room at 04:45 AM, she was not wearing a shirt. The Certified Nurse Aide assisted R3 back to her room and to bed. The record lacked documentation for actions taken after R3 was redirected. On 08/12/24 at 09:17 AM R3 was observed walking out in the hallway. R3 was "half dressed" it was documented that R3 was not wearing pants or underpants. Staff assisted R3 back to her room. The record lacked documentation for actions	S3261		

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S3261	Continued From page 13 taken after R3 was redirected. Interview on 09/24/24 at approximately 03:00 PM with Operator A and LN B confirmed R3's "Notes Report" lacked documentation of the actions taken when R3 experienced a change of condition and had to be redirected. The Operator failed to ensure the resident records for R3 contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action.	S3261		
S3280 SS=E	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 secure location. This REQUIREMENT is not met as evidenced	S3280		

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VINTAGE PARK AT GARDNER LLC	869 JUNIPER TERRACE GARDNER, KS 66030

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S3280	Continued From page 14 by: K.A.R. 26-41-104 (d) (3) The facility reported a census of 39 residents. Based on interview and record review the Operator failed to ensure a quarterly review of the facility's emergency management plan with employees and residents. Findings included: - Record review of the facility provided resident council meeting minutes revealed the emergency preparedness is reviewed with the residents who attend the resident council monthly. Review of the facility provided document titled "June 24 Resident Council" had a document attached titled "Resident Sign Off" which included the signature of 30 residents. Review of the facility provided report titled "Course Completion History" dated 09/01/22 to 09/24/24 revealed the course titled "Natural Disasters and Work Place Emergencies an overview" was assigned one time a year for facility staff. Interview on 09/09/24 at approximately 10:35 AM with Operator A confirmed the "Resident Sign Off" page did not include signatures of all residents at the facility on that date. Operator A further confirmed if the residents do not attend resident council, they do not receive the quarterly review of the facility's emergency management plan. Operator a stated that facility staff are only assigned through the online learning system the course for emergency preparedness only one time a year.	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046055	A. BUILDING: _____ B. WING _____	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT GARDNER LLC	869 JUNIPER TERRACE GARDNER, KS 66030

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S3280	Continued From page 15 The Operator failed to ensure a quarterly review of the facility's emergency management plan with employees and residents.	S3280		