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	N046094	A. BUILDING: _____ B. WING _____	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERCREST AT COLLEGE VIEW	13600 WEST 110TH TERRACE LENEXA, KS 66215

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 187784, 187735, 187288, 186503, 184043, and 179752, for the above named facility conducted on 05/13/24, 05/14/24, 05/15/24, and 05/16/24.	S 000		
S3028 SS=E	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.	S3028		

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

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S3028	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3) The facility reported a census of 70 residents with five residents included in the sample and two closed record reviews. Based on interview and record review the administrator failed to report an allegation of abuse, neglect, or exploitation to the department within 24 hours. Findings included: - Record review for R1 revealed an admission date of 03/20/24 with diagnoses of heart failure, atrial fibrillation, and sick sinus syndrome. The 04/02/24 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with bathing, dressing, toileting, and walking/mobility; supervision for transfers; and was marked for falls. The 04/02/24 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide assistance to propel her wheelchair for long distances for walking/mobility; minimal assistance with verbal prompts or cues and reminders to R1 to call staff for stand by assistance with all transfers; and staff assist to ensure a clutter free apartment, encouraged to wear proper footwear, and reminded to ask for assistance when needed to prevent falls. The 05/06/24 at 11:02 AM "Nursing Progress Note" by Administrative Nurse D documented staff reported R1 was discovered on the floor next to her bed during a routine check. She appeared	S3028		

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S3028	Continued From page 2	S3028		

lethargic and weak with difficulty forming words.

The 05/10/24 "Report" to the department documented an allegation of suspected strangulation occurred on 05/06/24. R1 was transferred to the hospital by ambulance on 05/06/24. The facility was notified by the local police department on 05/07/24 that suspicious bruises were found hospital staff. R1 remained in the hospital and passed away on 05/08/24.

An initial report of the incident was emailed to the department on 05/09/24 at 04:46 PM which was 77 hours and 46 minutes after Administrative Nurse C documented staff reported R1 was discovered on the floor by her bed.

Review of R1's record revealed lack of evidence of documentation the incident was reported to the department within 24 hours.

On 05/13/24 at 02:24 PM Administrative Staff C confirmed the incident when R1 was found on the floor of apartment on 05/06/24 was reported to the department on 05/08/24.

The administrator failed to report an allegation of abuse, neglect, or exploitation of R1 to the department within 24 hours.

- Record review for R3 revealed an admission date of 02/28/22 with a diagnosis of Parkinson's Disease.
The 01/31/24 "FCS" identified R3 required physical assistance with bathing, dressing, toileting, transfers, and eating; was unable to perform walking/mobility and management of medications and treatments; was incontinent of bladder; had short-term and long-term memory, memory recall, and decision-making difficulties;

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S3028	Continued From page 3	S3028		

and was marked for falls.

The 02/06/24 combined "NSA/HSP" documented facility provided R3 extensive assistance with bathing, assistance with dressing, toileting, and transfers; staff or family member propelled her wheelchair for walking/mobility; staff cut up food, opened cartons and packages for eating; facility staff managed medications; a home health agency managed treatments; staff assisted with bladder incontinence; and maintained a clutter-free environment, encouraged R3 to wear proper footwear, and reminded her to ask for assistance to prevent falls.

The 05/06/24 at 10:43 AM by Administrative Nurse B documented the regional nurse was notified regarding an incident between R3 and her spouse.

The 05/06/24 at 01:30 PM by Administrative Nurse B documented staff reported that over the weekend R3's spouse (who was also a resident at the facility) grabbed her arm and pulled her hair. The DPOA was notified the incident would be investigated by the facility.

On 05/14/24 at 11:53 AM Administrative Staff D and Administrative Nurse B confirmed staff witnessed R3's spouse grabbed R3's arm and pulled her hair. He had also been witnessed to stand over her and called her "stupid" and derogatory names.

On 05/14/24 at 11:57 AM Administrative Staff D confirmed the allegations of abuse had not been reported to the department.

The administrator failed to report an allegation of abuse toward R3 to the department within 24

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S3028	Continued From page 4 hours. On 05/14/24 at 12:05 PM Administrative Nurses B and C stated the "NSA" and "HSP" were combined in one document. The revised 02/2024 facility's "Incident Report" policy documented all incidents including resident conflict would be reported to the Director of Nursing or designee and the responsible party as applicable. The policy failed to address timing of reporting incidents to the departments. The administrator failed to report allegations of abuse, neglect, or exploitation for R1 and R2 to the department withing 24 hours.	S3028		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by:	S3092		

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S3092	Continued From page 5 K.A.R. 26-41-202 (d) The facility reported a census of 70 residents. The sample included 5 "Residents" (R)'s and 2 closed record reviews. Based on record review and interview the administrator failed to ensrue the review and, if necessary, revision of each "Negotiated Service Agreement" (NSA) following any significant change in condition, as defined in K.A.R. 26-39-100 for R5 and R8. - Record review for R5 revealed an admission date of 03/25/22 with a diagnosis of repeated falls. The 08/08/23 "FCS" identified R5 required physical assistance walking/mobility, and was marked for falls. The 08/31/23 combined "NSA/HCP" identified R5 used a walker or wheelchair for walking/mobility and staff provided assistance to ensure a clutter free apartment, encouragement to wear proper footwear, and reminded to ask for assistance to prevent falls. She was provided physical therapy by a home health company. R5's "NSA" lacked evidence of documentation when she no longer received services for physical therapy. On 05/15/24 at 12:51 PM Administrative Nurse C stated R5 was no longer provided physical therapy services and confirmed it was not updated on her most recent "NSA." The administrator failed to ensure facility staff completed an "NSA" following a significant	S3092		

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S3092	Continued From page 6 change for R5. - Record review for R8 revealed an admission date of 07/27/17 with a diagnosis heart failure. The 12/15/23 "FCS" identified R8 required physical assistance for management of treatments. The 12/15/23 combined "NSA/HCP" identified R8 was provided management of treatments by a home health company for wound care. R5's "NSA" lacked evidence of documentation when she no longer received services for wound care by one home health company and was provided services for wound care by a different home health company. On 05/15/24 at 12:51 PM Administrative Nurse C stated R8 was provided wound care by a different home health company and confirmed it was not updated on her most recent "NSA." The administrator failed to ensure facility staff completed an "NSA" following a significant change for R8.	S3092		
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	S3165		

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S3165	Continued From page 7 by: K.A.R. 26-41-204 (d) The facility reported a census of 70 residents. The sample included 5 "Residents" (R)'s and 2 closed record reviews. Based on interview, and record review the administrator failed to ensure the "Negotiated Service Agreement'" (NSA)'s contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan for R1, R2, R3, R5, R6 and R8. Findings included: - Record review for R1 revealed an admission date of 03/30/24 with diagnoses of glaucoma, anemia, ataxic gait, chronic kidney disease stage 4, hypertensive heart and kidney disease with heart failure, and presence of a cardiac pacemaker. Review of R1's "Functional Capacity Screen" (FCS) dated 03/27/24 revealed R1 required physical assistance with bathing, dressing, toileting, and walking/mobility. She required supervision with transferring and was independent with managing her own medications. She was cognitively intact and used a walker and wheelchair mobility devices. Review of the facility provided document titled "Kansas Health and Functionality Assessment Results and Service Plan" revealed under the section titled "Comments" "Licensed Nurse" (LN) C was responsible for the implementation and supervision of the care plan.	S3165		

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S3165	Continued From page 8	S3165		

- Record review for R2 revealed an admission date of 03/20/20 with diagnoses of Alzheimer's disease, adjustment disorder with anxiety and pain in the right hip.

Review of R2's FCS dated 04/07/24 revealed R2 required physical assistance with bathing, dressing, and walking/mobility, toileting, and management of her medications and medical treatments. She had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. She was sometimes able to make herself understood and she sometimes understood others.

Review of the facility provided document titled "Kansas Health and Functionality Assessment Results and Service Plan" revealed under the section titled "Comments" "Licensed Nurse" (LN) B was responsible for the implementation and supervision of the care plan.

- Record review for R3 revealed an admission date of 02/28/22 with a diagnosis of Parkinson's Disease.

The 01/31/24 "FCS" identified R3 required physical assistance with bathing, dressing, toileting, transfers, and eating; was unable to perform walking/mobility and management of medications and treatments; was incontinent of bladder; had short-term and long-term memory, memory recall, and decision-making difficulties; and was marked for falls.

Review of the facility provided document titled "Kansas Health and Functionality Assessment Results and Service Plan" revealed under the section titled "Comments" "Licensed Nurse" (LN)

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S3165	Continued From page 9 B was responsible for the implementation and supervision of the care plan. - Record review for R5 revealed an admission date of 03/25/22 with a diagnosis of repeated falls. The 08/08/23 "FCS" identified R5 required physical assistance for walking/mobility and was marked for falls. Review of the facility provided document titled "Kansas Health and Functionality Assessment Results and Service Plan" revealed under the section titled "Comments" "Licensed Nurse" (LN) B was responsible for the implementation and supervision of the care plan. - Record Review for R6 revealed an admission date of 06/30/2018 with diagnoses of macular degeneration, essential primary hypertension, and non-Hodgkin Lymphoma. Review of R6's "Functional Capacity Screening" (FCS) dated 05/31/23 revealed R6 was independent with bathing, and required physical assistance with dressing, toileting, transferring, walking/mobility. He lacked the ability to manage his own medications, and had impaired short-term memory, impaired memory recall, and impaired decision making. he was usually able to make himself understood and he usually understood others. Review of the facility provided document titled "Kansas Health and Functionality Assessment Results and Service Plan" revealed under the section titled "Comments" "Licensed Nurse" (LN) B was responsible for the implementation and	S3165		

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S3165	Continued From page 10 supervision of the care plan. - Record review for R8 revealed an admission date of 07/27/17 with diagnoses of atrial fibrillation and heart failure. Review of R8's FCS dated 12/15/23 revealed R8 required staff assistance to transfer in and out of the shower/bath, and she was independent with dressing, toileting, transferring/mobility. Staff to manage her medications. She was cognitively intact and was able to make herself understood and she understood others. Review of the facility provided document titled "Kansas Health and Functionality Assessment Results and Service Plan" revealed under the section titled "Comments" "Licensed Nurse" (LN) C was responsible for the implementation and supervision of the care plan. Interview on 05/14/24 at 12:05 PM with LN B and C confirmed the facility provided document titled "Service Plan Detail" is the NSA. They stated the family's sign all documents and the families only receive a copy of the "Service Plan Detail"/NSA. LN B and C further confirmed the nurse responsible statement is not on the "Service Plan Detail"/NSA, and the nurse responsible statement was on the "Kansas Health and Functionality Assessment Results and Service Plan" document. The administrator failed to ensure the NSA's contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan for R1, R2, R3, R5, R6 and R8.	S3165		

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S3171 SS=E	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: KAR 26-41-204(i) The facility reported a census of 70 residents with five included in the sample and two closed record reviews. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Residents (R) 1, R3, and R5. Findings included: - Record review for R1 revealed an admission date of 03/20/24 with diagnoses of heart failure, atrial fibrillation, and sick sinus syndrome. The 04/02/24 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with walking/mobility; supervision for transfers; and was marked for falls. The 04/02/24 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide assistance to propel her wheelchair for long distances for walking/mobility; minimal assistance with verbal prompts or cues and reminders to R1 to call staff	S3171		

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S3171	Continued From page 12	S3171		

for stand by assistance with all transfers; and staff assist to keep clutter free apt, encourage to wear proper footwear, remind to ask for assistance when needed to prevent falls.

R1's record lacked evidence of documentation of a bed assist device assessment.

On 05/14/24 at approximately 02/12 PM Certified Medication Aide F stated R1 had a bed rail on one side of her bed she used to hold onto when she transferred in and out of bed.

On 05/14/24 at 12:08 PM Administrative Nurse C confirmed R1's record lacked evidence of documentation a bed rail assessment was completed.

- Record review for R3 revealed an admission date of 02/28/22 with a diagnosis of Parkinson's Disease.

The 01/31/24 "FCS" identified R3 required physical assistance transfers; was unable to perform walking/mobility; and was marked for falls.

The 02/06/24 combined "NSA/HSP" documented facility provided R3 extensive assistance with transfers; staff or family member propelled her wheelchair for walking/mobility; and facility staff maintained a clutter-free environment, encouraged R3 to wear proper footwear, and reminded her to ask for assistance to prevent falls.
R3's record lacked evidence of documentation of a bed assist device assessment.

Observation on 05/15/24 at 09:50 AM revealed a bed rail attached to R3's bed.

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S3171	Continued From page 13 On 05/15/24 at approximately 12:20 PM Administrative Nurse D confirmed R3's record lacked evidence of documentation a bed rail assessment was completed. - Record review for R5 revealed an admission date of 03/25/22 with a diagnosis of repeated falls. The 08/08/23 "FCS" identified R5 required physical assistance for walking/mobility and was marked for falls. The 08/31/23 combined "NSA/HCP" identified R1 used a walker or wheelchair for walking/mobility; and staff assist to keep clutter free apt, encourage to wear proper footwear, remind to ask for assistance when needed to prevent falls. R5's record lacked evidence of documentation of a bed assist device assessment. Observation on 05/15/24 at 09:30 AM revealed a bed rail attached to R5's bed. On 05/15/24 at approximately 12:20 PM Administrative Nurse C confirmed R5's record lacked evidence of documentation a bed rail assessment was completed. On 05/15/24 a bed rail policy was requested which the facility failed to provide. The administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R1, R3, and R5.	S3171		

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(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
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 70 residents with five included in the sample and two closed record reviews. Based on interview and record review the administrator failed to ensure a licensed nurse performed an annual assessment to determine if Resident (R) 8 could self-administer medications safely. Findings included: - Record review for R8 revealed an admission date of 07/27/17 with diagnoses of atrial fibrillation and heart failure.	S3175		

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S3175	Continued From page 15 The 12/15/23 "Functional Capacity Screen" (FCS) identified R8 required physical assistance for management of medications. The 09/18/23 "Negotiated Service Agreement" (NSA) identified facility staff administered R8 her medications. The "NSA" failed to address select medications R8 self-administered. The 02/25/23 "Self-Administration of Medications Competency Evaluation" documented R8 would self-administer metoprolol, omeprazole, levothyroxine, potassium, warfarin, spironolactone, furosemide, torsemide, stool softener, and calcium. R8's record lacked evidence of documentation of a medication self-administration assessment completed since 02/25/23 which was a total 453 days and 88 days past due. On 05/15/24 at 09:16 AM Administrative Nurse C confirmed R8's most recent medication self-administration assessment was completed on 02/15/23. The facility's revised 02/2024 "Self-Administration of Medications" policy documented a licensed nurse would complete a self-administration competency test. The policy failed to address timing of the assessment. The administrator failed to ensure a licensed nurse performed an annual assessment to determine if R8 could self-administer medications safely.	S3175		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications	S3186		

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S3186	Continued From page 16 (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The facility reported a census of 70 residents with five included in the sample and two closed record reviews. Based on interview and record review the administrator failed to ensure Resident (R) 8's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management of select medications. Findings included: - Record review for R8 revealed an admission date of 07/27/17 with diagnoses of atrial fibrillation and heart failure. The 12/15/23 "Functional Capacity Screen" (FCS) identified R8 required physical assistance for management of medications. The 09/18/23 "Negotiated Service Agreement" (NSA) identified facility staff administered R8 her medications.	S3186		

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S3186	Continued From page 17 R8's "NSA" failed to identify who was responsible for the administration of other select medications she administered herself and/or the select medications facility staff administered. The 02/25/23 "Self-Administration of Medications Competency Evaluation" documented R8 would self-administer metoprolol, omeprazole, levothyroxine, potassium, warfarin, spironolactone, furosemide, torsemide, stool softener, and calcium. On 05/15/24 at 09:16 AM Administrative Nurse C confirmed R8 self-administered some of her medications The facility's revised 02/2024 "Self-Administration of Medications" policy documented the "NSA" would reflect who was responsible for the administration and management of select medications. The administrator failed to ensure R8's "NSA" identified who was responsible for the administration and management of select medications.	S3186		
S3211 SS=F	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	S3211		

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S3211	Continued From page 18 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: K.A.R. 26-41-205 (g) (3) The facility reported a census of 70 residents. The sample included 5 "Residents" (R)'s and 2 closed record reviews. Based on observation, interview, and record review the administrator failed to ensure the "Licensed Nurse" (LN) or the Licensed Pharmacist placed the full name of the resident on the bottle of "Over the Counter" (OTC) medication in the first-floor medication cart. Findings included: - Observation on 05/13/24 at approximately 02:45 PM during the initial facility tour with LN B, "Certified Medication Aide" (CMA) I opened the locked medication cart located in the medication room on the first floor and revealed a bottle of Acetaminophen 500 milligrams labeled "Stock". Interview on 05/13/24 at approximately 02:45 PM with LN B confirmed that the bottle lacked the full name of a resident. The administrator failed to ensure the LN, or the Licensed Pharmacist placed the full name of the resident on the bottle of OTC medication in the	S3211		

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S3211	Continued From page 19 first floor medication cart.	S3211		
S3215 SS=E	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 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.	S3215		

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S3215	Continued From page 20 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (h) (1) The facility reported a census of 70 residents. The sample included 5 "Residents" (R)'s and 2 closed record reviews. Based on observation, interview, and record review the administrator failed to ensure only "Licensed Nurses" (LN)'s and "Certified Medication Aides" (CMA)'s were the only facility staff to have access to all non-controlled medications, the administrator further failed to ensure all non-controlled medications managed by the facility were stored in a locked medication room, cabinet or medication cart for R6 and R8. Findings included: - Record Review for R6 revealed an admission date of 06/30/2018 with diagnoses of macular degeneration, essential primary hypertension, and non-Hodgkin Lymphoma. Review of R6's "Functional Capacity Screening" (FCS) dated 05/31/23 revealed R6 was independent with bathing, and required physical assistance with dressing, toileting, transferring, walking/mobility. He lacked the ability to manage his own medications, and had impaired short-term memory, impaired memory recall, and impaired decision making. he was usually able to make himself understood and he usually understood others. Review of R6's combined "Negotiated Service Agreement" (NSA)/" Health Service Plan" (HSP) instructed facility staff to provide the following	S3215		

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S3215	Continued From page 21	S3215		

health services: extensive assistance with dressing, moderate assistance with toileting, and the local hospice provider would provide R6 a shower 2 twice weekly. Caregivers were instructed to assist R6 with mobility in his wheelchair, and provide moderate assistance with bathing, and qualified facility staff to administer his medications.

Review of the facility provided document titled "Registered Nurse Comprehensive Assessment Patient Assessment Report" and signed by local hospice nurse H, revealed the following: R6 admitting diagnoses to hospice was for senile degeneration of the brain and he resided in assisted living.

Observation on 05/15/24 at approximately 04:30 PM with LN C of R6's bathroom revealed the following non-controlled medications:

Next to the toilet were the following;
21 Selan and Zinc cream individual packets
8 Calmoseptine cream individual packets

In the medicine cabinet to the left of the sink were the following;
2 bottle of Kirkland 100 milligram (mg) stool softener
1 bottle of Famotidine 20 mg acid controller
1 bottle of Bactine
1 bottle of Phillips Milk of Magnesia
1 bottle of Antiacid Anti Gas
1 bottle of Ibuprofen 200 mg soft gels
1 bottle of Nystatin Powder 1000,000 units/gram
8 Chamosyn Skin Protectant cream individual packets

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S3215	Continued From page 22 In the fifth drawer down to the left side of the bathroom sink were the following; I box of Dulcolax 10 mg suppositories 1 tube of Terbinafine hydrochloride cream 1% Under the bathroom sink 1 bottle of MiraLAX 3 bottles of Polyethylene Glycol 3350 In the drawer to the right side of the sink were the following; 1 tube Lidocaine 4% Topical 1 container of Glycerin suppositories 1 tube of Sun Mark double antibiotic ointment On the shelf right outside the bathroom door were the following; 1 bottle of 91 % Isopropyl Alcohol 1 bottle of Fluocinonide 0.05 % 1 bottle of CVS Antiacid Tablets 1 bottle of Rugby Milk of Magnesia 1 bottle of Hydrogen Peroxide Topical - Record review for R8 revealed an admission date of 07/27/17 with diagnoses of atrial fibrillation and heart failure. Review of R8's FCS dated 12/15/23 revealed R8 required staff assistance to transfer in and out of the shower/bath, and she was independent with dressing, toileting, transferring/mobility. Staff to manage her medications. She was cognitively intact and was able to make herself understood and she understood others. Review of R8's combined NSA/HSP dated 12/15/23 instructed facility staff to provide the following health services staff to assist with transferring with bathing. Under the section titled	S3215		

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S3215	Continued From page 23	S3215		

"Medications-Topical Treatments" revealed that R8 used Voltaren Gel for pain management, it continued to reveal that R8 required "Extensive" assist by "Qualified Staff" to manager her medications.

Observation on 05/15/24 at approximately 05:15 PM of R8's bathroom revealed the following in her bathroom:

On the storage shelfs to the left of the sink were the following;
1 bottle of Lidocaine Viscus Oral
1 box of Lidocaine Patches
1 bottle of Calamine lotion
2 bottles of Isopropyl Alcohol

On the top of the counter around the sink and in the open drawers under the sink were the following;
1 bottle of Major Nasal Decongestant
1 tube of Estradiol Vaginal cream
1 tube of Ketocoazole cream
1 tube of Triamcinolone cream
1 tube of Clobetasol Propionate cream
1 tube of Triple Antibiotic ointment
1 tube of Hemorrhoid cream
1 tubes of Cortisone 10 cream

Next to R8's toilet were the following;
1 tube of Desitin cream
1 tube of Anti Fungal Cream
1 box of Hemorrhoid suppositories
1 tube of Hemorrhoid cream

Interview on 05/16/24 at approximately 12:00 PM with Administrator D and LN's B and C confirmed all over the counter and non-controlled medications were to be secured. They further confirmed that the qualified facility staff provide all

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S3215	Continued From page 24 of R6's medications and treatments, and the qualified facility staff provide all of R8's oral medications and R8 does some of her own treatments. The administrator failed to ensure only LN's and CMA's were the only facility staff to have access to all non-controlled medications, the administrator further failed to ensure all non-controlled medications managed by the facility were stored in a locked medication room, cabinet or medication cart for R6 and R8.	S3215		
S3261	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) 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 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-105 (f) (11) The facility reported a census of 70 residents. The sample included 5 "Residents" (R)'s and 2 closed record reviews. Based on interview, and record review the administrator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, actions taken and results of the actions taken for R1 and R2.	S3261		

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S3261	Continued From page 25	S3261		

Findings included:

- Record review for R1 revealed an admission date of 03/20/24 with diagnoses of heart failure, atrial fibrillation, and sick sinus syndrome.

The 04/02/24 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with bathing, dressing, toileting, and walking/mobility; supervision for transfers; and was marked for falls.

The 04/02/24 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide assistance to propel her wheelchair for long distances for walking/mobility; minimal assistance with verbal prompts or cues and reminders to R1 to call staff for stand by assistance with all transfers; and staff assist to keep clutter free apt, encourage to wear proper footwear, remind to ask for assistance when needed to prevent falls.

The 04/30/24 "Fall Progress Note" documented a fall follow up note for a fall that occurred on 04/28/24. R1 reported legs were "giving out because they are weak" during transfers. R1 had a dime-sized abrasion to her right knee.

The 05/06/24 "Fall Progress Note" documented a fall follow up note for a fall that occurred on 05/04/24. R1 reported left shoulder pain, bruising and skin tear to left cheek, bruising to left jaw, left shoulder, and left leg.

The 05/07/24 "Fall Progress Note" documented staff reported R1 was found on the floor next to her bed in her apartment during a routine check. R1 was weak and lethargic with difficulty forming words. Facility staff contacted emergency

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S3261	Continued From page 26 services to transfer R1 to the hospital. The 05/08/24 "Nursing Progress Note" documented R1's legal representative contacted Administrative Nurse C to report R1 would not return to the facility. Review of nursing progress notes from 03/30/24 (admission) to 05/08/24 revealed documentation R1 fell four times on: 04/28/24 at 02:30 PM - small dime sized abrasion to right knee. 04/30/24 at 05:30 AM - fell out of wheelchair with scratches to right knee. 05/04/24 - pain in right shoulder, bleeding on left side of face; refused to go to hospital. 05/06/26 - found on floor, lethargic, weak, and unable to form words. R1's record lacked evidence of documentation for the following: All incidents from admission to facility on 03/30/24 to 04/30/24, which was 31 days Symptoms, action taken, and results of the action for feeling weak and legs "giving out" on 04/30/24 Date, time of occurrence , action taken, and results of the action for a fall on 05/03/24 Action taken and results of the actions for falls on 04/28/24, 04/30/24, and 05/04/24 On 05/14/24 at 03:26 PM Administrative Nurse C confirmed R1 fell five times since admission to the facility; her record lacked evidence of documentation of all incidents, symptoms, and other indications of illness or injury including dates, times, of occurrences, actions taken, and results of the actions. - Record review for R2 revealed an admission	S3261		

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S3261	Continued From page 27 date of 03/20/20 with diagnoses of Alzheimer's disease, adjustment disorder with anxiety and pain in the right hip. Review of R2's FCS dated 04/07/24 revealed R2 required physical assistance with bathing, dressing, and walking/mobility, toileting, and management of her medications and medical treatments. She had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. She was sometimes able to make herself understood and she sometimes understood others. Review of R2's combined NSA/HSP dated 04/08/24 instructed facility staff to provided physical assistance with bathing, dressing and toileting. Qualified facility staff were to manage her medications and medical treatments. Review of R2's electronic medical record under the "Progress Notes" tab revealed the following entries: On 03/14/24 the nurse wrote that on 03/12/24 she assessed areas of discoloration on the mid upper left arm and the left lateral back of the left leg. The note lacked documentation of actions taken to protect R2 from receiving any more areas of discoloration. On 03/15/24 the nurse wrote that R2 saw her medical provider to follow up on bruising. The record lacked documentation of actions taken to protect R2 from receiving any more areas of discoloration.	S3261		

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S3261	Continued From page 28 On 03/29/24 The nurse wrote that the action of adding padding to her bed. The record lacked documentation of the results of the actions taken of adding the padding to her bed. On 04/09/24 the nurse wrote that she was notified on 04/08/24 that R2 had a fresh skin tear to her lower left leg. R2 was sent to the local emergency room for treatment. On 04/09/24 the nurse wrote that the resident was returned to the facility at 03:00 AM with sutures in place to the lower left leg. Home health was ordered. The actions taken to protect R2 were the placement of pool noodles placed on R2's wheelchair to pad certain areas of the chair. The record lacked documentation of the results of the pool noodles on R2's chair for protection. The next entry was on 04/16/24 revealing R2 was sent to the hospital and had been admitted with Pneumonia and COVID. Interview on 05/15/24 at approximately 01:45 PM with LN B confirmed R2's record lacked documentation of actions taken to protect R2 from obtaining bruises at the time of the incidents, and she further confirmed the results of the actions taken. The administrator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including dates, times, of occurrences, actions taken, and results of the actions for R1 and R2.	S3261		

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	N046094	A. BUILDING: _____ B. WING _____	05/16/2024

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S3310	Continued From page 29	S3310		
S3310 SS=E	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: K.A.R. 26-41-207 (c) The facility reported a census of 70 residents. The sample included 5 "Residents" (R)'s, 2 closed record reviews, and 5 newly hired employees. Based on interview, and record review the administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R6, R8, and "Certified Medication Aide" (CMA) A. Findings included: - Record review for CMA A revealed she began	S3310		

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S3310	Continued From page 30	S3310		

employment on 08/17/23. The personnel record for CMA A revealed a document Titled TB testing and showed the first step of the required two step test was administered on 08/17/23 and read negative on 08/30/23.

The first step was not read within 48 to 72 hours after administration.

- Record Review for R6 revealed an admission date of 06/30/2018 with diagnoses of macular degeneration, essential primary hypertension, and non-Hodgkin Lymphoma.

Review of R6's medical record revealed a document titled "Baseline Tuberculosis Symptom Screening Questionnaire" and was dated 07/07/21.

R6's medical record lacked an annual TB symptom screening questionnaire for 2022 and 2023.

- Record review for R8 revealed an admission date of 07/27/17 with diagnoses of atrial fibrillation and heart failure.

Review of R6's medical record revealed a document titled "Baseline Tuberculosis Symptom Screening Questionnaire" and was dated 04/10/23.

R6's medical record lacked an annual TB screening questionnaire completed by 04/10/24.

Review of the "Kansas Tuberculosis Guidelines for Adult Care Homes" dated 06/13 revealed the

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S3310	Continued From page 31 following: Under section II. "Resident and Employee Annual Tuberculosis Symptom Screen Review and Tuberculosis Infection Testing." A. "Symptom Screen" "Each resident and employee shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire." Under section IV. "Procedure for Tuberculosis Infection Testing" A. "Tuberculosis Skin Test (TST)" 1. The first TST shell be read within 48 to 72 hours of its administration. If the first test is read as not positive, a second TST shall be administered within one to three weeks. The administrator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R6, R8, and CMA A.	S3310		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards:	S3320		

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S3320	Continued From page 32 (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-254 (a) The facility reported a census of 70 residents. The sample included 5 "Residents" (R)'s and 2 closed record reviews. Based on observation, interview, and record review the administrator failed to ensure the facility was maintained to protect the health and safety of the residents. Findings included: - Observation on 05/13/24 at approximately 03:00 PM during the initial facility tour in the secured specialty unit resident open kitchen/dining area, revealed a set of floor to ceiling cabinets on the northeast wall that the doors freely opened. In the second cabinet on the shelf sat a bag with a bottle of Nature Valley Vitamin E. Interview on 05/13/24 at approximately 03:00 PM with "Licensed Nurse" (LN) B confirmed that the bag and bottle of Nature Valley Vitamin E belonged to a facility staff member.	S3320		

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S3320	Continued From page 33 - Record Review for R6 revealed an admission date of 06/30/2018 with diagnoses of macular degeneration, essential primary hypertension, and non-Hodgkin Lymphoma. Review of R6's "Functional Capacity Screening" (FCS) dated 05/31/23 revealed R6 was independent with bathing, and required physical assistance with dressing, toileting, transferring, walking/mobility. He lacked the ability to manage his own medications, and had impaired short-term memory, impaired memory recall, and impaired decision making. he was usually able to make himself understood and he usually understood others. Review of R6's combined "Negotiated Service Agreement" (NSA)/" Health Service Plan" (HSP) instructed facility staff to provide the following health services: extensive assistance with dressing, moderate assistance with toileting, and the local hospice provider would provide R6 a shower 2 twice weekly. Caregivers were instructed to assist R6 with mobility in his wheelchair, and provide moderate assistance with bathing, and qualified facility staff to administer his medications. Review of the facility provided document titled "Registered Nurse Comprehensive Assessment Patient Assessment Report" and signed by local hospice nurse H, revealed the following: R6 admitting diagnoses to hospice was for senile degeneration of the brain and he resided in assisted living. Observation of R6's room on 05/15/24 at approximately 04:32 PM with LN C revealed the following in R6's bathroom an open container of Tide Pods on the floor next to the combined	S3320		

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S3320	Continued From page 34 washer/dryer, a bottle of Zout stain remover, a bottle of Oxi Clean stain remover, and a bottle of Febreze air freshener. In the top left drawer was a pocketknife, and two pairs of scissors, in the third drawer down in the cabinet under the sink were five plastic disposable razors, in the fourth drawer down were a plastic bag with Tide Pods, under the sink the doors freely opened and there was a bottle of glass cleaner. Interview on 05/15/24 at approximately 04:35 PM confirmed the unsecured chemicals in R6's bathroom. The administrator failed to ensure the facility was maintained to protect the health and safety of the residents.	S3320		
S9999	Final Observations K.S.A. 39-938 Adult care homes shall comply with all the lawfully established requirements and rules and regulations of the secretary of aging and the state fire marshal and any other agency of government so far as pertinent and applicable to adult care homes, their building, operators, staffs, facilities, maintenance, operation, conduct and the care and treatment of resident. This requirement is not met as evidenced by: The facility reported a census of 70 residents. The sample included residents and 5 "Residents" (R)'s, and 2 closed record reviews. Based on observation and interviews for all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each	S9999		

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S9999	Continued From page 35	S9999		

resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.

Scope/severity: E

Findings included:

Observation on 05/13/24 at approximately 02:45 PM with "Licensed Nurse" (LN) B during the facility tour a notice on a resident apartment door stated, "Attention Recording Device in Use." The tour revealed the resident apartment doors lacked a posting stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.

Interview on 05/13/24 at approximately 02:45 with LN B confirmed the resident apartment with the notice did have an electronic monitoring device placed by the resident's family, and she further confirmed the resident apartment doors lacked a posting stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.

Observation on 05/13/24 at approximately 03:00 PM revealed the main entrance to the facility lacked a posting stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents. There was only one resident room throughout the facility with a posting of video surveillance in a resident apartment.

For all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's

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S9999	Continued From page 36 resident or residents.	S9999		