STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE ESTATES	329 N KAY LANE PARSONS, KS 67357

(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 a resurvey at the above named assisted living facility conducted on 3/25,26,27/2019.	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: KAR 26-41-202(a)(1)(2)(3) The facility reported a census of 30 residents. The sample included 3 residents and 1 focused record review. Based on observations, interview and record review, the operator failed to ensure designated staff developed a written negotiated service agreement for 3 (#100, #200, #300) of 3 residents which included a description of the services the resident would receive, identification	S3085		

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

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S3085	Continued From page 1 of the provider of each service and identification of each party responsible for payment if outside resources provided a service. Findings included: - Review of resident #100's medical record revealed he/she admitted to the facility on 10-1-17 with diagnoses of diabetes with neuropathy, hypertension, depression, atrial fibrillation and muscle weakness. Review of the functional capacity screen dated 9-29-18 revealed the resident was independent with activities of daily living, had falls and unsteadiness and needed physical assistance with management of medications. Review of the negotiated service agreement dated 9-29-18 failed to identify an outside company provided laboratory and podiatry services and who was responsible for payment of those services. - Review of resident #200's medical record revealed he/she admitted to the facility on 3-1-17 with diagnoses of hypertension, hypothyroid, anxiety, hypercalcemia and vitamin D deficiency. Review of the functional capacity screen dated 3-6-19 revealed the resident required physical assistance with bathing, dressing, and toileting as well as management of medications and treatments. Review of the negotiated service agreement dated 3-6-19 failed to identify an outside company provided laboratory services and who was responsible for payment of those services.	S3085		

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S3085	Continued From page 2 - Review of resident #300's medical record revealed he/she admitted to the facility on 1/10/19 with diagnosis of hypothyroidism, chromic obstructive pulmonary disease, and asthma. Review of the functional capacity screen dated 1-10-19 revealed the resident required physical assistance with bathing and management of medications as well as problems with falls and unsteadiness. Review of the negotiated service agreement dated 1-10-19 failed to identify an outside company provided laboratory and podiatry services and who was responsible for payment of those services. During an interview on 3-26-19 at 9:26 AM certified staff A reported a lab company came into the facility and drew lab for residents and there is a podiatrist that comes into the facility to provide foot care. During an interview on 3-26-19 at 9:45 AM administrative staff D confirmed the lab was obtained from an outside company unless it was drawn in the physicians office and the podiatry company cam into the facility to provide foot care. The operator failed to ensure designated staff developed a negotiated service that included bed rail usage for residents #100 and #200 and services related to bladder incontinence for resident #300.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure	S3092		

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S3092	Continued From page 3	S3092		

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:
KAR 26-41-202(d)(2)

The facility reported a census of 30 residents. The sample included 3 residents and 1 focused record review. Based on observations, interview and record review, the operator failed to ensure designated staff reviewed and revised the negotiated service agreement for 2 (#200, #300) of 3 residents who had a significant change in condition when they started Hospice services.

Findings included:

- Review of resident #200's medical record revealed he/she admitted to the facility on 3-1-17 with diagnoses of hypertension, hypothyroid, anxiety, hypercalcemia and vitamin D deficiency.

Review of the functional capacity screen dated 3-6-19 revealed the resident required physical assistance with bathing, dressing, and toileting as well as management of medications and

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S3092	Continued From page 4 treatments. Review of the negotiated service agreement dated 3-6-19 lacked revision to identify the resident received Hospice services. Review of the resident record revealed he/she started on Hospice services on 3-11-19. - Review of resident #300's medical record revealed he/she admitted to the facility on 1/10/19 with diagnosis of hypothyroidism, chromic obstructive pulmonary disease, and asthma. Review of the functional capacity screen dated 1-10-19 revealed the resident required physical assistance with bathing and management of medications as well as problems with falls and unsteadiness. Review of the negotiated service agreement dated 1-10-19 lacked revision the resident received Hospice services. During an interview on 3-25-19 at 5:00 PM administrative staff D he/she would normally just do a new negotiated service agreement when a resident had a change in status. The operator failed to ensure designated staff reviewed and revised resident #200 and #300 negotiated service agreement when the resident had a significant change in status.	S3092		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides	S3155		

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S3155	Continued From page 5 or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 30 residents. The sample included 3 residents and 1 focused record review. Based on observations, interview and record review, the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of 2 (#200 and #300) of 3 residents related to safety assessment for the use of bed rails. Findings included: -- Review of resident #100's medical record revealed he/she admitted to the facility on 10-1-17 with diagnoses of diabetes with neuropathy, hypertension, depression, atrial fibrillation and muscle weakness. Review of the functional capacity screen dated 9-29-18 revealed the resident was independent with activities of daily living, had falls and unsteadiness and needed physical assistance with management of medications. Review of the negotiated service agreement dated 9-29-18 revealed the resident had short	S3155		

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S3155	Continued From page 6	S3155		

rails on the bed for bed mobility.

Review of the resident record lacked evidence of side rail assessment for safety and use.

Observation on 3-26-19 at 8:53 AM revealed the resident had bilateral half rails on the bed. The rail beside the wall was up on both ends and the rail on the open side of the bed was up at the top and down at the bottom.

- Review of resident #200's medical record revealed he/she admitted to the facility on 3-1-17 with diagnoses of hypertension, hypothyroid, anxiety, hypercalcemia and vitamin D deficiency.

Review of the functional capacity screen dated 3-6-19 revealed the resident required physical assistance with bathing, dressing, and toileting as well as management of medications and treatments.

Review of the negotiated service agreement dated 3-6-19 revealed the resident had half rails for repositioning assistance.

Review of the residents record lacked evidence of side rail assessment for safety and use.

Observation on 3-26-19 at 8:40 PM the resident had bilateral quarter rails in the up position on the bed.

During an interview on 3-26-19 at 1:20 PM administrative staff D reported he/she did not have a formal assessment for side rails on beds but he/she did make sure they fit the bed properly.

The operator failed to ensure a licensed nurse

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S3155	Continued From page 7 provided or coordinated a safety assessment for residents who used bed rails and bed canes.	S3155		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (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 30 residents. The sample included 3 residents and 1 focused record review. Based on observation, record review and interview for 1 (#100) of 3 residents the operator failed to ensure resident #100's negotiated service agreement identified he/she administered some of his/her medications and failed to identify who administered and managed the selected medications. Findings included: - Review of resident #100's medical record revealed he/she admitted to the facility on 10-1-17 with diagnoses of diabetes with	S3186		

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S3186	Continued From page 8 neuropathy, hypertension, depression, atrial fibrillation and muscle weakness. Review of the functional capacity screen dated 9-29-18 revealed the resident needed physical assistance with management of medications. Review of the negotiated service agreement dated 9-29-18 directed staff to leave medications in room in the morning and resident self administered insulin. The negotiated service agreement failed to identify the resident also self administered Excedrin pain tablets for a headache as needed. Observation on 3-26-19 at 8:53 AM revealed a bottle of Excedrin in a basket on the dining room table. During an interview on 3-26-19 at 8:53 AM the resident reported he/she kept a bottle of Excedrin in his/her room otherwise the staff gave him/her all medications. During an interview on 3-26-19 at 2:15 PM administrative staff D reported he/she did not know the resident had Excedrin in his/her room but expected the negotiated service agreement to identify what medications the resident self-administered. The administrator failed to ensure the negotiated service agreement for residents who self-administered some of their medications included what medications the facility staff would administer.	S3186		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications	S3200		

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S3200	Continued From page 9 (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR26-41-205(d) The facility reported a census of 30 residents. The sample included 3 residents and 1 focused record review. Based on interview and record review, the operator failed to ensure designated staff administered medications and biologicals to 3(#100, #200, #400) of 4 residents in accordance with a medical care providers written order, professional standards of practice, and each manufactures recommendations. Findings included: - Review of resident #100's medical record revealed he/she admitted to the facility on 10-1-17 with diagnoses of diabetes with	S3200		

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S3200	Continued From page 10	S3200		

neuropathy, hypertension, depression, atrial fibrillation and muscle weakness.

Review of the functional capacity screen dated 9-29-18 revealed the resident was independent with activities of daily living, had falls and unsteadiness and needed physical assistance with management of medications.

Review of the negotiated service agreement dated 9-29-18 revealed staff administered medications except the resident self--administered his/her own insulin.

Review of the resident's physicians orders dated 3-16-19 included the following:
Isosorbide mono. 60 mg 1 tabled daily for atrial fibrillation - hold if pulse is under 50,
Metoprolol 100 mg 1 tablet twice daily for hypertension - hold if systolic blood pressure is under 90.
Idolize HCL 240 mg 1 tablet daily for hypertension - hold if blood pressure below 90/50

Review of the march 2019 medication record revealed none of the above medications were held. Review of the vitals sheet included 1 pulse that was 43 and 4 pulses that were 48.

During an interview on 3-26-19 at 11:21 AM certified staff A reported the physician said to check the residents blood pressure and pulse in the evening. Staff A confirmed he/she would not know if she needed to hold the above medications since he/she did not take the residents blood pressure or pulse before administering them.

During an interview on 3-26-19 at 11:28 AM administrative staff D reported he/she should

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S3200	Continued From page 11	S3200		

have clarified the parameters on the blood pressure medications.

- Review of resident #200's medical record revealed he/she admitted to the facility on 3-1-17 with diagnoses of hypertension, hypothyroid, anxiety, hypercalcemia and vitamin D deficiency.

Review of the functional capacity screen dated 3-6-19 revealed the resident required physical assistance with bathing, dressing, and toileting as well as management of medications and treatments.

Review of the negotiated service agreement dated 3-6-19 revealed the staff administered the resident his/her medications.

Review of the resident's record included an order dated 3-14-19 for Tramadol 25 mg 1 tablet three times a day and as needed around midnight for pain.

Review of the March 2019 administration record revealed the resident received the as needed Tramadol 7 times and lacked evidence of why the medication was administered and if it was effective or not.

During an interview on 3-26-19 at 2:12 PM administrative staff D stated he/she would expect staff to document on the as needed record why the medications was administered and follow up for effectiveness of it.

- Review of resident #400's record revealed an admission date of 10-9-18 with a diagnosis of type II diabetes.

Review of the resident functional capacity screen

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S3200	Continued From page 12 dated 10-9-18 revealed the resident required physical assistance with management of medications. Review of the resident's negotiated service agreement dated 10-9-18 revealed the facility staff administered the resident's medications. Review of the residents record included a physicians order to increase the Novolog to 10 units with lunch and supper dated 1-30-19. An observation on 3-25-19 at 4:29 PM certified staff F prepared to set up the residents Novolog insulin for self-injection. Staff put on a clean needle and then dialed the pen to a 10 and handed the pen to the resident. The resident proceeded to self-inject the insulin properly. Staff F failed to prime the insulin pen according to the manufacture recommendations. Review of the Novolog flex pen patient instructions direct the pen should be primed with 2 units of insulin before dialing and administering the prescribed dosage. The operator failed to ensure staff administered medications and biologicals to 3(#100, #200, #400) of 4 residents in accordance with a medical care providers written order, professional standards of practice, and each manufactures recommendations.	S3200		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas	S3202		

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S3202	Continued From page 13 nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR-26-41-205(d)(4) The facility reported a census of 30 residents. Based on record review of 2 of 3 certified medication aide employee files and interview the operator failed to delegate the nursing procedure of setting up an insulin pen for resident self injection to each certified medication aide under the Kansas nurse practice act, K.S.A.65-1124 and amendments thereto. This had the potential to affect all residents who received insulin via insulin pen. Findings included: Review of employee records revealed certified staff A, B,and C did not have evidence of licensed nurse delegation for set up/dialing an insulin pen, which is not part of the certified medication aide curriculum. During an interview on 3-25-19 at 5:00 PM administrative staff D reported he/she did not have delegation checks for the certified medication aides to provide the nursing procedure of set up and dialing of insulin pens. The administrator failed to ensure delegated staff ensured certified medications were properly trained on completion of set up and dialing of insulin pens which is a nursing procedure.	S3202		

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S3248	Continued From page 14	S3248		
S3248 SS=F	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. This REQUIREMENT is not met as evidenced by: KAR-26-41-102 (d)(1)(2) The facility reported a census of 30 residents. The sample included 3 residents with 1 focused reviews. Based on interview and record review, the operator failed to ensure 2 of 5 employee records contained licensure or certification	S3248		

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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
S3248	Continued From page 15	S3248		

verification information upon hire and failed to ensure 4 of 5 employee records contained supporting documentation of criminal background checks submitted upon hire. This had the potential to affect all residents in the facility.

Findings included:

- Review of employee files conducted on 3-25-19 at 11:30 AM and evidence provided by administrative staff D for criminal background submission revealed the following:

Certified staff A - hired 6-19-18 did not have criminal back ground check submitted till 7-1-18, 12 days after hire date.
Administrative staff D, a licensed nurse, hired on 9-28-18 had licensure verification check completed on 1-26-19 more than 3 months after hire date.
Certified staff B - hired 10-15-18 had a certification check completed on 10-16-18 the day after hire and criminal back ground check submitted on 10-25-18, 10 days after hire date.
Certified staff C - hired 10-28-18 did not have record of criminal background check being submitted.
Certified staff E - hired 10-16-18 had criminal back ground check submitted on 10-25-18, 9 days after hire date.

During an interview on 3-25-19 at 12:25 PM administrative staff D reported the criminal background checks are completed by the home office after the employee is hired and he/she completed the registry checks usually when he/she called someone in for an interview.

The operator failed to ensure employee records contained licensure or certification verification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N050011	A. BUILDING: _____ B. WING _____	03/28/2019

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S3248	Continued From page 16 information upon hire and supporting documentation of criminal background checks submitted upon hire. This had the potential to affect all residents in the facility	S3248		
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: K.A.R 26-41-207(c) The facility reported a census of 30 residents. The sample included all 3 residents and 1 focused record review. Based on interview and record review for 1 (#100) of 3 residents and 5 new employee records, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility.	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3310	Continued From page 17 Findings included: - Review of resident #100's record revealed he/she admitted to the facility on 10-1-17 with diagnoses of diabetes with neuropathy, hyperlipidemia, hypertension, depression and muscle weakness. Review of the resident's medical record revealed he/she did not receive his/her first step tuberculosis (TB) until 11-1-17, 30 days after admission to the facility. - Review of 5 newly hired employees file revealed the following: Administrative staff D hired on 9-28-18 and did not receive his/her first TB skin test until 11-19-18, more than 7 days after hire. Certified staff B hired on 10-15-18 and did not have evidence of receiving a 2 step TB skin test. Certified staff C hired on 10-28-18 and did not have evidence of receiving a 2 step TB skin test. Certified staff E hired on 10/16/18 and did not receive his/her initial TB skin test until 12-26-18, more than 7 days after hire. During an interview on 3-26-19 at 9:45 AM administrative staff D reported residents and employees are supposed to get their initial TB skin test within 7 days of admission or hiring. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		