STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052006	A. BUILDING: _____ B. WING _____	C 01/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF LEAVENWORTH	5150 HUGHES RD LEAVENWORTH, KS 66048

(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 represent the findings of a complaint investigations #176898 and #177283 at the above named Assisted Living conducted on 01/09/23 and 01/10/23.	S 000		
S3085 SS=F	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) The facility reported a census of 35 residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what	S3085		

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

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S3085	Continued From page 1	S3085		

triggered in the "Functional Capacity Screen" (FCS) for resident (R)101, R102, and R103.

Findings included:

- R101's medical record revealed the resident moved into the facility on 10/11/22 with diagnoses of dementia, and cognitive communication deficit.

The 10/09/22 FCS identified R101 had difficulty with decision-making, was usually understood but with some difficulty and triggered for falls/unsteadiness, impaired hearing and impaired decision-making.

The 10/09/22 NSA did not address R101's difficulty with decision-making, communication, falls/unsteadiness, impaired hearing and impaired decision-making.

On 01/10/23 at 02:34 PM Administrative Staff A stated if something triggered on the FCS it should be addressed on the NSA.

The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS.

- R102's medical record revealed the resident moved into the facility on 07/01/20 with a diagnosis of acute bronchitis.

The 11/01/22 FCS identified R102 as having falls/unsteadiness and impaired hearing.

The 11/01/22 NSA did not address R102's

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S3085	Continued From page 2 triggers for falls/unsteadiness and impaired hearing. On 01/10/23 at 02:34 PM Administrative Staff A stated if something triggered on the FCS it should be addressed on the NSA. The operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS. -R103's medical record revealed the resident moved into the facility on 11/29/21 with a diagnosis of congestive heart failure. The 11/17/22 FCS identified R103 triggered for fall/unsteadiness. The 11/17/22 NSA did not address R103's falls/unsteadiness. On 01/10/23 at 02:34 PM Administrative Staff A stated if something triggered on the FCS it should be addressed on the NSA. The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS.	S3085		