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	N052006	A. BUILDING: _____ B. WING _____	04/16/2024

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Assisted Living facility conducted on 04/16/24.	S 000		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: 3082 KAR 26-41-201(d) The facility reported a census of 30 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) accurately reflected Resident (R)101's functional capacity for current or recent problems and risks for wandering. Findings included: - R101's medical record revealed she moved into the facility on 07/25/22 with a diagnosis of dementia. The 02/26/24 FCS failed to accurately identify R101's current or recent risk for wandering. The March 2024 signed care plan included a	S3082		

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S3082	Continued From page 1 section for elopement/wandering with interventions for staff to "make sure an elopement bracelet is on and is functioning properly every shift." On 04/16/24 at 04:47 PM Administrative Staff A stated the resident was at risk for wandering, has attempted to exit seek and wore a Wanderguard. Administrative Staff A stated the 02/26/24 "Assisted Living Annual/Biannual Sig Change Assessment" identified R101 wandered. The operator failed to ensure R101's FCS was completed accurately.	S3082		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service.	S3085		

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S3085	Continued From page 2 This REQUIREMENT is not met as evidenced by: 3085 KAR 26-41-202(a)(2) The facility reported a census of 30 residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)102 when it did not identify the current home health agency who provided intravenous (IV) medication therapy. Findings included: - R102's medical record revealed she moved into the facility on 07/08/23 with a diagnosis of anemia. The 02/06/24 FCS identified R102 was required assistance with medication and treatment administration. The 02/06/24 NSA did not identify the home health agency that provided IV medication therapy services for R102. The care plan initiated on 02/06/24 identified a home health agency provided IV medication therapy services to R102. A physician's order dated 03/22/24 for Retacrit Injection Solution 40000 units/milliliter, intravenously in the morning every Friday for	S3085		

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S3085	Continued From page 3 anemia, administered by home health. On 04/16/24 at 03:45 PM R102 stated an outside provider took her blood and give her a shot through her IV once a week. On 04/16/24 at 02:13 PM Administrative Staff A stated the NSA did not identify the current home health agency who provided IV medication therapy for R102. The operator failed to ensure R102's NSA was fully developed to identify the provider for each service.	S3085		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (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.	S3200		

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S3200	Continued From page 4 This REQUIREMENT is not met as evidenced by: 3200 KAR 26-41-205(d) The facility reported a census of 30 residents. Based on interview and record review, the operator failed to ensure that all medications were administered in accordance with a medical care provider's written order for resident (R)102. Findings included: - R102's medical record revealed she moved into the facility on 07/08/23 with a diagnosis of chronic kidney disease. The 02/06/24 "Functional Capacity Screen" (FCS) documented R102 required staff assistance with medication administration. The 02/06/24 "Negotiated Service Agreement" (NSA) documented staff administered medications for R102. A physician's order dated 11/24/23 for Midodrine HCL 5 milligrams (mg) tablet, give one tablet by mouth two times a day for hypotension. Hold if systolic blood pressure (SBP) is greater than 130 millimeters of mercury (mm Hg). The March 2024 "Electronic Medication Administration Record" (EMAR) documented staff failed to hold administration of Midodrine when blood pressures exceeded parameters of greater than 130 during the 6am to 10am shift on:	S3200		

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S3200	Continued From page 5 03/02/24 with a documented blood pressure of 160/77 03/05/24 with a documented blood pressure of 133/66 03/06/24 with a documented blood pressure of 131/69 03/07/24 with a documented blood pressure of 150/76 03/09/24 with a documented blood pressure of 141/76 03/16/24 with a documented blood pressure of 143/80 03/19/24 with a documented blood pressure of 153/63 03/23/24 with a documented blood pressure of 132/69 03/29/24 with a documented blood pressure of 152/85 03/30/24 with a documented blood pressure of 141/74 Staff failed to hold administration of Midodrine when blood pressures exceeded parameters of greater than 130 during the 4pm to 7pm shift on: 03/29/24 with a documented blood pressure of 134/74 "Electronic Medication Administration Record" (EMAR) documented staff failed to hold administration of Midodrine when blood pressures exceeded parameters of greater than 130 during the 6am to 10am shift on: Staff failed to hold administration of Midodrine when blood pressures exceeded parameters of greater than 130 during the 6am to 10am shift on: 04/06/24 with a documented blood pressure of	S3200		

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S3200	Continued From page 6 141/76 04/09/24 with a documented blood pressure of 134/80 04/11/24 with a documented blood pressure of 132/74 04/16/24 with a documented blood pressure of 141/82 On 04/16/24 at 03:17 PM Certified Medication Aide (CMA) F stated R102 had an order for Midodrine which had a parameter to hold if the SBP greater than 130. CMA F confirmed there were several instances on the March and April 2024 EMARs where the medication was not held as ordered. On 04/16/24 at 02:13 PM Administrative Staff A stated physician orders should be followed as written and she expected staff to follow orders to hold R102's Midodrine if the SBP was greater than 130. Administrative Staff A stated there was not a policy for medication administration and parameters. The operator failed to ensure that all medications were administered in accordance with a medical care provider's written order.	S3200		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a	S3211		

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S3211	Continued From page 7 medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: 3211 KAR 26-41-205 (g)(3) The facility reported a census of 30 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over the counter (OTC) medications for seven residents. Findings included: - Observation on 04/16/24 at 02:38 PM revealed the facility's south medication cart contained the following Over the counter (OTC) medications which were not labeled with a resident's full name: Resident (R)107- Two bottles of Refresh eyedrops One bottle of Refresh eyedrops that could not be identified as to which resident it belonged to. Observation on 04/16/24 at 02:52 PM revealed the facility's north medication cart contained the	S3211		

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S3211	Continued From page 8 following OTC medications which were not labeled with a resident's full name: R105: One bottle of Equate Allergy Relief On 04/16/24 a policy concerning medication storage was requested but the facility failed to provide one. The operator failed to ensure each OTC medication container was labelled with the full name of the resident.	S3211		
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: 3213 KAR 26-41-205 (g)(2) The facility reported a census of 30 residents. Based on observation and interview the operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container. Findings included:	S3213		

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S3213	Continued From page 9 - Observation on 04/16/24 at 02:38 PM revealed the facility's south medication cart contained the following prescription medications which were not labeled with a resident's full name: Resident (R)104- Two Albuterol inhalers One bottle of Nitroglycerin One Stiolto Respimat inhaler Observation on 04/16/24 at 02:52 PM revealed the facility's north medication cart contained the following prescription medications which were not labeled with a resident's full name: R105: One eyedrop bottle of Timolol 0.5 percent One eyedrop bottle of Carboxymethylcellulose Sodium Ophthalmic 0.5 percent R106: One Symbicort inhaler Observation on 04/16/24 at 02:58 PM revealed the facility's medication room contained the following prescription medications which were not labeled with a resident's full name: R104: One inhaler of Asmanex Twisthaler On 04/16/24 a policy concerning medication storage was requested but the facility failed to provide one. The operator failed to ensure each prescription medication container had a label provided by a	S3213		

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S3213	Continued From page 10 dispensing pharmacist affixed to the container.	S3213		
S3215 SS=F	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 11 This REQUIREMENT is not met as evidenced by: 3215 KAR 26-41-205(h) The facility reported a census of 30 residents. Based on observation and interview, the operator failed to ensure resident medications were stored in accordance with each manufacturer's recommendations. Findings included: - Observation on 04/16/24 at 02:58 PM the facility's medication room had a refrigerator with an opened box with an unsealed vial of Tuberculin that was not marked with the opened date. The box, product insert and the vial of Tuberculin itself contained instructions that a vial of TUBERSOL which has been entered and in use for 30 days should be discarded. The operator failed to ensure medications were stored in accordance with each manufacturer's recommendations.	S3215		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.	S3299		

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S3299	Continued From page 12	S3299		

This REQUIREMENT is not met as evidenced by:
3299
KAR 26-41-206 (e)

The facility had a census of 30 residents. All 30 residents ate food prepared in the same kitchen. The operator failed to ensure food items were stored under safe and sanitary conditions.

Findings included:

- Observation on 04/17/24 at 11:00 AM revealed lacking documentation of refrigerator/freezer temperatures documented by staff.

An observation of the kitchen on 04/16/24 at 03:04 PM revealed two packages of frozen chicken were being thawed in a sink filled with water without any water running. Refrigerator number one had a freezer bag of pancakes not dated or labelled. Refrigerators one and two had temperature logs with missing temperatures for 04/11/24. The dry goods storage room had two unopened 12 count bags of hotdog buns that had mold developing. A bin of oatmeal and a bin of sugar were not covered.

A policy concerning food storage was requested on 04/16/24 but Administrative Staff A stated there was no policy available.

The Kansas Department of Agriculture "Focus on Food Safety" revised August 2017, p. 17

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S3299	Continued From page 13 completely submerge food in cold (70 degrees Fahrenheit or less) running water for two hours or less. p. 19 documented, "Proper holding temperatures must be maintained during display, storage and transportation. Cold foods must be maintained at an internal temperature of 41F or below." P.20 documented foods must be marked with a date and consumed within seven days. The operator failed to ensure food items were stored under safe and sanitary conditions.	S3299		
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: 3310 KAR 26-41-207(c) The facility reported a census of 30 residents.	S3310		

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S3310	Continued From page 14 Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Review of five newly hired staff records revealed the following: Certified Medication Aide (CMA) B was hired on 02/06/23 had a TB Symptom Screening Questionnaire completed 13 days late on 02/23/23. The first step of the two-step TB skin test (TST) was read as not positive on 02/20/23. The second step of the TST was administered four days early on 02/13/23. Dietary Staff C was hired on 12/20/21. The TB Symptom Screening Questionnaire was completed 113 days late. No two-step TST was completed upon hire. Licensed Nurse (LN) D was hired on 02/06/23. The first step of the two-step TST was read as not positive on 02/10/23. The second step of the TST was administered four days early on 02/13/23. CMA E was hired on 07/20/22. The first step of the two-step TST was read as not positive on 07/22/22. The second step of the TST was administered two days early on 07/27/22. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom	S3310		

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S3310	Continued From page 15 screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of ...employment ...Each new ...employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of ...employment ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Resident (R)102 admitted to the facility on 07/08/23. Review of medical records revealed staff administered the first step of the two-step TST for R102 six days late on 07/21/23. No second step of the two-step TST was completed. On 04/16/24 at 02:13 PM Administrative Staff A stated a TST should have been administered within seven days of being admitted to the facility and a second TST should have been completed. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall have an initial TB symptom screen ...within 7 days of residency ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		

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 _____	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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