STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N056006	A. BUILDING: _____ B. WING _____	12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMPORIA PRESBYTERIAN MANOR	2300 INDUSTRIAL ROAD EMPORIA, KS 66801

(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 with a complaint #166971 at the above named Assisted Living conducted on 12/21/22 and 12/28/22.	S 000		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The facility reported a census of 20 residents. The sample included three residents and one abbreviated record review. Based on interview, and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) was completed on or before admission for resident (R)103.	S3080		

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

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S3080	Continued From page 1 Findings included: - R103's medical record revealed he moved into the facility on 08/01/22 with a diagnosis atrial fibrillation. The 08/12/22 FCS was completed 11 days after R103 was admitted to the facility. On 12/28/22 at 12:24 PM Licensed Nurse B stated R103's FCS was not completed prior to or on the day of admission. The 01/25/2019 "AL Admission Required Paperwork Flow Sheet" documented the FCS was to be completed prior to decision to admit a resident. The operator failed to ensure R103's FCS was completed on or before the day of admission to the facility.	S3080		
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: KAR 26-41-201(d) The facility reported a census of 20 residents. The sample included three residents and one	S3082		

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S3082	Continued From page 2 closed record review. Based on interview, and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) accurately reflected Resident (R)103's functional capacity for toileting, management of medications/treatments, bladder incontinence, and inappropriate behavior. Findings included: - R103's medical record revealed the resident moved into the facility on 08/01/22 with a diagnosis atrial fibrillation. The 08/12/22 FCS failed to accurately identify R103's functional capacity for toileting, management of medications/treatments, bladder incontinence, and inappropriate behavior as these areas were not completed. On 12/28/22 at 12:24 PM Licensed Nurse B acknowledged the sections on the 08/12/22 FCS that were not completed. The operator failed to ensure R103's FCS was completed accurately.	S3082		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission.	S3090		

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S3090	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c) The facility reported a census of 20 residents. The sample included three residents and one abbreviated record review. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was completed at admission for resident (R)103. Findings included: - R103's medical record revealed he moved into the facility on 08/01/22 with a diagnosis atrial fibrillation. The 08/12/22 NSA was completed 11 days after R103 was admitted to the facility. On 12/28/22 at 12:24 PM Licensed Nurse B stated R103's NSA was not completed at admission. The 01/25/2019 "AL Admission Required Paperwork Flow Sheet" documented the NSA was to be completed at time of or prior to the admission. The operator failed to ensure R103's NSA was completed by the day of admission to the facility.	S3090		
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	S3165		

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S3165	Continued From page 4 nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 20 residents with three residents included in the sample and one closed record review. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the current licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)101 and R102. Findings included: - R101's medical records revealed he moved into the facility on 01/09/21with diagnoses of diabetes mellitus. R101's most recent NSA was completed on 01/07/22 with Licensed Nurse (LN) G listed as the licensed nurse responsible but was no longer employed by the facility. On 12/28/22 at 12:52 PM LN B stated the nurse listed as the nurse responsible for the implementation of the care plan but longer worked at the facility and stated the NSA should have been updated to reflect the current nurse responsible.	S3165		

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S3165	Continued From page 5 The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R101. - R102's medical record revealed the resident moved into the facility on 04/03/21 with diagnoses diabetes mellitus, macular degeneration and hearing loss. R102's most recent NSA was completed on 04/03/22 and listed LN H as the nurse responsible for the implementation of the care plan but was no longer employed by the facility. On 12/28/22 at 11:53 AM LN B stated the nurse listed as the one responsible for the implementation of the care plan no longer worked at the facility and the NSA should have been updated to reflect the current nurse responsible. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R102.	S3165		
S3175 SS=E	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	S3175		

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S3175	Continued From page 6 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 20 residents. The sample included three residents and one focused record review. Based on interview and record review the operator failed to ensure two of three sampled resident records contained documentation of a completed medication self-administration assessment for insulin (R101) and insulin and eye drops (R102). Findings included: - R101's medical record revealed he moved into the facility on 01/09/21 with a diagnosis of diabetes mellitus. The 01/07/22 NSA documented staff to provided total assistance with medications and did not identify R101 as able to self-administer his insulin.	S3175		

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S3175	Continued From page 7 An order dated 09/30/22 for Novolin N NPH-U-100 insulin isophane, 10 units, subcutaneous, twice daily with breakfast and supper for diabetes. The 10/04/22 "Medication Self-Administration Screen" was not completed and had note at bottom of page documenting, "Resident requested nursing staff administer medications at this time." On 12/28/22 at 12:52 PM Licensed Nurse (LN) B stated a self-administration assessment should have been completed for R101 to self-administer his insulin. The 11/09/21 "Medication Management" policy documented, "During the admission assessment, annually and upon significant change, the resident will be offered the opportunity of self-administration of medications. If interested, resident will be assessed for the capacity to self-administer medications using the Matrix Care screen for self-administration medications." The operator failed to ensure a medication self-administration assessment was completed for R101's use of insulin. - R102's medical record revealed she moved into the facility on 04/03/21 with a diagnosis of diabetes mellitus. The 04/03/22 NSA documented staff provided assistance with R102's medications but did not identify select medications she self-administered to include insulin and medicated eye drops.	S3175		

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S3175	Continued From page 8 An order dated 04/03/21 for Timolol maleate 0.5% eye drops, one drop optic, twice daily for macular degeneration. An order dated 04/03/21 for Latanoprost 0.005% eye drops, one drop both eyes optic at bedtime for glaucoma. An order dated 09/20/22 for Tresiba FlexTouch U-100 insulin, 32 units, subcutaneous at bedtime for diabetes. An order dated 06/29/22 for Novolog Flexpen U-100 Insulin aspart, 10 units, subcutaneous, once daily with lunch for diabetes. An order dated 06/29/22 for Novolog Flexpen U-100 Insulin aspart, 12 units, subcutaneous, once daily with supper for diabetes. An order dated 06/29/22 for Novolog Flexpen U-100 Insulin aspart, 10 units, subcutaneous, once daily with breakfast for diabetes. The 10/24/22 "Self Admin of Medications Screen" did not assess for ability to self-administer subcutaneous medications or eyedrops and had a note that documented R102 wanted staff to administer all medication with the exception of insulin at times would self-inject after the nurse dialed up ordered units on insulin pen. On 12/28/22 at 11:53 AM LN B stated a medication self-administration assessment should have been completed for R102's use of insulin and eyedrops. The 11/09/21 "Medication Management" policy documented, "During the admission assessment, annually and upon significant change, the resident will be offered the opportunity of self-administration of medications. If interested,	S3175		

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S3175	Continued From page 9 resident will be assessed for the capacity to self-administer medications using the Matrix Care screen for self-administration medications." The operator failed to ensure a medication self-administration assessment was completed for R102's use of insulin and eye drops.	S3175		
S3186 SS=E	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 20 residents. The sample included three residents and one closed record review. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101, and R102 identified the person responsible for administration and management of selected medications administered.	S3186		

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S3186	Continued From page 10 Findings included: - R101's medical record revealed he moved into the facility on 01/09/21 with a diagnosis of diabetes mellitus. The 01/07/22 "Functional Capacity Screen" (FCS) documented R101 required staff assistance with medication administration. The 01/07/22 NSA documented staff to provided total assistance with medications and did not identify R101 as able to self-administer his insulin. An order dated 09/30/22 for Novolin N NPH-U-100 insulin isophane, 10 units, subcutaneous, twice daily with breakfast and supper for diabetes The 10/04/22 "Medication Self-Administration Screen" was not completed and had note at bottom of page documenting, "Resident requested nursing staff administer medications at this time." On 12/21/22 at 12:52 PM R101 stated he received two insulin shots daily and either the nurse would administer the injection, or he would self-administer it. On 12/28/22 at 09:00 AM Certified Medication Aide (CMA) C stated at times the nurse gave the insulin to R101 or the CMA handed the insulin to R101 to self-administer it. On 12/28/22 at 12:52 PM Licensed Nurse (LN) B	S3186		

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S3186	Continued From page 11 stated NSA should identify R101 self-administered his insulin. The operator failed to ensure designated staff included select medications in the NSA that R101 self-administered - R102's medical record revealed she moved into the facility on 04/03/21 with a diagnosis of diabetes mellitus. The 04/03/22 FCS documented R102 required staff assistance with medication administration. The 04/03/22 NSA documented staff would provide assistance with R102's medications but did not identify select medications she self-administered to include insulin and medicated eye drops. An order dated 04/03/21 for Timolol maleate 0.5% eye drops, one drop optic, twice daily for macular degeneration. An order dated 04/03/21 for Latanoprost 0.005% eye drops, one drop both eyes optic at bedtime for glaucoma. An order dated 09/20/22 for Tresiba FlexTouch U-100 insulin, 32 units, subcutaneous at bedtime for diabetes. An order dated 06/29/22 for Novolog Flexpen U-100 Insulin aspart, 10 units, subcutaneous, once daily with lunch for diabetes. An order dated 06/29/22 for Novolog Flexpen U-100 Insulin aspart, 12 units, subcutaneous, once daily with supper for diabetes. An order dated 06/29/22 for Novolog Flexpen U-100 Insulin aspart, 10 units, subcutaneous, once daily with breakfast for diabetes.	S3186		

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S3186	Continued From page 12 The 10/24/22 "Self Admin of Medications Screen" did not assess for ability to self-administer subcutaneous medications or eyedrops and had a note that documented R102 wanted staff to administer all medication with the exception of insulin at times would self-inject after the nurse dialed up ordered units on insulin pen. On 12/28/22 at 11:19 AM R102 stated she took insulin and if the staff was a CMA they handed the insulin to her and she self-administered the injection but if the staff was a nurse she had the nurse administer the injection for her. R102 stated she self-administered eyedrops that staff brought her. On 12/28/22 at 11:53 AM LN B stated she expected the NSA to identify select medications that R102 self-administered to include insulin and eyedrops. The operator failed to ensure designated staff included select medications in the NSA that R102 self-administered	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 be removed from the original package, the	S3211		

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S3211	Continued From page 13 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: KAR 26-41-205 (g)(3) The facility reported a census of 20 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 12/20/22 at 03:00 PM revealed the facility's long hall medication cart contained the following OTC medications which were not labeled with a resident's full name: Resident (R)105: One bottle of Equate stool softener. R106: One bottle of Spring Valley Vitamin C 500 milligrams (mg) R107: One bottle of Spring Valley Calcium 600 mg One bottle of Equate Complete Multivitamin One bottle of PreserVision AREDS 2 One bottle of Equate Pain Reliever One bottle of Dulcolax	S3211		

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S3211	Continued From page 14 R108: One bottle of Equate pain reliever One bottle of Bayer low dose aspirin R109: One bottle of Equate pain reliever with only a first name, last initial marked on the bottle The short hall medication cart contained the following OTC medications which were not labeled with a resident's full name: R102: One bottle of Tylenol Extra Strength pain reliever One bottle of Good Neighbor Pharmacy probiotic colon support R101: One bottle of Centrum Men 50+ gummies One bottle of Spring Valley Omega-3 One bottle of Spring Valley D3 R110: One bottle of Walgreens Allergy Relief One bottle of Good Neighbor Pharmacy aspirin 81 mg One bottle of Sentry Senior One bottle of Natrol melatonin One bottle of Rexall glucosamine, chondroitin with MSM R111: One bottle of HealthMart Vitamin D3 R112: One bottle of 21st Century Lutein 10 mg One box of Imodium	S3211		

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S3211	Continued From page 15 R103: One bottle of Tylenol 8 HR Arthritis The medication closet contained the following OTC medications which were not labeled with a resident's full name R112: Three boxes of Imodium R106: One bottle of Spring Valley Calcium 600 mg One bottle of Spring Valley Vitamin C with first name only marked R107: One bottle of Equate pain reliever R101: One bottle of Spring Valley Iron 65 mg One bottle of Spring Valley Omega-3 1000mg with first initial, last name marked R110: One bottle of Glucosamine Chondroitin with MSM One bottle of Natrol melatonin with first name, last initial marked R102: Five bottles of Tylenol 500 mg One bottle of Nature Made D3 1000IU marked with only last name R105: One bottle of Bayer low dose aspirin One bottle of DG Health low dose aspirin One box of DayQuil Severe Cold & Flu	S3211		

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	N056006	A. BUILDING: _____ B. WING _____	12/28/2022

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S3211	Continued From page 16 R108: One bottle of Kroger acetaminophen 500 mg One bottle of Equate pain reliever One bottle of QC enteric coated aspirin One bottle of Valu Rite enteric coated aspirin One bottle of Equate ClearLAX One bottle of Assured Pain Relief PM On 12/20/22 at 04:37 PM Certified Medication Aide (CMA) F stated she marked the date opened and resident name on OTC medications. The 11/23/21 "Medication Storage" policy documented, "Residents who have over the counter (OTC) medications will be labeled by a pharmacist or licensed nurse to include their full name and the date opened on the packaging and/or bottle. The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and	S3280		

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S3280	Continued From page 17 (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 20 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - Review of records provided by Administrative Staff A on 12/28/22 revealed staff completed the " Natural Disasters and Workplace Emergencies An Overview" on RELIAS (a computer learning program) only on an annual basis and not quarterly as required. The 12/21/22 "Assisted Living Residents Council" minutes documented a review of emergency procedures was completed with those residents in attendance but documentation for other quarterly reviews and reviews with all other residents not in attendance at the resident council was not provided.	S3280		

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S3280	Continued From page 18 On 12/28/22 at 01:30 PM Administrative Staff A stated the emergency management plan was not reviewed with all residents on a quarterly basis and stated the emergency management plan was reviewed with residents during resident council meetings, but not all the residents attended these meetings. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with residents and staff.	S3280		
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: KAR 26-41-207(c) The facility reported a census of 20 residents. Based on record review and interview the	S3310		

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S3310	Continued From page 19 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) C hired on 06/20/22 did not have a Two-step Skin Test (TST) completed upon hire. CMA D hired on 02/25/20 did not have a TB Screening Questionnaire completed for 2020 and had the 1st portion of the TST completed 52 days late. Licensed Nurse (LN) E hired on 03/26/22 had a TB Screening Questionnaire completed 68 days late, had the first step of the TST initiated 100 days late and the second step of the TST was initiated two days early. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of employment. Each new employee shall receive a two-step TST ...within seven 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.	S3310		

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S3310	Continued From page 20 - Resident (R)103 admitted to the facility on 08/01/22 and did not have the first step of his TST read. The second step of his TST was administered 49 days late. On 12/28/22 at 12:24 PM Administrative Nurse B stated the first step of R103's TST was not read within 48-72 hours and acknowledged the second step of the TST was administered late. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident ...shall receive a two-step TST ...within 7 days of residency...The first TST shall be read within 48-72 hours of its administration. 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		
S3395 SS=F	28-39-255 LAUNDRY (c) Laundry facility. (1) The facility shall store soiled laundry in a manner which prevents odors and spread of disease. (2) If laundry is processed in the facility, the facility shall provide washing and drying machines. The facility shall arrange the work area to provide a "one-way flow" of laundry from a soiled area to a clean area.	S3395		

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S3395	Continued From page 21 (3) The facility shall provide a work counter and a locked cabinet for storage of chemicals and supplies. (4) The facility shall provide a handwashing lavatory with a non-reusable method of hand-drying within or accessible to the laundry facility. This REQUIREMENT is not met as evidenced by: KAR 28-39-255(c)(3) The operator reported a census of 20 residents. The operator failed to provide a work countertop in the laundry room as specified in KAR 28-39-255(c)(3). Findings included: - On 12/20/22 at 03:25 PM an observation of the laundry room revealed it lacked a work countertop. On 12/20/22 at 04:45 PM Administrative Staff A stated they used to have a foldable table in the laundry room in the past, but the residents complained that it took up too much space the table was removed. The operator failed to ensure the facility was in compliance with KAR 28-39-255(c)(3) by not providing a work counter in the laundry room.	S3395		