| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N061007 | A. BUILDING: _____ B. WING _____ | 05/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| COUNTRY CLUB ESTATES LP | 2 LEWIS DRIVE PAOLA, KS 66071 |

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| S 000 | INITIAL COMMENTS<br><br>The following represent the findings of a resurvey for the above named assisted living facility conducted on 05/17/23. | S 000 | | |
| S3085 SS=E | 26-41-202 (a) Negotiated Service Agreement<br><br>(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:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(a)(1)<br><br>The facility reported a census of 16 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure Residents (R) R517, R518, and R519's "Negotiated Service Agreements" (NSA) described the services they | S3085 | | |

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

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| S3085 | Continued From page 1<br>would receive based on their "Functional Capacity Screens" (FCS).<br><br>Findings included:<br><br>- Record review for R517 revealed an admission date of 03/07/22 with the following diagnoses: unsteady gait and obesity.<br><br>The 02/20/23 "FCS" identified R517 required physical assistance with transfers and walking/mobility; was unable to perform management of treatments; and was marked for falls.<br><br>The 03/07/22 (most recent) "NSA" identified R517 was independent with transfers and walking/mobility. The "NSA" failed to describe the services provided for management of treatments and to prevent falls.<br><br>- Record review for R518 revealed an admission date of 09/2015 with a diagnosis of history of cerebrovascular accident with right sided weakness.<br><br>The 12/01/22 "FCS" identified 518 required physical assistance with transfers and walking/mobility; was unable to perform management of treatments; and was marked for falls.<br><br>The 04/01/23 "NSA" identified R518 was independent with transfers and walking/mobility. The "NSA" failed to describe the services provided for management of treatments and to prevent falls. | S3085 | | |

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| S3085 | Continued From page 2<br>- Record review for R519 revealed an admission date of 03/01/22 with the following diagnoses: Parkinson's Disease and impaired cognition.<br><br>The 04/01/23 "FCS" identified R519 was unable to perform management of treatments; had short-term and long-term memory loss, memory/recall, and decision-making cognitive impairments; and was marked for falls and impaired decision-making.<br><br>The 03/01/22 combined "NSA" failed to describe the services provided R519 for management of treatments, cognition, falls, and impaired decision-making.<br><br>On 05/17/23 at approximately 12:33 PM Administrative Nurse B confirmed the residents' "NSAs" did not describe the services they would receive based on their "FCSs."<br><br>The operator failed to ensure R517, R518, and R519's "NSAs" described the services they would receive based on their "FCSs." | S3085 | | |
| S3092 SS=D | 26-41-202 (d) Negotiated Service Agreement Revisions<br><br>(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;<br>(2) following any significant change in condition, as defined in K.A.R. 26-39-100;<br>(3) at least quarterly, if the resident receives assistance with eating from a paid nutrition | S3092 | | |

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| S3092 | Continued From page 3<br>assistant; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(d)(1)<br><br>The facility reported a census of 16 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure facility staff completed a "Negotiated Service Agreement" (NSA) based on resident's "Functional Capacity Screen" (FCS), service needs, and preferences for Residents (R) 517 and R519 every 365 days.<br><br>Findings included:<br><br>- Record review for R517 revealed an admission date of 03/07/22 with the following diagnoses: unsteady gait and obesity.<br><br>The 02/20/23 "FCS" identified R517 required physical assistance with transfers and walking/mobility; was unable to perform management of treatments; and was marked for falls.<br><br>The 03/07/22 (most recent) "NSA" identified R517 was independent with transfers and walking/mobility. The "NSA" failed to describe the services provided for management of treatments and to prevent falls. | S3092 | | |

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| S3092 | Continued From page 4<br><br>R517's lacked evidence of documentation of an "NSA" since 03/07/22 which was 436 days and 71 days past due.<br><br>- Record review for R519 revealed an admission date of 03/01/22 with the following diagnoses: Parkinson's Disease and impaired cognition.<br><br>The 04/01/23 "FCS" identified R519 was unable to perform management of treatments; had short-term and long-term memory loss, memory/recall, and decision-making cognitive impairments; and was marked for falls and impaired decision-making.<br><br>The 03/01/22 combined "NSA" failed to describe the services provided R519 for management of treatments, cognition, falls, and impaired decision-making.<br>R519's record lacked evidence of documentation of an "NSA" since 03/01/22 which was 442 days and 77 days past due.<br><br>On 05/17/23 at 11:08 AM Administrative Nurse A confirmed R517 and R19's were "NSAs" were not completed within the last 365 days.<br><br>The operator failed to ensure facility staff completed an "NSA" based on resident's "FCS", service needs, and preferences for R517 and R519 every 365 days. | S3092 | | |
| S3186 SS=D | 26-41-205 (b) Administration of Selected Medications<br><br>(b) Administration of select medications. Any resident who self-administers medication may | S3186 | | |

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| S3186 | Continued From page 5<br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(b)<br><br>The facility reported a census of 16 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 517's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management of select medications.<br><br>Findings included:<br><br>- Record review for R517 revealed an admission date of 03/07/22 with the following diagnoses: unsteady gait and obesity.<br><br>The 02/20/23 "Functional Capacity Screen" (FCS) identified R517 was unable to perform management of medications.<br><br>The 03/07/22 (most recent) "NSA" identified facility staff provided R517 administration of medications. | S3186 | | |

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| S3186 | Continued From page 6<br><br>R517s's "NSA" failed to identify who was responsible for the administration of select medications she administered herself and the select medications facility staff administered for her.<br><br>The 05/17/23 "Resident Roster" identified R517 was marked for self-administration of medications.<br><br>On 05/17/23 at 10:21 AM Administrative Nurse B stated R517 self-administrated her own over-the-counter medications and facility staff administered her one prescription medication.<br><br>On 05/17/23 at approximately 12:33PM Administrative Nurse B confirmed R517's "NSA" failed to identify who was responsible for the administration and management of select medications, when resident self-administered over th counter medications.<br><br>The operator failed to ensure R517's "NSA" identified who was responsible for the administration and management of select medications. | S3186 | | |
| S3298 SS=F | 26-41-206 (d) Food Preparation<br><br>(d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.<br>(1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.<br>(2) Food in cans that have significant defects, | S3298 | | |

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| S3298 | Continued From page 7<br>including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used.<br>(3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-206(d)<br><br>The facility reported a census of 16 residents. The facility had a main kitchen where food was stored, prepared, and served. Based on interview and record review, the operator failed to ensure food was served at the proper temperature.<br><br>Findings included:<br><br>- Observation on 05/17/23 at approximately 08:59 AM of the kitchen revealed there was no food temperature log.<br><br>On 05/17/23 at approximately 08:59 AM Administrative Staff A confirmed there was no food temperature log.<br><br>The Kansas Department of Agriculture's "Focus on Food Safety" booklet documented "minimum hot holding temperature is 135 degrees Fahrenheit (F)," and "maximum cold holding temperature is 41 degrees F. | S3298 | | |

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| S3298 | Continued From page 8<br><br>The operator failed to ensure food was served at the proper temperature. | S3298 | | |
| S3299 SS=F | 26-41-206 (e) (1) Facility Food Storage<br><br>(e) Food storage. Facility staff shall store all food under safe and sanitary conditions.<br>(1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-206(e)<br><br>The facility reported a census of 316 residents. The facility had a main kitchen where food was stored, prepared, and served. Based on observation and interview the operator failed to ensure food was stored under safe conditions.<br><br>Findings included:<br><br>- Observation on 05/17/23 at approximately 08:59 AM revealed a refrigerator with freezer in the kitchen, another refrigerator with freezer in a 2nd storage kitchen, and an upright freezer in the garage that contained food items. Refrigerator and freezer temperature logs were not present to record temperatures to ensure food items were stored at the proper temperature.<br><br>On 05/17/23 at approximately 08:59 AM | S3299 | | |

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| S3299 | Continued From page 9<br>Administrative Staff A confirmed there were no temperature logs.<br><br>The operator failed to ensure food was stored under safe conditions. | S3299 | | |
| S3310 SS=F | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(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;<br>(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<br>(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<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-207(c)<br><br>The facility reported a census of 16 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for Residents (R) 517, R519 and five sampled staff. | S3310 | | |

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| S3310 | Continued From page 10<br><br>Findings included:<br><br>- Record review for R517 revealed an admission date of 03/07/22 with the following diagnoses: unsteady gait and obesity.<br><br>R517's record lacked evidence of documentation of a TB symptom screen at admission and annually since admission.<br><br>- Record review for R519 revealed an admission date of 03/01/22 with the following diagnoses: Parkinson's Disease and impaired cognition.<br><br>R519's record lacked evidence of documentation of a TB symptom screen at admission and annually since admission.<br><br>On 05/17/23 at approximately 11:15 AM Administrative Nurse B confirmed R517 and R519's records lacked evidence of documentation of admission and annual TB symptom screens.<br><br>- License Nurse C's employee record revealed a hire date of 07/08/21. The employee record lacked evidence a TB test and symptom screen was completed within seven days of hire.<br><br>Certified Medication Aide (CMA) D's employee record revealed a hire date of 03/19/23. The employee record lacked evidence a TB test and symptom screen was completed within seven days of hire.<br><br>CMA E's employee record revealed a hire date of 06/09/21. The employee record lacked evidence | S3310 | | |

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| S3310 | Continued From page 11<br>a TB test and symptom screen was completed within seven days of hire.<br><br>Certified Nurse Aide (CNA) F's employee record revealed a hire date of 01/26/23. The employee record lacked evidence a TB test and symptom screen was completed within seven days of hire.<br><br>CNA G's employee record revealed a hire date of 08/12/22. The employee record lacked evidence a TB test and symptom screen was completed within seven days of hire.<br><br>The department's June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented "Each new resident and new employee shall have an initial TB symptom screen. . . within seven days of residency or employment. . . Each new resident and employee shall receive a two-step TST. . . within seven days of residency or employment. . . Each resident and employee shall have an annual TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire."<br><br>On 05/17/23 at 01:33 PM Administrative Staff A confirmed the employee records lacked evidence of documentation TB skin tests and symptom screens were completed within seven days of hire.<br><br>The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105. | S3310 | | |