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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with attached complaints #192000 and 192583 at the above named Residential Health Care Facility conducted on 01/14/25 and 01/15/25.	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: 3085 KAR 26-41-202(a)(1) The facility reported a census of 15 residents with three residents included in the sample. Based on observation, interview, and record	S3085		

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

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S3085	Continued From page 1	S3085		

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)101, R102 and R103.

Findings included:

- R101's medical record revealed she moved into the facility on 03/27/22 with a diagnosis of unsteady gait.

The 07/03/24 FCS identified R101 required physical assistance with the management of treatments.

The 07/08/24 NSA did address what services staff provided concerning management of treatments.

On 01/15/24 at 12:55 PM Licensed Nurse (LN) B acknowledged R101's NSA did not address management of treatments.

The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.

- R102's medical record revealed she moved into the facility on 12/01/22 with a diagnosis of dementia.

The 09/09/24 FCS identified R102 was unable to manage her own treatments, was frequently incontinent of bladder, and triggered for impaired hearing, wandering, inappropriate behavior and impaired decision-making.

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S3085	Continued From page 2 The 09/10/24 NSA did not address management of treatments, and what services staff provided for bladder incontinence, impaired hearing, wandering, inappropriate behavior and impaired decision-making. On 01/15/25 at 01:00 PM LN B acknowledged not all items that triggered on R102's FCS was addressed on the NSA. The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. -R103's medical record revealed he moved into the facility on 03/01/2025 with a diagnosis of traumatic brain injury. The 09/10/24 FCS identified R103 was unable to manage his treatments. The 09/10/24 NSA did not address management of treatments. On 01/15/25 at 01:21 PM LN B acknowledged R103's NSA did not address management of treatments. The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS, his service needs, and preferences.	S3085		
S3200 SS=F	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the	S3200		

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S3200	Continued From page 3 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: 3200 KAR 26-41-205(d) The facility reported a census of 15 residents. Based on interview and record review, the operator failed to ensure that all medications were administered within professional standards of practice. The "Certified Medication Aide" (CMA) pre-popped medications into medication cups for administration to residents at a future time and failed to follow professional standards of practice designed to safeguard each resident. Findings included: On 01/14/25 at 03:38 PM an observation of the top drawer of the medication cart revealed	S3200		

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S3200	Continued From page 4	S3200		

numerous pre-popped medications in paper medication cups. These medication cups were labeled with the resident's names on them, but the pills contained in these cups were not identified.

On 01/14/25 at 03:38 PM CMA C verified that she had pre-popped the resident medications in marked medicine cups for the evening and night shifts.

On 01/15/25 at 03:00 PM Administrative Staff A stated the pharmacy in town they used to use, closed down and they provided the residents' medications in multi-packs which made passing medications more efficient but the new pharmacy they used did not provide the multi-packs so CMA C was just trying to be efficient with her medication passes and was not aware this practice did not follow professional standards of practice for medication administration.

The February 2011 Kansas Certified Medication Curriculum page 165 documented, "All medications must be identified to point of administration. For medications removed from a package or container with the prescription label, a medication card must be used which contains the resident's name, the name of the medication, the route of administration, special instructions for administration and time of administration. This card must be checked against the MAR before administering the medication to a resident."

The operator failed to ensure staff followed professional standards of practice designed to safeguard each resident when administering

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S3200	Continued From page 5 medications.	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 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 15 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. Findings included: - Observation on 01/14/25 at 03:38 PM revealed the facility's medication cart contained the	S3211		

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S3211	Continued From page 6 following OTC medications which were not labeled with a resident's full name: Resident (R)104: One bottle of Refresh eye drops R105: One bottle of Relaxium SLEEP One bottle of DG Health Low Dose Aspirin R106: One bottle of PreserVision ARED2 One bottle of Spring Valley Calcium 600 milligrams One bottle of Spring Valley D3 The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
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	S3248		

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S3248	Continued From page 7	S3248		

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:
3248
KAR 26-41-102(d)(4)

The facility reported a census of 15 residents. Based on interview and record review, the operator failed to ensure two of two newly hired employees records included evidence of timely criminal background checks.

Findings included:

- Review of employee files conducted on 01/14/24 revealed the following:

"Certified Medication Aide" (CMA) D was hired on 09/21/24. Review of personnel records failed to locate documentation of a criminal background check completed by the Kansas Bureau of Investigations (KBI) for CMA D.

"Certified Nurse Aide" (CNA) E was hired on 01/10/24. Review of documentation provided

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S3248	Continued From page 8 revealed a criminal background check was completed on 08/15/24 approximately seven months after CNA E was hired. On 01/15/25 at approximately 03:00 PM Administrative Staff F stated she believed a criminal background check was completed upon hire for both staff reviewed but she was not able to locate the file. The operator failed to ensure criminal background checks were completed in a timely fashion after staff were hired.	S3248		
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 (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	S3280		

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S3280	Continued From page 9 by: 3280 KAR 26-41-104(d)(3) The facility reported a census of 15 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: - On 01/15/25 Administrative Staff A provided copies of quarterly reviews of the facilities emergency management plan. No quarterly reviews with staff for the third and fourth quarters of 2023 were provided and reviews for the first, third and fourth quarters of 2024 were not provided as well. Documentation of quarterly reviews with residents was not provided for the third and fourth quarters of 2023 and 2024. On 01/14/25 at approximately 03:15 PM Administrative Staff A stated he probably did not complete reviews of the emergency management plan with staff and residents on a quarterly basis. The operator failed to ensure the completion of quarterly reviews of the emergency management plan with all employees and residents.	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	S3310		

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S3310	Continued From page 10 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 15 residents. The sample included three residents. Based on interview and record review for three residents and two new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) 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. Findings included: - Resident (R)103 moved into the facility on 03/01/15 with a diagnosis of traumatic brain injury.	S3310		

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S3310	Continued From page 11 Review of R103's medical record lacked evidence the resident had an annual TB Symptom Screen Questionnaire completed for 2024. On 01/15/25 at 01:21 PM Licensed Nurse B stated she was unable to locate a TB Symptom Screening Questionnaire for R103 for 2024. The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen ..." The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Review of two newly hired employee files revealed the following: Certified Medication Aide D was hired on 09/21/24 and provided documentation she had a one-step TST completed prior to hire but lacked evidence the second step of a two-step TB skin test was completed upon employment with the facility. On 01/15/25 at approximately 03:00 PM Administrative Staff F stated no single-step TST was completed for CMA D upon hire. The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "If a new employee provides satisfactory documentation of receiving a single TST within 6 months prior to employment that read not positive, the employee	S3310		

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S3310	Continued From page 12 shall only be required to have a single TST within 7 days of employment." The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Certified Nurse Aide E was hired on 01/10/24. Documentation revealed a one-step TST was administered late on 03/12/24 and no follow-up second step TST was administered. The TB Symptom Screening Questionnaire was not completed until 06/16/24. On 01/15/25 at approximately 03:00 PM Administrative Staff F stated a two-step TST was not completed for CNA E upon hire. The 06/2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen ...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 ..." The operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		