STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N061009	A. BUILDING: _____ B. WING _____	07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT OSAWATOMIE LLC	1520 PARKER AVE OSAWATOMIE, KS 66064

(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 complaints 169421, 169602, 172168, 172556 and 173854 at the above named Assisted Living conducted on 07/11/23 and 07/12/23 .	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)(1) The facility reported a census of 30 residents with three residents included in the sample and four abbreviated record reviews. Based on interview, and record review the operator failed	S3085		

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

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S3085	Continued From page 1 to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)104, and R106. Findings included: - R104's medical record revealed the resident moved into the facility on 10/27/21. The 01/20/23 FCS identified R104 triggered for falls and impaired vision. The 01/20/23 NSA did not address falls or impaired vision. On 07/12/23 at 01:50 PM Administrative Nurse B stated if something triggered on the FCS it should be addressed on the NSA. The operator failed to ensure R104's NSA was fully developed to include all items that triggered on the FCS. - R106's medical record revealed she moved into the facility on 02/20/23. The 07/12/23 FCS identified R106 as having triggered for cognition and falls. The 07/12/23 NSA did not address cognition or falls. On 07/12/23 at 02:04 PM Administrative Nurse B stated if something triggered on the FCS it should be addressed on the NSA.	S3085		

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	N061009	A. BUILDING: _____ B. WING _____	07/12/2023

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S3085	Continued From page 2 The operator failed to ensure R106's NSA was fully developed to include all items that triggered on the FCS.	S3085		
S3186 SS=D	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 30 residents. The sample included three residents and four abbreviated record reviews. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)104 identified the responsible person for administration and management of selected medications. Findings included: -R104's medical record revealed she moved into	S3186		

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	N061009	A. BUILDING: _____ B. WING _____	07/12/2023

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S3186	Continued From page 3 the facility on 10/27/21 with a diagnosis of multiple sclerosis. The 01/20/23 NSA documented staff administered R104's medications. The NSA did not identify that R104 self-administered her Baclofen. On 07/12/23 at 12:55 PM R104 stated staff administered all of her medications except for Baclofen which she kept by her bed. On 07/12/23 at 01:20 PM Certified Medication Aide (CMA) C stated staff administered all of R104's medications except for maybe one or two medications as needed which she self-administered. On 07/12/23 at 01:50 PM Licensed Nurse (LN) B stated R104 self-administered Baclofen for spasms which she kept by her bedside by request. The operator failed to ensure the NSA identified who was responsible for administration and management of R104's Baclofen.	S3186		