STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N066008	A. BUILDING: _____ B. WING _____	02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF SENECA	1700 COMMUNITY DRIVE SENECA, KS 66538

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint 174482 at the above named Assisted Living conducted on 01/31/24 and 02/01/24.	S 000		
S3085 SS=E	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 26-41-202(a)(1) The facility reported a census of 18 residents with three residents included in the sample. Based on 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),	S3085		

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

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S3085	Continued From page 1 service needs, and preferences for resident (R)102, R103 and R104. Findings included: - R102's medical record revealed he moved into the facility on 08/01/22. The 01/15/24 FCS identified R102 required physical assistance with treatment management and had impaired vision. The 01/16/24 NSA did not identify what services staff provided R102 with his treatment management or his impaired vision. On 02/01/24 at 10:54 AM Administrative Nurse A stated R102's NSA did not address all that triggered on the FCS to include management of treatment and impaired vision. The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS, his service needs, and preferences. - R103's medical record revealed she moved into the facility on 04/01/23. The 12/27/23 FCS identified R103 required physical assistance with treatment management and was sometimes understandable when communicating and sometimes understood others. The 12/27/23 NSA did not address what services staff provided R103 concerning treatment management and how staff addressed R103's communication deficits. On 02/01/24 at 10:25 AM Administrative Nurse A	S3085		

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S3085	Continued From page 2 acknowledged that not all items that triggered on R103's FCS were addressed on the NSA. The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R104's medical record revealed she moved into the facility on 11/17/23. The 11/17/23 FCS identified R104 required physical assistance with treatment management. The 11/17/23 NSA did not address what services staff provided R104 concerning treatment management. On 02/01/24 at 10:46 AM Administrative Nurse A stated R104's NSA did not address management of treatments. The operator failed to ensure R104's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		
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	S3211		

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S3211	Continued From page 3 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 18 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 medication container of over the counter (OTC) medications for two residents. Findings included: - On 01/31/24 at 09:02 AM revealed the medication room contained the following OTC medications which were not labeled with a resident's full name: Resident (R)105: One eyedrop bottle of Sodium Chloride R106: Three bottles of Nexium 24 HR. 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. On 02/01/24 at 11:09 AM Administrative Nurse A stated OTC medications should be labeled with the resident's full name. The 2022 "Medication Management" policy documented, "Over the counter drugs ...A	S3211		

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S3211	Continued From page 4 pharmacist or licensed nurse shall place the full name of the resident on the package ..." The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3213 SS=F	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 18 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: - Observation on 01/31/24 at 09:02 AM revealed the facility's medication room contained the following prescription medications which were not labeled with a resident's full name: Resident (R)102: One Levemir FlexPen	S3213		

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S3213	Continued From page 5 R105: One Azelastine HCL 0.1 percent R107: One Ipratropium nasal spray R109: One bottle of Nyamyc Powder 100,000 One tube of Clotrimazole Cream USP, 1 percent One tube of Nystatin Ointment 100,000 R104: One bottle of Clotrimazole Sol. 1 percent R108: One bottle of HM Earwax Sol. 6.5 percent One tube of Mupirocin 30 gram ointment One tube of Mupirocin 22 gram The 2022 "Medication Management" policy documented, "the pharmacist shall label the drug, as required for prescription drugs." The operator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		
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;	S3280		

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S3280	Continued From page 6 (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 by: 3280 KAR 26-41-104(d)(3) The facility reported a census of 18 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 reviews of the facility's emergency management plan covering all eight required topics with employees and residents. Findings included: - On 01/31/24 at 01:30 PM review of the documentation of the quarterly reviews of the "Emergency Management Plan" (EMP) revealed the following: The fourth quarter of 2022 review of the EMP only covered the topic of fire. The third quarter of 2023 review of the EMP only covered the topics of fire, flood, and severe weather. The fourth quarter of 2023 review of the EMP only	S3280		

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S3280	Continued From page 7 covered the topic of fire. The operator failed to ensure the completion of quarterly reviews covering all of the required topics of the emergency management plan with employees and residents.	S3280		