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	N070006	A. BUILDING: _____ B. WING _____	12/20/2022

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VINTAGE PARK AT OSAGE CITY LLC	1403 LAING OSAGE CITY, KS 66523

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey and complaint number 162591 for the above named Assisted Living facility conducted on 12/15/22, 12/19/22 and 12/20/22.	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: KAR 26-41-202(a) The facility reported a census of 30 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 on what	S3085		

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

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S3085	Continued From page 1	S3085		

triggered in the "Functional Capacity Screen" (FCS) for resident (R)101, and R102.

Findings included:

- R101's medical record revealed the resident moved into the facility on 06/27/17 with a diagnosis of diabetes mellitus.

The 03/22/22 FCS identified R101 triggered for cognition, and impaired vision.

The 03/22/22 NSA did not address R101's cognition or impaired vision.

On 12/20/22 at 12:37 PM Administrative Nurse B confirmed R101's NSA did not address cognition or impaired vision as identified on the FCS.

The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS.

- R102's medical record revealed the resident moved into the facility on 04/16/21 with diagnoses of anxiety and depression.

The 03/28/22 FCS identified R102 as having triggered for cognition, falls, impaired vision, impaired hearing and impaired decision-making.

The 03/28/22 NSA did not address R102's triggers for cognition, falls, impaired vision, impaired hearing and impaired decision-making.

On 12/20/22 at 01:03 PM Administrative Nurse B confirmed impaired vision, impaired hearing,

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S3085	Continued From page 2 cognition were not addressed on R102's NSA. The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS.	S3085		
S3175 SS=D	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 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 30 residents. The sample included three residents. Based on interview and record review the operator failed to ensure one of three sampled residents (R103) record contained documentation of a completed	S3175		

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S3175	Continued From page 3	S3175		

medication self-administration assessment for Ozempic (diabetes).

Findings included:

-R103's medical record revealed he moved into the facility on 04/01/21 with a diagnosis of diabetes.

The 03/28/22 "Functional Capacity Screen" (FCS) documented R103 required physical assistance with the management of his medications.

The 03/22/22 "Negotiated Service Agreement" (NSA) documented staff administered R103's medications but R103 was able to self-administer his insulin. The NSA did not identify the select medication to be self-administered.

An order dated 12/08/22 for Ozempic 1 milligram (mg) pen, inject subcutaneously, once a week for diabetes.

Review of R103's records failed to locate a completed self-administration of medication assessment for Ozempic.

On 12/20/22 at 10:38 AM R103 stated staff administered all of his medications but prepared his insulin and handed it to him to self-inject once a week.

On 12/20/22 at 10:07 AM Certified Medication Aide (CMA) H stated staff administered all of R103's medications but dialed up the Ozempic each Wednesday and R103 self-administered it.

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S3175	Continued From page 4 On 12/20/22 at 01:11 PM Administrative Nurse B stated R103 self-administered Ozempic weekly but stated a self-administration assessment tool was not completed for him. The operator failed to ensure a medication self-administration assessment was completed for R103's use of Ozempic.	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 30 residents. The sample included three residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R)101, R102 and R103 identified the responsible person for administration and management of selected	S3186		

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S3186	Continued From page 5	S3186		

medications the facility administered.

Findings included:

- R101's medical record revealed the resident moved into the facility on 06/27/17 with a diagnosis of diabetes mellitus.

The 03/22/22 "Functional Capacity Screen" (FCS) documented R101 required physical assist with his medications.

The 03/22/22 NSA documented the facility administered all of R101's medications and did not identify the select medications R101 self-administered.

Order dated 05/03/22 for Tresiba Flextouch 100 units/milliliter, 50 units subcutaneous, daily.

Order dated 12/22/22 for HUMALOG 100 units/milliliter KWIKPEN, 15 units three times daily, plus sliding scale.

On 12/20/22 at 10:21 AM, R101 stated staff administered his medications and staff prepared his insulin pen and handed it to him to self-inject.

On 12/20/22 at 10:05 AM Certified Medication Aide (CMA) H stated staff administered all his oral medications and dialed-up his Humalog and Tresiba insulin pens and gave it to R101 to self-administer.

On 12/20/22 at 12:37 PM Administrative Nurse B stated R101 self-administered his own insulin and stated the NSA did not identify the insulin

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S3186	Continued From page 6	S3186		

R101 self-administered.

The operator failed to ensure designated staff included select medications the R101 self-administered in the NSA.

- R102's medical record revealed the resident moved into the facility on 04/16/21 with a diagnosis of chronic obstructive pulmonary disease (COPD).

The 03/28/22 FCS documented R102 required physical assist with her medications.

The 03/28/22 NSA documented the facility administered all of R102's medications and did not identify the select medications R102 self-administered.

Order dated 12/06/22 for ipratropium-albuterol, inhale contents of one vial by nebulization three times daily for COPD.

On 12/20/22 at 10:30 AM R102 stated the staff administered her medications with exception to a nebulizer which she had in her room. R102 stated she put the medication drops into the nebulizer herself and used the nebulizer machine three times a day.

On 12/20/22 at 10:10 AM CMA H stated R102 had her nebulizer at bedside and administered the breathing treatment herself.

On 12/20/22 at 01:03 PM Administrative Nurse B stated R102 had a nebulizer that she self-administered but stated this was not added to the NSA.

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S3186	Continued From page 7	S3186		

The operator failed to ensure designated staff included select medications the R102 self-administered in the NSA.

- R103's medical record revealed the resident moved into the facility on 04/01/21 with a diagnosis of diabetes mellitus.

The 03/28/22 FCS documented R103 required physical assist with his medications.

The 03/28/22 NSA documented the facility administered all of R103's medications and R103 was able to self-administer insulin but did not identify the select medications R103 self-administered.

An order dated 12/08/22 for Ozempic 1 milligram (mg) pen, inject subcutaneously, once a week for diabetes.

On 12/20/22 at 10:38 AM R103 stated staff administered all his medications and prepared his insulin pen and handed it to him to self-inject once a week.

On 12/20/22 at 10:07 AM CMA H stated staff administered all oral medications and dialed up the Ozempic pen each Wednesday and gave to R103 to self-administer.

On 12/20/22 at 01:11 PM Administrative Nurse B stated R103 received Ozempic weekly and stated the NSA did not identify the select medication R103 self-administered.

The operator failed to ensure designated staff

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S3186	Continued From page 8 included select medications the R103 self-administered in the NSA.	S3186		
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 by: KAR 26-41-104(d)(3) The facility reported a census of 30 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.	S3280		

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S3280	Continued From page 9 Findings included: - On 12/20/22 review of the monthly "Resident Council Minutes" revealed documentation the emergency management plan was reviewed with residents in attendance on 10/24/22. The facility lacked documentation that the emergency management plan was reviewed with all residents on a quarterly basis. Review of documentation revealed the emergency management plan was reviewed on 10/12/22 with the facility staff but the facility lacked documentation that the emergency management plan was reviewed with all staff on a quarterly basis. On 12/20/22 at 08:45 AM Administrative Staff A stated she only had documentation for staff quarterly reviews of the emergency management plan for October 2022. On 12/20/22 at 11:11 AM Administrative Staff A stated not all residents attended the resident council and not all residents had the emergency management plan reviewed with them. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees 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	S3310		

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S3310	Continued From page 10 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 30 residents. Based on record review and interview the 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 Nurse Aide (CNA) C hired on 09/08/20, record lacked a TB symptom screening questionnaire completed upon hire. CNA D hired on 09/07/22 record lacked a TB screening questionnaire completed upon hire and second step of the Tuberculosis Skin Test (TST) was administered three days too early.	S3310		

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S3310	Continued From page 11 CNA E hired on 07/31/22 record lacked a TB symptom screening questionnaire completed upon hire. CNA F hired on 05/01/22 record lacked a TB symptom screening questionnaire completed upon hire and second step of the TST was administered two days too early. Certified Medication Aide (CMA) G did not have a TB symptom screening questionnaire completed upon hire. On 12/15/22 at 11:29 AM Administrative Nurse B stated newly hired staff only had a two-step TST completed upon hire and did not have a TB symptom screening questionnaire completed. The 10/17/22 "Tuberculosis Screening- Kansas" policy documented, "Each new ...associate shall have an initial Annual Tuberculosis Symptom Review Questionnaire form completed within 7 days of ...employment ...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		