STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N079003	A. BUILDING: _____ B. WING _____	12/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREDO SENIOR LIVING OF BELLEVILLE LLC	530 23RD STREET BELLEVILLE, KS 66935

(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 represent the findings of a resurvey for the above named assisted living facility conducted on 12/18/23.	S 000		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The facility reported a census of 17 residents with three residents included in the sample. Based on interview, and record review the administrator failed to ensure designated facility staff ensured the "Functional Capacity Screen" (FCS) for Resident (R) 1 and (R) 2 accurately reflected their functional capacity for cognition at the times of the screenings. Findings included: - Record review for R1 revealed an admission date of 07/15/22 with diagnoses of chronic fatigue, congestive heart failure, hypothyroidism. The 10/16/23 "Functional Capacity Screen" (FCS) identified R1 has difficulty recalling recent events, difficulty with long term memory, difficulty with memory/recall and difficulty with decision-making or does not make decisions.	S3082		

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

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S3082	Continued From page 1 The 10/16/23 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HSP) identified R1 as independent with cognition, with no apparent memory lost and oriented. Able to recall or retain information, recent events, directions, time, place of situations. Able to make safe judgements and functions appropriately in social situations. The 12/18/23 "Resident Roster" provided by the facility revealed R1 was not marked for impaired cognition. On 12/18/23 at approximately 02:54PM Administrative Nurse B stated the "NSA" and "HSP" were combined in one document. On 12/18/23 at approximately 02:44PM Administrative Nurse B confirmed the score for cognition on R1's "FCS" was not accurate. - Record review for R2 revealed an admission date of 09/23/22 with diagnoses of age-related cognitive decline and muscle weakness. The 09/21/23 "FCS" identified R2 had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties with a total score of "10" under section "D. Cognition Memory, Recall" of the "Resident Functional Capacity Screen" form. The 09/21/23 "NSA" failed to identify the services provided for cognitive difficulties. The updated 07/11/08 department's "Resident Functional Capacity Screen Manual"	S3082		

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S3082	Continued From page 2 documented to enter "0" if the resident was able to demonstrate adequate memory or enter "1" if the resident was unable to demonstrate adequate memory for each of the four categories labeled short-term memory, long-term memory, memory/recall, and decision-making. If a "1" was entered in each category the maximum score could not exceed "4." On 12/18/23 at 02:46 PM Administrative Nurse B confirmed R2's cognition score documented on the "FSA" was incorrect. The administrator failed to ensure designated facility staff ensured the "FCS" for R1 and R 2 accurately reflected their functional capacity for cognition at the times of the screenings.	S3082		
S3085 SS=D	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.	S3085		

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S3085	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1) The facility reported a census of 17 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreements" (NSA) for Residents (R) R3 and R2 described the services they received based on their "Functional Capacity Screens" (FCS). Findings included: - Record review for R3 revealed an admission date of 12/07/23 with diagnoses of muscle weakness and hypertension. The 12/08/23 "FCS" identified R3 required physical assistance with bathing and dressing; was unable to perform management of treatments; and was marked for falls. The 12/12/23 "NSA" failed to identify the services provided R3 for bathing, dressing, management of treatments, and to prevent injury from falls. - Record review for R2 revealed an admission date of 09/23/22 with diagnoses of age-related cognitive decline and muscle weakness. The 09/21/23 "FCS" identified R2 was unable to perform management of treatments; had short-term and long-term memory, memory	S3085		

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S3085	Continued From page 4 recall, and decision-making cognitive difficulties; and sometimes understood others during communication. The 11/30/23 "NSA" failed to identify the services provided R2 for management of treatments, cognitive difficulties, and communication. On 12/18/23 at approximately 02:58 PM Administrative Nurse B confirmed R3 and R2's "NSA's" failed to describe the services provided based on their "FCS's" The administrator failed to ensure the "NSA's" R3 and R2 described the services provided based on their "FCS's".	S3085		
S3165 SS=D	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 17 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSAs) for Resident (R) 3 named the licensed nurse responsible for implementing and supervising the "Healthcare Service Plan" (HSP).	S3165		

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S3165	Continued From page 5 Findings included: - Record review for R3 revealed an admission date of 12/07/23 with diagnoses of muscle weakness and hypertension. The 12/08/23 "Functional Capacity Screen" (FCS) identified R3 required physical assistance for bathing and dressing; was unable to perform management of medications and treatments; and was marked for falls. The 12/12/23 "NSA" identified facility staff would manage medications. The "NSA" failed to describe the services provided bathing and dressing, management of treatments, and to prevent injury from falls. R3's "NSA" lacked the name of a licensed nurse responsible for implementing and supervising the "HSP." On 12/18/23 at 02:58 PM Administrative Nurse B confirmed the nurse responsible was not named on R3's "NSA." The administrator failed to ensure R3's "NSA" named the licensed nurse responsible for implementing and supervising the "HSP."	S3165		
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	S3175		

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S3175	Continued From page 6 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) The facility reported a census of 17 residents with 3 included in the sample reviewed. Based on interview and record review the administrator failed to ensure a licensed nurse performed an assessment to determine if Resident (R1) could self-administer medications safely and accurately. Findings included: - Record review for R1 revealed an admission date of 07/15/22 with a diagnoses of chronic fatigue, osteoporosis, congestive heart failure, hypothyroidism. The 10/16/23 "Functional Capacity Screen" (FCS) identified R1 was able to perform management of medications.	S3175		

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S3175	Continued From page 7 The 10/16/23 "Negotiated Service Agreement" (NSA) identified R1 was able to perform management of medications. R1's record lacked evidence of annual documentation of a medication self-administration assessment. On 12/18/23 at approximately 03:42 PM Administrative Nurse B confirmed R1's record lacked evidence of documentation of an annual medication self-administration assessment. Last self-medication assessment completed 07/16/22. The administrator failed to ensure a licensed nurse performed an annual assessment to determine if R1 could self-administer medications safely and accurately.	S3175		