STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087073	A. BUILDING: _____ B. WING _____	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLEN CARR HOUSE	1433 N HAMILTON DRIVE DERBY, KS 67037

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints 187747, 188818, 188968, 189553, 189974, 190124, 190126, 190292 and 190955 at the above named Assisted Living conducted on 11/05/24, 11/06/24 and 11/07/24.	S 000		
S3081 SS=E	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: 3081 KAR 26-41-201(c)(1)(2) The facility reported a census of 47 residents. The sample included three residents and four abbreviated record reviews. Based on interview, and record review the operator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for resident (R)101 at least once every 365 days and the FCS was revised due to a significant change in condition to R102. Findings included:	S3081		

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

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S3081	Continued From page 1 - R101's medical record revealed she moved into the facility on 04/27/22 with a diagnosis of Alzheimer's Disease. Review of R101's medical records revealed the admission FCS was dated 04/26/22 with the next FCS completed on 06/26/23 two months past due. On 11/07/24 at 05:23 PM Administrative Nurse B stated she could not find that a FCS for R101 was completed at least within 365 days of the admissions FCS. The operator failed to ensure designated staff completed a FCS for R101 at least once every 365 days. - R102's medical record revealed he moved into the facility on 12/04/23 with diagnosis of Alzheimer's Disease and malignant neoplasm of the bladder. Review of R102's medical records revealed an admissions FCS was completed on 12/04/23 but a significant change FCS was not completed when R102 was admitted to hospice 04/24/24. On 11/07/24 at 01:29 PM "Certified Medication Aide" (CMA) C stated R102 experienced increased incontinence and did not want to get up out of bed and was admitted to hospice. On 11/06/24 at 03:42 PM Administrative Nurse B stated R102 was placed on hospice after he experienced a significant change in condition, but she was unable to find a significant change FCS completed for R102.	S3081		

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S3081	Continued From page 2 The operator failed to ensure designated staff revised R102's FCS after he experienced a significant change in condition.	S3081		
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 KAR 26-41-202(a)(1) The facility reported a census of 47 residents with three residents included in the sample and four abbreviated record reviews. 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), service	S3085		

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S3085	Continued From page 3 needs, and preferences for resident (R)104, R105 and R106. Findings included: - R104's medical record revealed she moved into the facility on 12/31/22 with a diagnosis of dementia. The 03/14/24 FCS identified R104 was unable to manage her own treatments. The 05/28/24 NSA did not address the management of R104's treatments. On 11/07/24 at 03:18 PM Administrative Nurse B stated R104's NSA did not address what services the facility staff provided for 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. - R105's medical record revealed she moved into the facility on 08/12/24 with diagnoses of major depressive disorder and generalized anxiety disorder. The 08/12/24 FCS identified R105 required physical assistance with management of treatments and triggered for inappropriate behavior. The NSA signed 08/21/24 did not address the management of treatments and did not address what services facility staff provided to address R105's inappropriate behavior.	S3085		

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S3085	Continued From page 4 On 11/07/24 at 02:42 PM Administrative Nurse B stated she could not find anything on R105's NSA that addressed management of treatments or inappropriate behaviors. The operator failed to ensure R105's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R106's medical record revealed he moved into the facility on 03/06/23 with diagnoses of dementia and muscle weakness. The 06/07/24 FCS identified R106 required physical assistance with management of treatments and had severely impaired cognition. The NSA signed 06/13/24 did not address the management of treatments and did not address what services facility staff provided to address R106's severely impaired cognition. On 11/07/24 at 03:12 PM Administrative Nurse B stated R106's NSA did not specifically address management of treatments and did not address what services staff provided for R106's impaired cognition. The operator failed to ensure R106's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every	S3092		

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S3092	Continued From page 5 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: 3092 KAR 26-41-202(d)(1)(2) The facility reported a census of 47 residents. The sample included three residents and four abbreviated record reviews. Based on interview, and record review the operator failed to ensure designated staff completed a "Negotiated Service Agreement" (NSA) for resident (R)101 at least once every 365 days and a NSA was revised due to a significant change in condition to R102. Findings included: - R101's medical record revealed she moved into the facility on 04/27/22 with a diagnosis of Alzheimer's Disease. Review of R101's medical records revealed the most recent FCS was completed on 06/26/23 two months past the required 365 day deadline. Review of R101's medical records revealed the most recent NSA was completed on 07/06/23	S3092		

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S3092	Continued From page 6 more than two months past the required 365 day deadline. On 11/07/24 at 05:23 PM Administrative Nurse B stated she could not find that an NSA for R101 was completed at least within 365 days of the admissions NSA. The operator failed to ensure designated staff reviewed and completed a NSA for R101 at least once every 365 days. - R102's medical record revealed he moved into the facility on 12/04/23 with diagnosis of Alzheimer's Disease and malignant neoplasm of the bladder. Review of R102's medical records revealed an admissions FCS was completed on 12/04/23 but a significant change FCS was not completed when R102 was admitted to hospice 04/24/24. Review of R102's medical records revealed that a significant changed NSA was not completed after R102 was admitted to hospice. On 11/06/24 at 03:42 PM Administrative Nurse B stated R102 was placed on hospice after he experienced a significant change in condition, but she was unable to find a significant change NSA completed for R102. The operator failed to ensure designated staff revised R102's NSA after he experienced a significant change in condition.	S3092		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS	S3211		

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S3211	Continued From page 7 (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 47 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 for nine residents. Findings included: - Observation on 11/05/24 at 02:08 PM of the House #3 medication cart revealed: Resident (R)108- One bottle of Equate Allergy Relief R109- One box of Claritin RediTabs One bottle of Tylenol Extra Strength	S3211		

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S3211	Continued From page 8 R107- One bottle of Rugby Regular Strength Acetaminophen. Observation on 11/05/24 at 02:58 PM of the House #2 medication cart revealed: R110- One bottle of stool softener plus laxative R111- Two bottles of Bayer chewable aspirin R112- One bottle of Equate Regular Strength Pain Reliever R113- One bottle of Extra Strength Tylenol R114- Three bottles of Antifungal Powder Observation on 11/05/24 at 03:17 PM of the House #1 medication cart revealed: R115- One bottle of Equate Chewable Aspirin The 10/25/23 "Over-the-counter (OTC) Medications and Sample Medications" policy documented, "OTC/Sample medications must be labeled with...Resident name..." The operator failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

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S3280	Continued From page 9 (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: 3280 KAR 26-41-104(d)(3) The facility reported a census of 47 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 facility's emergency management plan (EMP) was reviewed on a quarterly basis with all staff and residents. Findings included: - On 11/06/24 review of documentation revealed quarterly reviews of the EMP were completed on 06/28/23, 06/19/24 and 07/31/24 but lacked documentation for the third quarter 2023, fourth	S3280		

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S3280	Continued From page 10 quarter 2023 and first quarter 2024. On 11/06/24 at 01:45 PM Administrative Staff A stated she was not able to find all the quarterly reviews of the EMP completed with staff and stated EMP reviews with residents did not go over all the required items for review and lacked documentation of which residents were present during the review of the EMP. The operator failed to ensure disaster and emergency preparedness by failing to perform quarterly reviews of the emergency management plan with employees and residents.	S3280		