STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087087	A. BUILDING: _____ B. WING _____	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOVE ESTATES MEMORY HAVEN	1500 S 183RD ST W GODDARD, KS 67052

(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 Re-Licensure survey with complaint investigation KS00186951 for the above named facility conducted on 09/05/24 and 09/10/24.	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: KAR 26-41-201 (c)(2) The facility reported a census of 14 residents (R). The sample included three residents and two closed record reviews. Based on observation, interview, and record review the operator failed to ensure staff completed a "Functional Capacity Screen" for two (R3 and R4) of three sampled residents when they experienced a significant change in status. Findings Included: - R3's Electronic Medical Record revealed she moved into the facility on 10/09/23 with a diagnosis of dementia.	S3081		

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

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S3081	Continued From page 1	S3081		

R3's "Functional Capacity Screen" (FCS) dated 03/26/24 identified she required physical assistance with bathing, dressing, toileting, and management of medications. The FCS identified she required supervision with transfers and walking/mobility and was independent with eating.

Review of the nursing "Progress Notes" dated 04/06/24 indicated R3 was very weak and needed two staff to transfer her.

Observation on 09/05/24 at 08:25AM Certified Nurse Aide (CNA) E sat beside R3 and fed her breakfast. R3 held her cup of fluids, but CMA E would raise it up for her to take a drink out of the straw.

Observation on 09/05/24 at 12:00 PM R3 sat at the dining room table waiting for lunch. R3's family member arrived, sat beside her, and proceeded to feed her lunch.

Observation on 09/05/24 at 12:57 PM residents' family took R3 back to her room via wheelchair. Certified Medication Aide (CMA) D and CNA E transferred R3 onto the toilet lifting her under each arm, provided peri-care when finished and then transfered her back into her wheelchair. Staff pushed her to the recliner and then lifted her out of the wheelchair, one under each arm, and sat her in the recliner.

Interview on 09/05/24 at 01:07 PM CMA E reported R3 doesn't help with getting dressed or other cares any more, and she is a two-person transfer. CMA E reported staff feed her most of the time, but once in a great while she will feed herself part of the meal but that is rare.

Interview on 09/05/24 at 03:07 PM CMA F

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S3081	Continued From page 2	S3081		

reported staff had to do all her care and it took two staff for all transfers. CMA F reported she could not feed herself, so staff feed her meals.

Interview on 09/10/24 at 10:02 AM Administrative Licensed Nurse C reviewed R3's current FCS and acknowledged the resident has had a decline and should have had a new FCS completed.

The Executive Director failed to ensure designated staff completed a FCS for R3 after she experienced a decline in status.

- Review of R4's Electronic Medical Record revealed she moved into the facility on 10/09/19 with a diagnosis of major neurocognitive disorder with behavioral disturbance.

R4's "Functional Capacity Screen" dated 10/08/23 revealed she needed physical assistance with all activities of daily living except she only needed supervision with eating. It did not identify her at risk for falls or as having any behaviors.

Review of R4's nursing progress notes revealed documentation on 08/14/2024 R4 was re-evaluated for hospice due to a recent decline, not eating or drinking much and she is generally weak and sleeping more with incoherent speech. It also identified she signed on to Good Shepard Hospice services.

Observation on 09/05/24 at 10:41 AM Certified Medication Aide (CMA) D and Certified Nurse Aide (CNA) E went to get resident up for the day. Staff talked with R4 convincing her to get up. While staff got R4 up, she yelled at them to stop and hit their arms during the task. While staff continued to help R4 get dressed while in the bed, the resident was very stiff and did nothing to

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S3081	Continued From page 3	S3081		

help with the process. R4 continued to yell and tell them she did not want to get up, she hurt, she did not feel right and CMA D and CNA E continued to encourage her and let her know she would feel better after she got up. CMA D and CNA E sat her up on the side of the bed and did a full transfer while holding under R4's arms and sat her in the wheelchair. They washed her face and combed her hair and brought her out to the dining room table.

Observation on 09/05/24 at 11:15 R4 sat at the dining room table waiting for lunch R4's family arrived at 11:27 AM and sat with her. R4's family pushed her back to her room via wheelchair and returned at 11:55 AM. Dietary staff served R4 her plate and her family member sat beside her and fed R4 her meal.

Interview on 09/05/24 at 01:05 PM Certified Nurse Aide (CNA) E reported the resident just went back on Hospice, it takes two staff now to transfer her, and she rarely sits on the toilet because it causes her hip pain.

Interview on 09/05/24 at 03:04 PM CMA F reported staff had to provide full care for dressing, toileting, transfers, mobility, and eating. CMA F reported since she had fractured her hip and knee, she does not bear any weight and sitting on the toilet will cause her pain. CMA F stated in the past few months R4 has become more combative and resistant to cares and will hit and pinch staff. CMA F stated R4 will feed herself sometimes and other times we have to totally feed her, it just varies on the day.

On 09/05/24 at 03:25 PM Administrative Licensed Nurse A confirmed R4 has had a decline in status and should have had a new FCS completed due

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S3081	Continued From page 4 to the decline. The executive director failed to ensure designated staff completed a "Functional Capacity Screen" for R4 when she had a significant decline in status.	S3081		
S3082 SS=E	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: K.A.R 26-41-201 (d) The facility reported a census of 14 residents(R). The sample included three residents and two focused record reviews. Based on interview and record review, the executive director failed to ensure designated staff completed two (R3 and R4) of three sampled residents "Functional Capacity Screen" accurately to reflect their functional ability and need for health care services. Findings Included: - R3's Electronic Medical Record revealed she moved into the facility on 10/09/23 with a diagnosis of dementia. R3's "Functional Capacity Screen" (FCS) dated 03/26/24 failed to identify R3 was at risk or had a current problem with falls/unsteadiness and did	S3082		

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S3082	Continued From page 5	S3082		

not identify any ordered therapies or treatments.

Review of the nursing "Progress Notes" included documentation of the resident having falls on 10/26/23, 12/21/23, 01/22/24, and on 02/11/24. The notes also included documentation she had a pressure sore on her left heel and needed to have a daily dressing change completed by a local Home Health agency.

Interview on 09/10/24 at 10:01 AM Administrative Licensed Nurse C acknowledged the FCS should have identified the resident at risk for falls and that she received treatments for a left heel wound.

The executive director failed to ensure designated staff completed R3s FCS accurately to identify her functional ability and need for health care services.

- Review of R4's Electronic Medical Record revealed she moved into the facility on 10/09/19 with a diagnosis of major neurocognitive disorder with behavioral disturbance.

R4's "Functional Capacity Screen" dated 10/08/23 failed to identify R4 was at risk or had a current problem related to falls/unsteadiness.

Review of R4's nursing progress notes included documentation of R4 having falls on 05/19/23 and 09/01/23.

Interview on 09/10/24 at 08:24 AM Administrative Licensed Nurse A acknowledged the FCS should have identified R4 at risk for falls.

The executive director failed to ensure designated staff completed R3's FCS accurately

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S3082	Continued From page 6 to identify her functional ability and need for health care services.	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1) The facility reported a census of 14 residents(R). The sample included three residents and two closed record reviews. Based on interview and record review the executive director failed to ensure designated staff completed one (R3) of three sampled residents "Negotiated Service Agreement and Health Care Service Plan" based on their "Functional capacity Screen" and their dependence on staff to exit the facility in case of	S3085		

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S3085	Continued From page 7	S3085		

an emergency.

Findings included:

- R3's Electronic Medical Record revealed she moved into the facility on 10/9/23 with a diagnosis of dementia.

R3's "Functional Capacity Screen" (FCS) dated 03/26/24 identified R3 had impaired cognition, required physical assistance mobility and used a wheelchair as an assistive device.

R3's "Negotiated Service Agreement and Health Care Service Plan" dated 05/09/24 indicated staff provided physical assistance with mobility and she had significant impaired cognition.

Observations during survey on 09/05/24 and 09/10/24 staff took R3 to and from meals and activities via wheelchair.

Interview on 09/05/24 at 01:07 PM Certified Nurse Aide E reported staff must take her from one place to another including exiting the facility.

Interview on 09/05/24 at 03:07 PM Certified Medication Aide F reported R3 would not be able to exit the facility without staff assistance.

Interview on 09/10/24 at 10:08 AM Administrative Licensed Nurse C acknowledged R3 was dependent on staff to exit the facility. She reviewed R3's "Negotiated Service Agreement and Health Care Service Plan" and acknowledged it did not identify how R3 would exit the facility.

The executive director failed to ensure R3's "Negotiated Service Agreement and Health Care

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S3085	Continued From page 8 Service Plan" included services to meet R3's need for assistance to exit the facility due to her dependence on another person to exit.	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 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: KAR 26-41-202(d)(2) The facility reported a census of 14 residents (R). The sample included 3 residents and 2 closed record reviews. Based on interview and record review the operator failed to ensure designated staff reviewed/revised two (R3 and R4) of three resident's negotiated service agreement following a significant change in condition requiring changes in service needs and service provided. Findings Included:	S3092		

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- R3's Electronic Medical Record revealed she moved into the facility on 10/09/23 with a diagnosis of dementia.

R3's "Functional Capacity Screen" (FCS) dated 03/26/24 identified she required physical assistance with bathing, dressing, toileting, and management of medications. The FCS identified she required supervision with transfers and walking/mobility and was independent with eating.

R3's "Negotiated Service Agreement and Health Care Service Plan" dated 05/09/24 indicated staff would provide physical assistance of 1 staff for toileting, transfers, and walking/mobility with a gait belt, and provide supervision with eating.

Review of the nursing "Progress Notes" dated 04/06/24 included documentation R3 was very weak and needed two staff to transfer her.

Observation on 09/05/24 at 08:25AM Certified Nurse Aide (CNA) E sat beside R3 and fed her breakfast.

Observation on 09/05/24 at approximately 12:00 PM R3's family member arrived, sat beside her, and proceeded to feed her lunch.

Observation on 09/05/24 at 12:57 PM R3's family took R3 back to her room via wheelchair. Certified Medication Aide (CMA) D and CNA E transferred R3 onto the toilet lifting her under each arm and then transferred her back into her wheelchair when finished CMA D then pushed her in the wheelchair to the recliner and then lifted her out of the wheelchair, one under each arm, and sat her in the recliner.

Interview on 09/05/24 at 01:07 PM CMA E

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S3092	Continued From page 10	S3092		

reported R3 doesn't help with getting dressed or other cares any more, and she is a two-person transfer. CMA E reported staff feed her most of the time, but once in a great while she will feed herself part of the meal but that is rare.

Interview on 09/05/24 at 03:07 PM CMA F reported staff had to do all her care, transfers take two staff, and staff also have to feed her now.

Interview on 09/10/24 at 10:02 AM Administrative Licensed Nurse C acknowledged the resident should have had a new Negotiated Service Agreement and Health Care Service Plan completed when she had a significant decline in status.

The executive director failed to ensure designated staff reviewed and revised R3's Negotiated Service Agreement and Health Care Service Plan after she had a significant decline in status.

- Review of R4's Electronic Medical Record revealed she moved into the facility on 10/09/19 with a diagnosis of major neurocognitive disorder with behavioral disturbance.

R4's "Functional Capacity Screen" dated 10/08/23 revealed she needed physical assistance with all activities of daily living except she only needed supervision with eating. It did not identify her at risk for falls or as having any behaviors.

R4's "Negotiated Service Agreement and Health Care Service Plan" dated 10/08/23 directed staff to provide supervision with eating meals and physical assistance with activities of daily living. It identified she received services from a local

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Hospice Agency.

Review of R4's electronic record lacked revision of R4's "Negotiated Service Agreement and Health Care Service Plan" to identify changes in services related to Hospice and Palliative care.

Review of R4's nursing progress notes included the following documentation :
01/31/24 that R4 was discharged from Hospice services.
04/30/24 resident seen by palliative care nurse.
08/14/24 resident re-evaluated for Hospice due to recent decline, signed on to local Hospice agency.

Observation on 09/05/24 at 11:15AM R4 sat at the dining room table waiting for lunch R4's family arrived at 11:27 AM and sat with her. R4's family pushed her back to her room via wheelchair and returned at 11:55 AM. Dietary staff served R4 her plate and her family member sat beside her and fed R4 her meal.

Interview on 09/05/24 at 01:05 PM Certified Nurse Aide (CNA) E reported the resident just went back on Hospice, it takes two staff now to transfer her, and she rarely sits on the toilet because it causes her hip pain.

Interview on 09/05/24 at 03:38 PM Administrative Licensed Nurse C acknowledged R4's Negotiated Service Agreement and Health Care Service Agreement should have been revised when R4 had changes in services needed and provided.

The executive director failed to ensure R4's Negotiated Service Agreement and Health care Service Plan was reviewed and revised as necessary when she had a change in services

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S3092	Continued From page 12 needed and provided.	S3092		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h) The facility reported a census of 14 residents (R). The sample included three residents and two closed record reviews. Based on interview and record review for two (R3 and R5) of three sampled residents, the executive director failed to ensure that everyone involved in the development of the Negotiated Service Agreement signed the agreement. Findings included: - R3's Electronic Medical Record revealed she moved into the facility on 10/9/23 with a diagnosis of dementia. R3's "Functional Capacity Screen" (FCS) dated 03/26/24 identified she required physical assistance with bathing, dressing, toileting, and management of medications. The FCS identified she required supervision with transfers, walking/mobility and was independent with eating.	S3101		

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S3101	Continued From page 13 R3's "Negotiated Service Agreement and Health Care Service Plan" dated 05/09/24 indicated staff would provide physical assistance of one staff for toileting, transfers, and walking/mobility with a gait belt, and provide supervision with eating. The "Negotiated Service Agreement and Health Care Service Plan" was signed by R3's legal representative but Administrative Licensed Nurse C had not signed it. Interview on 09/10/24 at 09:53 AM Administrative Licensed Nurse C reported she completes the "Negotiated Service Agreement and Health Care Service Plan" on the day of admission with family and the resident. Administrative Licensed Nurse C reported she will leave the completed document on her desk for family to sign if they leave before it is completed. On 09/10/24 at 10:06 AM Administrative Licensed Nurse C viewed R3's "Negotiated Service Agreement and Health Care Service Plan" and acknowledged she had not signed it. - R5's Electronic Medical Record revealed she moved into the facility on 08/26/24 with a diagnosis of dementia. R5's "Functional Capacity Screen dated 08/22/24 identified she needed physical assistance with all areas of daily living except for eating and had impaired cognition. R5's "Negotiated Service Agreement and Health Care Service Plan" dated 08/26/24 indicated one nursing staff would assist R5 with completing activities of daily living. The "Negotiated Service Agreement and Health Care Service Plan" was signed by Administrative Licensed Nurse C but R5's legal representative had not signed it.	S3101		

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S3101	Continued From page 14 Interview on 09/10/24 at 09:53 AM Administrative Licensed Nurse C reported she completes the "Negotiated Service Agreement and Health Care Service Plan" on the day of admission with family and the resident. Administrative Licensed Nurse C reported she will leave the completed document on her desk for family to sign if they leave on the day of admission before it is completed. Administrative Licensed Nurse C reviewed R5's "Negotiated Service Agreement and Health Care Service Plan" and acknowledged R5's legal representative had not signed it. The executive director failed to ensure all who participated in the development of R5's "Negotiated Service Agreement and Health Care Service Plan" signed it.	S3101		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 14 resident's (R). The sample included 3 residents and 2 closed record reviews. Based on observation, interview, and record review the operator failed to ensure staff assessed the safety and use of bed assistive devices for R4 and R7 according to standards of	S3171		

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S3171	Continued From page 15 practice. Findings included: - During initial tour on 09/05/24 between 09:20 AM and 09:30 PM observations revealed R4 and R7 had bed assistive devices attached to their beds. Observation on 09/50/24 at 10:23 AM revealed R7 had a bed cane attached to the upper end of the bed that was secure and had no large gaps. R4's bed had half rails secured to the frame of the bed that were down on one side and up on the other side. On 09/05/24 at 10:09 AM Administrative Licensed Nurses B and C stated they do not do assessments on bed rails or bed canes. The operator failed to ensure designated staff assessed bed assistive devices to ensure the resident could safely use the device, it was safely secured to the bed, did not have large gaps to potentially cause entrapment, and it did not restrain the resident from getting in or out of the bed.	S3171		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s	S3200		

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S3200	Continued From page 16 recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) The facility reported a census of 14 residents (R). The sample included three residents and two closed record reviews. Based on interview and record review the executive director failed to ensure facility staff administered one (R3) of three sampled resident's medications and biologicals in accordance with a medical care providers written order. Findings included: - R3's Electronic Medical Record revealed she moved into the facility on 10/09/23 with a diagnosis of dementia. R3's "Functional Capacity Screen" (FCS) dated 03/26/24 identified she required physical assistance with management of her medications and medical treatments. R3's "Negotiated Service Agreement and Health Care Service Plan" dated 05/09/24 indicated nurses and certified medication aides would administer R3 her medications.	S3200		

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S3200	Continued From page 17 Review of R3's medical record revealed on 03/06/24 she went to the hospital and returned to the facility on 03//28/24. Review of R3's March 2024 medication Administration Record revealed when R3 returned to the facility from the hospital staff initiated the administration of the same medications as she was taking prior to hospitalization on 03/28/24. The residents record failed to include medical care provider orders for R3 when she returned to the facility on 03/28/24. Interview on 09/10/24 at 10:38 AM Administrative Licensed Nurse C reported from 03/13/24 to 03/28/24 resident was at a rehabilitation facility after having treatment for her pulmonary embolisms (blood clot in lungs). R3 returned to the facility on 03/28/24 and did not have any orders so Administrative Licensed Nurse C stated she just used her previous medications and sent to the medical provider for clarification. From 03/28/24 when the resident returned status post hospitalization and treatment for pulmonary embolism, the facility failed to obtain medical provider orders until 04/04/24. The executive direct failed to ensure R3's medications for which the facility was responsible for, were administered according to a physician's written order.	S3200		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records	S3248		

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S3248	Continued From page 18 (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1) The facility reported a census of 14 residents. Based on record review of five newly hired employees, the operator failed to have evidence of registration, and certification of training for two of five newly hired staff who required specialized education and training verified upon hire. The findings included:	S3248		

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S3248	Continued From page 19 - On 09/05/24 at approximately 12:15 PM with Executive Director A, review of five newly hired certified staff records who required specialized education and training verification revealed the following: Certified Medication Aide (CMA) G, hired on 09/03/23 had her CMA certification/registration check completed on 07/24/24, more than six months after her hire date. CMA H, hired on 02/14/23 had her CMA certification/registration check completed on 04/28/23, more than 30 days after hire date. . On 09/05/24 at approximately 12:15 PM Executive Director A acknowledged CMA G and CMA H did not have their registry checks completed upon hire. The Executive Director failed to ensure designated staff conducted registry check for verification of certification for certified and licensed staff prior to working at the facility.	S3248		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by:	S3261		

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S3261	Continued From page 20 KAR 26-41-105(f)(11) The facility reported a census of 14 residents(R). The sample included three residents and two closed record reviews. Based on interview and record review the operator failed to ensure two (R3 and R4) of three sampled residents records contained documentation of all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken. Findings included: - R3's Electronic Medical Record revealed she moved into the facility on 10/9/23 with a diagnosis of dementia. R3's "Functional Capacity Screen" (FCS) dated 03/26/24 identified she required physical assistance with bathing, dressing, toileting, and management of medications. The FCS identified she required supervision with transfers and walking/mobility and was independent with eating. The FCS did not identify R3 was at risk or had a current problem with falls/unsteadiness. R3's "Negotiated Service Agreement and Health Care Service Plan" dated 05/09/24 indicated staff would provide physical assistance of 1 staff for toileting, transfers, and walking/mobility with a gait belt, and provide supervision with eating. Review of R3's nursing progress notes revealed the following documentation: 10/30/23 - new order to discontinue Ativan (antianxiety), start Alprazolam (antianxiety) and increase Seroquel (antipsychotic). It included staff to evaluate room for possible changes to decrease hallucinations.	S3261		

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S3261	Continued From page 21 The record lacked follow up on the results of medication changes and if staff made any changes to R3's room. 12/21/23 - resident had a fall with no follow-up. 01/22/24 - resident had a fall with no follow-up. 02/11/24 - resident had a fall with no follow-up 02/22/24 - new order for antibiotic for urinary tract infection. The record lacked follow up if R3's symptoms related to infection resolved after starting antibiotic. 03/05/24 - pressure sore on left heel The record lacked any documentation as to treatments of the pressure sore, description of the sore including measurements. 03/29/24 - Late Entry for 03/05/24 - went to emergency room. The record lacked any documentation as to why she went to the emergency room. 03/29/24 - returned to facility staff report confused and swelling to bilateral lower legs. The record lacked follow-up related to hospital return which indicated per hospital discharge note the resident had multiple pulmonary embolisms (blood clots in lungs) for which she was treated during her hospital stay. The nursing progress notes lacked evidence of nursing assessment post hospital return in which staff reported the resident was confused and had swelling to both her lower legs. 04/02/24 - new order to start baby aspirin daily and to decrease Seroquel. The record lacked follow up related to the decrease in Seroquel and still no assessment related to swelling in bilateral legs. 04/02/24 - residents family expressed concern related to swelling and discoloration of legs and had resident sent to emergency room for evaluation. Residents' family called and reported resident would have a procedure to remove blood	S3261		

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S3261	Continued From page 22	S3261		

clot.
04/06/24 - returned from hospital very weak and requires two person transfers - home health notified of resident's return to resume services.
04/07/24 - resident with increased swelling and acting different. Family trying to contact home health and decided to send the resident back to the emergency room for evaluation.
04/10/24 resident returned to facility with new order for Eliquis (anticoagulant), an antibiotic and breathing treatment.
The record lacked follow-up related to hospital return with new medications and their effectiveness on symptoms that sent resident to the hospital.

On 09/10/24 at 10:13 AM Administrative Licensed Nurse C acknowledged the documentation did not include assessing the resident post fall, post hospital return with specifics related to possible symptoms related to pulmonary embolism or blood clots in R3's leg such as difficulty breathing or swelling in legs.

The executive director failed to ensure R3's record included documentation of each incident/symptom, what was done, and the results of the action taken related to falls, changes in medications, hospital returns for pulmonary embolisms and blood clots in legs.

- Review of R4's Electronic Medical Record revealed she moved into the facility on 10/09/19 with a diagnosis of major neurocognitive disorder with behavioral disturbance.

R4's "Functional Capacity Screen" dated 10/08/23 revealed she needed physical assistance with all activities of daily living except she only needed supervision with eating. It did not identify her at

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S3261	Continued From page 23 risk for falls or as having any behaviors. R4's "Negotiated Service Agreement and Health Care Service Plan" dated 10/08/23 directed staff to provide supervision with eating meals and physical assistance with activities of daily living. It identified she received services from a local Hospice Agency. Review of R4's nursing progress notes revealed the following documentation: 09/01/23 - unwitnessed fall with no follow-up. 01/31/24 - new order for labs and follow up x-ray with no follow up on results of the x-ray. 02/19/24 - skin tear near elbow - no follow-up as to description of skin tear, and healing. 09/01/24 - wound looked infected and hospice notified of changes in left leg skin tear and Doxycycline (antibiotic) started. The documentation failed to identify resident had a skin tear prior to 09/01/24 and failed to include documentation as to description of skin tear after started antibiotic. Interview on 09/05/24 at 03:32 PM Administrative Licensed Nurse C reported the expectation is that documentation would include whenever something changed for a resident. Administrative Licensed Nurse C acknowledged she had not included follow up on falls, follow on x-rays, or skin tears and healing. The executive director failed to ensure R4's record included documentation of each incident/symptom, what was done, and the results of the action taken.	S3261		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

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S3280	Continued From page 24 (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 14 residents. Based on record review and interview for all residents, the executive director failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with all residents. Findings included: - Interview on 09/05/24 at 11:05AM Executive Director A reported the resident training was started and they had developed a flyer with simple directions for the residents identifying that staff will come and get them to a safe place in the	S3280		

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S3280	Continued From page 25 even of an emergency. On 09/05/24 at 11:07 AM Executive Director A provided a notebook that had one review conducted March of 2024. Executive Director a acknowledged the facility had not been done quarterly reviews with the residents. The executive director failed to ensure disaster preparedness by completing quarterly reviews with all residents.	S3280		