STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089045	A. BUILDING: _____ B. WING _____	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND AT CAPITAL RIDGE	1931 SW ARVONIA PLACE TOPEKA, KS 66615

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey with complaint investigations 189534, 190776, and 191497 for the above named Assisted Living facility conducted on 11/05/24, 11/06/24, and 11/07/24.	S 000		
S 115 SS=E	26-39-103 (d) Resident Right Inspection of Records (d) Inspection of records. (1) The administrator or operator shall ensure that each resident or resident's legal representative is afforded the right to inspect records pertaining to the resident. The administrator or operator, or the designee, shall provide a photocopy of the resident's record or requested sections of the resident's record to each resident or resident's legal representative within two working days of the request. If a fee is charged for the copy, the fee shall be reasonable and not exceed actual cost, including staff time. (2) The administrator or operator shall ensure access to each resident ' s records for inspection and photocopying by any representative of the department. This STANDARD is not met as evidenced by: K.A.R. 26-39-103 (d)(2) The facility reported a census of 38 residents. The sample included three residents and one focused record review. Based on interview and record review for all residents, the executive director failed to ensure independent, direct access to each resident's electronic record for inspection by a representative of the department. Findings included:	S 115		

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

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S 115	Continued From page 1 - The surveyor entered the facility on 11/05/24 at 07:45 AM to conduct a Re-Licensure Survey with three complaint investigations included. One of the complaints was anonymous. The surveyor informed Executive Director A of the reason for the visit, inquired whether they used paper medical records or electronic. Administrator A reported the residents had paper charts except for the Medication Administration Records and the Nurses Notes which were electronic. On 11/05/24 at approximately 09:40 AM surveyor completed initial tour and requested access to Electronic Records via "Quick Mar. Executive Director A reported they will copy anything the surveyor may need but will not provide independent access to the records. Surveyor explained purpose for independent access and Executive Director A reported she would speak with her regional director. On 11/05/24 at 09:47 AM surveyor informed Quality Improvement and the Assistant Commissioner for the department that the facility will not provide independent access to the electronic resident records which included the medication administration record and nurse's notes. Surveyor had requested access either by using one of their computers or via surveyor's computer. On 11/05/24 at 10:42 AM surveyor requested a copy of the electronic medical record policy. On 11/05/24 at 11:16 AM Executive Director A explained to surveyor the home office staff were looking for the policy but again, they are not denying access to records and will give the surveyor anything she needed but cannot give	S 115		

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S 115	Continued From page 2 direct access to the electronic records due to IT (information technology) constraints. On 11/06/24 surveyor arrived at the facility at 07:12 AM. Upon arrival on the table for the surveyor was a stack of papers. Executive Director A reported home office had her print the last three months of Medication and Treatment administration records and the past 90 days of nursing notes for each resident. Surveyor confirmed again the facility would not provide independent access either via a computer of the facility or surveyor's computer. Executive Director reported if there was anything else needed they would print it. On 11/06/24 at 08:33 AM surveyor requested Nursing Notes for 10 different residents from 01/01/24 to current which the facility did print and provide. Review of the "Computer/Mobile Device Access" policy revised on 03/01/16 and the Administrative Record Keeping Policy revised on 01/06/20 lacked information regarding providing independent, direct access to department representatives for the purpose of conducting surveys. For all residents, the executive director failed to provide independent, direct access to each resident's electronic record for inspection by a representative of the department.	S 115		
S3030 SS=F	26-41-101 (g) Availability of Policies and Procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that	S3030		

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policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-101(g)

The facility reported a census of 38 residents. Based on observation, interview, and record review the operator failed to ensure policies and procedures related to resident services were available to staff at all times.

Findings included:

- Observation on 11/05/24 at 07:48 AM to the left of the reception desk on a buffet was a notice that read "Policies and Procedures Located in the Resident Directors Office". During the process of asking to review policies it was determined that the policies and procedures for resident services were a part of the facilities electronic system.

Interview on 11/05/24 at 01:46 PM Executive Director A reported the policies and procedures are electronic and administrative staff have access to them.

Interview on 11/05/24 at 02:48 PM Certified Medication Aide (CMA) J reported she thought there was a policy book in the office area where resident charts were kept. CMA J Looked through a couple of notebooks in the chart area and did not find one that included policies and

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procedures. CMA J then stated she did not know where policies and procedures were other than the ones she was provided in the employee handbook upon hire.

Interview on 11/05/24 at 02:55 PM CMA J stated she did not have electronic access to policies and procedures as far as she knew. Certified Nurse Aide K stated if she had any questions on how to do something she would look it up on her phone and she also thought there was a notebook in the chart room.

Interview on 11/05/24 at 03:09 PM Executive Director A reported the facility staff all should have access to "LNet" which is a facility app where all of the policies and procedures are kept.

Interview on 11/05/24 at 03:09 PM CMA L reported she did not know about electronic policies or what "LNet" was. She stated she followed the care plan on how to provide care but otherwise the staff do not have access to any facility policies.

Review of the new employee orientation packet provided by Executive Director on 11/05/25 at approximately 03:30 PM included directions for staff to download apps onto their phone to stay connected. This included four different apps, non of which were LNet. The packet included a page on safety education that included to read the SafetyWorx policies and directed RD/Maintenance to train by finding the manual on LNet. The new employee packet information did not include any policy information.

Interview on 11/06/24 at 10:32 AM CMA M reported staff had access to the handbook in the downloaded phone apps and if had a questions

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S3030	Continued From page 5 could ask one of the supervisors. CMA M stated for direct staff the only time and way they can use LNet is when they do their online monthly training. They do not have access to look anything else up. Interview on 11/06/24 at 04:04 PM Executive Director A acknowledged the Nurses, Receptionist and upper management were the only ones who had access to LNet to review policies and procedures. The executive director failed to ensure policies and procedures related to resident services were available to staff at all times.	S3030		
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 38 residents(R). The sample included three residents and one focused record review. Based on observation, interview and record review, the operator failed to ensure designated staff completed three (R3, R4, R5) of three sample residents "Functional Capacity Screen" accurately to reflect their functional ability at that time related to activities of daily living.	S3082		

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S3082	Continued From page 6 Findings Included: - R3's medical record revealed she moved into the facility on 07/24/24 with a diagnosis of dementia. R3's "Functional Capacity Screen" (FCS) dated 08/23/24 identified she was independent with eating and needed supervision with management of medications and medical treatments. Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP). R3's Negotiated Service directed staff to assist with cutting meat and opening small packages as needed. It also revealed medications would be administered by Certified Medication Aides or Licensed Nurses. Interview on 11/06/24 at 02:24 PM Administrative Licensed Nurse B reviewed R3's FCS and acknowledged since staff cut her meat and help open packages at meals, it should have been coded a "2" and her medications should have been coded a "2"since staff pop medications out of the cards and give them to her. The executive director failed to ensure designated staff completed R3's FCS accurately to reflect R3's functional ability for eating and medication administration. - R4's medical record revealed she moved into the facility on 04/25/19 with diagnosis of dementia. R4's "Functional Capacity Screen" (FCS) dated	S3082		

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S3082	Continued From page 7 10/03/24 identified R4 needed physical assistance with eating. Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP). R4's NSA/HCSP dated 10/01/24 identified she was on a pureed diet and needed assistance with feeding meals. Observation on 11/6/24 at 07:37 AM, CMA L walked R4 from her room to the dining room and assisted her to sit in the chair. CMA L went to the kitchen to get R4's plate and returned with pureed eggs, sausage, and waffle, all mixed about the consistency of mashed potatoes. CMA L then proceeded to feed R4 her meal. Interview on 11/05/24 at 03:15 PM CMA L reported R4 cannot feed herself and so staff have to feed her meals. Interview on 11/07/24 at 08:42 AM Administrative Licensed Nurse B acknowledged the FCS should have been coded a "3", unable to participate in task of eating because she does not help at all in eating or drinking anymore. The executive director failed to ensure designated staff completed R4's FCS accurately to reflect R4's functional ability related to eating. - Review of R5's medical record revealed he moved into the facility on 05/26/22 with a diagnosis of Post Traumatic Stress Disorder. R5's "Functional Capacity Screen" (FCS) dated 08/29/24 identified he was independent with	S3082		

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S3082	Continued From page 8 management of his medical treatments. R5's "Medication Administration Record" (MAR) and "Treatment Administration Record" (TAR) for October and November 2024 included staff documentation of administering Triple Antibiotic Ointment between R5's toes and applying barrier ointment to protect his skin. Interview on 11/07/24 at 08:19 AM Administrative Licensed Nurse B reviewed R5's FCS and acknowledged it was inaccurate as staff apply his medical treatments as ordered. The executive director failed to ensure designated staff completed R5's FCS accurately to reflect R5's functional ability and need for assistance with management of his medical treatments.	S3082		
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	S3085		

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S3085	Continued From page 9 payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(1)(2)(3) The facility reported a census of 38 residents. The sample included three residents and one focused record review. Based on interview, and record review the executive director failed to ensure designated staff completed three (R3, R4, R5) of three sampled resident's "Negotiated Service Agreement" based on the "Functional Capacity Screen" (FCS) and service needs. The "Negotiated Service Agreement failed to identify services provided, who provided the service, and who is responsible for payment of service when it is provided by an outside resource. Findings included: - R3's medical record revealed she moved into the facility on 07/24/24 with a diagnosis of dementia. R3's "Functional Capacity Screen" (FCS) dated 08/23/24 she needed physical assistance with activities of daily living, was independent with eating, required supervision with management of medications and medical treatments. It also identified she had impaired vision. Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP). R3's NSA/HCSP dated 08/23/24 identified R3	S3085		

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S3085	Continued From page 10	S3085		

currently received physical and occupational therapy services through a local Home Health agency. The NSA/HCSP failed to identify who was responsible for payment of therapy services.

Interview on 11/06/24 at 02:30 PM Administrative Licensed Nurse B reviewed NSA and reported the payment source for outside providers needed to be typed into the NSA.

The executive director failed to ensure designated staff completed R3's NSA/HCSP to identify who was responsible for payment of outside services.

R4'a "Functional Capacity Screen" (FCS) dated 10/03/24 identified R4 had impaired ability to communicate.

Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP).

R4's NSA/HCSP dated 10/01/24 failed to identify services related to how the resident communicates and services needed. It also did not include that she was already receiving Hospice services or who provided the service.

R4's medical record revealed she started services with a local Hospice company on 09/19/24.

Interview on 11/07/24 at 08:44 AM Administrative Licensed Nurse B reviewed R4's NSA/HCSP and acknowledged it did not address services related to R4's impaired ability to communicate and did not include that she was receiving Hospice services, who who provided the service.

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S3085	Continued From page 11 The executive director failed to ensure designated staff completed R4's NSA/HCSP according to service needs identified on the FCS. - Review of R5's medical record revealed he moved into the facility on 05/26/22 with a diagnosis of Post Traumatic Stress Disorder. R5's "Functional Capacity Screen" (FCS) dated 08/29/24 identified he had current risk for falls/unsteadiness and impaired vision. Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP). R5's NSA/HCSP dated 08/30/24 failed to identify services related to falls and impaired vision. It also failed to identify the party responsible for payment of therapy services. Interview on 11/7/24 at 08:19 AM Administrative Licensed Nurse B reviewed R5's NSA/HCSP and acknowledged it should have addressed services related to impaired vision and risk for falls as well as payment responsibilities for therapy services. The executive director failed to ensure designated staff completed R5's NSA/HCSP according to service needs identified on his FCS and according to outside services received.	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	S3092		

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S3092	Continued From page 12 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)(1)(2) The facility reported a census of 38 residents(R). The sample included three residents and one focused record review. Based on interview, and record review the operator failed to ensure designated staff reviewed and revised the "Negotiated Service Agreement" for two (R4 and R5) of three sampled residents at least once every 365 days and when the resident had a significant change in status. Findings included: - R3's medical record revealed she moved into the facility on 07/24/24 with a diagnosis of dementia. R3's "Functional Capacity Screen" (FCS) dated 08/23/24 she needed physical assistance with activities of daily living and used a walker and wheelchair for an assistive device for mobility.	S3092		

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S3092	Continued From page 13 Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP). R3's NSA/HCSP dated 08/23/24 identified R3 currently received physical and occupational therapy services through a local Home Health agency. Review of R3's medical record revealed she developed a coccyx wound and started skilled nursing through Home Health agency on 08/14/24 and then on 09/06/24 she was discharged from Home Health and started on Hospice services. Interview on 11/06/24 at 02:27 PM Administrative Licensed Nurse B acknowledged the NSA/HCSP needed to be reviewed/revised when a resident had a significant change, including when the change outside services such as skilled nursing and start on Hospice. The executive director failed to ensure designated staff reviewed/revised R3's NSA/HCSP when she started skilled nursing services and then again when she discontinued Home Health and started Hospice services. - R4's medical record revealed she moved into the facility on 04/25/19 with diagnosis of dementia. R4'a "Functional Capacity Screen" (FCS) dated 10/03/24 identified R4 needed physical assistance with all activities of daily living and had impaired cognition. Interview on 11/05/24 at 09:06 AM Administrative	S3092		

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(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
S3092	Continued From page 14 Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP). R4's current NSA/HCSP dated 10/01/24 identified would begin Hospice support shortly, considering options. R4's record identified on 04/11/24 she discontinued Home Health physical therapy services and on 09/19/24 she was admitted to a local Hospice company. Interview on 11/07/24 at 08:44 AM Administrative Licensed Nurse B reviewed R4's NSA/HCSP and acknowledged she should have revised it when she was discharged from Home Health. The executive director failed to ensure designated staff reviewed/revised R4's NSA/HCSP when she had a significant change in services.	S3092		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced	S3155		

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	N089045	A. BUILDING: _____ B. WING _____	11/07/2024

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S3155	Continued From page 15 by: KAR 26-41-204(a) The facility reported a census of 38 residents (R). The sample included three residents and one focused record review. Based on observation, interview, and record review the executive director failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of two (R3 and R5) of three sampled residents. Findings included: - R3's medical record revealed she moved into the facility on 07/24/24 with a diagnosis of dementia. R3's "Functional Capacity Screen" (FCS) dated 08/23/24 she needed physical assistance with all activities of daily living, was independent with eating, required supervision with management of medications and medical treatments. Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP). R3's NSA/HCSP dated 08/23/24 lacked health care services and interventions related to skin care management. Review of R3's nursing notes included the following: 08/14/24 - small open area on buttocks. 08/23/24 - requires assistance of two for all transfers 09/04/24 - seen by Home Health for wound care Observation on 11/06/24 at 03:17 PM Certified	S3155		

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S3155	Continued From page 16 Nurse Aide K and Certified Medication Aide J went to help her get up and check and change her. Staff talked her through the process and provided reassurance that she would not get hurt while being transferred. Staff put the gait belt on her and raised her lift chair and then transferred her into her wheelchair. Once R3 was out of the recliner and in her wheelchair, staff proceeded to hep her use the toilet and provide incontinent care. Interview on 11/06/24 at 02:05 PM Certified Nurse Aide K reported the staff have to help her do pretty much everything. It takes two people to transfer her and often she doesn't want to get out of her chair and is incontinent. Interview on 11/06/24 at 02:27 PM Administrative Licensed Nurse B reviewed R3's NSA/HCSP and acknowledged it should have included interventions related to measure to reduce potential for skin breakdown. The executive director failed to ensure designated staff completed R3's NSA/HCSP to include interventions related to management/prevention of skin breakdown. - Review of R5's medical record revealed he moved into the facility on 05/26/22 with a diagnosis of Post Traumatic Stress Disorder. R5's "Functional Capacity Screen" (FCS) dated 08/29/24 identified he needed physical assist of staff for transfers and had current risk for falls/unsteadiness. Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service	S3155		

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S3155	Continued From page 17 Plan were one document, (NSA/HCSP). R5's NSA/HCSP dated 08/30/24 directed staff to provide one person assistance for pivot transfers and did not include any interventions related to falls or unsteadiness. R5's physicians order dated 08/07/24 included resident having pain in toes and to wear heel protector while in bed to off-load pressure from toes/foot. Observation on 11/05/24 at 09:40 AM R5 answered his door and invited surveyor into his room. Resident stated that he needed help from staff, and they were all good to him. He stated that some of the staff do not transfer him like they are supposed to. He showed the surveyor a bruise on his left upper forearm and a scar on his left forearm from a skin tear. He stated one of the staff will hold onto his arms to help him transfer and that is how he got the bruises. R4 stated the staff are supposed to use the gait belt and there is even a not in the bedroom for how they are supposed to assist with transfers. Observation of the sign on the door to his bathroom noted per therapy, all transfers needed to be done using a gait belt. Interview on 11/06/24 at 02:09 PM Certified Nurse Aide K reported to transfer him it takes two of us and we just get under his arms and lift him up onto the bed because he doesn't help us much. Interview on 11/07/24 at 08:24 AM Administrative Licensed Nurse B acknowledged the NSA/HCSP should have included therapy directions for how to transfer him properly and physician's order to wear heel protectors while in bed.	S3155		

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S3155	Continued From page 18 The executive director ailed to ensure R5's NSA/HCSP included the intervention of using a gait belt for all transfers related to risk of bruising and skin impairment.	S3155		
S3165 SS=F	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 38 residents(R). The sample included three residents and one focused record review. Based on record review and interview for all residents in the facility, the executive director failed to ensure three (R3, R4, R5) of three sampled resident's "Negotiated Service Agreement" included the name of the licensed nurse responsible for the implementation and supervision of the service plan. Findings included: - R3's medical record revealed she moved into the facility on 07/24/24 with diagnosis of dementia. R3's "Functional Capacity Screen"(FCS) dated 08/23/24 revealed she needed physical assistance with all activities of daily living except for eating and had bladder incontinence.	S3165		

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S3165	Continued From page 19 Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP) R3's "Negotiated Service Agreement" (NSA) dated 08/23/24 identified "staff" were responsible for implementation and supervision of the care plan. Interview on 11/06/24 at 02:30 PM Administrative Licensed Nurse B reported she was trained to write "staff" in the space for who would be responsible for the care plan. . The operator failed to ensure designated staff included the name of the licensed nurse responsible for the implementation and supervision of R3's service plan. - R4's medical record revealed she moved into the facility on 04/25/19 with a diagnosis of dementia. R4's "Functional Capacity Screen" dated 10/03/24 identified she needed physical assistance with all activities of daily living , was unable to participate in management of medications and had impaired cognition and communication. Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP) R4's NSA/HCSP dated 10/01/24 identified "staff" as responsible for the implementation and supervision of R4's "Health Care Service Plan.	S3165		

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S3165	Continued From page 20 Interview on 11/07/24 at 08:44 AM Administrative Licensed Nurse acknowledged the NSA/HCSP identified "staff" instead of the name of the licensed nurse responsible for the health Care Service Plan. The administrator failed to ensure designated staff included the name of the licensed nurse responsible for the implementation and supervision of R4's service plan. - R5's medical record revealed he moved into the facility on 05/26/22 with a diagnosis of post traumatic stress disorder. R5's "Functional Capacity Screen" (FCS) dated 08/29/24 identified R5 needed physical assistance with bathing, dressing, and transfers and was at risk for falls. Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP) R5's NSA/HCSP dated 08/30/24 identified "staff" as responsible for the implementation and supervision of R4's "Health Care Service Plan. On 11/07/24 at 08:24 AM Administrative Licensed Nurse B acknowledged R5's NSA/HCSP did not identify the licensed nurse as responsible for implementing and supervising the Health Care Service Plan. Administrative Licensed Nurse B acknowledged all residents would have the same "staff" identification in the NSA/HCSP. For all residents, including R3, R4, and R5, the executive director failed to ensure designated staff included the name of the licensed nurse	S3165		

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S3165	Continued From page 21 responsible for the implementation and supervision of the health care service plan.	S3165		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (e) The facility reported a census of 38 residents. Based on interview and record review the Executive Director failed to ensure a licensed nurse trained three of three newly hired Certified Medication Aides (CMA) and eight additional CMAs were trained by a licensed nurse and delegated the nursing procedure of monitoring a residents blood sugar according to the nurse practice act and amendments thereto. Findings included: - Interview on 11/05/24 at 09:08 AM Administrative Licensed Nurse B reported the Certified Medication Aides checked resident's blood sugar as ordered by the medical provider. Review of the current personnel list included eight Certified Medication Aides (CMA) hired after Executive Director A was hired and included two	S3166		

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S3166	Continued From page 22 other newly hired CMAs who had been checking residents blood sugar. Review of R6's September, October, and November Medication Administration Record, included initials from CMA E, CMA H, CMA J, CMA M, CMA N, and CMA O. All of which were hired after Executive Director A was hired. Interview on 11/06/24 at 12:09 AM Executive Director A reported that she had been at the facility since February of 2024 and had not had the nurse complete any delegation for the CMA to check residents blood sugar. She also reported Administrative Licensed Nurse B was hired 05/17/24 and had not completed delegation to CMAs for monitoring residents blood sugar. The executive director failed to ensure the Licensed Nurse delegated the nursing procedure of monitoring resident's blood sugar, which is not included in the CMA curriculum, to newly hired CMAs prior to checking residents blood sugar.	S3166		
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	S3175		

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S3175	Continued From page 23 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 38 residents (R). The sample included three residents and one focused record review. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for self-injection of medications for one (R6) of one focused record review at least annually Findings included: - R6's medial record revealed he moved into the facility on 02/22/24 with diagnosis of diabetes mellitus. R6's Functional Capacity Screen dated 10/14/24 identified he was unable to manage his medications. Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP). R6's NSA/HCSP dated 10/14/24 identified medications would be administered by Certified Medication Aides or Licensed Nurses.	S3175		

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S3175	Continued From page 24 Review of R6s record lacked an assessment to identify he was able to safely and accurately self-inject his insulin once it was prepared by qualified staff. Observation on 11/06/24 at 03:40 PM Certified Medication Aide (CMA) J gathered R6's Humalog insulin pen and went into his room to give it to him. CMA J already had the needle on the pen, and she dialed it to a two and primed the needle and then dialed the pen to a seven and handed the pen to the resident. Staff wiped his abdomen with an alcohol pad and then held the pen against his skin, applied pressure and pushed the plunger injecting seven units. An Interview on 11/07/24 at 08:29 AM Administrative Licensed Nurse B looked through R6's record and stated he did not have a self-injection assessment for self-administration of his insulin after facility staff had prepared his pen to the ordered dosage. Administrative Licensed Nurse B reported there was a section on the assessment form to identify residents self injecting insulin and he should have had one done when he moved in. The executive director failed to ensure a Licensed Nurse assessed R6 for ability to safely and accurately self-inject his insulin.	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	S3186		

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S3186	Continued From page 25 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 38 residents(R). The sample included three residents and one focused record review. Based on observation, interview, and record review the executive director failed to ensure one (R5) of three sampled residents and one (R6) of one focused record review had a Negotiated Service Agreement that included the selected medications the resident chose to self-administer. Findings included: - Review of R5's medical record revealed he moved into the facility on 05/26/22 with a diagnosis of Post Traumatic Stress Disorder. R5's "Functional Capacity Screen" (FCS) dated 08/29/24 identified he was independent with management of medications and medical treatments. Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP). R5's NSA/HCSP dated 08/30/24 identified R5	S3186		

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S3186	Continued From page 26	S3186		

managed his own medications but failed to identify facility staff administered medicated treatments.

R5's "Medication Administration Record" (MAR) and "Treatment Administration Record" (TAR) for October and November 2024 included staff documentation of administering Triple Antibiotic Ointment between R5's toes and applying barrier ointment to protect his skin.

Interview on 11/05/24 at 09:40 AM R5 reported he only took one medication and that was a water pill, and he took that himself but the staff put the cream on his toes sometimes.

Interview on 11/07/24 at 8:22 AM Administrative Licensed Nurse B acknowledged the NSA/HCSP should address that facility staff do his medical treatments.

The executive director failed to ensure designated staff completed R5's NSA/HCSP to identify what medications he chose to self administer and ones the facility staff administered.

- R6's medial record revealed he moved into the facility on 02/22/24 with diagnosis of diabetes mellitus.

R6's Functional Capacity Screen dated 10/14/24 identified he was unable to manage his medications.

Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP).

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S3186	Continued From page 27 R6's NSA/HCSP dated 10/14/24 identified medications would be administered by Certified Medication Aides (CMA) or Licensed Nurses. It failed to identify the CMA prepared and dialed R6's insulin to ordered dosage and the resident self-injected it. Observation on 11/06/24 at 03:40 PM Certified Medication Aide (CMA) J gathered R6's Humalog insulin pen and went into his room to give it to him. CMA J already had the needle on the pen, and she dialed it to a two and primed the needle and then dialed the pen to a seven and handed the pen to the resident. Staff wiped his abdomen with an alcohol pad and then held the pen against his skin, applied pressure and pushed the plunger injecting seven units. Interview on 11/07/24 at 08:30 AM Administrative Licensed Nurse B acknowledged she should have addressed insulin administration in his NSA/HCSP. The executive director failed to ensure R6's HCSP/NSA identified he chose to self-inject his insulin after a CMA had prepared it to the ordered dosage.	S3186		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced	S3202		

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S3202	Continued From page 28 by: KAR 26-41-205(d)(4) The facility reported a census of 38 residents. Based on interview and record review the Executive Director failed to ensure a licensed nurse trained three of three newly hired Certified Medication Aides (CMA) and eight additional CMAs were trained by a licensed nurse and delegated the nursing procedure of preparing and dialing an insulin pen to the ordered dosage for a resident to then self-inject according to the nurse practice act and amendments thereto. Findings included: - Review of the resident roster provided on 11/05/24 revealed three residents received insulin injections. Review of the current personnel list included eight Certified Medication Aides (CMA) hired after Executive Director A was hired and included two other newly hired CMAs who had been preparing insulin pens for residents since their hire date. Review of R6's September, October, and November Medication Administration Record, included initials from CMA E, CMA H, CMA J, CMA L, CMA M, CMA N, and CMA O. All of which were hired after Executive Director A was hired. Interview on 11/06/24 at 12:09 AM Executive Director A reported that she had been at the facility since February of 2024 and had not had the nurse complete any delegation for the CMA to prepare and dial insulin pens for residents to then self-inject. She reported Administrative Licensed Nurse B was hired on 05/17/24 and had not	S3202		

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S3202	Continued From page 29 completed delegation for newly hired CMA's either. The executive director failed to ensure the Licensed Nurse delegated the nursing procedure of preparing and dialing the dosage of an insulin pen, which is not included in the CMA curriculum, to three newly hired CMAs and eight additional CMAs who had prepared insulin pens for residents.	S3202		
S3228 SS=E	26-41-205 (l) (3) Medication Regimen Review Record (l) (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (l) (3) The facility reported a census of 38 residents. The sample included three residents and one focused record reviews. Based on interview for all residents, and record review for two (R4, R5) of three sampled residents, the administrator failed to ensure designated staff kept the medication regimen reviews in each resident's clinical record. Findings included: - R4's Medical Record revealed she moved into the facility on 04/25/19 with diagnosis of dementia.	S3228		

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S3228	Continued From page 30 R4's current "Functional Capacity Screen" (FCS) dated 10/03/24 .identified she needed physical assistance with management of medications. Review of R4's pharmacy consultant progress notes provided by Administrative Licensed Nurse B included regimen reviews completed on 07/03/24 and 10/21/24. - Review of R5's medical record revealed he moved into the facility on 05/26/22 with diagnosis of post traumatic stress disorder. R5's "Functional Capacity Screen" dated 08/30/24 identified he was independent with management of medications. Review of R5's pharmacy consultant progress notes provided by Administrative Licensed Nurse B included regimen reviews conducted on 07/03/24 and 10/21/24. Review of the pharmacy notebook provided by Administrative Licensed Nurse B only included pharmacy reviews as of 07/03/24. Interview on 11/07/24 at 08:30 AM Administrative Licensed Nurse B reported when she came she could not find any pharmacy reviews in any of the records so she started the notebook after she was employed. She stated she knew the pharmacist had been here because she said she had been and left reports with the previous nurse, but Administrative Licensed Nurse B had not been able to find they yet. The administrator failed to ensure the medication regimen review was kept in each resident's clinical record.	S3228		

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S3248	Continued From page 31	S3248		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (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)(2) The facility reported a census of 38 residents. Based on record review of five newly hired employees, the executive director failed to have evidence of registry/Licensure verification	S3248		

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S3248	Continued From page 32	S3248		

completed for three of five newly hired staff who required specialized education and training verified upon hire. The executive director also failed to ensure three of five newly hired staff had a criminal background check completed by the required department upon hire. These failures had the potential to affect all residents in the facility.

The findings included:

- Review of four of five newly hired staff files revealed the following:

1. Dietary Staff F hired on 05/01/24 with a start date of 05/02/24 did not have a criminal background check completed until 05/03/24.
2. Certified Medication Aide (CMA) G hired on 05/28/24 with a start dated of 06/07/24 had a registry check completed on 06/28/24, 21 days after starting work, and did not have a criminal background check completed.
3. CMA H hired on 06/19/24 with an actual start dated of 07/02/24 did not have a criminal background check completed until 09/01/24, almost two months after he started work.
4. CMA I hired on 12/13/23 with an actual start date of 12/19/24 did not have evidence of completion of a criminal background check completed.

Interview on 11/06/24 at 09:18 AM Executive Director A reported the registry checks and the criminal background checks were supposed to be completed upon hire, before they actually started working on the floor and acknowledged some of the employees reviewed did not have the required checks completed upon hire.

The Executive director failed to ensure

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S3248	Continued From page 33 designated staff conducted registry /licensure checks and criminal background checks for verification of certification/licensure and criminal history, prior to working at the facility.	S3248		
S3261 SS=D	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: KAR 26-41-105(f)(11) The facility reported a census of 38 residents(R). The sample included three residents and one focused record review. Based on interview and record review the operator failed to ensure one (R3) of three sampled residents records contained documentation of all incidents, symptoms, and other indications of illness or injury, what staff did, and the results of action taken. Findings included: - R3's medical record revealed she moved into the facility on 07/24/24 with a diagnosis of dementia. R3's "Functional Capacity Screen" (FCS) dated 08/23/24 she needed physical assistance with transfers and required supervision with	S3261		

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S3261	Continued From page 34 management of medications and medical treatments. Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP). R3's NSA/HCSP dated 08/23/24 identified R3 currently received physical and occupational therapy services through a local Home Health agency. The NSA/HCSP did not include interventions related to risk of skin breakdown. Review of R3's progress notes revealed the following: 08/14/24 - small open area on buttock, Home Health to apply Allevyn (a type of wound dressing) patch. 09/04/24 - resident seen by local Home Health for wound care. The record lacked nurse assessment of the wound or follow up for facility nurse if it healed or continues to be of concern. Interview on 11/06/24 at 02:33 PM Administrative Licensed Nurse B acknowledged documentation was something she had been working. She acknowledged that she had not documented on R3's wound and left the documentation to third party provider. The operator failed to ensure designated staff documented on R3's wound, a description of it including measurements, current treatment, and results of treatment.	S3261		

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S3280	Continued From page 35	S3280		
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)(1)(2)(3) The facility reported a census of 38 residents. Based on record review and interview for all residents and all facility employees, the executive director failed to ensure disaster and emergency preparedness by ensuring new employees at the time of employment were oriented to the facilities emergency management plan, educated new residents upon admission to the facilities emergency management plan, and failed to perform quarterly reviews of the facilities emergency management plan with all employees and residents.	S3280		

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S3280	Continued From page 36 Findings included: - On 11/05/24 Executive Director A provided records to review for Disaster and Emergency preparedness. Review of the documents included Safety Committee Meeting Minutes dated 03/15/24, 05/15/24, and 07/12/24. The notes included reviews of the fire drills, accidents in the facility, incidents for the month, workers comp, safety inspection, and awareness training done. These meetings were conducted quarterly and did include review of severe weather procedures, fire drills, and gas shut off valves. However, they did not include reviews of all eight required potential disasters, and only included six to eight employees in attendance. Review of the employee handbook and employee orientation information provide by Executive Director A on 11/06/24 lacked evidence of educating newly hired staff on the eight required potential emergencies. Interview on 11/06/24 at 11:27 AM Maintenance staff C reported for employee orientation there is a lot of trainings that are online, and staff have to complete those before they are allowed to work on the floor. During the orientation he goes through with staff, includes where the shut off valves are, how to use a fire extinguisher, discuss the alarms on exit doors and that when the fire alarm sounds all secured doors automatically release and anyone can go in and out. He also reported they have safety committee meetings quarterly and discuss weather emergencies and safety equipment. He did acknowledge that for the training he does he does not go through all eight required disaster and not all staff attend the safety committee meetings.	S3280		

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S3280	Continued From page 37 Interview on 11/06/24 at 11:52 AM Administrative Staff A reported she has done the online orientation training and was not sure if it was generic or based on the facility's actual disaster plan. Interview on 11/06/24 at 12:14 PM Administrative staff D reported all new employees are assigned training upon orientation and it should include disaster preparedness and other training based on their job title. She reported it goes through hurricanes and other potential emergencies. Review of two newly hired staff online training information for Natural Disasters and Workplace Emergencies, revealed that as of 11/06/24 The administrator failed to ensure disaster preparedness by reviewing the emergency management plan with all assisted living staff and residents quarterly.	S3280		
S3290 SS=D	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one	S3290		

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S3290	Continued From page 38 employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(b)(2) The facility reported a census of 38 residents (R). The sample included three residents and one focused record review. Based on observation, interview, and record review the operator failed to ensure dietary staff had approved instructions from a resident's medical provider or a licensed dietitian for one (R4) of three sampled residents who had orders for a pureed diet. Findings included: - Review of the Resident Roster provided on 11/05/24 revealed one resident (R4) received a therapeutic diet. R4's medical record revealed she moved into the facility on 04/25/19 with diagnoses of dementia and congestive heart failure. R4's "Functional Capacity Screen' dated 10/03/24	S3290		

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revealed R4 needed physical assistance with eating meals and had impaired cognition.

Interview on 11/05/24 at 09:06 AM Administrative Licensed Nurse B reported the Negotiated Service Agreement, and the Health Care Service Plan were one document, (NSA/HCSP)

R4's NSA/HCSP dated 10/01/24 revealed she received a pureed diet, required escorting to and from all meals, and needed care team staff to assist with feeding R4.

Review of R4's physician orders dated 08/08/24 identified R4 needed a pureed diet with nectar thick liquids.

Observation on 11/06/24 at 07:37 AM, CMA L walked R4 from her room to the dining room and assisted her to sit in the chair. CMA L went to the kitchen to get R4's plate and returned with pureed eggs, sausage, and waffle, all mixed about the consistency of mashed potatoes. CMA L then proceeded to feed R4 her meal.

Interview on 11/05/24 at 03:15 PM CMA L reported R4 cannot feed herself and so staff have to feed her meals.

Interview on 11/05/24 at 03:37 PM dietary staff P confirmed R4 needed a pureed diet, and reported he did not have any instruction on how to prepare pureed foods. He stated he just added gravy, broth, or liquid from the food itself to make it pureed.

The executive director failed to ensure dietary staff had approved instructions on how to prepare a pureed diet as ordered for R4.

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S3310	Continued From page 40	S3310		
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 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: K.A.R 26-41-207(c) The facility reported a census of 38 residents (R). The sample included three residents plus one focused resident review, and five newly hired staff. Based on interview and record review for two (R3, R4) of three sampled residents and four of five newly hired staff the operator failed to ensure the facility remained in compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of four newly hired employees records revealed the following: 1. Dietary staff F started work on 05/02/24 and	S3310		

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did not have a two-step TB skin test completed.
2. Administrative Licensed Nurse B started work on 05/30/24 did not have a TB symptom screen completed.
3. Certified Medication Aide H started work on 07/02/24 did not have a TB symptom screen completed.
4. Certified Medication Aide I started work on 12/19/23 did not have a TB symptom screen completed or a Two-step TB skin test completed.

An interview on 11/06/24 at 09:16 AM Executive director A acknowledged the TB symptom screen was to be done during the orientation process and acknowledged she could not find one for Administrative Licensed Nurse B or Certified Medication Aide H. She also acknowledged she did not have evidence to show TB skin testing was completed for all newly hired staff as required.

Review of the "TB Testing of Associates" policy dated 09/08/12 revealed TB testing shall include a two-step TB skin test or a blood testing upon hire unless specific conditions are met. Associates shall receive a symptom screen review annually by a license nurse.

The executive director failed to ensure the facility remained in compliance with TB guidelines for two newly hired employees.

- Review of two of three resident records revealed the following:
1. Review of R3's record revealed she moved into the facility on 07/24/24. The resident did not receive her first of two TB skin testing until 09/26/24, more than seven days after admission into the facility.

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S3310	Continued From page 42 Interview on 11/06/24 at 02:22 PM Administrative Licensed Nurse B reported TB skin testing is supposed to be started within seven days of admission to the facility. 2. Review of R4's medical record revealed she moved into the facility on 04/25/19 and her last TB symptom screen was completed on 05/01/23. The resident's record failed to include an annual TB symptom screen completed in 2024. Interview on 11/07/24 at 08:38 AM Administrative Licensed Nurse B reported the TB symptom screens are to be done annually and must have missed R4s. Review of the "TB Testing of Residents' policy dated 09/08/12 revealed the required TB testing shall include the two-step TB skin test or blood testing. Residents shall receive a symptom screen review annually. The executive director failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 by failing initiate TB symptom screens and two-step skin testing for all new employees and residents and complete a TB symptom screen annually thereafter.	S3310		
S9999	Final Observations Kansas Statute 39-981. Authorized electronic monitoring; reasonable accommodations; notice; consent; use as evidence; prohibitions. (d) A resident, or such resident's guardian or legal	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089045	A. BUILDING: _____ B. WING _____	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND AT CAPITAL RIDGE	1931 SW ARVONIA PLACE TOPEKA, KS 66615

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S9999	Continued From page 43	S9999		

representative, who wishes to conduct authorized electronic monitoring shall notify the adult care home on a form prescribed by the secretary for aging and disability services.
(i) Each adult care home shall post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.

This Requirement is not met as evidenced by:

Scope and Severity of D.

The facility reported a census of thirty-eight residents(R). The sample included three residents and two focused record reviews. Based on record review, and interview, the executive director failed to ensure R7'slegal representative completed the required paperwork as prescribed by the secretary for aging and disability services for Authorized Electronic Monitoring R7's room.

Findings included:

- During initial tour on 11/05/24 from 07:45 AM to 09:00 AM observations revealed magnet postings on the inside of each resident room that noted some resident rooms may be electronically monitored on or behalf of the resident or residents. On the bottom shelf of a buffet as you enter the dining area on the west side of the facility was a notice in a picture frame that some resident rooms may be electronically monitored on or in behalf of the resident or resident's. Surveyor went to the main entrance and there was no notice at the entrance that some resident rooms may be electronically monitored.

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S9999	Continued From page 44 During the initial entrance conference on 11/05/24 at 09:04 AM Administrative Nurse B reported there was one resident who had authorized electronic monitoring in her room, R7. An observation on 11/06/24 at 09:42 AM Surveyor knocked on R7's room and she came to the door and let surveyor in. While visiting with R7, observations revealed two electronic monitoring devices in her front living room area and one in her bedroom. An interview on 11/05/24 at 01:11 PM Executive Director A reported as far as she knew there was not any paperwork for the monitoring device in R7's room and acknowledges there was none with the paperwork for new admissions. The Executive Director failed to ensure a notice was posted at the entrance to the adult care home related to some rooms may be electronically monitored and failed to ensure all required forms related to Authorized Electronic Monitoring were completed and in the resident's record.	S9999		