STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089047	A. BUILDING: _____ B. WING _____	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCRITE RETIREMENT ASSISTED LIVING	1608 SW 37TH STREET TOPEKA, KS 66611

(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 represents the findings of a resurvey with attached complaint 190658, 190401, 189693, 189681, 188013, 186596, 186506, 184859, 182126, and 180889 at the above named assisted living facility conducted between 09/16/24 and 09/18/24.	S 000		
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 47 residents with four residents included in the sample and one closed record review. Based on record review and interview the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Residents (R)2, R3 and R4 named the licensed nurse responsible for implementing and supervising their "Healthcare Service Plans" (HSP). Findings included: - Record review for R2 revealed an admission date of 04/27/20 with diagnoses including dementia, constipation, hypertension, hypothyroidism, and chronic kidney disease. The 12/13/23 "Functional Capacity Screen" (FCS)	S3165		

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

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S3165	Continued From page 1	S3165		

identified R2 needed assistance with bathing, dressing, toileting, transfers, walking/mobility, management of medications, and management of treatments. She had short-term memory, memory recall, and decision-making cognitive difficulties, was usually understandable, and usually understood others during communication. She had impaired hearing and impaired decision making.

The 12/22/23 NSA for R2 listed Administrative Nurse F as the licensed nurse responsible for supervising the HSP.

The 12/22/23 "Health Service Plan" (HSP) for R2 identified facility staff provided assistance with adjusting the water temperature during bathing, assistance with dressing lower body, and assistance with toileting and transferring. Facility staff provided management of medications and was to give ample time to absorb information given for cognitive difficulties and impaired hearing.

- Record review for R3 revealed an admission date of 10/18/19 with diagnoses including hypertension, bullous pemphigoid, hypertensive retinopathy, osteoarthritis, diabetes mellitus type two, and irritable bowel syndrome.

The 03/12/24 FCS identified R3 required physical assistance with bathing and dressing.

The 03/12/24 NSA for R3 listed Administrative Nurse E as licensed nurse responsible for implementing and supervising the HSP.

The 03/06/24 HSP for R3 identified facility staff provided assistance with adjusting the water temperature during bathing and to check for skin

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S3165	Continued From page 2	S3165		

concerns. The HSP documented staff would provide assistance for dressing by putting on TED hose, socks, and shoes.

- Record review for R4 revealed an admission date of 08/10/19 with diagnoses including sleep apnea, hypothyroidism, diabetes mellitus type two, depression, asthma, bipolar disease, insomnia and Alzheimer's.

The 01/10/24 FCS identified R4 required physical assistance with dressing, was unable to perform management of medications or treatments, and was frequently incontinent. She had difficulty with short-term memory, long-term memory, memory/recall and decision-making.

The 02/08/24 NSA for R4 listed Administrative Nurse E as licensed nurse responsible for implementing and supervising the HSP.

The 02/08/24 HSP for R4 identified facility staff provided assistance with TED hose and staff administered medications. The HSP documented R4 was provided emotional support, assist in looking for items misplaced, and monitored for changes in cognitive status without listing who was responsible for the service.

On 09/17/24 at 12:02 PM Administrative Nurse B confirmed that she had not completed any NSA addendums for nurse responsible since she took the position of "Director of Nursing" (DON).

On 09/17/24 at 12:16 PM Administrative Staff A confirmed that Administrative Nurse B was hired 07/01/24 into the DON position and she had not completed any NSA addendums for nurse responsible since Administrative Nurse B took the position of DON.

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S3165	Continued From page 3 The operator failed to ensure R2, R3 and R4's NSAs were updated to reflect the new licensed nurse responsible for implementing and supervising their HSPs.	S3165		
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 47 residents with four included in the sample and one closed record review. Based on observation, interview, and record review the operator failed to ensure a licensed nurse completed an assessment for use of a bed assist device, ability to use a bed assist device safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Residents (R) 2 and R3. Findings included: - Record review for R2 revealed an admission date of 04/27/20 with diagnoses including dementia, constipation, hypertension, hypothyroidism, and chronic kidney disease. The 12/13/23 "Functional Capacity Screen" (FCS) identified R2 needed assistance with transfers. She had short-term memory, memory recall, and	S3171		

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decision-making cognitive difficulties, was usually understandable, and usually understood others during communication. She was identified as having impaired hearing and impaired decision making.

The 12/22/23 "Health Service Plan" (HSP) for R2 identified facility staff provided assistance with transferring. Facility staff gave ample time to absorb information being given for cognitive difficulties and impaired hearing.

R2's record lacked evidence of documentation of a bed assist device assessment.

Observation on 09/17/24 at 03:17 PM revealed bed rails attached to both sides of the bed located in the living area of R2's apartment and a bed cane attached to right side of the bed in the bedroom.

On 09/18/24 at approximately 02:18 PM Administrative Nurse B confirmed R2's record lacked evidence of documentation a bed rail assessment was completed.

- Record review for R3 revealed an admission date of 10/18/19 with diagnoses including bullous pemphigoid, hypertensive retinopathy, osteoarthritis, and irritable bowel syndrome.

The 03/12/24 FCS identified R3 as independent with transfers.

The 03/06/24 HSP identified R3 uses a four wheeled walker and staff assisted R3 to keep apartment free of clutter.

R3's record lacked evidence of documentation of a bed assist device assessment.

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S3171	Continued From page 5 Observation on 09/18/24 at 01:07 PM revealed a bed rail attached to the left side of R3's bed. On 09/18/24 at approximately 02:18 PM Administrative Nurse B stated bed assistive device assessments have not been completed for R3. The operator failed to ensure a licensed nurse completed an assessment to use a bed assist device, ability to use a bed assist device safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R2 or R3.	S3171		
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: KAR 26-41-105(f)(11) The facility reported a census of 47 residents with four residents included in the sample and one closed record review. Based on interview and record review the administrator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when Resident (R) 2 and R3 were transported to the	S3261		

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S3261	Continued From page 6 hospital. Findings included: - Record review for R2 revealed an admission date of 04/27/20 with diagnoses including dementia, constipation, hypertension, hypothyroidism, and chronic kidney disease. The 12/13/23 "Functional Capacity Screen" (FCS) identified R2 needed assistance with bathing, dressing, toileting, transfers, walking/mobility, management of medications, and management of treatments. She had short-term memory, memory recall, and decision-making cognitive difficulties, was usually understandable, and usually understood others during communication. She was identified as having impaired hearing and impaired decision making. R2 was not identified at risk of falls. The 12/22/23 "Health Service Plan" (HSP) for R2 identified facility staff provided assistance with toileting and transferring. Facility staff provided management of medications and was to give ample time to absorb information given for cognitive difficulties and impaired hearing. Staff assisted as needed to minimize risk of falls including a wellness check at 11:00 PM and every six hours. Staff provided safety reminders, assisted with keeping apartment free of clutter, and allowed time between position changes and used a gait belt for all transfers. A handwritten "Health Status Note" scanned into R2's record on 03/02/24 documented a fall out of bed at 07:15 AM. The next "Health Status" note on 03/02/24 at 04:32 PM documented R2 returned with	S3261		

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S3261	Continued From page 7	S3261		

grandson from local emergency room.

Review of R2's record revealed lack of documentation for resident leaving the facility including the date and time of occurrence, action taken, and results of the action related to R2's need for an emergency room visit.

On 09/19/24 at 02:37 PM Administrative Nurse B confirmed R2 was sent to the hospital on 03/02/24 and her record lacked documentation of her leaving the facility including the date and time of occurrence, action taken, and results of the action.

- Record review for R3 revealed an admission date of 10/18/19 with diagnoses including hypertension, bullous pemphigoid, hypertensive retinopathy, osteoarthritis, diabetes mellitus type two, and irritable bowel syndrome.

The 03/12/24 FCS identified R3 required physical assistance with bathing and dressing. She was independent with toileting, transfers, ambulation and eating. R3 was continent and had no cognition or communication difficulties.

The 03/06/24 HSP for R3 identified facility staff provided assistance with adjusting the water temperature during bathing and to check for skin concerns. The HSP documented staff would provide assistance for dressing by putting on TED hose, socks and shoes.

The 08/01/24 at 10:52 AM "Pharmacy" note documented R3's medications and medical records reviewed.

The next note was 08/28/24 at 01:23 PM was a "Physician's Order Note" documenting the doctor

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S3261	Continued From page 8 saw resident and new orders were received for Lasix (a diuretic) and laboratory tests. Review of R3's records revealed an "After Visit Summary" dated 08/03/24 from a local hospital's emergency department. Review of R3's record revealed lack of evidence of documentation of all symptoms and other indications of illness including the date and time of occurrence, action taken, and results of the action related to R3's need for an emergency room visit. On 09/19/24 at 02:37 PM Administrative Nurse B confirmed R3 was sent to the hospital on 08/03/24 and her record lacked documentation of symptoms or indications of illness including the date and time of occurrence, action taken, and results of the action. The administrator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action when Resident (R) 2 and R3 were transported to the hospital.	S3261		
S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects,	S3298		

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S3298	Continued From page 9 including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 47 residents. The facility had a main kitchen where food was stored, prepared, and sent to a satellite kitchen in memory care where food was served. Based on interview and record review, the operator failed to ensure food was served at the proper temperature in memory care. Findings included: - Observation on 09/16/24 at 12:38 PM of the memory care kitchen revealed a notebook which contained weekly food temperature logs beginning each Sunday. Review of the food temperature logs for the weeks of 08/25/24 through 09/14/24 revealed food temperatures were not recorded for breakfast meals, eight out of twenty-one lunch meals, and twelve out of twenty-one dinner meals. On 09/16/24 at approximately 12:43 PM Dietary Staff D confirmed the food temperature logs were	S3298		

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S3298	Continued From page 10 not completed in the memory care kitchen. The Kansas Department of Agriculture's "Focus on Food Safety" booklet documented "minimum hot holding temperature is 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F." The facility's "Food Temperature at Serving" policy dated 3/9/2016 documented "all hot food items will be served to the resident at the temperature of at least 135 F" and "all cold foods will be served to the resident at a temperature of 40F or below." The policy also noted that temperatures should be taken periodically to ensure that foods stayed in range of serving. The operator failed to ensure food was served at the proper temperature.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e)(1) The facility reported a census of 47 residents. The facility had a main kitchen where food was stored, prepared, and served for all residents; a satellite kitchen in memory care where food was	S3299		

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S3299	Continued From page 11	S3299		

served to only memory care residents; and a storage room where food was stored for all residents. The storage room behind the memory care kitchen included refrigerator and freezer spaces. Based on observation and interview the operator failed to ensure food items were stored under safe conditions.

Findings included:

- Observation on 09/16/24 at 12:38 PM in the memory care storage room revealed two refrigerator/freezer combination units and three freezers that contained food items for all residents. The temperature log for all units are on the same page. Four of the five freezer spaces found to not have thermometers located in them.

Review of the freezer temperature logs in the memory care storage area for the dates between 08/25/24 to 09/14/24 revealed temperatures were not documented for eleven out of twenty-one days for the morning shift and seventeen out of twenty-one days for the evening shift.

On 09/16/24 at approximately 12:43 PM Dietary Staff D confirmed the logs were not completed as expected and not all spaces had thermometers located inside.

On 09/16/24 at approximately 12:45 PM Administrative Staff A stated she expected temperatures of each unit to be recorded each shift.

- Observation on 09/16/24 at 02:33 PM in the main kitchen revealed a cold table stored refrigerated food for all residents.

Review of refrigerator temperature logs revealed

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S3299	Continued From page 12 the cold table temperatures were not being recorded. On 09/16/24 at approximately 12:43 PM Dietary Staff D confirmed the log form did not include the cold table. The Kansas Department of Agriculture's "Focus on Food Safety" booklet Page 19 explains "proper holding temperatures must be maintained during display, storage and transportation." Cold foods should be kept at temperatures 41 degrees Fahrenheit or below. The operator failed to ensure foods were stored under safe conditions.	S3299		