| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | N040005 | A. BUILDING: _____ B. WING _____ | 06/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| NEWTON PRESBYTERIAN MANOR | 1200 E 7TH STREET NEWTON, KS 67114 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a Re-Licensure survey with complaint investigation 189138 for the above named Assisted Living Facility conducted on 06/02/25, 06/03/25, and 06/04/25. | S 000 | | |
| S3080 SS=D | 26-41-201 (a) (b) Functional Capacity Screen on Admission<br><br>a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department.<br>(b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-201(a)<br><br>The facility reported a census of 22 residents(R). The sample included three residents and one focused record review. Based on interview and record review the executive director failed to ensure one (R3) of three sampled residents had a "Functional Capacity Screen" completed by designated staff on or before admission to the | S3080 | | |

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

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| S3080 | Continued From page 1<br>assisted living facility to determine the resident's functional capacity.<br><br>Findings included:<br><br>- Review of R3's medical record revealed she moved into the facility on 04/24/24 with a diagnosis of diabetes mellitus type II.<br><br>R3's "Electronic Medical Record" included an initial "Assisted Living Evaluation" (Title of "Functional Capacity Screen") had a form date of 04/24/24 but had an evaluation date of 04/26/24, two days after R3 moved to the Assisted Living.<br><br>Interview on 06/04/25 at 08:48 AM Administrative Licensed Nurse B reported the admission "Functional Capacity Screens" (Assisted Living Evaluation) needed to be completed within 24 hous of admission.<br><br>Interview on 06/04/25 at 08:50 AM Administrative Licensed Nurse B and Administrative Nurse C reviewed R3's admission "Functional Capacity Screen" which included computer generated dates of 02/26/24 for completion of the screen. Two days after her admission into Assisted Living.<br><br>The Executive Director failed to ensure designated staff completed an admission Functional Capacity Screen for R3, on or before admission to the facility. | S3080 | | |
| S3090 SS=D | 26-41-202 (c) Admission Negotiated Service Agreement<br><br>(c) Each administrator or operator shall ensure | S3090 | | |

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|---|---|---|---|
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| S3090 | Continued From page 2<br>the development of an initial negotiated service agreement at admission.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(c)<br><br>The facility reported a census of 22 residents(R). The sample included three residents and one focused record review. Based on interview and record review the executive director failed to ensure one (R3) of three sampled residents had an initial "Negotiated Service Agreement" completed at admission.<br><br>Findings included:<br><br>- Review of R3's medical record revealed she moved into the facility on 04/24/24 with a diagnosis of diabetes mellitus type II.<br><br>R3's "Electronic Medical Record" included an initial "Assisted Living Evaluation" (Title of "Functional Capacity Screen") had a form date of 04/24/24 but had an evaluation date of 04/26/24, two days after R3 moved to the Assisted Living.<br><br>R3's "Negotiated Agreement/Service Plan" had a service plan date of 04/26/24 and was signed by the Licensed Nurse on 04/28/24, four days after moving into the facility.<br><br>Interview on 06/04/24 at 08:50 AM Administrative Licensed Nurse B confirmed R3 moved to Assisted Living on 04/24/2 according to the | S3090 | | |

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| S3090 | Continued From page 3<br>documentation in her record. Administrative Licensed Nurse also reported she thought the nurse had 24 hours to complete the admission "Negotiated Agreement/Service Plan". During this interview Administrative Nurse C confirmed the "Negotiated Agreement/Service Plan" needed to be completed on the day of admission.<br><br>The Executive Director failed to ensure designated staff completed an admission Negotiated Service Agreement for R3, at the time of admission. | S3090 | | |
| S3092 SS=E | 26-41-202 (d) Negotiated Service Agreement Revisions<br><br>(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;<br>(2) following any significant change in condition, as defined in K.A.R. 26-39-100;<br>(3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202 (d)(2)<br><br>The facility reported a census of 22 residents(R). | S3092 | | |

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| S3092 | Continued From page 4 | S3092 | | |

The sample included three residents and one closed record review. Based on interview, and record review the executive director failed to ensure designated staff reviewed and revised the "Negotiated Service Agreement" for three (R3,R4, R5) of three sampled residents when the resident had a significant change in service needs related to skilled therapy.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 04/24/24 with a diagnosis of diabetes mellitus type II.

R3's "Electronic Medical Record" included an initial "Assisted Living Evaluation" (Title of "Functional Capacity Screen") completed 04/26/24 that identified R3 needed stand by assistance with showering, was at risk for falls/unsteadiness, and was independent with other activities of daily living but was unable to manage her medications.

R3's "Negotiated Agreement/Service Plan" dated 02/26/24 that R3 had extensive therapy and education, and staff were to provide interventions. The "Negotiated Agreement/Service Plan did not identify that she currently received skilled therapy services.

Review of R3's record lacked revision of R3's "Negotiated Agreement/Service Plan" for a significant change in services related to the start and discontinuation of physical therapy services.

Interview on 06/03/25 at approximately 03:12 PM therapy staff F reported R3 received physical

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|---|---|---|---|
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| S3092 | Continued From page 5 | S3092 | | |

therapy services from 03/21/24 to 05/14/24.

Interview on 06/04/25 at 10:16 AM Administrative Licensed Nurse B reported she had not completed addendums to the "Negotiated Agreement/Service Plan" as she did not know she needed to.

The executive director failed to ensure designated staff reviewed and revised R3's "Negotiated Agreement/Service Plan" when she received physical therapy services.

- Review of R4's "Electronic Medical Record" (EMR) revealed he moved into the facility on 12/02/16 with diagnosis of diabetes mellitus type II.

R4's "Functional Capacity Screen" dated 03/06/25 revealed R4 needed physical assistance bathing, management of medications and medical treatments, and had a risk for falls/unsteadiness.

R4's 'Negotiated Service Agreement" (NSA) dated 03/06/25 included the name of a therapy provider but did not identify what kind of therapy he received.

R4's record included several Amended NSA's from 11/2/24 to 05/30/25 but none were related to the start or discontinuation of occupational or physical therapy.

Interview on 06/03/25 at approximately 03:12 PM Therapy staff F reported R4 received occupational therapy from 03/21/25 to 04/22/25, and physical therapy from 03/13/25 to 05/15/25.

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| S3092 | Continued From page 6<br><br>Interview on 06/04/25 at 11:32 AM Administrative Licensed Nurse B reviewed R4's record and confirmed she had not completed Addendums when R4 started therapy services.<br><br>The executive director failed to ensure designated staff reviewed and revised R4's NSA when he received physical and occupational therapy services from a local Home Health Company.<br><br>- Review of R5's medical record revealed she moved into the Assisted Living on 04/25/24 with diagnosis of dementia.<br><br>R5's "Functional Capacity Screen" (FCS) dated 04/22/25 identified she needed physical assistance with bathing and management of medications.<br><br>R5's "Negotiated Service Agreement" (NSA) dated 04/22/25 indicated facility staff would assist R5 with bathing and dressing. It also indicated the resident used outside providers for medical services as needed but did not include skilled therapy services.<br><br>R5's record from 02/01/25 to 06/03/25 lacked revision/addendums of her NSA relate to physical therapy services.<br><br>Interview on 06/03/25 t approximately 03:12 PM Therapy staff F reported R5 had received physical therapy from 02/11/25 to 04/24/25.<br><br>Interview on 06/04/25 at 01:06 PM Administrative Licensed Nurse B confirmed she had not | S3092 | | |

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| S3092 | Continued From page 7<br>completed an addendum to R5's NSA when she started physical therapy services.<br><br>The executive director failed to ensure designated staff reviewed and revised R5's NSA/HCSP as needed when she started physical therapy services. | S3092 | | |
| S3101 SS=D | 26-41-202 (h) NSA Signatures<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202 (h)<br><br>The facility reported a census of 22 residents (R). The sample included three residents and one focused record review. Based on interview and record review for one (R3) of three sampled residents, the executive director failed to ensure that everyone involved in the development of the Negotiated Service Agreement signed the agreement.<br><br>Findings included:<br><br>- Review of R3's medical record revealed she moved into the facility on 04/24/24 with a diagnosis of diabetes mellitus type II. | S3101 | | |

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| S3101 | Continued From page 8<br><br>R3's "Electronic Medical Record" included an initial "Assisted Living Evaluation" (Title of "Functional Capacity Screen") had a form date of 04/24/24 but had an evaluation date of 04/26/24, two days after R3 moved to the Assisted Living.<br><br>R3's "Negotiated Agreement/Service Plan" included signatures of Administrative Licensed Nurse B, Administrative Staff A, and Administrative Nurse E. Administrative Licensed Nurse B documented on one of the signature lines verbal consent from [name of legal representative] and then signed it.<br><br>Interview on 06/04/25 at 08:59 AM Administrative Licensed Nurse B acknowledged the family or resident were supposed to sign the "Negotiated Agreement/Service Plan" but some of them live out of town, so I get a "verbal signature" from them over the phone.<br><br>Review of the Health Care Service Plan policy revised 01/29/24 revealed the resident and/or Durable Power of Attorney should sign the Health Care Service Plan but if unable to physically be in the building, "can write verbal approval date and time on document".<br><br>The executive director failed to ensure all who participated in the development of R3's "Negotiated Service Agreement" signed it. | S3101 | | |
| S3175 SS=D | 26-41-205 (a) (1) Self Administration of Medication<br><br>(a) Self-administration of medication. Any resident may self-administer and manage | S3175 | | |

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| S3175 | Continued From page 9<br>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.<br>(1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(a)(1)<br><br>The facility reported a census of 22 residents (R). The sample included three residents and one focused record review. Based on interview and record review the executive director failed to ensure a licensed nurse completed an assessment for self-administration of medications one (R3) of one resident prior to the resident initially beginning to self-inject her insulin.<br><br>Findings included:<br><br>- Review of R3's medical record revealed she moved into the facility on 04/24/24 with a diagnosis of diabetes mellitus type II. | S3175 | | |

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|---|---|---|---|
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| S3175 | Continued From page 10 | S3175 | | |

R3's "Electronic Medical Record" included an initial "Assisted Living Evaluation" (Title of "Functional Capacity Screen") completed 04/26/24 that identified R3 needed stand by assistance with showering, was at risk for falls/unsteadiness, and was independent with other activities of daily living but was unable to manage her medications.

R3's "Negotiated Agreement/Service Plan" dated 02/26/24 identified staff to provide assistance with treatments and medication administration but the resident will dial, and self administer her own insulin.

R3's record included a self-administration assessment completed on 02/19/25 but did not include one prior when she first moved into the facility.

Review of R3's February and March 2024 Medication Administration records revealed R3 had orders for insulin and staff documented administration of insulin when R3 initially moved into the facility.

Observation on 06/04/25 at 07:17 AM CMA K went into R3's room, had already put the needle on the pen and then, primed the needle and dialed the pen to five units. CMA K then handed R3 the pen and R3 self-injected in her abdomen.

Interview on 06/04/25 at 09:21 CMA K reported staff administer R3's medications, we set up her insulin for her, but she injects it herself.

Interview on 06/04/25 at 09:15 AM Administrative

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| S3175 | Continued From page 11<br><br>Licensed Nurse B reported if R3 was taking insulin when she moved into the Assisted Living, staff should have completed a self-administration assessment to include her ability to self-inject her insulin.<br><br>The executive director failed to ensure a licensed nurse completed a self-administration assessment for R3 prior to self-administering her medications. | S3175 | | |
| S3186 SS=D | 26-41-205 (b) Administration of Selected Medications<br><br>(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 service and identify who is responsible for the administration and management of selected medications.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205 (b)<br><br>The facility reported a census of 22 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 "Negotiated Service | S3186 | | |

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| S3186 | Continued From page 12 | S3186 | | |

Agreement" included the selected medications the resident chose to administer.

Findings included:

- R5's medical record revealed she moved into the facility on 04/25/24 with a diagnosis of dementia.

R5's "Functional Capacity Screen" dated 04/22/25 revealed she needed physical assistance with management of medications and medical treatments and had occasional impaired decision-making ability.

R5's "Negotiated Service Agreement" (NSA) dated 04/22/25 identified nursing staff to administer R5's medications. It failed to include that she chose to self-administer her as needed Aleve for pain management.

Review of R5's June Medication Administration Record revealed she had an active order for Aleve 220 mg 1 tablet every 12 hours as needed for cellulitis to left leg and could self administer medication.

Interview on 06/04/25 at 01:07 PM Administrative Licensed Nurse B looked in R5's record and confirmed she still had an active order for her to self administer her Aleve and that the NSA should have identified she chose to self-administer that medication.

Observation on 06/03/25 at 02:20 PM with Licensed Nurse D revealed R5 still had a bottle of Aleve 110 mg in her kitchen drawer.

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| S3186 | Continued From page 13<br>The executive director failed to ensure designated staff identified what select medications R5 chose to self-administer in her NSA. | S3186 | | |
| S3202 SS=D | 26-41-205 (d) (4) Delegation of Medication Administration<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(d)(4)<br><br>The facility reported a census of 22 residents. Based on interview and record review the executive director failed ensure a licensed nurse and delegated the nursing procedure to Certified Medication Aides, of preparing and dialing an insulin pen to the ordered dosage for a resident to self-inject according to the nurse practice act and amendments thereto.<br><br>Findings included:<br><br>- Review of the Resident Roster provided by the Administrative Licensed Nurse B on 06/02/05 revealed the facility had two residents who received insulin injections.<br><br>Interview on 06/02/25 at 02:20 PM Administrative Licensed Nurse B reported the residents who received insulin prepared their own pens, dialed | S3202 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N040005 | A. BUILDING: _____ B. WING _____ | 06/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NEWTON PRESBYTERIAN MANOR | 1200 E 7TH STREET NEWTON, KS 67114 |

| (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 |
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| S3202 | Continued From page 14<br>to the correct dosage and self-inject the insulin. She reported the Certified Medication Aide CMA only checked to make sure the resident dialed it to the correct dose.<br><br>Observation on 06/04/25 at 07:17 AM CMA K went into R3's room, had already put the needle ono the pen and then, primed the needle and dialed the pen to five units. CMA K then handed R3 the pen and she self-injected in her abdomen.<br><br>Interview on 06/04/25 at 09:21 CMA K reported staff administer R3's medications, we set up her insulin for her, but she injects it herself.<br><br>Interview on 06/04/25 at 11:18 AM after surveyor had requested delegation/competency for the CMA to prepare an insulin pen and dial it to the ordered dosage, Administrative Licensed Nurse B reported they do not complete delegation for preparing of insulin pens. She stated the staff are not supposed to be preparing the pen, the resident is supposed to be completing the whole task of self-administering insulin.<br><br>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. | S3202 | | |
| S3310 SS=F | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(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 | S3310 | | |

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| S3310 | Continued From page 15<br>infectious;<br>(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<br>(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<br><br>This REQUIREMENT is not met as evidenced by:<br>K.A.R 26-41-207(c)<br><br>The facility reported a census of 22 residents (R). The sample for infection control included three residents and five newly hired staff. Based on interview and record review for two of five newly hired staff and one (R3) of three sampled residents, the executive director 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.<br><br>Findings included:<br><br>- Review of R3's medical record revealed she moved into the assisted living from the health care facility on 02/24/25.<br><br>R3's record include a TB symptom screen completed on 02/17/24 and a one-step TB skin test completed on 01/12/24. The record lacked documentation of a second TB skin test being completed when R3 moved into Assisted Living. | S3310 | | |

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| S3310 | Continued From page 16<br><br>Interview on 06/04/25 at 08:46 AM Administrative Licensed Nurse B confirmed R3 should have received a second TB skin test when she moved into the Assisted Living.<br><br>Review of the "Immunization - Tuberculosis Testing for Employee, Volunteer, and Resident" policy revealed the facility utilized the two-step Mantoux method upon admission.<br><br>The executive director failed to ensure the facility remained in compliance with the departments TB guidelines.<br><br>- Review of five newly hired staff revealed the following:<br><br>- Certified Medication Aide (CMA) G hired on 02/06/24 had a TB skin test planted on 02/06/24 and was not read until 02/10/24, more than 72 hours after being planted. CMA G did not receive her second TB skin test until 04/10/24.<br><br>- CMA H hired on 04/24/24 and did not receive her TB skin testing until 06/30/24, more than seven days after hire date.<br><br>Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new employee receive a two-step TB skin test within seven days of employment unless specific conditions are met. The first test shall be read within 48 to 72 hours of its administration and the second shall be administered within 1 to three weeks. | S3310 | | |

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|---|---|---|---|---|
| S3310 | Continued From page 17<br><br>Review of the facilities policy 'Immunization - Tuberculosis (TB) Testing for Employee, Volunteer, and Resident" revised on 03/27/25 revealed at new hire TB skin testing will be provided within seven days of employment and read 48-72 hours after administered.<br><br>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 the failure to complete TB symptom screens and TB skin testing for newly hired staff in accordance with TB guidelines. | S3310 | | |