STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046060	A. BUILDING: _____ B. WING _____	04/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE ESTATES ASSISTED LIVING COMMUNITY	12700 ANTIOCH ROAD OVERLAND PARK, KS 66213

(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 represent the findings of a resurvey with complaints #179109, #177613, #170940, #169564, #169538, #169371, #169000, #168560, #168507, #167541, #165948, #166047, and #165901 for the above named assisted living facility conducted on 04/24/23 and 04/25/23.	S 000		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(1) The facility reported a census of 83 residents with six residents included in the sample and one closed record review. Based on interview and record review the administrator failed to ensure facility staff completed a "Negotiated Service	S3092		

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

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S3092	Continued From page 1	S3092		

Agreement" (NSA) based on resident's "Functional Capacity Screen" (FCS), service needs, and preferences for Resident (R) 5 every 365 days.

Findings included:

- Record review for R5 revealed an admission date of 07/24/18 with the following diagnoses: dementia and malignant neoplasm of breast.

The 01/07/23 "FCS" identified R5 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, and management of medications and treatments; she required physical assistance with eating; was incontinent of bladder; had short-term memory loss, memory/recall, and decision-making cognitive impairments; was rarely or never understandable and usually understood during communication; and was marked for falls, impaired vision, impaired hearing, and impaired decision-making.

The 09/02/20 (most recent) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide assistance of one person with bathing; supervision with dressing and toileting; extensive assistance with transfers; she used a wheelchair for walking/mobility; staff would provide supervision, cueing, and encouragement with eating; staff would administer medications and treatments; she wore adult protective briefs for incontinence; staff would provide distraction and redirection, and keep her routine consistent and provide consistent caregivers for cognitive impairments and impaired decision-making; the "NSA" failed to identify the services facility staff

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S3092	Continued From page 2 would provide for communication, impaired vision, and impaired hearing; and staff would check her at frequent intervals if assistance was needed to prevent falls. R5's record lacked evidence of an "NSA" since 09/02/20 which was 946 days from the date of the resurvey. On 04/24/23 at 02:01 PM Administrative Nurse B stated the "NSA" and "HCP" were combined in one document. On 04/24/23 at 10:56 AM Administrative Nurse B confirmed the most recent "NSA" for R5 was completed on 09/02/20. On 04/25/23 at 12:57 PM an NSA policy was requested from the facility which the facility failed to provide. The administrator failed to ensure facility staff completed an "NSA" based on resident's "FCS," service needs, and preferences for R5 every 365 days.	S3092		
S3101 SS=F	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.	S3101		

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S3101	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h) The census equaled 83 residents. The sample included 6 residents. Based on record review and interview for 6 Resident (R)1, R2, R4, R5, R6 and R7, Administrator A failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. Findings included: - R1's medical record revealed she admitted to the facility on 04/05/21 with diagnoses of hypertension, diabetes mellitus, asthma, major depression disorder, generalized anxiety disorder, obstructive sleep apnea and hyperlipidemia. The "Functional Capacity Screen" (FCS) dated 04/11/23 recorded the resident was independent with bathing, dressing, toileting, transfer, walk/mobility, eating and management of treatments and was unable to perform management of medications. The FCS recorded R1 had socially inappropriate behavior. The 09/06/22 (most recent) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP recorded R1 as independent with dressing, toileting, transfer and walk/mobility and eating, staff assisted with bathing and facility staff administered medications. The 09/06/22 "NSA/HCP" lacked signatures of	S3101		

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S3101	Continued From page 4	S3101		

the individuals involved at the time of development of the agreement including R1, any legal representatives or family members and a licensed nurse.

- Record review for R2 revealed an admission date of 01/26/23 with the following diagnoses: diabetes, insomnia, and chronic obstructive pulmonary disease (COPD).

The 01/26/23 "Functional Capacity Screen" (FCS) identified R2 was unable to perform management of medications and treatments; had short-term and long-term memory loss and decision-making cognitive impairments; and was marked for falls and impaired vision.

The 01/26/23 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide R2 management of medications; she was independent with breathing treatments and oxygen administration; facility staff would keep her routine consistent and provide consistent caregivers for cognition; she used an enabler bar to assist with safe transfers to prevent falls; and the "NSA/HCP" lacked the services facility staff would provide for impaired vision.

The 01/26/23 "NSA/HCP" was not signed by a nurse, R2, or a legal representative.

- Record review for R4 revealed an admission date of 09/30/21 with the following diagnoses: moyamoya disease, muscle weakness, and difficulty walking.

The 02/19/23 "FCS" identified R4 required

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S3101	Continued From page 5	S3101		

physical assistance with bathing.

The 07/25/22 combined "NSA/HCP" failed to identify the services facility staff would provide R4 for bathing.

The 07/25/22 "NSA/HCP" was not signed by a nurse, R4 or a legal representative.

- Record review for R5 revealed an admission date of 07/24/18 with the following diagnoses: dementia and malignant neoplasm of breast.

The 01/07/23 "FCS" identified R5 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, and management of medications and treatments; she required physical assistance with eating; was incontinent of bladder; had short-term memory loss, memory/recall, and decision-making cognitive impairments; was rarely or never understandable and usually understood during communication; and was marked for falls, impaired vision, impaired hearing, and impaired decision-making.

The 09/02/20 (most recent) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide assistance of one person with bathing; supervision with dressing and toileting; extensive assistance with transfers; she used a wheelchair for walking/mobility; staff would provide supervision, cueing, and encouragement with eating; staff would administer medications and treatments; she wore adult protective briefs for incontinence; staff would provide distraction and redirection, and keep her routine consistent and provide consistent caregivers for cognitive

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impairments and impaired decision-making; the "NSA" failed to identify the services facility staff would provide for communication, impaired vision, and impaired hearing; and staff would check her at frequent intervals if assistance was needed to prevent falls.

- R6's medical record revealed he admitted to the facility on 05/09/22 with diagnoses of diabetes mellitus type II, osteoarthritis and chronic obstructive pulmonary disease.

The "Functional Capacity Screen" (FCS) dated 11/09/22 recorded the resident was independent with dressing, toileting, transfer, walk/mobility, eating and management of medications, supervision required for management of treatments and physical assistance required for bathing. The FCS recorded R1 had socially inappropriate behavior.

The 05/09/22 (most recent) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP)recorded R6 as independent with bathing, dressing, toileting, transfer and walk/mobility, eating and management of medications and treatments. The NSA recorded R6 wore hearing aids and glasses.

The 05/09/22 "NSA/HCP" lacked signatures of the individuals involved at the time of development of the agreement including R6, any legal representatives or family members and a licensed nurse.

- R7's medical record revealed he admitted to the facility on 02/25/22 with diagnoses of Parkinson's Disease, hyperlipidemia, insomnia

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S3101	Continued From page 7	S3101		

and depression.

The "Functional Capacity Screen" (FCS) dated 02/18/23 recorded the resident was independent with dressing, transfer, walk/mobility and eating, required supervision with bathing and physical assistance required for toileting and management of medications and treatments. R7 was occasionally incontinent, was at risk for falls/ unsteadiness and had impaired vision. The FCS further recorded R7 had short term memory impairment, memory/recall impairment and impaired decision making, sometimes understandable and usually understood.

The 02/25/22 (most recent) combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) recorded R7 as independent with bathing, dressing, transfer and eating, supervision/ cueing required for walk/mobility and staff administered medications. Facility staff to ensure unobstructed path to the bathroom.

The 02/25/22 "NSA/HCP" lacked signatures of the individuals involved at the time of development of the agreement including R7, any legal representatives or family members and a licensed nurse.

On 04/24/23 at 02:01 PM Administrative Nurse B stated the "NSA" and "HCP" were combined in one document.

On 04/25/23 at 10:56 AM Administrative Nurse B confirmed the "NSAs" were not signed.

On 04/25/23 at 12:57 PM an NSA policy was

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S3101	Continued From page 8 requested from the facility which the facility failed to provide. Administrator A failed to ensure each individual involved in the development of the NSA signed the agreement.	S3101		
S3210 SS=E	26-41-205 (e) (f) Medication Verbal Orders and Standing Orders (e) Medication orders. Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order. (f) Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident ' s medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(e) The facility reported a census of 83 residents with six included in the sample and one closed record review. Based on observation and interview the administrator failed to ensure a licensed nurse ensured all verbal orders were signed by the medical care provider within seven	S3210		

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S3210	Continued From page 9	S3210		

working days of receipt of the verbal order for Resident (R) 1, R2, R4, and R5.

Findings included:

- Record review for Resident (R) 1 revealed an admission date of 04/05/21 with the following diagnoses: hypertension, diabetes mellitus, asthma, major depression disorder, generalized anxiety disorder, obstructive sleep apnea and hyperlipidemia.

The 04/11/23 "Functional Capacity Screen" (FCS) identified R1 was unable to perform management of medications.

The 09/06/22 "Negotiated Service Agreement" (NSA) identified facility staff would administer R1's medications.

Review of verbal orders for R1 revealed 4 orders lacked physician signatures from 01/01/23 to 04/24/23.

- Record review for Resident (R) 2 revealed an admission date of 01/26/23 with the following diagnoses: diabetes and chronic obstructive pulmonary disease (COPD).

The 01/26/23 "Functional Capacity Screen" (FCS) identified R2 was unable to perform management of medications.

The 01/26/23 "Negotiated Service Agreement" (NSA) identified facility staff would administer R2's medications.

Review of verbal orders for R2 revealed 17

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S3210	Continued From page 10	S3210		

orders lacked physician signatures from 01/26/23 to 04/24/23.

- Record review for R4 revealed an admission date of 09/30/21 with the following diagnoses: moyamoya disease, muscle weakness, and difficulty walking.

The 02/19/23 "FCS" identified R4 required supervision for management of medications.

The 07/25/22 (most recent) "NSA" identified facility staff would administer R4's medications.

Review of verbal orders for R4 revealed seven orders lacked physician signatures from 07/10/22 to 01/08/23.

- Record review for R5 revealed an admission date of 07/24/18 with the following diagnoses: dementia and malignant neoplasm of breast.

The 01/27/23 "FCS" identified R5 was unable to perform management of medications.

The 09/02/20 (most recent) "NSA" identified facility staff would administer R5's medications.

Review of verbal orders for R5 revealed four orders lacked physician signatures from 11/23/22 to 12/28/22.

On 04/26/23 at 10:36 AM via phone interview Administrative Nurse B confirmed medical provider's verbal orders for R2, R4, and R5 were not signed within seven working days.

Electronic interview on 04/26/23 at 02:21 PM

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S3210	Continued From page 11 with Administrative Nurse B confirmed medical provider's verbal orders for R1 were not signed. The administrator failed to ensure a licensed nurse ensured all verbal orders were signed by the medical care provider within seven working days of receipt of the verbal order for R1, R2, R4, and R5.	S3210		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 83 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of over-the-counter (OTC) medications.	S3211		

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S3211	Continued From page 12 Findings included: - Observation on 04/24/23 at 12:42 PM revealed Administrative Nurse B unlocked and opened medication cart #1. The following OTC medications were not labeled with residents' full names: One bottle of aspirin 81milligrams (mg), 200 tablets One bottle of Centrum Women 50 + multivitamins, 65 tablets One bottle of fish oil 1200 mg, 100 softgels One bottle of vitamin C 500 mg, 500 tablets Citracal 1200 mg, 80 tablets Observation on 04/24/23 at 12:52 PM revealed Administrative Nurse B unlocked and opened medication cart #2. The following OTC medications were not labeled with residents' full names: One bottle of aspirin 81 mg, 120 tablets One bottle of Delsym DM liquid, 6 fluid ounces (oz) One bottle of Centrum Women multivitamins, 200 tablets One bottle of Miralax powder, 17.9 oz Observation on 04/24/23 at 01:03 PM revealed Administrative Nurse B unlocked and opened medication cart #3. The following OTC medications were not labeled with residents' full names: One bottle of Caltrate Bone, 155 chewable tablets	S3211		

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S3211	Continued From page 13 One box 10-strain probiotic, 84 capsules One bottle of melatonin 5 mg, 100 tablets One bottle of milk thistle extract 1000 mg, 100 capsules One bottle of stool softener 50 mg, 100 tablets One bottle of Senokot, 60 tablets One bottle of Bayer chewable aspirin 81 mg, 36 tablets On 04/24/23 at approximately 01:03 PM Administrative Nurse B confirmed the OTC medications were not labeled with resident's full names. The facility's "Over the Counter Medications (OTC)" policy documented a licensed nurse will place the resident's first and last name on the original manufacturer's package and medication container. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of OTC medications.	S3211		
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	S3310		

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ROSE ESTATES ASSISTED LIVING COMMUNITY	12700 ANTIOCH ROAD OVERLAND PARK, KS 66213

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S3310	Continued From page 14 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: KAR 26-41-207(c) The facility reported a census of 83 residents with six residents included in the sample and one closed record review. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for three of five sampled staff. Findings included: Certified Nurse Aide (CNA) E's employee record revealed a hire date of 11/18/22. The employee record lacked evidence a TB test and symptom screen was completed within seven days of hire. Certified Medication Aide (CMA) C's employee record revealed a hire date of 02/15/22. The first step TB skin test was completed on 09/09/22 and read on 09/12/22 with negative results. The test was 206 days after hire. CMA D's employee record revealed a hire date of 03/29/22. The first step TB skin test was completed on 08/14/22 and read on 08/16/22 with negative results. The test was 140 days after hire.	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046060	A. BUILDING: _____ B. WING _____	04/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE ESTATES ASSISTED LIVING COMMUNITY	12700 ANTIOCH ROAD OVERLAND PARK, KS 66213

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S3310	Continued From page 15 The department's June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented "Each new resident and new employee shall have an initial TB symptom screen. . . within seven days of residency or employment. . . Each new resident and employee shall receive a two-step TST. . . within seven days of residency or employment. . ." On 04/25/23 at 09:12 AM Administrative Staff A confirmed the employee records lacked evidence of documentation TB skin tests were completed within seven days of hire. The facility's undated "Tuberculosis Screening - Employees" policy documented "It is the policy of this facility to assess risks for tuberculosis based on regional/community data and screen staff according to State law. For example, all healthcare workers be tested for tuberculosis upon hire. . ." The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3320	Continued From page 16	S3320		

existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal.

(c) New construction, modifications and equipment shall conform to the following codes and standards:

(1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and

(2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.

This REQUIREMENT is not met as evidenced by:
KAR 28-39-254 (a)

The census equaled 83 residents. The sample included 6 residents. Based on record review, observation, and interview, the facility failed to keep cleaning chemicals in a locked, secured area, posing a potential safety hazard.

Findings included:

- On 04/24/23, Administrator A provided a "Resident Roster", which included 83 residents and noted 19 of the 83 residents had impaired cognitive abilities.

During the initial tour on 04/24/23 at 12:22 PM with Administrator A, observation revealed an unlocked laundry room. The laundry room

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S3320	Continued From page 17 contained the following chemicals: One bottle of Pure Hard Surface commercial Line Cleaner and one container of Micro-Kill One Germicidal Alcohol Wipes The listed containers included a warning label on each of them. Observation of the basement on 04/24/23 at 12:52 PM with Administrator A revealed an unlocked laundry room. The laundry room contained the following chemicals: One bottle of Spotzyme Plus Cleaner and One bottle of Pure Hard Surface commercial Line Cleaner. The listed containers included a warning label on each of them. Observation of the basement on 04/24/23 at 12:53 PM with Administrator A revealed an unsupervised housekeeping cart in the hallway near the activity room. The cart contained the following chemicals: One bottle Bowl Cleanse Acid Bowl Cleaner, one spray bottle of Odor Ban and one spray bottle labeled "peroxide". The Bowl Cleaner and Odor Ban bottles included a warning label on them. The facility failed to provide a policy on chemical storage. The facility failed to keep cleaning chemicals in a locked secured area, posing a potential safety hazard.	S3320		