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 _____	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAPTERS ANTIOCH LLC	12700 ANTIOCH ROAD OVERLAND PARK, KS 66213

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints #192790, #192091, #192092, #192042, and #190127 at the above named assisted living conducted on 01/28/25 and 01/29/25.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(2) The facility reported a census of 75 residents with six residents included in the sample. Based on observation, interview, and record review the administrator failed to ensure designated staff completed a "Functional Capacity Screen" (FCS) for Resident (R) 5 following a significant change when he was admitted to hospice. Findings included: - Record review for R5 revealed an admission date of 10/23/24 with diagnoses of hypertension	S3081		

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

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S3081	Continued From page 1	S3081		

and depression.

The 06/23/24 "FCS" identified R5 was unable to perform toileting and management of medications and treatments; required physical assistance with bathing, dressing, transfers, and walking/mobility; had short-term and long-term memory, memory/recall, and impaired decision-making cognitive difficulties; and was marked at risk for impaired vision and impaired hearing.

The 06/23/24 "NSA" documented R5 was provided moderate with bathing and dressing; assistance with parts of toileting tasks; used a walker with no hands on assistance for walking/mobility; and was provided occasional assistance or cueing to follow a medication routine for management of medications. The "NSA" failed to identify the provider of services for bathing, dressing, toileting, walking/mobility, and management of medications. The "NSA" failed to describe services provided to R5 for transfers, management of treatments, cognitive difficulties, falls, and impaired vision and hearing.

The 10/15/24 at 01:44 PM note documented hospice wrote comfort kit orders for R5 and faxed the to the pharmacy to be filled.

The 12/14/24 at 01:24 PM note documented hospice was notified due to R5 tipped too far back in shower chair, fell, and hit his right shoulder and right side against the shower wall.

The 01/10/25 at 11:53 AM note documented R5 stood up to his feet, his legs gave, and he

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S3081	Continued From page 2 immediately fell back onto the bed. He was assisted to the bathroom but struggled with staff assist to transfer. R4 was provided two showers a week by hospice from that point on. Observation on 01/28/25 at approximately 01:44 PM revealed R5 laid in bed sleeping. A full-body mechanical lift was nearby. R4's unidentified live-in family member was present. On 01/28/25 at approximately 01:44 PM R5's family stated R5 had gradually declined and was on hospice. On 01/29/25 at approximately 04:15 PM Administrative Nurse C stated R5 admitted to hospice about three to four months prior. She confirmed significant change "FCS" had not been completed. On 01/30/25 at 12:12 PM in an email, Administrative Nurse B confirmed the facility did not have an "FCS" policy. The administrator failed to ensure designated staff completed an "FCS" for R5 following a significant change when he admitted to hospice.	S3081		
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	S3085		

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S3085	Continued From page 3 agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1)(2) The facility reported a census of 75 residents with six residents included in the sample. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreements" (NSA) for Resident (R) 2, R4, R5, and R6 failed to describe the services provided based on their "Functional Capacity Screens" (FCS) and failed to identify the provider of the services. Findings included: - Record review for R2 revealed an admission date of 02/09/22 with diagnoses of dementia and Parkinson's Disease. The 10/04/24 "FCS" identified R2 was unable to perform management of treatments and had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties.	S3085		

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S3085	Continued From page 4 The 10/04/24 "NSA" failed to describe services provided to R2 for management of treatments and cognitive difficulties. On 01/29/25 at 04:49 PM Administrative Nurse B confirmed R2's "NSA" failed to describe the services provided R2 for management of treatments and cognitive difficulties. The administrator failed to ensure the "NSA" for R2 described the services provided for management of treatments and cognitive difficulties. - Record review for R4 revealed an admission date of 09/29/23 with diagnoses of hypertension and gout. The 12/31/24 "FCS" identified R4 was marked at risk for falls, impaired vision, and impaired hearing. The 06/22/24 (most recent) "NSA" failed to describe services provided to R4 for falls and impaired vision and hearing. On 01/29/25 at 04:25 PM Administrative Nurse B confirmed R4's "NSA" failed to describe the services provided to R4 for falls and impaired vision and hearing. The administrator failed to ensure the "NSA" for R4 described the services provided for falls and impaired vision and hearing. - Record review for R5 revealed an admission date of 10/23/24 with diagnoses of hypertension	S3085		

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S3085	Continued From page 5	S3085		

and depression.

The 06/23/24 "FCS" identified R5 was unable to perform toileting and management of medications and treatments; required physical assistance with bathing, dressing, transfers, and walking/mobility; had short-term and long-term memory, memory/recall, and impaired decision-making cognitive difficulties; and was marked at risk for impaired vision and impaired hearing.

The 06/23/24 "NSA" documented R5 was provided moderate with bathing and dressing; assistance with parts of toileting tasks; used a walker with no hands on assistance for walking/mobility; and was provided occasional assistance or cueing to follow a medication routine for management of medications. The "NSA" failed to identify the provider of services for bathing, dressing, toileting, walking/mobility, and management of medications. The "NSA" failed to describe services provided to R5 for transfers, management of treatments, cognitive difficulties, falls, and impaired vision and hearing.

On 01/29/25 at 04:15 PM Administrative Nurse C confirmed R5's "NSA" failed to describe the services provided to R5 for transfers, management of treatments, cognitive difficulties, falls, and impaired vision and hearing. The "NSA" failed to identify the provider of services for bathing, dressing, toileting, walking/mobility, and management of medications.

The administrator failed to ensure the "NSA" for R5 described the services provided for transfers,

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S3085	Continued From page 6 management of treatments, cognitive difficulties, falls, and impaired vision and hearing and failed to identify the provider of services bathing, dressing, toileting, walking/mobility, and management of medications. - Record review for R6 revealed an admission date of 07/19/24 with diagnoses of dementia and type one diabetes mellitus. The 07/19/24 "FCS" identified R6 was unable to perform management of medications. The 07/19/24 "NSA" failed to describe services provided to R6 for management of medications. On 01/29/25 at approximately 03:35 PM Administrative Nurse C confirmed R6's "NSA" failed to describe the services provided for management of medications. The administrator failed to ensure the "NSA" for R6 described the services provided for management of medications. On 01/30/25 at 12:12 PM in an email, Administrative Nurse B confirmed the facility did not have an "NSA" policy. The administrator failed to ensure the "NSA's for R2, R4, R5, and R6 failed to describe the services provided based on their "FCS's" and failed to identify the provider of the services.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure	S3092		

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S3092	Continued From page 7	S3092		

the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days;
(2) following any significant change in condition, as defined in K.A.R. 26-39-100;
(3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and
(4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-202(d)(2)

The facility reported a census of 75 residents with six residents included in the sample. Based on observation, interview, and record review the administrator failed to ensure designated facility staff completed a "Negotiated Service Agreement" (NSA) based on the "Functional Capacity Screen" (FCS), for Residents (R) 4 and R5 following significant changes.

Findings included:

- Record review for R4 revealed an admission date of 09/29/23 with diagnoses of hypertension and gout.
The 12/31/24 "FCS" identified R4 was marked at risk for falls, impaired vision, and impaired hearing. The rest of the "FCS" was blank.

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The 06/22/24 (most recent) "NSA" documented R4 received assistance with bathing and emptying of urinary catheter.

The 11/10/24 "Fall" note documented staff observed R4 laying in his apartment on his back with his head against his recliner. He suffered skin tears to the underside of his right upper arm and was unable to raise his arm. He transferred to the hospital for evaluation.

The 11/11/24 note documented R4's wife reported R4 remained in the hospital due to scheduled hip surgery.

On 01/29/25 at 04:32 PM Administrative Nurse C confirmed R4 had gone to the hospital, had hip surgery, and failure to complete significant change "NSA."

The administrator failed to ensure a designated completed a significant change "NSA" after R4 had hip surgery and returned to the facility.

- Record review for R5 revealed an admission date of 10/23/24 with diagnoses of hypertension and depression.
The 06/23/24 "FCS" identified R5 was unable to perform toileting and management of medications and treatments; required physical assistance with bathing, dressing, transfers, and walking/mobility; had short-term and long-term memory, memory/recall, and impaired decision-making cognitive difficulties; and was marked at risk for impaired vision and impaired hearing.

The 06/23/24 "NSA" documented R5 was

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provided moderate with bathing and dressing; assistance with parts of toileting tasks; used a walker with no hands-on assistance for walking/mobility; and was provided occasional assistance or cueing to follow a medication routine for management of medications. The "NSA" failed to identify the provider of services for bathing, dressing, toileting, walking/mobility, and management of medications. The "NSA" failed to describe services provided to R5 for transfers, management of treatments, cognitive difficulties, falls, and impaired vision and hearing.

The 10/15/24 at 01:44 PM note documented hospice wrote comfort kit orders and faxed the orders to the pharmacy to be filled.

The 12/14/24 at 01:24 PM note documented staff notified hospice due to R5 tipped too far back in shower chair, fell, and hit his right shoulder and right side against the shower wall.

The 01/10/25 at 11:53 AM note documented R5 stood up to his feet, his legs gave, and he immediately fell back onto the bed. He was assisted to the bathroom but struggled with staff assist to transfer. Hospice provided R5 two showers a week from that point on.

Observation on 01/28/25 at approximately 01:44 PM revealed R5 laid in bed sleeping. A full-body mechanical lift was nearby. R5's unidentified live-in family member was present.

On 01/28/25 at approximately 01:44 PM R5's family stated R5 had gradually declined and was on hospice.

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S3092	Continued From page 10 On 01/29/25 at approximately 04:15 PM Administrative Nurse C stated R5 admitted to hospice about three to four months prior. She confirmed significant change "FCS" had not been completed. The administrator failed to ensure designated staff completed an "NSA" for R5 following a significant change when he admitted to hospice. On 01/30/25 at 12:12 PM in an email, Administrative Nurse B confirmed the facility did not have an "NSA" policy. The administrator failed to ensure designated facility staff completed an "NSA" based on the "FCS," for R4 and R5 following significant changes.	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 75 residents with six residents included in the sample. Based	S3101		

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S3101	Continued From page 11	S3101		

on interview and record review the administrator failed to ensure designated staff ensured each individual involved in the development of the "Negotiated Service Agreements" (NSA) signed the agreements for all the residents.

Findings included:

- Record review for R1 revealed an admission date of 12/04/23 with a diagnosis of Parkinson's Disease.

The 06/21/24 "Functional Capacity Screen" (FCS) identified R1 was marked at risk for falls.

The 06/21/24 "NSA" identified facility staff educated R1 on fall precautions, ensured her call pendant was kept within reach and encourage her to use it; and ensure the area was free of clutter.

The 06/21/24 "NSA" for R1 lacked signatures.

- Record review for R2 revealed an admission date of 02/09/22 with diagnoses of dementia and Parkinson's Disease.

The 10/04/24 "FCS" identified R2 was unable to perform management of treatments and had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties.

The 10/04/24 "NSA" failed to describe services provided to R2 for management of treatments and cognitive difficulties.

The 10/04/24 "NSA" for R2 lacked signatures.

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S3101	Continued From page 12 - Record review for R3 revealed an admission date of 04/05/21 with diagnoses of diabetes mellitus and chronic pain. The 06/21/24 "FCS" identified R3 required physical assistance with management of medications. The 06/21/24 "NSA" identified facility staff provided R3 management of medications. The 06/21/24 "NSA" for R3 lacked signatures. - Record review for R4 revealed an admission date of 09/29/23 with diagnoses of hypertension and gout. The 12/31/24 "FCS" identified R4 was marked at risk for falls, impaired vision, and impaired hearing. The rest of the "FCS" was blank. The 06/22/24 (most recent) "NSA" documented R4 received assistance with bathing and emptying of urinary catheter. The 06/22/24 "NSA" for R4 lacked signatures. - Record review for R5 revealed an admission date of 10/23/24 with diagnoses of hypertension and depression. The 06/23/24 "FCS" identified R5 was unable to perform toileting and management of medications and treatments; required physical assistance with bathing, dressing, transfers, and walking/mobility; had short-term and long-term memory, memory/recall, and impaired decision-making cognitive difficulties; and was	S3101		

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S3101	Continued From page 13 marked at risk for impaired vision and impaired hearing. The 06/23/24 "NSA" documented R5 was provided moderate with bathing and dressing; assistance with parts of toileting tasks; used a walker with no hands on assistance for walking/mobility; and was provided occasional assistance or cueing to follow a medication routine for management of medications. The "NSA" failed to identify the provider of services for bathing, dressing, toileting, walking/mobility, and management of medications. The "NSA" failed to describe services provided to R5 for transfers, management of treatments, cognitive difficulties, falls, and impaired vision and hearing. The 06/23/24 "NSA" for R5 lacked signatures. - Record review for R6 revealed an admission date of 07/19/24 with diagnoses of dementia and type one diabetes mellitus. The 07/19/24 "FCS" identified R6 was unable to perform management of medications. The 07/19/24 "NSA" failed to describe services provided to R6 for management of medications. The 07/19/24 "NSA" for R6 lacked signatures. On 01/29/25 at approximately at 05:02 PM Administrative Nurse C confirmed the "NSA's" for all residents at the facility lacked signatures of all individuals involved in the development of the "NSA's."	S3101		

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S3101	Continued From page 14 On 01/30/25 at 12:12 PM in an email, Administrative Nurse B confirmed the facility did not have a "NSA" policy. The administrator failed to ensure designated staff ensured each individual involved in the development of the "NSA's" signed the agreements for all the residents.	S3101		
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 75 residents with six residents included in the sample. Based on interview and record review for residents (Rs) R1, R2, R3, R4, R5 and R6, the administrator failed to ensure designated staff ensured the "Negotiated Service Agreement" (NSA) for all residents named the licensed nurse responsible for implementing and supervising the residents' "Healthcare Service Plans" (HSP). Findings included: - Record review for R1 revealed an admission date of 12/04/23 with a diagnosis of Parkinson's Disease.	S3165		

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S3165	Continued From page 15 The 06/21/24 "Functional Capacity Screen" (FCS) identified R1 was marked at risk for falls. The 06/21/24 "NSA" identified facility staff educated R1 on fall precautions, ensured her call pendant was kept within reach and encourage her to use it; and ensure the area was free of clutter. The 06/21/24 "NSA" for R1 failed to document the name of the licensed nurse responsible for implementing and supervising her "HSP." - Record review for R2 revealed an admission date of 02/09/22 with diagnoses of dementia and Parkinson's Disease. The 10/04/24 "FCS" identified R2 was unable to perform management of treatments and had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties. The 10/04/24 "NSA" failed to describe services provided to R2 for management of treatments and cognitive difficulties. The 10/04/24 "NSA" for R3 failed to document the name of the licensed nurse responsible for implementing and supervising her "HSP." - Record review for R3 revealed an admission date of 04/05/21 with diagnoses of diabetes mellitus and chronic pain. The 06/21/24 "FCS" identified R3 required physical assistance with management of	S3165		

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S3165	Continued From page 16 medications. The 06/21/24 "NSA" identified facility staff provided R3 management of medications. The 06/21/24 "NSA" for R3 failed to document the name of the licensed nurse responsible for implementing and supervising her "HSP." - Record review for R4 revealed an admission date of 09/29/23 with diagnoses of hypertension and gout. The 12/31/24 "FCS" identified R4 was marked at risk for falls, impaired vision, and impaired hearing. The rest of the "FCS" was blank. The 06/22/24 (most recent) "NSA" documented R4 received assistance with bathing and emptying of urinary catheter. The 06/22/24 "NSA" for R4 failed to document the name of the licensed nurse responsible for implementing and supervising her "HSP." - Record review for R5 revealed an admission date of 10/23/24 with diagnoses of hypertension and depression. The 06/23/24 "FCS" identified R5 was unable to perform toileting and management of medications and treatments; required physical assistance with bathing, dressing, transfers, and walking/mobility; had short-term and long-term memory, memory/recall, and impaired decision-making cognitive difficulties; and was marked at risk for impaired vision and impaired hearing.	S3165		

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S3165	Continued From page 17 The 06/23/24 "NSA" documented R5 was provided moderate with bathing and dressing; assistance with parts of toileting tasks; used a walker with no hands on assistance for walking/mobility; and was provided occasional assistance or cueing to follow a medication routine for management of medications. The "NSA" failed to identify the provider of services for bathing, dressing, toileting, walking/mobility, and management of medications. The "NSA" failed to describe services provided to R5 for transfers, management of treatments, cognitive difficulties, falls, and impaired vision and hearing. The 06/23/24 "NSA" for R5 failed to document the name of the licensed nurse responsible for implementing and supervising his "HSP." - Record review for R6 revealed an admission date of 07/19/24 with diagnoses of dementia and type one diabetes mellitus. The 07/19/24 "FCS" identified R6 was unable to perform management of medications. The 07/19/24 "NSA" failed to describe services provided to R6 for management of medications. The 07/19/24 "NSA" for R6 failed to document the name of the licensed nurse responsible for implementing and supervising his "HSP." On 01/29/25 at approximately at 05:02 PM Administrative Nurse C confirmed the "NSA's" for all residents at the facility failed to name the nurse responsible for implementing and	S3165		

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S3165	Continued From page 18 supervising their "HSP's." On 01/30/25 at 12:12 PM in an email, Administrative Nurse B confirmed the facility did not have a nurse responsible policy. The administrator failed to ensure designated staff ensured the "NSA's" for all residents named the licensed nurse responsible for implementing and supervising the residents' "HSP's."	S3165		
S3171 SS=D	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 75 residents with six residents included in the sample. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse assessed Resident (R) 5 to confirm a bed assist device was not a restraint, to determine the purpose of the bed assist device, and to assess the R5's ability to use a bed assist device safely and entrapment risk. Findings included: - Record review for R5 revealed an admission date of 10/23/24 with diagnoses of depression	S3171		

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S3171	Continued From page 19	S3171		

and hypertension.
The 06/23/24 "Functional Capacity Screen" (FCS) identified R5 required physicals assistance with transfers and walking/mobility.

The 06/23/24 "Negotiated Service Agreement" (NSA) identified R5 used a walker and with no hands-on assistance from facility staff for walking/mobility. The "NSA" failed to describe the services provided transfers.

Observation on 01/28/25 at approximately 01:44 PM revealed R5 laid in his personally provided bed sleeping with a bed assist on the right side of his bed that fit snug against the mattress with all gaps less than four and three-fourths inches in width. A hospital bed was in a second bedroom of R5's apartment and was not in use.

On 01/29/25 at 04:15 PM Administrative Nurse C stated hospice provided R5 a hospital bed which did not have a bed assist device attach to it. A hospice provider admitted R5 two to three months before.

The 01/2023 facility's "Bed Rail/Enablers Management" policy documented prior to bed assist device installation the resident would be assessed to confirm the device was not a restraint, to determine the purpose of the bed assist device, to assess the resident's ability to safely use the device, and entrapment risk.

The administrator failed to ensure a licensed nurse assessed R5 to confirm a bed assist device was not a restraint, to determine the purpose of the bed assist device, and to assess the R5's ability to use a bed assist device safely

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S3171	Continued From page 20 and entrapment risk.	S3171		
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 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 75 residents with six included in the sample. Based on interview and record review the administrator failed to ensure a licensed nurse performed an assessment to determine if Resident (R) 6 could self-administer insulin safely. Findings included:	S3175		

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S3175	Continued From page 21 - Record review for R6 revealed an admission date of 07/19/24 with diagnoses of dementia and type one diabetes mellitus. The 07/19/24 "Functional Capacity Screen" (FCS) identified R6 was unable to perform management of medications. The 11/06/24 "NSA" failed to identify the services provided for management of medications and the provider of each service. The "NSA" also failed to identify who was responsible for administration and management of insulin. R6's record lacked evidence of documentation designated licensed nursed completed a medication self-administration assessment for R6. On 01/29/25 at approximately 03:35 PM Administrative Nurse C confirmed R6's record lacked evidence of documentation a designated licensed nurse completed a medication self-administration assessment. The undated facility's "Self-Administration of Medication Policy" documented if a resident wished to self-administer medications, an assessment must be performed on admission, readmission, every six months, and with significant changes as needed to ensure the resident could safely self-administer medications The administrator failed to ensure a licensed nurse performed an assessment to determine if R6 could self-administer insulin safely.	S3175		

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S3186	Continued From page 22	S3186		
S3186 SS=D	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 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 75 residents with six residents included in the sample. Based on interview and record review the administrator failed to ensure Resident (R) 6's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management of select medications. Findings included: - Record review for R6 revealed an admission date of 07/19/24 with diagnoses of dementia and type one diabetes mellitus. The 07/19/24 "Functional Capacity Screen" (FCS) identified R6 was unable to perform management of medications.	S3186		

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S3186	Continued From page 23 The 11/06/24 "NSA" failed to identify the services provided for management of medications and the provider of each service. The "NSA" also failed to identify who was responsible for administration and management of insulin. The Medication Administration Record (MAR) for the month of January 2025 documented R6 was provided Humalog 100units/milliliter (ml) Kwikpen injections per ordered dose plus extra according to sliding scale subcutaneously three times daily and Lantus 100units/ml Pen injector 17 units subcutaneously once daily every morning by facility staff. On 01/29/25 at approximately 12:56 PM R6 stated facility staff prepared insulin for him to administer to himself. The facility's undated "Medication Administration Policy for Senior Living" documented "See separate policy regarding insulin administration." The policy for insulin administration was not provided by the facility. The administrator failed to ensure R 6's "NSA" identified who was responsible for the administration and management of select medications.	S3186		
S3200 SS=F	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all	S3200		

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S3200	Continued From page 24 medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(1) The facility reported a census of 75 residents. Based on observation, interview, and record review the administrator failed to ensure only licensed nurses and medication aides shall adminiser and manage medications for which th e facility has responsibility. Findings included: - Review of Certified Nurse Aide (CNA) J employee record revealed a hire date of 12/16/24. The "Nurse Aide Registry Confirmation Notice" for CNA J verified by the facility on 06/14/24 was current. Employee records for Licensed Nurse D were requested which the facility did not provide.	S3200		

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S3200	Continued From page 25 Observation during initial tour of the facility revealed there were three medication carts. One was in the basement and two carts were on the main floor. On 01/28/25 at approximately 10:26 AM Certified Medication Aide (CMA) F stated she witnessed CNA J passed medications to the residents. CMA F was unable to recall the date of the incident. On 01/28/25 at approximately 03:00 PM Administrative Staff A stated the current company recently took over from the previous company. The previous company had an account with an electronic human resources service. The current company was unable to access employees' previous records. The new company hired staff already working at the facility on 12/16/24. Staff records prior to 12/16/24 for Licensed Nurse D and CNA J could not be located or electronically accessed including any disciplinary actions. On 01/29/25 at 08:30 during a phone interview, CMA G stated she had worked at the facility on and off for three years. She heard CNA J say Licensed Nurse D gave him the keys to a medication cart. CMA G stated she did not work that day and did not witness the incident. Licensed Nurse D no longer worked at the facility. On 01/29/25 at approximately 10:36 AM Administrative Nurse C stated Licensed Nurse D previously worked at the facility, but was terminated on the grounds that she asked a CNA to pass medications to the residents. The CNA involved was written up and reprimanded. The previous executive director reported the incident	S3200		

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S3200	Continued From page 26 to the department and completed an investigation. On 01/29/25 at 01:46 PM CNA J stated he had administered medications to the residents. The nurse prepared the medications in medication cups and labeled them with resident room numbers. The cups were in a drawer in the medication cart. He accessed the medications and took each cup one-by-one to the resident's room according to the number on the cup. He gave the resident water from a pitcher he carried and watched them swallow the medications. He took medications from one cart only but could not recall which cart it was. He then reported to the nurse the residents he passed medications to. He was not sure why the nurse asked him to administer medications that day and he did not know who documented administration of the medications. He trusted Licensed Nurse D knew what she was doing and followed her instructions. On 01/29/25 at 05:07 PM Administrative Nurse C stated Licensed D asked CNA J to pass medications on a Sunday sometime in October or November 2024. She could not recall the exact date. On 01/29/25 at approximately 05:07 PM Administrative Staff A confirmed he was unable to locate an investigation for the incident. The 06/02/09 department's "Delegation of Nursing Tasks to Medication Aides and Nurse Aides Position Statement" documented licensed nurses may not delegate the administration of medications to nurse aides.	S3200		

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S3200	Continued From page 27 The undated facility's "Medication Administration Policy for Senior Living" documented medications should be stored in a secure, locked area with restricted access to authorized personnel only. All staff members involved in medication administration must receive proper training and demonstrate competency in medication administration procedures. It was essential to follow the policy to ensure the well-being and safety of the residents. The administrator failed to ensure the administrator failed to ensure only licensed nurses and medication aides shall adminiser and manage medications for which th e facility has responsibility.	S3200		
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 by: KAR 26-41-205(d)(4) The facility reported a census of 75 residents with 11 residents marked for insulin injection on the "Resident Roster." Based on interview and record review the administrator failed to ensure three of the three sampled Certified Medication Aides (CMA) received training and completed	S3202		

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S3202	Continued From page 28	S3202		

competencies for delegated insulin pen preparation for residents to self-administer.

Findings included:

- Record review for Certified Medication Aide (CMA) H revealed a hire date of 12/16/24. Her record lacked evidence of documentation a licensed nurse completed competencies with CMA H to prepare insulin for resident self-administration correctly.

Record review for CMA F revealed a hire date of 12/16/24. Her record lacked evidence of documentation a licensed nurse completed competencies with CMA F to prepare insulin for resident self-administration correctly.

Record review for CMA G revealed a hire date of 12/16/24. Her record lacked evidence of documentation a licensed nurse completed competencies with CMA G to prepare insulin for resident self-administration correctly.

On 01/28/25 at approximately 10:23 AM CMA G stated the CMA's prepared insulin for residents to self-administer.

On 01/29/25 at approximately 12:56 PM Resident (R) 6 stated facility staff prepared insulin for him to administer to himself.

On 01/28/25 at approximately 03:00 PM Administrative Staff A stated the current company recently took over from the previous company. The previous company had an account with an electronic human resources service. The current company was unable to access employees'

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S3202	Continued From page 29 previous records. The new company hired staff already working at the facility on 12/16/24. Staff records prior to 12/16/24 for CMA's H, F, and G could not be located or electronically accessed. On 01/28/25 at 03:11 PM Administrative Nurse B confirmed current staff records lacked evidence of documentation competencies to prepare insulin for residents self-administration was completed. On 01/29/25 at 04:10 PM Administrative Nurse C stated competencies for CMA's to prepare insulin for residents to self-administer were not completed since she began working at the facility in mid-June 2024. The undated facility's "Medication Administration Policy for Senior Living" documented "insulin administration must not be performed by non-licensed healthcare professionals without proof of specific training according to individual state requirements. See separate policy regarding insulin administration." The insulin administration policy was not provided by the facility. The administrator failed to ensure three of three sampled CMA's received training and completed competencies for delegated insulin pen preparation for residents to self-administer.	S3202		
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	S3211		

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S3211	Continued From page 30 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 75 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 five over-the-counter (OTC) medications. Findings included: - Observation on 01/28/25 at 10:26 AM revealed Certified Medication Aide (CMA) F unlocked and opened medication cart #1. The following OTC medications lacked residents' full names: One bottle of aspirin 300 tablets, 81 milligrams (mg) One bottle of Citracal Plus D3, 180 tablets One bottle of Centrum Silver Women's 50 Plus, 100 tablets One bottle of Vitamin C 500 mg, 60 tablets One bottle of Fish Oil 1200 mg, 150 softgels.	S3211		

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S3211	Continued From page 31 On 01/27/25 at approximately 10:26 AM CMA F confirmed five OTC medications in medication cart #1 lacked residents' full names. The undated facility's "Medication Administration Policy for Senior Living" documented all medications must be labeled correctly including the residents' names. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of five OTC medications.	S3211		
S3227 SS=D	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by:	S3227		

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S3227	Continued From page 32 KAR 26-41-205(l)(2) The facility reported a census of 75 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure a licensed nurse notified Resident (R) 3's medical care provider of variances identified in the medication regimen reviews by the licensed pharmacist; and failed to ensure a licensed nurse sought a response from R3's medical care provider regarding recommendations. Findings included: - Record review for R3 revealed an admission date of 04/05/21 with diagnoses of diabetes mellitus, chronic pain, major depressive disorder, and generalized anxiety. The 06/21/24 "Functional Capacity Screen" (FCS) identified R3 required physical assistance for management of medications. The 07/09/24 "Negotiated Service Agreement" (NSA) identified facility staff managed medications for R3. The 12/09/24 "Prescriber MRR Recommendation" by Licensed Pharmacist K documented R3 received acyclovir 800 milligrams twice daily with no documented stop date. The pharmacist recommended to discontinue acyclovir when medication therapy was completed. R3's record lacked evidence of documentation her physician was notified responded to the	S3227		

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S3227	Continued From page 33 recommendations. On 01/29/25 at 05:02 PM Administrative Nurse C confirmed R3's records lacked evidence a licensed nurse notified R3's medical care provider of variances identified in the medication regimen review by the licensed pharmacist. R3's records also lacked evidence of documentation a licensed nurse sought a response from R3's medical care provider regarding recommendations by the licensed pharmacist. The administrator failed to ensure a licensed nurse notified R3's medical care provider of variances identified in the medication regimen review by the licensed pharmacist; and failed to ensure a licensed nurse sought a response from R3's medical care provider regarding recommendations.	S3227		
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	S3248		

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S3248	Continued From page 34 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)(2) The facility reported a census of 75 residents. Based on interview and record review the administrator failed to ensure evidence of criminal background checks were maintained for five out of five sampled staff who currently worked at the facility. Findings included: - Record review for Certified Medication Aide (CMA) H revealed a hire date of 12/16/24. CMA H's records lacked evidence of documentation of a criminal background check. Record review for CMA F revealed a hire date of 12/16/24. CMA F's records lacked evidence of documentation of a criminal background check. Record review for CMA G revealed a hire date of 12/16/24. CMA G's records lacked evidence of documentation of a criminal background check.	S3248		

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S3248	Continued From page 35 Record review for Certified Nurse Aide (CNA) I revealed a hire date of 12/16/24. CNA I's records lacked evidence of documentation of a criminal background check. Record review for CNA J revealed a hire date of 12/16/24. CNA J's records lacked evidence of documentation of a criminal background check. On 01/28/25 at approximately 03:00 PM Administrative Staff A stated the current company recently took over from the previous company. The previous company had an account with an electronic human resources service. The current company was unable to access employees' previous records. The new company hired staff already working at the facility on 12/16/24. Staff records prior to 12/16/24 for CMA's H, F, and G and CNA's I and J could not be located or electronically accessed. On 01/28/25 at 03:11 PM Administrative Nurse B confirmed current staff records lacked evidence of documentation of criminal background checks. The 09/01/13 facility's "Criminal Background Checks Human Resources Policy and Procedure 208" documented the facility would conduct criminal background checks in accordance to state law and facility policy. Criminal background checks would be initiated after an offer of conditional employment was extended to an employment candidate, but no later than required by state law. Documentation would be stored in the employee's file. The administrator failed to ensure evidence of criminal background checks were maintained for	S3248		

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S3248	Continued From page 36 five out of five sampled staff who currently worked at the facility.	S3248		
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)(3)(4) The facility reported a census of 75 residents. Based on interview and record review the administrator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan and annual evacuation drills were completed with residents and staff.	S3280		

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S3280	Continued From page 37 Findings included: - On 01/28/25 at 09:36 AM the facility's records for quarterly reviews of the emergency management plan and annual evacuation drills were requested by email. On 01/28/25 at 12:15 PM Maintenance Staff E stated the facility did not have records of any annual evacuation drills of the residents to a safe location. On 01/28/25 at 02:57 PM Administrative Staff stated the facility did not have records for quarterly reviews of the emergency management plan with residents or staff. The 06/2015 facility's "Emergency Preparedness" policy documented the administrator shall ensure that personnel in all departments were familiar with the contents and instructions in the disaster plan. Every employee was required to read the disaster plan manual. Evacuation drills would be conducted on an annual basis. The administrator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan and annual evacuation drills were completed with residents and staff.	S3280		
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	S3310		

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S3310	Continued From page 38 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: KAR 26-41-207(c) The facility reported a census of 75 residents with six residents included in the sample. 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 all six residents sampled and five of five sampled staff. Findings included: - Record review for Resident (R) 1 revealed an admission date of 12/04/23 with a diagnosis of Parkinson's Disease. R1's record lacked evidence of documentation of an admission TB symptom screen questionnaire, an admission two-step TB skin test, and annual TB symptom screen questionnaire for 2024.	S3310		

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S3310	Continued From page 39 - Record review for R2 revealed an admission date of 02/09/22 with diagnoses of Parkinson's Disease and opioid abuse with opioid-induced mood disorder. The 09/28/22 first-step and the 10/05/22 second-step TB skin test documented negative results. R2's record lacked evidence of documentation of an admission TB symptom screen questionnaire, an admission two-step TB skin test, and annual TB symptom screen questionnaire for 2023 and 2024. - Record review for R3 revealed an admission date of 04/05/21 with a diagnosis of diabetes mellitus. The 04/20/22 first-step and the undated second-step TB skin test documented negative results. R3's record lacked evidence of documentation of an annual TB symptom screen questionnaire. R3's record lacked evidence of documentation of an admission TB symptom screen questionnaire, an admission two-step TB skin test, and annual TB symptom screen questionnaire for 2023 and 2024. - Record review for R4 revealed an admission date of 09/29/23 with a diagnoses of hypertension and gout. R4's record lacked evidence of documentation of an admission TB symptom screen questionnaire, an admission two-step TB skin test, and annual TB symptom screen questionnaire for 2024. - Record review for R5 revealed an admission date of 10/23/24 with a diagnoses of	S3310		

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hypertension and depression.

R5's record lacked evidence of documentation of an admission TB symptom screen questionnaire and an admission two-step TB skin test.

- Record review for R6 revealed an admission date of 07/19/24 with a diagnoses of dementia and type one diabetes mellitus.

R6's record lacked evidence of documentation of an admission TB symptom screen questionnaire and an admission two-step TB skin test.

On 01/28/25 at approximately 03:11 PM Administrative Nurse B confirmed the only TB records she could locate were the 09/28/22 first-step and the 10/05/22 second-step TB skin test for R2 and the 04/20/22 first-step and the undated second-step TB skin test for R3. There were no records of TB screening for R1, R4, R5, and R6.

- Review of Certified Medication Aide (CMA) H's employee record revealed a hire date of 12/16/24. Her record lacked evidence of documentation of a TB symptom screen questionnaire and two-step TB skin test completed within seven days of hire.

Review of CMA F's employee record revealed a hire date of 12/16/24. Her record lacked evidence of documentation of a TB symptom screen questionnaire and two-step TB skin test completed within seven days of hire.

Review of CMA G's employee record revealed a hire date of 12/16/24. Her record lacked

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evidence of documentation of a TB symptom screen questionnaire and two-step TB skin test completed within seven days of hire.

Review of Certified Nurse Aide (CNA) I's employee record revealed a hire date of 12/16/24. Her record lacked evidence of documentation of a TB symptom screen questionnaire and two-step TB skin test completed within seven days of hire.

Review of CNA J's employee record revealed a hire date of 12/16/24. His record lacked evidence of documentation of a TB symptom screen questionnaire and two-step TB skin test completed within seven days of hire.

On 01/28/25 at approximately 03:00 PM Administrative Staff A stated the current company recently took over from the previous company. The previous company had an account with an electronic human resources service. The current company was unable to access employees' previous records. The new company hired staff already working at the facility on 12/16/24. Staff records prior to 12/16/24 for CMA's H, F, and G and CNA's I and J could not be located or electronically accessed.

On 01/28/25 at approximately 03:11 PM Administrative Nurse B confirmed TB records for staff were not available.

The undated facility's "Infection Prevention and Control Manual TB Control Plans" for residents and employees documented the facility had a comprehensive TB screening program that was administered by a licensed nurse.

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S3310	Continued From page 42 The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee and each new resident shall receive a two-step TB skin test and symptom screen questionnaire within seven days of employment or admission and each resident and employee shall have an annual TB symptom screen. 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 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	S3320		

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S3320	Continued From page 43 (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 facility reported a census of 75 total residents. Based on observation and interview the administrator failed to ensure the facility was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas. Findings included: - Observation on 01/28/25 at approximately 09:54 AM revealed an unlocked door to enter the main floor laundry area. Unlocked cabinets with key were under the counter with signs on each door reminding users to keep the doors locked. The cabinets contained one one-gallon jug of Bio Suds laundry detergent with a label that read "Keep out of reach of children." The cabinets also contained two unlabeled 32-ounce spray bottles with partially used liquid inside. On 01/28/25 at approximately 09:54 AM Maintenance Staff E confirmed the main floor laundry room contained unsecured chemicals. Observation on 01/29/25 at 11:53 AM revealed a housekeeping cart sat in the hallway which was unattended with no staff observed nearby. The cart contained one canister of Ajax powder with a label that read "Keep out of reach of children"	S3320		

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CHAPTERS ANTIOCH LLC	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
S3320	Continued From page 44 and one 32-ounce bottle of clear liquid with a handwritten label that read "floors." On 01/29/25 at 11:55 AM Administrative Nurse B confirmed the housekeeping cart was unattended with unsecured chemicals exposed. On 01/30/25 at 12:12 PM in an email, Administrative Nurse B confirmed the facility did not have a policy for storing chemicals. The administrator failed to ensure the building was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas.	S3320		