| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N087082 | A. BUILDING: _____ B. WING _____ | 11/21/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DOVE ESTATES SENIOR LIVING COMMUNITY | 1400 S 183RD WEST GODDARD, KS 67052 |

| (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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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a Resurvey with complaint investigations 174382 and 161925 for the above named Assisted Living Facility conducted on 11/17/22 and 11/21/22. | S 000 | | |
| S3081 SS=D | 26-41-201 (c) Functional Capacity Screen Reassessment<br><br>(c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements:<br>(1) At least once every 365 days;<br>(2) following any significant change in condition as defined in K.A.R. 26-39-100; and<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-201 (c)(2)<br><br>The facility reported a census of 60 residents (R). The sample included three residents and two focused record reviews. Based on interview and record review the executive director failed to ensure staff completed a "Functional Capacity Screen" for one (R5) of three sampled residents following a significant change in condition.<br><br>Findings Included:<br><br>- Review of R5's medical record revealed he moved into the facility on 06/28/22 with diagnosis | S3081 | | |

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

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| S3081 | Continued From page 1 | S3081 | | |

of hemiplegia status post cerebral vascular accident.

R5's "Functional Capacity Screen" dated 06/13/22 revealed the resident needed physical assistance with bathing, dressing, toileting, supervision with walking and transfers.

R5's "Negotiated Service Agreement/ Health Care Service Plan" dated 06/13/22 revealed one nursing staff provided R5 physical assistance with bathing, dressing, toileting, and transfers upon request.

On 11/21/22 at 12:25 AM "Certified Medication Aide" D reported: the resident walked very well, he takes himself back and forth to the restroom and gets himself dressed. The only thing staff help him with is showers and giving him his medications.

On 11/21/22 at 12:36 PM the resident was in the restroom. His family member also in his room, he stated that he got up on his own in the mornings, dressed himself and used the restroom when he needed to without any help from staff. She stated the only assistance he needed was with his showers and his medications.

On 11/21/22 at 01:01 PM "Certified Medication Aide" E stated when he first moved in, staff had to help him with getting dressed and transfers. He had therapy services and shortly after he moved in, he was able to do it all himself.

On 11/21/22 at 01:50 PM "Administrative Licensed Nurse" B reported facility staff did the

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| S3081 | Continued From page 2<br>initial assessment when he was at the rehab facility, and he may have improved now. She stated they relied on staff to let them know when a resident has had a change in how much assistance they are needing to provide a resident otherwise we do the "Functional Capacity Screen" annually.<br><br>The executive director failed to ensure designated staff completed a Functional Capacity Screen when R5 had a significant improvement in functional ability. | S3081 | | |
| S3092 SS=D | 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 60 residents | S3092 | | |

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| S3092 | Continued From page 3 | S3092 | | |

(R). The sample included three residents and two focused record reviews. Based on interview and record review the Operator failed to ensure staff reviewed/revised the "Negotiated Service Agreement" for one (R5) of three sampled residents following the resident experiencing a significant change in status.

Findings Included:

- Review of R5's medical record revealed he moved into the facility on 06/28/22 with diagnosis of hemiplegia status post cerebral vascular accident.

R5's "Functional Capacity Screen" dated 06/13/22 revealed the resident needed physical assistance with bathing, dressing, toileting, supervision with walking and transfers.

R5's "Negotiated Service Agreement/ Health Care Service Plan" dated 06/13/22 revealed one nursing staff provided R5 physical assistance with bathing, dressing, toileting, and transfers upon request.

On 11/21/22 at 12:25 AM "Certified Medication Aide" D reported: the resident walked very well, he takes himself back and forth to the restroom and gets himself dressed. The only thing staff help him with is showers and giving him his medications.

On 11/21/22 at 12:36 PM the resident was in the restroom. His family member also in his room, he stated that he got up on his own in the mornings, dressed himself and used the restroom when he needed to without any help

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| S3092 | Continued From page 4<br>from staff. She stated the only assistance he needed was with his showers and his medications.<br><br>On 11/21/22 at 01:01 PM "Certified Medication Aide" E stated when he first moved in, staff had to help him with getting dressed and transfers. He had therapy services and shortly after he moved in, he was able to do it all himself.<br><br>On 11/21/22 at 01:50 PM "Administrative Licensed Nurse" B reported facility staff did the initial assessment when he was at the rehab facility, and he may have improved now. She acknowledged that the "Negotiated Service Agreement/Health Care Service Plan" should have been revised if he had a significant improvement in status.<br><br>The executive director failed to ensure designated staff reviewed/revised the "Negotiated Service Agreement/Health Care Service Plan" when R5 had a significant improvement in functional ability. | S3092 | | |
| S3248 SS=E | 26-41-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following documentation:<br>(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;<br>(2) supporting documentation for criminal background checks of facility staff and contract | S3248 | | |

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| S3248 | Continued From page 5<br>staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto;<br>(3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-102(d)(1)<br><br>The facility reported a census of 60 residents. Based on record review of five newly hired employees, the executive director failed to have evidence of licensure, registration, and certification of training for two newly hired staff who required specialized education and training verified upon hire.<br><br>The findings included:<br><br>- On 11/21/22 at 11:25 AM, review of the five selected employee records provided by "Administrative Staff" A, revealed the following concerns:<br><br>- "Licensed Nurse" (LN) F, hired on 06/22/22 did | S3248 | | |

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| S3248 | Continued From page 6<br>not have her licensure checked for "Registered Nurse" until 11/21/22. 5 months after hire date.<br><br>- "Certified Nurse Aide" (CNA) G hired on 07/06/22 did not have her registration/certification for "Certified Nursing Assistant" checked until 09/08/22, 2 months after hire date.<br><br>On 11/21/22 at 11:44 PM "Administrative Staff" A reported to LN F the business office staff was sure she had completed the licensure check but could not find it. For CNA G he thought they had done an audit and identified it needed done so they did it in September.<br><br>The executive director failed to ensure staff who required specialized education and training were verified to provide health care services upon hire. | S3248 | | |