STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089068	A. BUILDING: _____ B. WING _____	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDERSGATE VILLAGE	7220 SW ASBURY DRIVE TOPEKA, KS 66614

(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 for the above named Assisted Living / Home Plus facility conducted on 08/08/22 - 08/10/22.	S 000		
S3081 SS=E	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: K.A.R. 26-41-201(c)(1) The facility reported a census of 62 residents. The sample included six residents. Based on interview and record review, the operator failed to ensure the "Functional Capacity Screen" (FCS) for Residents (R)808 and R809 were completed at least once every 365 days. Findings included: - R809's medical record revealed the resident moved into the facility on 05/19/21 with diagnoses of hypertension and glaucoma.	S3081		

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

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S3081	Continued From page 1 The 05/19/21 "Functional Capacity Screen" (FCS) documented R809 had difficulty with both short-term and long-term memory. On 08/09/22 at 09:50 AM Licensed Nurse B stated she could not locate an annual FCS for R809 for the year 2022. The facility 12/01/11"Resident Functional Assessment" policy documented, "The Functional Assessment will: ...Be completed ...and conducted at least annually ..." The Operator failed to ensure R809's FCS was reviewed and revised as needed at least once every 365 days. - R808's medical record revealed the resident moved into the facility on 12/17/18 with diagnoses of: Type 2 diabetes mellitus and muscle weakness. The 12/16/20 "Functional Capacity Screen" (FCS) documented R808 had intact cognition. On 08/09/22 at 10:46 AM Licensed Nurse B stated an annual FCS was not completed for R808 for the year 2021. The 12/01/11"Resident Functional Assessment" policy documented, "The Functional Assessment will: ...Be completed ...and conducted at least annually ..." The Operator failed to ensure R808's FCS was reviewed and revised as needed at least once every 365 days.	S3081		

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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: K.A.R 26-41-202(d)(1) The facility reported a census of 62 residents. The sample included six residents. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)809 was review and revised as needed at least once every 365 days. Findings included: - R809's medical record revealed the resident moved into the facility on 05/19/21 with diagnoses of hypertension and glaucoma. The 05/19/21 "Functional Capacity Screen"	S3092		

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S3092	Continued From page 3 (FCS) documented R809 had difficulty with both short-term and long-term memory. Review of R809's records revealed the most current NSA was dated 05/19/21. On 08/09/22 at 09:50 AM Licensed Nurse B stated she could not locate an updated NSA for the year 2022. The 12/01/11"Negotiated Service Agreement" policy documented, "The ...Negotiated service agreement will be implemented ...yearly ..." The Operator failed to ensure R809's NSA was reviewed and revised as needed at least once every 365 days.	S3092		
S3101 SS=D	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 62 residents. The sample included six residents. Based on interview and record review, the operator failed to ensure the "Negotiated Service Agreement"	S3101		

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S3101	Continued From page 4 (NSA) for Resident (R)809 was signed by all individuals involved in the development of the NSA to include R809's legal representative. Findings included: - R809's medical record revealed the resident moved into the facility on 05/19/21 with diagnoses of hypertension and glaucoma. The 05/19/21 "Functional Capacity Screen" (FCS) documented R809 had difficulty with both short-term and long-term memory. The 05/19/21 NSA documented was signed by the licensed nurse and the operator/administrator but was not signed by R809's legal representative. On 08/09/22 at 09:50 AM Licensed Nurse B stated the NSA should be signed by either the resident or the legal representative. The 12/01/11"Negotiated Service Agreement" policy documented, "The ...Negotiated Service Agreement will include the following information ...Signatures of those participating in the agreement." The Operator failed to ensure R809's NSA was signed by all individuals involved in the development of the NSA.	S3101		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services	S3165		

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S3165	Continued From page 5 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: K.A.R 26-41-204(d) The facility reported a census of 62 residents with six residents reviewed. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for Resident (R)812 and R813. Findings included: - R812's medical record revealed the resident moved into the facility on 06/15/21with diagnoses of dementia, anxiety disorder, major depressive disorder, and chronic pain. R812's most recent NSA was completed on 02/16/22. Licensed Nurse (LN) C, the current nurse responsible for the implementation and supervision of the health care services plan, was hired on 04/11/22 and no addendum to the NSA was completed for the NSA when LN C assumed responsibility. On 08/10/22 at 12:00 PM LN C stated he had not completed an addendum to the NSA updating the	S3165		

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S3165	Continued From page 6	S3165		

licensed nurse responsible for care of residents for any of the residents he had not admitted.

The 12/01/11 "Negotiated Service Agreement-Amendments" policy documented the "Amended Negotiated Service Agreement" would be implemented when the provider of a particular service changed.

The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R812.

- R813's medical record revealed the resident moved into the facility on 01/28/19 with diagnoses of Alzheimer's Disease and hearing loss.

R813's most recent NSA was completed on 01/17/22.

Licensed Nurse (LN) C, the current nurse responsible for the implementation and supervision of the health care services plan, was hired on 04/11/22 and no addendum to the NSA was completed for the NSA when LN C assumed responsibility.

On 08/10/22 at 12:00 PM LN C stated he had not completed an addendum to the NSA updating the licensed nurse responsible for care of residents for any of the residents he had not admitted.

The 12/01/11 "Negotiated Service Agreement-Amendments" policy documented the "Amended Negotiated Service Agreement" would be

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S3165	Continued From page 7 implemented when the provider of a particular service changed. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R813.	S3165		
S3248 SS=E	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 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.	S3248		

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S3248	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(3) The facility reported a census of 62 residents. Based on interview and record review, the operator failed to ensure three of five newly hired employees records included evidence of timely verification with the nurse aide registry was completed. Findings included: - Review of employee files conducted on 08/09/22 revealed the following: Certified Medication Aide (CMA) E hired on 05/12/22. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was completed for this staff. CMA F hired on 06/10/22. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was completed for this staff. CMA G hired on 06/29/22. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was completed for this staff. On 08/10/22 at 01:49 PM Licensed Nurse C stated the human resources department did the nurse aide registry checks and confirmed the confirmation notices did not have any dates on	S3248		

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S3248	Continued From page 9 them. The operator failed to ensure documentation timely verifications of the nurse aide registry checks were completed.	S3248		
S3310 SS=E	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 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 62 residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include:	S3310		

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S3310	Continued From page 10 - Review of five newly hired staff records revealed the following: Certified Medication Aide (CMA) E hired on 05/12/22 had her Tuberculosis (TB) screening questionnaire completed 50 days late on 07/08/22. CMA F hired on 06/10/22 had her TB screening questionnaire completed 22 days late on 07/08/22. CMA D hired on 07/18/22 had her TB screening questionnaire completed four days late on 07/29/22. On 08/10/22 at 01:40 PM Licensed Nurse C stated the TB screening questionnaire should have been completed within seven days of hire. The facility 11/01/17 "Tuberculosis Screening" policy documented, "Each new resident and new employee shall have an initial TB symptom screen ...within seven days of residency or employment ..." Review of the Tuberculosis (TB) guidelines for adult care homes June 2013 revealed: A. Each new employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of employment. B. Each new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within seven days of employment...	S3310		

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S3310	Continued From page 11 The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Resident (R)810 admitted to the facility on 04/08/21 had her TB screening questionnaire and first step of her two-step TB skin test completed seven days late on 04/22/21. On 08/09/22 at 03:10 PM Licensed Nurse B stated staff should have completed a TB screening questionnaire and a two-step TB skin test for R810 upon admission. The facility 11/01/17 "Tuberculosis Screening" policy documented, "Each new resident and new employee shall have an initial TB symptom screen ...within seven days of residency or employment ..." Review of the Tuberculosis (TB) guidelines for adult care homes June 2013 revealed: A. Each new employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of employment. B. Each new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within seven days of employment... The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Resident (R)811 admitted to the facility on 03/19/22 had the first step of her two-step TB	S3310		

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S3310	Continued From page 12 skin test completed 37 days late on 05/02/22. On 08/10/22 at 01:40 PM Licensed Nurse C stated the two-step TB skin test should have been completed within seven days of admission. The facility 11/01/17 "Tuberculosis Screening" policy documented, "Each new resident and new employee shall have an initial TB symptom screen ...within seven days of residency or employment ..." Review of the Tuberculosis (TB) guidelines for adult care homes June 2013 revealed: A. Each new employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of employment. B. Each new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within seven days of employment... The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		