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 _____	01/04/2024

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

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints #184992 and #179958 at the above named assisted living / home plus facility conducted on 01/03/24 and 01/04/24.	S 000		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(b) The facility reported a census of 59 residents with three residents included in the sample and one closed record review. Based on interview and record review the administrator failed to ensure a licensed nurse assessed Resident (R) 3 when her "Functional Capacity Screen" indicated health care services were required.	S3080		

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

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S3080	Continued From page 1 Findings included: - Record review for R3 revealed an admission date of 09/28/22 with a diagnosis of dementia. The 04/11/23 "FCS" identified R3 was unable to perform bathing, dressing, toileting, transfers, and management of medications and treatments; required physical assistance with walking/mobility and eating; was incontinent of bladder, had short-term and long-term memory, memory/recall, and decision-making difficulties; was sometimes understood and sometimes understood others during communication; and was marked for falls, impaired hearing, and impaired decision-making. The 04/11/23 "FCS" lacked a signature by a licensed nurse. The 04/11/23 "Negotiated Service Agreement" (NSA) directed facility staff to provide assistance to R3 with bathing, dressing, toileting, transfers; assistance with walker for walking/mobility and to prevent falls; provide meal time reminders and encouragement to eat for eating; management of medications and treatments; assistance to change briefs and peri care for bladder incontinence; monitoring for behavior and cognitive changes for cognitive difficulties; and she had a durable power of attorney (DPOA) for impaired decision-making. On 01/04/24 at 11:30 AM Administrative Nurse C confirmed R3's FCS lacked a signature by a licensed nurse. The administrator failed to ensure a licensed	S3080		

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S3080	Continued From page 2 nurse assessed R3 when her "FCS" indicated health care services were required.	S3080		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The facility reported a census of 59 residents with three residents included in the sample and one closed record review. Based on interview and record review the administrator failed to ensure designated facility staff ensured the "Functional Capacity Screen" (FCS) for Resident (R) 3 accurately reflected her functional capacity for eating and cognition. Findings included: - Record review for R3 revealed an admission date of 09/28/22 with a diagnosis of dementia. The 04/11/23 "FCS" identified R3 required physical assistance with eating and had short-term and long-term memory, memory/recall, and decision-making difficulties with a total score of "9" which exceeds the total possible score of "4." The 04/11/23 "Negotiated Service Agreement" (NSA) identified facility staff would provide	S3082		

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S3082	Continued From page 3 mealtime reminders and encouragement to eat for eating and monitoring for behavior and cognitive changes for cognitive difficulties. On 01/04/24 at approximately 11:30 AM Administrative Staff B stated R3 was able to feed herself without assistance from staff. He confirmed the score for eating and cognition was not accurate. The updated 07/11/08 department's "Resident Functional Capacity Screen Manual" documented to enter a "0" if a resident had no difficulties or a "1" if a resident had difficulties on each line for short-term memory, long-term memory, memory/recall, and decision making. The administrator failed to ensure designated facility staff ensured the "Functional Capacity Screen" (FCS) for Resident (R) 3 accurately reflected her functional capacity for eating and cognition.	S3082		
S3085 SS=D	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 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	S3085		

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S3085	Continued From page 4 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 59 residents with three residents included in the sample and one closed record reviews. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreements" (NSA) for Residents (R) 3 and R2 described the services they received based on their "Functional Capacity Screens" (FCS). Findings included: - Record review for R3 revealed an admission date of 09/28/22 with a diagnosis of dementia. The 04/11/23 "FCS" identified R3 was sometimes understood and sometimes understood others during communication; and was marked for impaired hearing. The 04/11/23 "NSA" failed to describe the services provided to R3 for communication and impaired hearing. The "NSA" named the hospice provider but failed to describe the services provided by hospice staff. On 01/04/24 at 11:16 AM Administrative Nurse C confirmed R3 was provided services by hospice	S3085		

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S3085	Continued From page 5 but her "NSA" lacked the services provided. - Record review for R2 revealed an admission date of 12/12/23 with a diagnosis of mild cognitive impairment. The 12/12/23 "FCS" identified R2 had short-term and long-term memory, memory recall, and decision-making cognitive difficulties. The 12/12/23 "NSA" failed to identify the services provided R2 for cognitive difficulties. On 01/04/24 at approximately 11:01 AM Administrative Nurse C confirmed R2's "NSA" failed to describe the services provided R2 for cognitive difficulties. The administrator failed to ensure the "NSAs" for R3 and R2 described the services they received based on their "FCS."	S3085		
S3211 SS=E	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.	S3211		

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S3211	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 59 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 package of eight over-the-counter (OTC) medications. Findings included: - Observation on 01/03/24 at 10:45 AM revealed Certified Medication Aide (CMA) D unlocked and opened the medication room and purple medication cart which contained medications for the residents. The following OTC medications were not labeled with residents' full names: 1 bottle of aspirin 81milligrams (mg) tablets 1 bottle of stool softener 100mg docusate sodium softgels 1 bottle of ferosul 325mg tablets 2 bottles of Metamucil gummies 1 bottle of vitamin D3 2000 international units (iu) softgels 1 bottle of Vitamin C 500mg tablets 1 weekly pill organizer with unidentified pills On 01/03/24 at approximately 10:56 AM CMA D confirmed the OTC medications did not have residents' names on them. - Observation on 01/03/24 at 11:00 AM revealed	S3211		

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S3211	Continued From page 7 (CMA) E unlocked and opened the blue medication cart which contained medications for the residents. The following OTC medications were not labeled with residents' full names: 1 bottle of aspirin 81mg tablets On 01/03/24 at approximately 11:05 AM CMA E confirmed the OTC medications did not have residents' names on them. The administrator failed to ensure all OTC medications were labeled with the residents' full names.	S3211		