

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N087066</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/08/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVITA SENIOR LIVING AT DERBY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>719 N KLEIN CIRCLE DERBY, KS 67037</b>
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(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 citations represent the findings of a resurvey with attached complaint #166871 at the above named assisted living conducted on 02/07/23 - 02/08/23.	S 000		
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 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)(3)  The facility reported a census of 28 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the development of a "Negotiated Service Agreement" (NSA) for	S3085		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3085	<p>Continued From page 1</p> <p>Residents (R) 209 based on her "Functional Capacity Screen" (FCS); and a description of the services R210 would receive for bladder incontinence and falls, the provider of the services, and the party responsible for payment.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Record review for R209 revealed an admission date of 04/06/20 with the following diagnoses: assistance with personal care and history of falling.</li> </ul> <p>The 01/10/23 "FCS" identified R209 was independent with toileting, transfers, and management of medications and treatments.</p> <p>The 01/10/23 "NSA" directed facility staff to provide stand-by assistance with transferring to and from the toilet and management of medications and treatments, which did not reflect the findings of independent on her "FCS."</p> <ul style="list-style-type: none"> <li>- Record review for R210 revealed an admission date of 08/05/21 with the following diagnoses: type two diabetes mellitus, end stage renal disease, and mild cognitive impairment.</li> </ul> <p>The 08/04/22 "FCS" identified R210 was occasionally incontinent of bladder and was marked for falls.</p> <p>The 08/04/22 "NSA" failed to identify the services R210 would receive, the provider of the services, and the party responsible for payment for bladder incontinence and to prevent falls.</p> <p>On 02/08/23 at approximately 01:48 PM</p>	S3085		

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S3085	Continued From page 2  Administrative Staff A confirmed R209's "NSA" was not based on the findings of her "FCS" and R210's "NSA" failed to identify the services she would receive, the provider of the services, and the party responsible for payment for bladder incontinence and to prevent falls.  The operator failed to ensure the development of an "NSA" for R209 based on her "FCS;" and a description of the services R210 would receive for bladder incontinence and falls, the provider of the services, and the party responsible for payment.	S3085		
S3216 SS=E	26-41-205 (i) Disposition of Medication  (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist.	S3216		

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S3216	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41- 205(i)(1)(A)(B)</p> <p>The facility reported a census of 28 residents with 11 taking controlled medications. Based on observation and interview the operator failed to ensure two licensed nurses or a licensed nurse and a licensed pharmacist destroyed any deteriorated, outdated, or discontinued medications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Observation on 02/07/23 at 03:57 PM revealed Certified Medication Aide (CMA) C unlocked and opened the medication cart which contained medications for the residents. Inside the medication cart was a separate locked compartment which contained controlled medications.</li> </ul> <p>On 02/07/23 at 03:40 PM Administrative Nurse B confirmed controlled medications that had become deteriorated, outdated, or discontinued were not disposed of by two licensed nurses or a licensed nurse and licensed pharmacist.</p> <p>The operator failed to ensure two licensed nurses or a licensed nurse and a licensed pharmacist destroyed any deteriorated, outdated, or discontinued medications.</p>	S3216		