

State Licensed Only

# Survey, Certification, and Credentialing



# KANSAS

# Introduction

## State Licensed Only Survey Team!

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# Introduction

[https://sos.ks.gov/publications/pubs\\_kar\\_Articles.aspx?KAR=26](https://sos.ks.gov/publications/pubs_kar_Articles.aspx?KAR=26)

K.A.R 26-41-105 (f) (11) Resident Records; documentation of all incidents, symptoms, and other indications of illness or injury including the date and time of the occurrence, actions taken and results of the action.



# Assisted Living Scenarios

## Case Study 1: Repeated Falls and Refusal of Assistance (Cognitively Intact)

**Resident:** Margaret Ellis

**Age:** 82

**Health Conditions:** Osteoarthritis, osteoporosis, hypertension, history of falls

**Cognitive Status:** Cognitively intact

**Ambulation:** Ambulates with a rolling walker; requires stand-by assistance per service plan

### Scenario:

Ms. Ellis frequently ambulates independently within the facility and refuses to use the call light or request staff assistance, stating she “doesn’t want to bother anyone.” Over the past two months, she has experienced three non-injury falls while walking unassisted, all occurring outside of her room. Staff have provided repeated verbal reminders, and therapy has recommended continued use of the walker and staff assistance. Ms. Ellis acknowledges the risk but continues to decline help.

### Question:

*What documentation or steps should the facility take to ensure regulatory compliance in this scenario?*

# Regulatory Compliance

- **KAR 26-41-202 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.
- **Refusal of services**
- (f) If a resident or the resident's legal representative refuses a service that the administrator or operator, the licensed nurse, the resident's medical care provider, or the case manager believes is necessary for the resident's health and safety, the negotiated service agreement shall include the following:
  - (1) The service or services refused;
  - (2) identification of any potential negative outcomes for the resident if the service or services are not provided;
  - (3) evidence of the provision of education to the resident or the resident's legal representative of the potential risk of any negative outcomes if the service or services are not provided; and
  - (4) an indication of acceptance by the resident or the resident's legal representative of the potential risk.

**KAR 26-39-103 (a) ...each resident shall have a right to a dignified existence, self – determination.**

# Regulatory Compliance

- Chart every fall in the nurses' notes
  - Root Cause Analysis- Why is the resident falling? Does the resident need PT? Is the walker at the wrong height? Do the resident's shoes fit appropriately? Inner Ear issues? Dehydration?
  - After the analysis is completed – utilize new interventions to prevent further falls.
  - Place these in the NSA/Care Plan.

# Assisted Living Scenarios #2

## Case Study 2: Repeated Accusations of Theft

**Resident:** Harold Simmons

**Age:** 74

**Health Conditions:** Schizophrenia, type 2 diabetes, chronic kidney disease, anxiety disorder

**Cognitive Status:** No dementia diagnosis; psychiatric illness present

**Ambulation:** Ambulates independently without assistive devices

**Legal Status:** Court-appointed guardian

### Scenario:

Mr. Simmons reports daily that staff are stealing his personal items, including glasses, money, and toiletries. Staff investigations consistently locate the missing items in his dresser drawers, laundry bag, or bathroom cabinet. Mr. Simmons becomes verbally agitated and demands staff discipline. The guardian is aware of his condition but is requesting increased staff accountability.

### Question:

*What documentation or steps should the facility take to ensure regulatory compliance in this scenario?*

# Regulatory Compliance

If this is a documented symptom of his illness then;

26-39-103 **Resident rights in adult care homes.** (a) Protection and promotion of resident rights. Each administrator or operator shall ensure the protection and promotion of the rights of each resident as set forth in this regulation. Each resident shall have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the adult care home.

KAR 26-41-202 **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;

KAR 26-41-101(d) (3) (6) all residents rights acknowledging the development and maintenance of social ties for each resident by providing opportunities for meaningful interaction and involvement within the facility and the maintenance of each resident's lifestyle if there are no adverse effects on the rights and safety of other residents.

# Regulatory Compliance

- Chart behaviors in the nurses' notes
  - How will the facility plan to acknowledge the resident's allegations of theft, socially inappropriate and disruptive behavior in the NSA/HSP
- This does not only apply to the resident making the allegation, but how will staff protect the other residents right to a dignified existence when being accused of being a thief?
- Place these in the NSA/Care Plan.

# Assisted Living Scenarios #3

## Case Study 3: Elopement After Hours

**Resident:** Linda Parker

**Age:** 79

**Health Conditions:** Alzheimer's disease, hypertension, arthritis

**Cognitive Status:** Dementia (BIMS 3)

**Ambulation:** Ambulates independently without a device

### Scenario:

At approximately 9:30 p.m., Ms. Parker exited the facility through a secured door when another resident entered from outside. The outside temperature was 42 degrees. Staff identified her absence within minutes, initiated the facility's elopement policy, notified leadership, and located Ms. Parker walking on the sidewalk adjacent to the building. She was safely returned indoors within seven minutes and assessed with no injury.

### Question:

*What documentation or steps should the facility take to ensure regulatory compliance in this scenario?*

# Regulatory Compliance

26-41-101. Administration. (a) Administrator and operator responsibilities. The administrator or operator of each assisted living facility or residential health care facility ("facility") shall ensure that the facility is operated in a manner so that each resident receives care and services in accordance with each resident's functional capacity screening and negotiated service agreement.

(3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met:

(A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation.

(B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress.

(C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator.

(D) Appropriate corrective action shall be taken if the alleged violation is verified.

(E) The department's complaint investigation report shall be completed and submitted to the department within five working days of the initial report.

(F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.

# Regulatory Compliance

- Chart incident in the Nurse's notes
  - Full nursing assessment after elopement
  - Root Cause Analysis for causal factors.
  - What was the immediate intervention to prevent the elopement from happening again.
  - Place these in the NSA/Care Plan.

# Assisted Living Scenarios #4

## Case Study 4: Spousal Medication Administration

### Residents:

George Whitman, age 86

Conditions: Vascular dementia, congestive heart failure, atrial fibrillation

Ambulation: Wheelchair with limited standing ability

Evelyn Whitman, age 83

Conditions: Hypertension, hypothyroidism, osteoarthritis

Ambulation: Ambulates independently

### Scenario:

The Whitmans recently moved into the assisted living facility together. Prior to admission, Mrs. Whitman managed her husband's medications at home. She insists on continuing to administer his medications daily, stating she knows his routine best. Mr. Whitman is unable to safely self-administer due to dementia.

### Question:

What documentation or steps should the facility take to ensure regulatory compliance in this scenario?

# Regulatory Compliance

26-41-205. Medication management. (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.

c) Administration of medication by family or friends. Any resident may choose to have personal medication administered by family members or friends gratuitously, pursuant to K.S.A. 65-1124 and amendments thereto.

205 (I) (H) (4) ...shall offer each resident who self-administers medication a medication regimen review to be conducted by a licensed pharmacist at least quarterly and each time a resident experience a significant change in condition. A licensed nurse shall document the resident' s decision in the residents' clinical record.

KAR 26-41-202 (b) the NSA shall promote the dignity, privacy, choice , individuality, and autonomy of the resident.

Identify on the NSA who is responsible for the administration of the residents medications.

# Regulatory Compliance

- The wife is allowed to do this-
  - an assessment of her ability to safely do so should be obtained since she is also a resident
- The medications need to be stored properly in the room
- Identify on the NSA who is responsible for med administration.

# Assisted Living Scenarios #5

## Case Study 5: Intimate Relationship Between Residents With Dementia

### Residents:

Samuel Brooks, age 78

Conditions: Early-stage Alzheimer's disease, hypertension

Ambulation: Ambulates independently

Doris Nguyen, age 81

Conditions: Early-stage dementia, osteoporosis, hearing impairment

Ambulation: Ambulates with a cane

### Scenario:

Mr. Brooks and Ms. Nguyen have developed a romantic and intimate relationship within the community. Staff have observed consensual affection and both residents verbally express that they care deeply for one another. Family members of Ms. Nguyen express concern about her ability to consent due to her dementia diagnosis and request that the relationship be stopped.

### Question:

What documentation or steps should the facility take to ensure regulatory compliance in this scenario?

# Regulatory Compliance

KAR 26-39-103 (a) ...each resident shall have a right to a dignified existence, self – determination..,

26-41-101(d) (3) (6) all residents rights acknowledging the development and maintenance of social ties for each resident by providing opportunities for meaningful interaction and involvement within the facility and the maintenance of each resident's lifestyle if there are no adverse effects on the rights and safety of other residents.

26-41-202 (b) the NSA shall promote the dignity, privacy, choice , individuality, and autonomy of the resident.

# Regulatory Compliance

- Even with a diagnosis of Dementia this does not end the rights to having to a relationship.
- Document each resident's feelings regarding the relationship to determine the level of understanding. (Capacity to consent)
- Meet with the resident representatives to determine their thoughts on the relationship and also to ensure they understand the resident's feelings as well.
- The NSA/Care plan needs to reflect the relationship and any staff interventions to ensure the relationship does not change or one resident no longer feels safe.

# Assisted Living Scenarios #6

## Case Study 6: Boundary Violation and Financial Exploitation Risk

Resident: Patricia Coleman

Age: 76

Health Conditions: Chronic obstructive pulmonary disease (COPD), macular degeneration, depression

Cognitive Status: Cognitively intact

Ambulation: Ambulates with a cane

### Scenario:

Facility leadership learns that Ms. Coleman has been paying a direct-care staff member cash to run errands for her after the employee's scheduled shift ends. The staff member states this is occurring "off the clock" and outside of work hours. Ms. Coleman says she feels safer using someone she knows and trusts.

### Question:

What documentation or steps should the facility take to ensure regulatory compliance in this scenario?

# Regulatory Compliance

KAR 26-41-101. Administration. (a) Administrator and operator responsibilities. The administrator or operator of each assisted living facility or residential health care facility ("facility") shall ensure that the facility is operated in a manner so that each resident receives care and services in accordance with each resident's functional capacity screening and negotiated service agreement.

(1) No resident shall be subjected to any of the following:

(A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion;

(B) neglect; or

**(C) exploitation.**

(h) Power of attorney, guardianship and conservatorship. Authority as a power of attorney, durable power of attorney for healthcare decisions, guardian, or conservator shall not be exercised by anyone employed by or having a financial interest in the facility, unless the person is related to the resident within the second degree.

KAR 26-41-202 (a) The administrator or operator of each assisted living facility ...shall ensure the development of a written NSA for each resident based on the resident's FCS...

KAR 26-39-103 (g) Resident rights; Each resident is afforded the right to manage personal financial affairs and is not required to deposit personal funds with the adult care home.

# Regulatory Compliance

- The FCS asks in the section Instrumental Activities of Daily Living about the resident functional ability to do shopping and money management.
- Based on the definitions in the FCS manual this should be addressed in the NSA
- Shopping and Money management should be defined in the NSA

# Assisted Living Scenarios #7

## Case Study 7: Hospice, Weight Loss, and End-of-Life Choice

Resident: Robert Delgado

Age: 88

Health Conditions: Metastatic cancer, chronic pain, severe protein-calorie malnutrition

Cognitive Status: Cognitively intact

Ambulation: Requires wheelchair for mobility

Care Status: Enrolled in hospice

### Scenario:

Mr. Delgado has lost 20 pounds over the past three months. Hospice and facility staff have offered nutritional supplements and appetite-stimulating medications, which he has declined. He clearly states he wants to allow a natural death process, focus on comfort, and enjoy meals only when desired. His family is divided, with some members insisting staff “do more” to increase his intake.

### Question:

What documentation or steps should the facility take to ensure regulatory compliance in this scenario?

# Regulatory Compliance

KAR 26-39-103. Resident rights in adult care homes. (a) Protection and promotion of resident rights. Each administrator or operator shall ensure the protection and promotion of the rights of each resident as set forth in this regulation. Each resident shall have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the adult care home.

(b) Exercise of rights.

KAR 26-39-102. Admission, transfer, and discharge rights of residents in adult care homes. (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements:

(b) at the time of admission, adult care home staff shall inform the resident or the resident's legal representative in writing, of the state statutes related to advance medical directives.

(1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident's clinical record.

(2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives.

KAR 26-41-204. Health care services. (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.

(g) Skilled nursing care shall be provided in accordance with K.S.A. 39-923 and amendments thereto.

(1) The health care service plan shall include the skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing each service.

(2) The licensed nurse providing the skilled nursing care shall document the service and the outcome of the service in the resident's record.

# Regulatory Compliance

A DNR is an order per the Kansas 2025 Statute 65-4941 Article 49

The resident is allowed to make his own decisions regarding life and death. Document in the nurses notes.

NSA/Care plan should reflect his decisions along with a living will in order.

Weight loss is expected during the dying process. Per the National Institutes of Health “Changes in weight at the end of life; Characterizing weight loss by time to death in a cohort study of older men” <https://pmc.ncbi.nlm.nih.gov/articles/PMC3025636>

Results document that weight loss accelerates in the period before death and that, for some causes of death, this acceleration appears to occur several years before death. Thus, the period of weight loss associated with chronic conditions resulting in mortality may be longer than previously believed and may precede clinical development of disease

# Assisted Living Scenarios #8

## Case Study 8: Unsafe Storage of Cleaning Chemicals

Facility Scenario (Multiple Residents Involved)

Resident Example:

Nancy Fletcher

Age: 70

Health Conditions: Mild cognitive impairment, diabetes, neuropathy

Cognitive Status: Cognitive impairment, no dementia diagnosis

Ambulation: Ambulates independently

Scenario:

The assisted living facility serves multiple residents with cognitive impairment, though none carry a formal dementia diagnosis. Cleaning chemicals are stored in a locked laundry room per policy. Leadership has observed aides repeatedly propping the door open or leaving it unlocked during shifts for convenience. Residents frequently walk past the open doorway.

Question:

What documentation or steps should the facility take to ensure regulatory compliance in this scenario?

# Regulatory Compliance

KAR 28-39-254. Construction; general requirements. (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.

# Regulatory Compliance

What is the facility policy on safe storage of chemicals?

Have staff been trained on the policy?

Is the training documented in the employee record?

What can be done to ensure the door will not be propped open? Auto Close , key-pad entry?

**Reminder: Facilities must keep chemicals stored correctly. Not just in memory care.**

# Thank You!

## Questions?

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