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	N023022	A. BUILDING: _____ B. WING _____	C 03/28/2022

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MONTEREY VILLAGE	3901 PETERSON ROAD LAWRENCE, KS 66049

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey conducted at the above named assisted living facility on 03/23/22, 03/24/22, and 03/28/22.	S 000		
S3092 SS=E	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: KAR 26-41-202(d)(2) The facility reported a census of 21 residents. The sample included three residents and one focused record review. Based on record review and interview the administrator failed to ensure designated staff reviewed and revised two (R200 and R400) of three sampled residents Negotiated Service Agreement / Health Care Service Plan when the resident had a significant change in status. Findings included:	S3092		

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

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S3092	Continued From page 1	S3092		

- Review of R200's medical record revealed the resident moved into the facility on 12/17/21 with diagnoses of chronic obstructive pulmonary disease and chronic pain syndrome.

R200's Functional Capacity screen dated 12/17/21 revealed the resident needed physical assistance with bathing, and supervision with dressing, toileting, transfer and mobility. It also identified the resident could not manage her own medications or medical treatments.

R200's Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 12/17/21 revealed Hospice provided bathing assistance 3 times per week and facility staff provided physical assistance at times with dressing, supervision with transfers and she used an elect scooter for long distance mobility. It also identified facility staff or Hospice provided any necessary medical treatments and the resident self-administered some of her medications and staff administered others.

Review of the amended NSA/HCSP dated 03/22/22 included the following revisions:
1. LN B is now the Nurse responsible for care coordination.
2. O2 concentrator and nebulizer equipment and supplies provided by "DME company". Provider bills insurance/medicare/resident. Provides maintenance/supplies as needed

Review of the March 2022 Medication Administration Record included for staff to give the resident Ensure with meals for weight loss, initiated on 01/22/22.

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S3092	Continued From page 2 On 03/23/22 at 04:55 PM R200 reported she had a wound on her bottom that the Hospice nurse came and changed the dressing on a couple of times a week. The resident's record failed to include an amended NSA/HCSP to include revisions related to services for weight loss and wound care. On 03/24/22 at 10:47 AM LN B confirmed the NSA/HCSP had not been revised to include services for weight loss or wound care. The Administrator failed to ensure designated staff reviewed/revised R200's NSA/HCSP when the resident had changes in services related to weight loss and developed an open wound. - R400's medical record revealed admitted to the facility on 04/12/21 with diagnoses of wedge compression fracture of left pubis, chronic pain, and macular degeneration. The 09/08/21"Functional Capacity Screen" (FCS) documented R400 required supervision with transfers and mobility and was marked at risk for falls. The 09/08/21 "Negotiated Service Agreement / Health Care Service Plan" (NSA/HCSP) documented R400 needed stand by assistance of one person assist with transfers to promote safety. The 11/09/21 at 02:29 PM "Admission Note" documented R400 received physical and occupational therapy services from Caregivers and also a bath aide twice a week.	S3092		

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S3092	Continued From page 3	S3092		

R400's medical records lacked revision to R400's NSA/HCSP completed upon return to the facility that included home health for physical/occupational therapy and received assistance with bathing. It also lacked revision to include the resident's need to wear a c-collar and wound care to the resident's right forearm.

The 11/09/21 at 03:24 PM "Admission Note" documented R400 arrived back at the facility at 3:30 PM via facility vehicle. R400 ambulated with a walker and one staff stand-by-assist. R400 had a c-collar due to a cervical fracture and had a wound on his right forearm covered with a bandage to be changed every three days.

Interview on 03/24/22 at 01:40 PM Administrative Nurse B stated she expected the NSA/HCSP should have been updated upon readmission from the hospital on 11/09/21.

The 07/01/12 "Resident Assessments" policy documented, "...guidelines for conducting assessments of the resident to determine appropriateness of residency, to determine the care and services needed and/or desired by the resident, and to determine certain risks the resident might experience in order to plan appropriately to meet resident needs...The assessment will be conducted periodically...or with significant change in the resident need or desire for services, but not less than annually."

The Administrator failed to ensure designated staff revised the NSA/HCSP for R400 when he had a significant change in status upon his return from the hospital.

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S3155	Continued From page 4	S3155		
S3155 SS=E	26-41-204 (a) 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 21 resident (R)s. The sample included three residents and one focused record review. Based on observations, interview and record review the administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of each resident in accordance the negotiated service agreement for one (R100) of one focused record review regarding the use of a bed assistive device and for one (R400) of 3 sampled residents related to falls. Findings included: - The facility resident roster provided on 03/23/22 indicated 1 resident in the facility used an attached bed assistive device. R100's medical record revealed he moved into the facility on 03/23/17 with diagnoses of	S3155		

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S3155	Continued From page 5	S3155		

hemiplegia and hemiparesis following cerebrovascular disease.

R100's Functional Capacity Screen dated 03/23/22 revealed the resident was independent with transfers and did not have a current problem with fall risk.

R100's Negotiated Service Agreement dated 01/31/22 revealed the resident used a transfer rail to get in and out of bed.

Review of the "Side Rail Assessment" dated 02/03/22 revealed the resident had a U rail/transfer rail, gap in the rail is less than 4" and is secure to the bed. It identified the rail assisted the resident to get out of bed independently.

Observation on 03/23/22 at 02:20 PM the resident lay in bed and on the left side of his bed was an upside-down shaped U rail. The resident stated he had used the rail for a long time and would be lost without it. The gap within the rail measured 18 inches and between the rail and the mattress measured 4 inches. The resident used the rail to get into a seated position on the side of the bed. The resident held onto the rail and with his hand upside down and pulled himself up and move his legs over to the side of the bed. He showed the surveyor 2 areas where sharp screws extended past the bar and needed to be capped. The resident stated he had not ever had any problems with entrapment the the gap within the rail.

On 03/23/22 at 03:10 PM Administrative Nursing staff B sated the gaps in any type of rail needed to be less than 4 inches. Upon observation of the rail,Administrative nursing Staff acknowledged the gap within the rail was greater than 4 inches

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and thought the gap between the mattress and the rail was too big as well.

The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows:
Zone 1 within the rail should measure less than 4 and 3/4 inches
Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches
Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches
Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches.

Review of the "Use of Assistive Bar for Beds" police dated 6/18 revealed the following procedure steps:
The Assist Bar should not be over four inches wide and shared risk agreement should be completed and reviewed every 6 months.

The administrator failed to ensure designated provided the necessary services and fully assessed R100's bed assistive device to ensure the gaps within the rail were small enough to prevent entrapment.

- R400's medical record revealed he admitted to the facility on 04/12/21 with diagnoses of wedge compression fracture of left pubis, chronic pain, and macular degeneration.

The 09/08/21"Functional Capacity Screen" (FCS) documented R400 required supervision with

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S3155	Continued From page 7	S3155		

transfers and mobility and was marked at risk for falls.

The 09/08/21 "Negotiated Service Agreement / Health Care Service Plan" (NSA/HCSP) documented R400 needed stand by assistance of one person assist with transfers to promote safety.

Review of the resident's progress notes included the following:
On 07/19/21 at 10:25 AM "Incident Note" revealed Answered residents call light and he was on floor, on back, reported he fell. Also reported he hit his head. Range of Motion within normal limits except for complaints of pain in his left hip.
On 10/19/21 "Nurses Note" revealed the resident had a fractured rib and back. Currently in the hospital and will go to rehab before returning to facility.

Interview on 03/24/22 at 12:45 PM R400 stated he had two bad falls while at the facility. The first he tried to move his recliner from the wall and his hands lost grip and he fell and broke his pelvis. The other fall he could not remember because he blacked out.

Review of the resident's record lacked evidence of investigation of the fall on 09/08/21 or what caused the fractured rib and back on 10/19/21 to identify possible root cause of the falls and interventions to decrease the risk of further falls.

The Administrator failed to ensure a licensed nurse provided or coordinated the necessary health care services to reduce falls by the failure to thoroughly investigate the root cause of 2 fall and implement appropriate measures to reduce the risk for further falls.

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S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (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. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 21 residents. The sample included three residents and one focused record review. Based on interview, observation and record review the administrator failed to ensure designated staff completed a self-administration assessment at least annually for one (R300) of two residents sampled who self-administered medications. Findings included: - R300's medical record documented he moved	S3175		

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S3175	Continued From page 9	S3175		

into the facility on 02/16/17 with a diagnosis of diabetes mellitus.

The 11/05/20 and 11/01/21 "Functional Capacity Screen" (FCS) indicated he needed physical assistance with management of medications and medical treatments.

The 12/13/21 "Negotiated Service Agreement / Health Care Service Plan" (NSA/HCSP) documented R300 was able to self-inject his insulin from a set up insulin pen. Staff set up the pen, dialed up the dose and disposed of the safety needle.

Review of the medical record for assessments completed revealed an "Evaluation for Self Administration of Medications" was last completed on 05/14/19.

Observation on 03/24/22 at 08:10 AM revealed Licensed Nurse (LN) C dialed up five units of insulin on R300's insulin pen, gave R300 an alcohol swab to clean the injection site on his abdomen, then handed R300 the insulin pen to self-inject his insulin. R300 correctly injected his insulin.

Interview on 03/24/22 at 08:45 AM, LN B stated she expected an "Evaluation for Self Administration of Medications" to be completed at least annually. LN B acknowledged there had not been one completed for R300 since 05/14/19.

The 06/10/19 "Self-Administration of Medication" policy documented, "In order for residents to self-administer their medications, a physician's order should be obtained and the resident should successfully pass the Medication Self-Administration Evaluation ...After the initial

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S3175	Continued From page 10 successful completion of the Self-Administration of Medication Evaluation is completed the Licensed Nurse should re-evaluate the resident semi-annually or with any change in condition." The administrator failed to ensure designated staff completed a self-administration medication assessment for R300 who self-inject insulin.	S3175		
S3177 SS=D	26-41-205 (a) (2) Self Administration Assessment Content (2) Each assessment shall include an evaluation of the resident ' s physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently or by using a prefilled medication container or prefilled syringe. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(2) The facility reported a census of 21 resident's (R). The sample included three residents and one focused record review. Based on observation, interview and record review the administrator failed to ensure R200's self-administration medication assessment included an evaluation of her physical, and functional ability to safely and accurately self-administer inhalers and Hand Held Nebulizers. Findings included:	S3177		

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S3177	Continued From page 11	S3177		

- Review of R200's medical record revealed the resident moved into the facility on 12/17/21 with diagnoses of chronic obstructive pulmonary disease and chronic pain syndrome.

R200's Functional Capacity screen dated 12/17/21 revealed the resident was unable to manage her own medications or medical treatments.

R200's Negotiated Service Agreement dated 12/17/21 revealed the residents did "Some medications I will take on my own, others will have staff administer." It did not identify what medications the resident would administer and what ones the staff would administer.

Review of the residents March 2022 medication administration record identified the resident self-administered her Ipratropium-Albuterol nebulizer , Pepto-Bismol suspension, and her Ventolin Aerosol inhaler.

Review of R200's self-administration medication evaluation dated 12/17/21 failed to include an assessment for the residents ability to safely and correctly self administer inhalers and hand held nebulizer treatments.

Review of the "Self-Administrator of Medication MO/KS" policy dated 06/10/19 revealed "In order for residents to self-administer their medications,... the resident should successfully pass the Medication Self-Administration Evaluation."

On 03/23/22 at 04:55 PM the resident reported she did her own inhaler and breathing treatments (pointing to the inhaler on there walker and the breathing treatments on her bedside table). R200

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S3177	Continued From page 12 stated one time she had an episode of not being able to get her air when she came back from the bathroom and ever since then she had done them herself. On 03/24/22 at 10:37 AM Licensed Nurse B reviewed R200's self-administration assessment and confirmed it did not include the resident's ability to safely and accurately self-administer her inhaler or breathing treatments. The administrator failed to ensure a license nurse assessed R200 for her ability to self-administer her inhaler and breathing treatments.	S3177		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d)(4) The facility reported a census to 21 residents. The facility identified they managed medications for 19 of 21 residents, and 2 of those residents received insulin. Based on interview and record review the Administrator failed to ensure a Licensed Nurse (LN) delegated the nursing procedure of checking a residents blood sugar and setting up and dialing a resident's insulin pen to the correct ordered, which is not part of the Kansas Medication Aide curriculum, to a newly	S3202		

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S3202	Continued From page 13 hired Certified Medication Aide (CMA) under the Kansas nurse practice act, K.S.A 65-1124 and amendments thereto. Findings included: - While reviewing newly hired employee records on 03/23/22 revealed Certified Medication Aide (CMA) D and CMA E did not have evidence that a licensed nurse had reviewed and educated either one of the CMA's on the proper procedures for checking a residents blood sugar or procedures for preparing and dialing a resident's insulin pen to the ordered dose. On 03/23/22 at 05:15 PM Administrative staff F and LN B reported they could not find nurse delegation for CMA D or E. The Administrator failed to ensure the Licensed Nurse delegated the procedures of blood sugar checking and set up and dialing of insulin pens to CMA's according to the Kansas Nurse Practice Act.	S3202		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11)	S3261		

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S3261	Continued From page 14 The facility reported a census of 21 residents. The sample included three residents and one focused record review. Based on interview and record review the Administrator failed to ensure two (Resident (R)200 and R400) of three sampled resident records contained documentation of all incidents, symptoms, and other indications of illness or injury. Findings included: - Review of R200's medical record revealed the resident moved into the facility on 12/17/21 with diagnoses of chronic obstructive pulmonary disease and chronic pain syndrome. R200's Functional Capacity screen dated 12/17/21 revealed the resident needed physical assistance with bathing, and supervision with dressing, toileting, transfer and mobility. It also identified the resident could not her own medications or medical treatments. R200's Negotiated Service Agreement/Health Care Service Plan dated 12/17/21 revealed Hospice provided bathing assistance 3 times per week and facility staff provided physical assistance at times with dressing, supervision with transfers and used an elect scooter for long distance mobility. It also identified facility staff or Hospice provided any necessary medical treatments and the resident self-administered some of her medications and staff administered others. It failed to identify the resident had an open wound and any treatment measures for it. Review of the residents admission nursing assessment dated 12/17/21 identified the resident	S3261		

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	N023022	A. BUILDING: _____ B. WING _____	C 03/28/2022

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had no skin problems.

Review of the residents quarterly nursing assessment dated 03/21/22 identified the resident had a stage 2 open area on her coccyx that Hospice treated routinely and the facility treated as needed. The assessment did not include measurements or description of the wound.

Review of the Hospice Care Plan dated 02/10/22 included the service related to apply Sensi-care topical to open area twice a week and cover with proximal dressing. Treatment to start on 01/26/22.

Review of the resident's progress notes revealed the following:
12/17/21 - the resident had "no open skin issues".
02/07/22 - the resident's wound dressing changed by Licensed Nurse C.
The resident's progress notes lacked documentation of when staff identified the resident's wound, description of the wound or measurements of the wound.

Observation on 03/24/22 at 09:46 LN C, changed R200's wound dressing. Observation of the wound revealed the resident had a "split" type open area in the cleft of her buttock. The wound bed had a pink appearance and the surrounding skin was pink as well.

On 03/24/22 at 10:37 AM, LN B confirmed the resident's record did not include information as to when the resident developed the open wound, nurse assessments of the wound, or the action taken for treating the wound and if the wound was improving or not.

Review of the "Skin Integrity" policy dated

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06/10/19 revealed ... The weekly "skin Condition" documentation is entered in the progress notes by the Director of Nursing.

The administrator failed to ensure the residents record included documentation of all indications of all symptoms, and/or indications of illness or injury which included the date/time of occurrence, action taken and results of the action.

- R400's medical record revealed he admitted to the facility on 04/12/21 with diagnoses of wedge compression fracture of left pubis, chronic pain, and macular degeneration.

The 09/08/21"Functional Capacity Screen" (FCS) documented R400 required supervision with transfers and mobility and was marked at risk for falls.

The 09/08/21 "Negotiated Service Agreement / Health Care Service Plan" (NSA/HCSP) documented R400 needed stand by assistance of one person assist with transfers to promote safety.

The 07/19/21 at 10:25 AM "Incident Note" documented staff answered R400's call light and he was found on the floor on his back. R400 reported he fell and hit his head. Range of motion was within normal limits but complained of pain in his left hip. Staff contacted the primary care provider and requested a mobile x-ray of left hip to rule out a fracture.

The 07/19/21 at 01:50 PM "Nursing Note" documented the mobile x-ray was here but R400 was unable to move from his chair due to extreme pain. The x-ray was canceled, and EMS was called instead to take R400 to the

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emergency room for an x-ray. Staff called and spoke to R400's family who stated they would meet R400 at the hospital.

The resident record lacked evidence staff investigated the fall to determine possible cause or interventions to prevent recurrence.
On 09/08/21 R400 returned from the rehabilitation hospital and the record lacked Nurses Notes regarding the resident's status upon return to the facility.

The 10/03/21 "Nurses Note" documented R400 had red-tinged urine in his catheter bag. It had a strong odor and R400 complained of pain in abdomen and around his penis. Staff contacted R400's durable power of attorney (DPOA) and she would transport R400 to the emergency room for evaluation.

The resident's record lacked follow-up documentation stating how this condition was to be treated or if it was resolved.

The 10/14/21 "Nurses Note" documented R400 had 2-3+ pitting edema on bilateral lower extremities.

Review of the nursing notes lacked follow-up documentation concerning edema, treatment or outcome.

The 10/19/21 "Nurses Note" documented R400 had a fractured rib and back and was in the hospital and will go to rehab before returning to the facility.

The resident record lacked documentation that the resident left the facility for emergency room evaluation or that he had fallen or had some other

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S3261	Continued From page 18 type of incident that would have caused a fractured rib and back. Interview on 03/24/22 at 12:45 PM R400 stated he had two bad falls while at the facility. One fall occurred when he tried to move the recliner from the wall and his hands lost his grip and he fell backwards and broke his pelvis. R400 stated he also fell in his room in front of the television but had no recollection of this fall as he had blacked out. Interview on 03/24/22 at 01:40 PM Licensed Nurse B stated she would document what happened in the nurse's notes, would notify the physician, family, therapy and would amend the NSA with an intervention. She expected documentation to include when a resident fell, why they went to the emergency room or hospital, whey the resident returned to the facility and if the resident had a change in condition and needed follow up. LN B also confirmed the residents Nurses Notes did not include follow-up regarding his edema or red-tinged urine. The administrator failed to ensure designated staff included documentation of all incidents, symptoms and other indications of illness of injury including the date, time of occurrence, action taken, and results of the action.	S3261		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency	S3280		

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management plan;
(2) education of each resident upon admission to the facility regarding emergency procedures;
(3) quarterly review of the facility ' s emergency management plan with employees and residents; and
(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-104(d)(3)(4)

The facility reported a census of 21 residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and failed to complete annual emergency drills with staff and residents to a secure location.

Findings included:

- On 3/23/22 surveyor reviewed the records provided by Administrative staff A. Review of the records revealed the following:
For employees, the administrator completed reviews of the emergency management play on 03/01/21, 06/17/21 and on 03/23/22. The administrator failed to complete the 12/2021 review to ensure it was reviewed quarterly.
For residents, the administrator could only find

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S3280	Continued From page 20 one review dated 12/28/21 but stated he would keep looking. On 03/24/22 at 11:28 AM Admininistrative staff A reported he looked for additional reviews for residents and the staff but had not been able to find any. - Review of the records provided by Administrative staff A as being the records that would contain the annual emergency drills lacked evidence of the completion of an evacuation of residents to a safe location. On 03/24/22 at 11:28 AM Administrative staff A reported he had not been able to find any records of completion of any emergency evacuation drills. The administrator failed to ensure disaster preparedness by failing to review the emergency management plan with assisted living staff and residents quarterly and failed to conduct annual emergency evacuation drills.	S3280		
S3320 SS=F	28-39-254 CONSTRUCTION (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. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and	S3320		

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S3320	Continued From page 21 equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254 (a) The facility reported a census of 21 residents. Based on observation, record review and interview the administrator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - Observations during initial tour on 03/23/22 revealed the following: At 01:20 PM revealed a spray can of Clorox Disinfectant Spray located on the second shelf of an overhead cabinet in the main dining room which had a "Keep Out of Reach of Children Warning." At 01:59 PM revealed an unlocked cabinet underneath some bookshelves in the library contained a spray can of "Raid Wasp and Hornet" spray, a can of "IND/COM Disinfectant Cleaner", a can of "WD-40" and a package of "Rejuvenate Disposer and Pipe Cleaner", all with warning labels to keep out of reach of children.	S3320		

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S3320	Continued From page 22 Interview on 03/23/22 at 2:02 PM, Administrative Staff A stated he expected these chemicals to be locked up. At 02:15 PM, observation revealed an overhead cabinet in an unlocked resident laundry room contained three cans of "Dust Off" compressed gas, a two pack of "Wasp and Hornet Killer" , and a spray bottle of "OxiClean" stain remover. All of which had warning labels to keep out of reach of children. At 02:27 PM the "Beauty Salon" on "C Hall" was unlocked with an unlocked white storage cabinet containing a spray bottle of "Spic and Span Antibacterial Spray Cleaner", a plastic bottle of "Barbicide Hospital Germicide", a container of "DG Home Regular Bleach", a package of "Kenra Color Demi- Permanent hair color", a box of "Quantum Extra Body neutralizer perm", three tubes of "Matrix Socolor", and one tube of "Pravana Chromasilk Vivid hair color". All of the above items contained warning labels regarding safety. The 05/10 "Storage Area Protocol" documented, "To keep a clean and safe environment for residents, staff, volunteers and visitors ...One storage area should be located for Biohazardous materials. This area should be locked, with only staff access ..." The administrator failed to ensure staff kept chemicals locked for resident safety.	S3320		