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	B011004	A. BUILDING: _____ B. WING _____	C 08/18/2021

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LEGACY LIVING LLC	445 E 10TH ST BAXTER SPGS, KS 66713

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with complaint # 142935 for the above named facility conducted on 8/16/2021, 8/17/2021 and 8/18/2021.	S 000		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' 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 26-42-104 (d) (3) The facility reported a census of 7 residents. The sample included 3 residents and 1 focused review. Based on record review and interview the operator failed to ensure all 7 residents received the quarterly review of the home's emergency management plan which includes disaster and emergency preparedness. Findings included:	S5215		

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

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S5215	Continued From page 1 - Record review of the emergency preparedness training documentation provided by certified staff A, the emergency preparedness training documents lacked documentation for the quarterly review for residents. Interview on 8/17/2021 at 1:00pm with certified staff A and Operator B revealed the home has not provided quarterly reviews of emergency preparedness with residents, only staff have received the quarterly reviews of emergency preparedness. The operator failed to ensure all 7 residents received the quarterly review of the home's emergency management plan which includes disaster and emergency preparedness.	S5215		
S5230 SS=E	26-42-207 (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; (c) Each administrator or operator shall ensure the home ' 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	S5230		

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S5230	Continued From page 2 by: KAR 26-42-207 (c) The facility reported a census of 7 residents. The sample included 3 residents and 1 focused review. Based on interview and record review for 4 of the newly hired/current employees and 2 of the 3 sampled residents (#110 and 223), the operator failed to ensure the home's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for resident's #110, 223, and licensed nurse C, certified medication aide D, and certified nurse aide's E and F. Findings included: - Review of newly hired licensed staff C revealed she began employment on 3/3/2021. The employee record included a document for the first step of a 2-step tuberculosis test, the record lacked the 2nd step of the 2-step test. The facility failed to perform the 2nd step of the 2-step test within 1 to 3 weeks of step 1 of the 2-step test. Certified staff D began employment on 1/15/2020. The employee record included a document for the first step of a 2-step tuberculosis test, the record lacked the 2nd step of the 2-step test. The facility failed to perform the 2nd step of the 2-step test within 1 to 3 weeks of step 1 of the 2-step test. Certified staff E began employment on 3/7/2021. The employee record lacked the documentation for the 2-step tuberculosis test. The facility failed to conduct a 2-step TB skin test within 7 days of employment. Certified staff F began employment on 5/2/2021.	S5230		

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S5230	Continued From page 3 The employee record lacked the documentation for the 2-step tuberculosis test. The facility failed to conduct a 2-step TB skin test within 7 days of employment. Record review for resident #110 revealed an admission date of 8/9/2021. The resident record lacked evidence of an admission tuberculosis screening and the documentation for the 2-step tuberculosis test. The facility failed to perform the 2-step tuberculosis test within 7 days of admission to the facility. Record review for resident #223 revealed an admission date of 12/9/2020. The resident record lacked evidence of an admission tuberculosis screening and the documentation for the 2-step tuberculosis test. The facility failed to perform the 2-step tuberculosis test within 7 days of admission to the facility. Interview with certified operator B and certified staff A on 8/17/2021 at 12:45 confirmed the employee and resident records lacked the required screening/testing documentation for residents #110, 223, and licensed nurse C, certified medication aide D, and certified nurse aides E and F. The operator failed to ensure the home's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for resident's #110, 223, and licensed nurse C, certified medication aide D, and certified nurse aide's E and	S5230		
S5320 SS=E	26-42-205 (k) Medication Clinical Records (k) Clinical record. The administrator or operator,	S5320		

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S5320	Continued From page 4 or the designee, shall ensure that the clinical record of each resident for whom the home manages the resident ' s medication or prefills medication containers or syringes contains the following documentation: (1) A medical care provider ' s order for each medication; (2) the name of the pharmacy provider of the resident ' s choice; (3) any known medication allergies; and (4) the date and the 12-hour or 24-hour clock time any medication is administered to the resident. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (k) (4) The facility reported a census of 7 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the operator failed to ensure the resident clinical record for medication administration included the date, and 12-hour or 24-hour clock time the medication is administered to the resident for residents #'s 110, 223, and 313. Findings included: Record review for resident #110 revealed an admission date of 8/9/2021, with diagnoses of confusion, and 1 person assist for all activities of daily living. Record review of the functional capacity screen	S5320		

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S5320	Continued From page 5	S5320		

dated 8/9/2021 revealed the resident was unable to manage her own medications.

Record review of the negotiated service agreement dated 8/9/2021 identified the home would manage the resident medications and medical treatments.

Record review of the health care service plan instructed staff to take medications whole with water.

Record review of the home's signed physician order sheet revealed the administration times for medications are listed as AM and PM.

Interview on 8/17/2021 at 1:00 PM with certified medication aide A, she confirmed the home does not chart actual clock time for medication administration, the home charts medication administration time in the AM or PM.

- Record review for resident #223 revealed an admission date of 12/9/2020, with diagnoses of anemia, diabetes type 2, chronic pain, muscle weakness and hypertension.

Record review of the functional capacity screening dated 12/10/2020 revealed the resident was unable to manage her own medications.

Record review of the negotiated service agreement dated 12/9/2020 identified the home would manage the resident's medications and medical treatments.

Record review of the health care service plan dated 12/9/2020 instructed home would administer the medications whole.

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S5320	Continued From page 6 Record review of the home's signed physician order sheet revealed the administration times for medications are listed as AM and PM Interview on 8/17/2021 at 1:00 PM with certified medication aide A, she confirmed the home does not chart actual clock time for medication administration, the home charts medication administration time in the AM or PM. - Record review for resident #313 revealed an admission date of 12/1/2017, with diagnoses of Epilepsy and traumatic brain injury. Record review of the functional capacity screening dated 12/20/2020 identified the resident was unable to manage her own medications. Record review of the negotiated service agreement dated 9/20/2020 identified the home would manage the resident medications. Record review of the health care service plan instructed to the home to administer resident medications whole with a drink. Record review of the home signed physician order sheet revealed the administration times for 10 of the 13 listed medications are listed as "AM, PM and HS (hour of sleep)". Interview on 8/17/2021 at 1:00 PM with certified medication aide A, she confirmed the home does not chart actual clock time for medication administration, the home charts medication administration time in the AM or PM, or HS (hour of sleep), unless there is an actual time listed on the mediation administration record.	S5320		

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S5320	Continued From page 7 The operator failed to ensure the resident clinical record for medication administration included the date, and 12-hour or 24-hour clock time the medication is administered to the resident for residents #'s 110, 223, and 313.	S5320		
S5325 SS=D	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (l) The facility reported a census of 7 residents. The sample included 3 residents and 1 focused review. Based on record review and interview, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for each resident whose medication is managed by the home for residents #223 and #313. Findings included: - Record review for resident #223 revealed an admission date of 12/9/2020, with diagnoses of anemia, diabetes type 2, chronic pain, muscle	S5325		

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S5325	Continued From page 8	S5325		

weakness and hypertension.

Record review of the functional capacity screening dated 12/10/2020 revealed the resident was unable to manage her own medications.

Record review of the negotiated service agreement dated 12/9/2020 identified the home would manage the resident's medications and medical treatments.

Record review of the health care service plan dated 12/9/2020 instructed the home would administer the medications whole.

The resident record lacked the quarterly pharmacy review documentation. The operator failed to ensure a pharmacist or licensed nurse conducted a medication regimen review at least quarterly.

- Record review for resident #313 revealed an admission date of 12/1/2017, with diagnoses of Epilepsy and traumatic brain injury.

Record review of the functional capacity screening dated 12/20/2020 identified the resident was unable to manage her own medications.

Record review of the negotiated service agreement dated 9/20/2020 identified the home would manage the resident medications.

Record of the health care service plan instructed to the home to administer resident medications whole with a drink.

Record review of the home's pharmacy quarterly review documents revealed the following dates

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S5325	Continued From page 9 the reviews were performed: "July - September" 2019, and initialed in the pharmacist/nurse line. "October-December" 2019, Unreadable signature in the pharmacist/nurse line. "January - March" 2020 signed by licensed pharmacist G "April - July" 2020 signed by licensed pharmacist G. The resident record lacked quarterly reviews for the last 2 quarters of 2020, and the record lacked any pharmacy reviews for 2021. The operator failed to ensure a pharmacist or licensed nurse conducted a medication regimen review at least quarterly. The operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for each resident whose medication is managed by the home for residents #223 and #313.	S5325		