STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052009	A. BUILDING: _____ B. WING _____	C 05/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF BASEHOR	15707 PINEHURST DRIVE BASEHOR, KS 66007

(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 are the result of a survey for re-licensure with attached complaints conducted on 5/18/21, 5/19/21, 5/20/21 and 5/24/21 at the above named assisted living facility in Basehor, KS.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (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.	S3028		

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

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S3028	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-41-101 (f)(3) The facility reported a census of 22 residents. The sample included 4 residents and 3 closed chart review residents. Based on record review and interview for 1 closed review resident (#522) the operator failed to ensure that allegations of abuse, neglect and exploitation were reported to the department within 24 hours, an investigation was started of the violation and the department's complaint investigation reports were completed and submitted to the department within five working days of the initial report. Findings included: - Record review for resident #522 recorded admission date of 9/7/19 with diagnoses of atrial fibrillation, dementia and a pacemaker. Functional Capacity screen dated 9/17/19 recorded resident independent with transfer and walk/mobility and unable to perform management of medications and treatments. Negotiated service agreement/health care service plan dated 9/17/19 recorded staff to administer medications and treatments. Resident progress notes recorded repeated issues with resident sexual behaviors towards staff including 10/17/19 at 2:05pm. [resident] was very inappropriate with director [name] and verbal comments regarding body configuration and what he would like to do to her. And remember whenever you're ready I will be ready to do this thing "stick it in you" "You got nice breasts and	S3028		

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S3028	Continued From page 2 ass". Resident progress notes dated 10/17/19 at 2:20pm recorded: " [resident #522] cornered resident in [suite #] who has diagnosis of Parkinson's and scared her when he grabbed her by the arm and touched with full hand her breast. Activity director intervened and separated [resident #522] from [other resident] ... ... Interview on 5/19/21 at 10:55am with administrative staff #G stated resident was very touchy, we put up signs and redirected him, he went to geri-psych. She confirmed resident to resident incident on 10/17/19 was not reported to the department. Email interview on 5/20/21 with operator #A confirmed facility did not have any further documentation (investigation, report to state department) regarding the incident. Facility policy titled "Reporting requirements in cases of abuse, neglect and exploitation" recorded: K: if the allegation is made against another resident, the residents will be separated until the issue is thoroughly investigated... L: a verbal reporting by the director and /or designee is to be made to the appropriate abuse hotlines listed onthe last page of this policy at the time they become aware of the allegation. M: a written record of all investigations of reported abuse, neglect and expoloitation must be maintained by the facility and appropriate corrective actions must be taken if the alleged violation is verified. The department records did not record the incident was reported to the department. Resident #522, the operator failed to ensure that	S3028		

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S3028	Continued From page 3 allegations of abuse, neglect and exploitation were reported to the department within 24 hours, an investigation was started of the violation and the department's complaint investigation reports were completed and submitted to the department within five working days of the initial report.	S3028		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(1) The facility reported a census of22 residents. The sample included 4 residents and 3 closed review residents. Based on record review and interview for 1 closed review resident (#523) the operator failed to ensure designated facility staff conduct a screening at least once every 365 days and with each change in condition. Findings included: - Record review for resident #523 recorded admission date of 1/4/19 with diagnoses of falls, weakness, osteoarthritis and dizziness.	S3081		

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S3081	Continued From page 4 Functional capacity screen dated 1/7/19 recorded resident is independent with transfers and management of medications. Negotiated service agreement/ health care service plan dated 1/7/19 recorded resident independent with transfers and to administer own medications. Nursing notes dated 6/9/2020 recorded: "[resident] had an appointment with his surgeon today to discuss his possible up coming knee surgery ... ...Recently a few times staff has had to either assist [resident] in transfer from wheelchair to chair and back or he has slid onto the floor and fire department has been called for lift assist ...." Facility records recorded resident was discharged on 10/16/20. Record lacked a 2020 functional capacity screen. For resident #523 the operator failed to ensure designated facility staff conduct a screening at least once every 365 days and with each change in condition.	S3081		
S3085 SS=E	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	S3085		

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S3085	Continued From page 5 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) The facility census equaled 22 the sample included 4 residents. Based on record review and interview for 3 sampled residents (#518, 519, 521) the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service. Findings included: - Record review for resident # 518 recorded admission date of 7/10/20 with diagnoses of pre-diabetes, atrial fibrillation, hypertension and hypothyroidism. Functional capacity screen dated 10/20/20 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility and management of treatments.	S3085		

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S3085	Continued From page 6 Negotiated service agreement/ health care service plan (NSA/ HCSP) dated 10/20/20 recorded staff to assist resident with bathing, dressing, toileting, transfer, walk/mobility and management of treatments. NSA addendum dated 10/13/2020 recorded [staff] will assist resident with transfers ... resident will be working with PT/OT (physical therapy/ occupational therapy) to build strength. Physician telephone orders dated 1/19/21 recorded [name] home health PT to do training for complaints of dizziness. NSA lacked the name of the agency for PT/OT services and party responsible for payment of the outside services. Interview on 5/19/21 at 3:30pm with licensed nurse #B confirmed NSA lacked the provider of the services for PT/OT and party responsible for payment of those services. - Record review for resident # 519 recorded admission date of 1/25/21 with diagnoses of hypothyroidism, dementia, gastro-esophogeal reflux disease, muscle weakness, osteoarthritis and glaucoma. Functional Capacity Screen dated 1/25/21 recorded resident required physical assistance with bathing, dressing, toileting, eating, transfer, walk/mobility and management of medications and treatments. Negotiated service agreement/ health care service plan (NSA/HCSP) dated 1/25/21 recorded staff to assist resident with bathing, dressing, toileting, eating, transfer, walk/mobility and management of medications and treatments.	S3085		

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S3085	Continued From page 7 Progress notes record Physical therapy (PT) treatments on 2/23/21, 2/25/21, 3/22/21, 3/26/21 and 3/29/21. NSA lacked entry for resident use of the outside provider service for PT. Interview on 5/19/21 at 3:30pm with licensed nurse #B confirmed resident received PT services until 4/5/21 and NSA lacked an entry for those provider services. - Record review for resident #521 recorded admission date of 4/29/21 with diagnoses of atrial fibrillation and chronic arthritis. Functional capacity screen dated 4/29/21 recorded resident required physical assistance with bathing, eating and unable to perform management of medications and treatments. Negotiated service agreement/ health care service plan dated 4/29/21 recorded staff to assist resident with bathing, cutting up food and management of medications and treatments. Progress notes dated 5/7/21 and 5/11/21 recorded PT (physical therapy) visits. NSA lacked entry for resident use of the outside services for PT. Interview on 5/19/21at 3:30pm with licensed nurse #B confirmed NSA lacked entry for resident use of outside services for PT. For residents #518, 519, 521 the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required	S3085		

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S3085	Continued From page 8 health care services contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.	S3085		
S3092 SS=D	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) (1)(2) The facility reported a census of 22 residents. The sample included 4 residents and 3 closed review residents. Based on record review, interview for 1 closed review resident (#523) the operator failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days and following any significant change.	S3092		

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S3092	Continued From page 9 Findings included: - Record review for resident #523 recorded admission date of 1/4/19 with diagnoses of falls, weakness, osteoarthritis and dizziness. Functional capacity screen dated 1/7/19 recorded resident is independent with transfers and management of medications. Negotiated service agreement/ health care service plan dated 1/7/19 recorded resident independent with transfers and to administer own medications. Nursing notes dated 6/9/2020 recorded: "[resident] had an appointment with his surgeon today to discuss his possible up coming knee surgery ... ...Recently a few times staff has had to either assist [resident] in transfer from wheelchair to chair and back or he has slid onto the floor and fire department has been called for lift assist ...." Facility records recorded resident was discharged on 10/16/20. Record lacked a 2020 functional capacity screen and negotiated service agreement. For resident #523 the operator failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days and following any significant change.	S3092		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care	S3155		

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S3155	Continued From page 10 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 22 residents. The sample included 4 residents. Based on record review, observation and interview for 2 (#519, 520) sampled residents requiring health care services, the operator failed to 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. Findings included: - Record review for resident # 519 recorded admission date of 1/25/21 with diagnoses of hypothyroidism, dementia, gastro-esophageal reflux disease, muscle weakness, osteoarthritis and glaucoma. Functional Capacity Screen dated 1/25/21 recorded resident required physical assistance with bathing, dressing, toileting, eating, transfer, walk/mobility and management of medications and treatments.	S3155		

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S3155	Continued From page 11 Negotiated service agreement/ health care service plan (NSA/HCSP) dated 1/25/21 recorded staff to assist resident with bathing, dressing, toileting, eating, transfer, walk/mobility and management of medications and treatments. Observation on 5/18/21 at 3:30pm in resident's room revealed a bed with a bed cane on the left hand side of the bed. HCSP lacked an entry for resident use of a bed cane for transfers. Interview on 5/9/21 at 3:30pm with licensed nurse #B confirmed HCSP lacked entry for resident use of a bed cane. - Record review for resident #520 recorded admission date of 9/8/18 with diagnoses of left hip fracture, prostate cancer and coronary artery disease. Functional capacity screen dated 4/20/21 recorded resident unable to perform bathing, dressing, toileting, and required physical assistance with eating and management of medications and treatments. Resident has problems with falls/unsteadiness. Negotiated service agreement/ health care service plan dated 4/20/21 recorded staff to provide extensive assistance with bathing, dressing, toileting, eating and management of medications and treatments. Resident roster recorded resident required assistance of 2 persons for transfers. Observation on 5/18/21 at 5:00pm in resident's	S3155		

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S3155	Continued From page 12 room revealed a hospital bed with bolstered air mattress in place with a fall mat on the floor by the bed. HCSP lacked entries for 2-assist to transfer, need for assistance to evacuate in case of emergency and use of a bolstered air mattress and fall mat for fall prevention. Interview on 5/19/21 at 3:30pm with licensed nurse #B confirmed resident required assist of 2 staff to transfer, is unable to evacuate the building unassisted and uses a bolstered air mattress and fall mat. She confirmed the HCSP lacked entries for those resident needs. For residents #519 and 520 the operator failed to 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.	S3155		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for	S3200		

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S3200	Continued From page 13 which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 22 residents. The sample included 4 residents and 3 closed chart review residents. Based on record review and interview, the operator failed to ensure all medications and treatments were administered in accordance with a provider's written order and professional standards of practice as evidenced by review of resident records for residents (#520) and closed resident (#523) who received as needed (PRN) medications administered by the certified staff without seeking instructions from the licensed nurse and resident (#519)'s record which lacked signed physician orders for medications. Findings included: - Record review for resident #520 recorded admission date of 9/8/18 with diagnoses of left hip fracture, prostate cancer and coronary artery disease. Functional capacity screen dated 4/20/21 recorded resident unable to perform management of medications and treatments. Negotiated service agreement/ health care	S3200		

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S3200	Continued From page 14 service plan dated 4/20/21 recorded staff to provide management of medications and treatments. May 2020 medication administration record recorded Oxycodone solution (narcotic for pain) 5mg/ml (milligrams/milliliter) take 5ml orally every 4 hours as needed for pain. Recorded as administered 4 times by certified medication aides. Record lacked documentation of nurse consultation prior to administration of PRN medications. - Record review for resident #523 recorded admission date of 1/4/19 with diagnoses of falls, weakness, osteoarthritis and dizziness. Functional capacity screen dated 1/7/19 recorded resident is independent with management of medications. Negotiated service agreement/ health care service plan dated 1/7/19 recorded resident to administer own medications. Record lacked a 2020 functional capacity screen, negotiated service agreement and health care service plan. Self medications test dated 5/29/2020 recorded: "Hydrocodone is administered by [facility]nursing staff. All other medications are self-administered. June 2020 medication administration record recorded: Hydrocodone-APAP (narcotic for pain) 5-325mg(milligram) tablets take one tablet by mouth every 6 hours as needed for pain. To be given by nursing staff. Medication recorded as administered by CMAs (certified medication aides) 25 times.	S3200		

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S3200	Continued From page 15 Interview on 5/19/21 at 2:50pm with certified medication aides #I and #J stated they do not contact a nurse prior to administration of PRN medications to residents. Interview on 5/19/21 at 3:20pm with licensed nurse #B confirmed records lacked documentation of nurse consultation prior to administration of PRN medications by CMAs. - Record review for resident #519 recorded admission date of 1/25/21 with diagnoses of hypothyroidism, dementia, gastro-esophageal reflux disease, muscle weakness, osteoarthritis and glaucoma. Functional capacity screen dated 1/25/21 recorded resident required physical assistance with management of medications and treatments. Negotiated service agreement/ health care service plan dated 1/25/21 recorded staff to administer medications and treatments. May 2021 medication administration record recorded 10 medications were administered from 5/1/21 to 5/18/21. Record lacked signed physician orders for the medications administered. Interview on 5/19/21 with licensed nurse #B confirmed resident records lacked signed physician's orders for the medications. For residents #519, 520 and 523, the operator failed to ensure all medications and treatments were administered in accordance with a provider's written order and professional	S3200		

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S3200	Continued From page 16 standards of practice as evidenced by review of resident records for residents (#520) and closed resident (#523) who received as needed (PRN) medications administered by the certified staff without seeking instructions from the licensed nurse and resident (#519)'s record which lacked signed physician orders for medications.	S3200		
S3201 SS=F	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(3)(D) The facility reported a census of 22 residents. The sample included 4 residents. Based on record review and interview for all residents with	S3201		

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S3201	Continued From page 17 facility managed medications, the operator failed to ensure the licensed nurse or medication aide documented actual clock times medications were administered, when the medication administration record identified only time intervals. Findings included: - Review of facility's resident roster revealed 20 residents who received complete or partial facility medication management. Review of residents' medication administration records for residents 519, 520 and 521 recorded: 6am-10am, 2pm to 6pm, 6pm to 12am or 6pm to 10pm, or PRN (as needed) for medication administration times. Most medications lacked the actual clock times medications were administered. Review of facility policy for medication administration titled "medication management" lacked time administered for liberalized medication administration. Interview on 5/19/21 at 3:30pm with licensed nurse #B confirmed all medication records recorded most medications in liberalized times and actual administration times are not recorded. For 20 residents of the facility the operator failed to ensure the licensed nurse or medication aide documented actual clock times medications were administered, when the medication administration record identified only time intervals.	S3201		
S3216 SS=D	26-41-205 (i) Disposition of Medication	S3216		

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S3216	Continued From page 18 (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(i) The facility reported a census of 22 residents. The sample included 4 residents and 3 closed review residents. Based on record review, and interview, certified medication aides and the licensed nurse failed to maintain records of the disposition of medications in sufficient detail for an accurate reconciliation for narcotic medications for closed review resident #523. Findings included:	S3216		

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S3216	Continued From page 19 - Record review for resident #523 recorded admission date of 1/4/19 with diagnoses of falls, weakness, osteoarthritis and dizziness. Functional capacity screen dated 1/7/19 recorded resident is independent with management of medications. Negotiated service agreement/ health care service plan dated 1/7/19 recorded resident to administer own medications. Record lacked a 2020 functional capacity screen, negotiated service agreement and health care service plan. Self medications test dated 5/29/2020 recorded: "Hydrocodone is administered by [facility]nursing staff. All other medications are self-administered. June 2020 medication administration record recorded: Hydrocodone-APAP (narcotic for pain) 5-325mg(milligram) tablets take one tablet by mouth every 6 hours as needed for pain. To be given by nursing staff. Medication recorded as administered by CMAs (certified medication aides) 25 times. Record recorded Closed record lacked narcotic records for the Hydrocodone-APAP detailing narcotic medication counts and disposition of the medication when the resident was discharged from the facility on 10/16/2020. Interview on 5/19/2021 at 2:25pm with administrative staff #G confirmed narcotic records for resident #523 were not in the closed	S3216		

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S3216	Continued From page 20 record and could not be located. For resident #523 the certified medication aides and the licensed nurse failed to maintain records of the disposition of medications in sufficient detail for an accurate reconciliation for narcotic medications.	S3216		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.	S3248		

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S3248	Continued From page 21 This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d)(1)(2) The census equaled 22 the sample included 4 residents. Based on interviews and review of facility records, for 3 of 4 certified staff (#C, #D, #E), the operator failed to ensure the employee record contained supporting documentation from the nurse aide registry and criminal background (KBI) checks upon hire. Findings included: - Review of personnel records on 5/18/21 at 4:00pm for 3 certified staff revealed the following: Certified staff #C, hire date 1/6/20, recorded KBI check on 1/8/2020, 2 days after hire date. Certified staff #D, hire date 3/15/20, lacked a KBI check. Certified staff #E, hire date 4/1/21, recorded a nurse aide registry check on 4/1/21 and KBI check on 4/6/21. (one month after hire.) Interview on 5/18/21 at 5:51pm with operator #A confirmed staff records lacked registry checks and KBI checks upon hire.	S3248		
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	S3261		

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S3261	Continued From page 22	S3261		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-105(f)(11)

The facility reported a census of 22 residents. The sample included 4 residents and 3 closed review residents. Based on record review and interview for 4 sampled residents (#518, 519, 520, 521) and 1 closed review resident (#523) the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.

Findings included:

- Record review for resident # 518 recorded admission date of 7/10/20 with diagnoses of pre-diabetes, atrial fibrillation, hypertension and hypothyroidism.

Progress notes recorded 18 nursing entries from 8/20/20 to 3/24/21 that lacked the time of the entry.

- Record review for resident # 519 recorded admission date of 1/25/21 with diagnoses of hypothyroidism, dementia, gastro-esophageal reflux disease, muscle weakness, osteoarthritis and glaucoma.

Progress notes recorded 6 nursing entries from 1/25/21 to 4/1/21 that lacked the time of the entry.

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S3261	Continued From page 23 - Record review for resident #520 recorded admission date of 9/8/18 with diagnoses of left hip fracture, prostate cancer and coronary artery disease. Progress notes recorded 5 nursing entries from 2/8/21 to 4/23/21 that lacked the time of the entry. Copy of an email from operator #A to the department complaint hotline recorded resident had a fall on 3/28/21 at 9:06am and again on 3/30/21 and was then sent to the emergency room, he was diagnosed with a fractured hip and was going in for surgery. Progress notes contained entries for 3/28/21 at 9:06am "staff called this nurse and reported resident sitting on the floor .... Resident denies any complaints of pain or discomfort.." signed by licensed nurse #H 3/29/21: "CMA (certified medication aide) called at 9:09am and reported that resident was noted on the floor upon entering to answer his call light". Signed by licensed nurse #H Next entry is dated 4/16/21 (no time) "resident returned from [Long term care facility] ....." Signed by licensed nurse #B. Records lacked nursing entries in the progress notes for resident fall on 3/30/21 including date and time of fall, nursing assessment, notification of physician and family and transfer to the emergency room. - Record review for resident #521 recorded admission date of 4/29/21 with diagnoses of atrial fibrillation and chronic arthritis. Progress notes recorded last nursing entry on 5/7/21 (entry lacked time of event). "Resident	S3261		

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S3261	Continued From page 24	S3261		

reports feeling tired and depressed. Resident reports she would like to be placed on an anti-depressant. Nurse practitioner [name]states she will come assess resident on Tuesday 5/11/21." Signed by licensed nurse #B

May 2021 medication administration record recorded "citalopram HBR (antidepressant) 10mg (milligram) tab take 1 tablet by mouth daily as administered 5/14/21 through 5/18/21.

Record lacked nurse practitioner visit on 5/11/21, new medication change, follow up for medication effectiveness and side effects and notification of family of new medication.

- Record review for resident #523 recorded admission date of 1/4/19 with diagnoses of falls, weakness, osteoarthritis and dizziness.

Discharge records recorded resident was discharged on 10/16/20 to another facility.

Progress notes from 3/10/2020 to 6/9/2020 (final recorded nursing entry) lacked times of the entries. Telephone order dated 7/7/20 recorded new wound care orders.

Record lacked documentation of resident condition, change of wound care treatments on 7/7/20 and discharge to another facility on 10/16/20 including resident condition upon transfer and disposition of resident medications.

Interview on 5/19/20 at 3:20pm and 3:30pm with licensed nurse #B confirmed resident records lacked times of entries and documentation of resident conditions including discharge to another facility.

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S3261	Continued From page 25 For residents 518, 519, 520, 521 and 523 the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S3261		
S3310 SS=F	26-41-207 (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; and (c) Each administrator or operator shall ensure the facility ' 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 by: KAR 26-41-207(c) The facility reported a census of 22 residents. The sample included 4 residents. Based on record review, and interview, for all residents of the facility, the operator failed to ensure compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included:	S3310		

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S3310	Continued From page 26 - Review of personnel records on 5/18/21 lacked evidence of TB skin testing according to guidelines as follows: Licensed nurse #B: hire date 4/6/21, record contained a TB questionnaire dated 4/6/21, record lacked evidence of 2 step TB skin test upon hire. Certified staff #C: hire date 1/6/20, record contained negative TB test results from a prior employer dated 7/31/19, lacked evidence of a TB skin test or TB questionnaire upon hire. Certified staff #D: hire date 3/15/20, record lacked TB skin test and questionnaire upon hire. (Record contained prior employment TB testing dated 7/18/19) Certified staff #E: hire date 3/1/21, record lacked evidence of TB skin testing and a TB questionnaire. Certified staff F: hire date 3/23/20, record contained a questionnaire upon hire and a negative TB test on 8/28/20 (5 months later). Record lacked TB skin testing upon hire. Review of resident records lacked evidence of TB skin testing, according to guidelines, for the following residents: - Record review for resident # 518, admission date of 5/10/20 lacked evidence of TB skin testing or a TB questionnaire. - Record review for resident #519, admission date of 1/25/21 revealed a TB questionnaire	S3310		

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S3310	Continued From page 27 dated 4/26/21, record lacked evidence of TB skin testing or a TB questionnaire. - Record review for resident #521, admission date of 4/29/21 revealed a TB questionnaire dated 4/29/21, record lacked evidence of a 2 step TB skin test. Interview on 5/18/21 at 5:15pm with operator #A confirmed staff records lacked evidence of TB skin testing according to guidelines. Interview on 5/19/21 at 3:30pm with licensed nurse #B confirmed records for residents #518, 519 and 521 lacked evidence of TB testing according to department guidelines. For all residents of the facility, the operator failed to ensure compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		