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	N074003	A. BUILDING: _____ B. WING _____	02/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHILLIPS COUNTY RETIREMENT CENTER	EAST HWY 36, PO BOX 628 PHILLIPSBURG, KS 67661

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named assisted living facility conducted on 02/03/21, 02/04/21, 02/08/21, 02/09/21 and 02/10/21.	S 000		
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 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 reported a census of 13 residents. The sample included 3 residents and 1 focused record review resident. Based on record review, observation and interview for 3 (#203, #340, #719) of 3 sampled residents, the administrator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who	S3085		

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

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S3085	Continued From page 1	S3085		

required health care services identified a description of the services the resident will receive and identification of the provider of each service.

Findings included:

Resident roster obtained on 02/03/21 at 12:19 PM from administrator recorded resident #203 as having an outside provider (physical therapy/ occupational therapy).

- Record review for resident #203 recorded admission date of 08/04/17 with diagnoses of hypertension, angina, restless leg syndrome, anxiety disorder, vitamin deficiency, atrial fibrillation and hypokalemia. The Functional Capacity Screen dated 04/20/2020 recorded the resident required health care services.

NSA/ Health Care Service Plan dated 04/21/2020 lacked a description of the services the resident will receive (physical therapy (PT)/ occupational therapy (OT) and lacked identification of the provider of the physical therapy service.

Signed physician order dated 11/03/2020 recorded resident to start PT/OT for strengthening and balance training

Interview on 02/04/21 at 12:06 PM with administrator confirmed resident #203 receiving PT/OT and the NSA did not list a description of services and identification of the provider of each service.

- Record review for resident #340 recorded admission date of 05/03/18 with diagnoses of

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S3085	Continued From page 2	S3085		

hypothyroidism, hyperlipidemia, hypertension, edema and chronic pain. The Functional Capacity Screen dated 04/20/2020 recorded the resident required health care services.

NSA/ Health Care Service Plan (HCSP) dated 03/01/2020 recorded resident used a walker at all times for ambulation and used a wheelchair for long distances. The record lacked a description of a use of a bed rail.

Resident record lacked an assessment for safety of a bed rail for resident #340.

Observation on 02/04/21 at 11:03 AM in resident #340's room revealed a bed rail on the left side of resident's bed.

Interview on 02/04/21 at 12:08 PM with administrator confirmed the NSA lacked a description of a bed rail.

- Record review for resident #719 recorded admission date of 04/19/16 with diagnoses of hypertension, anxiety disorder, edema, unspecified dementia without behavioral disturbances and constipation. The Functional Capacity Screen dated 08/17/2020 recorded the resident required health care services.

NSA/ Health Care Service Plan (HCSP) dated 08/17/2020 recorded resident used a walker for ambulation. The record lacked a description of a use of a bed rail.

Resident record lacked an assessment for safety of a bed rail for resident #719.

Observation on 02/04/21 at 10:44 AM in resident

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S3085	Continued From page 3 #719's room revealed a bed rail on the left side of resident's bed. Interview on 02/04/21 at 12:08 PM with administrator confirmed the NSA lacked a description of a bed rail. Facility's Negotiated Service Agreement Policy recorded, "Prairie Wind Villa shall develop, in collaboration with the resident, the resident's legal representative, family, if agreed to by the resident or case manager, a written negotiated service agreement based on service needs or preferences of the resident. The negotiated service agreement shall describe the services to be provider, identify the provider of the service or services and identify the party or parties responsible for payment when services are provided by an outside resource." For residents #203, #340, #719, the administrator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services identified a description of the services the resident will receive and identification of the provider of each service.	S3085		
S3175 SS=E	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	S3175		

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S3175	Continued From page 4 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 13 residents. The sample included 3 residents and 1 focused record review resident. Based on record review and interview for 2 (#203, #719) of 3 sampled residents, the administrator failed to ensure a licensed nurse performs an assessment annually for residents who self-administer medications. Findings included: - Record review for resident #203 recorded admission date of 08/04/17 with diagnoses of hypertension, angina, restless leg syndrome, anxiety disorder, vitamin deficiency, atrial fibrillation and hypokalemia. Current Functional Capacity Screen dated 04/20/2020 recorded resident required supervision with management of medications and treatments. Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP) dated 04/21/2020	S3175		

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S3175	Continued From page 5	S3175		

recorded staff administered all prescription medications for resident and in accordance to physician's orders.

Signed physician order dated 08/17/2020 recorded resident to self-administer Refresh Plus eye drops PRN (as needed).

February 2021 MAR (medication administration record) recorded, "Refresh Plus Solution, instill 1 unit in both eyes as needed for dry eyes unsupervised self-administration, resident to self-administer in room."

Resident roster did not identify resident #203 as self-administering medications.

Record lacked evidence of a self-administration of medications evaluation performed by a licensed nurse.

- Record review for resident #719 recorded admission date of 04/19/16 with diagnoses of hypertension, anxiety disorder, edema, unspecified dementia without behavioral disturbances and constipation.

Current Functional Capacity Screen dated 08/17/2020 recorded resident required supervision with management of medications and treatments.

Negotiated Service Agreement (NSA)/ Health Care Service Plan (HCSP) dated 08/17/2020 recorded facility staff administered resident's medications.

Signed physician's order dated recorded Tylenol 500 mg (milligrams), 3-5 per day PRN (as

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S3175	Continued From page 6 needed), resident to self-administer. February 2021 MAR (medication administration record) recorded, "Tylenol Extra Strength Tablet, give 500 mg by mouth three times a day for treatment of pain, unsupervised self-administration." Resident roster did not identify resident #719 as self-administering medications. Record lacked evidence of a self-administration of medications evaluation performed by a licensed nurse. On 02/08/21 at 5:23 PM, administrator wrote, "We do not require a self-administration review if there is a doctor order to specifically self-administer a certain medication. Facility medication management policy recorded, "A resident may manage and self-administer the individual's own medication if an assessment by a licensed nurse or a physician's order has determined that the resident can perform this function safely and accurately. The licensed nurse assessment shall include the following information: an evaluation of the resident's physical, cognitive, and functional ability to manage that individual's own medication and an entry in the resident's clinical record." The policy failed to follow the regulatory requirement that any resident may self-administer medication independently if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. The administrator failed to ensure a licensed nurse performs an assessment annually for residents who self-administer medications.	S3175		

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S3200 SS=D	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 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 13 residents. The sample included 3 residents and 1 focused record review resident. Based on record review and interview for 1 (#340) of 1 sampled resident, the administrator failed to ensure all medications and treatments were administered in accordance with professional standards of practice when a CMA (certified medication aid) was not required to consult with a licensed nurse prior to administering a PRN (as needed) narcotic. Findings included:	S3200		

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S3200	Continued From page 8 - Record review for resident #340 recorded admission date of 05/03/18 with diagnoses of hypothyroidism, hyperlipidemia, hypertension, edema and chronic pain. Current Functional Capacity Screen (FCS) dated 04/20/2020 recorded resident required supervision with management of medications and treatments. Negotiated Service Agreement (NSA)/ Healthcare Service Plan (HCSP) dated 03/01/2020 recorded facility staff will administer medications per physician's orders. January 2021 PRN medication administration record (MAR) and progress notes recorded resident received Tramadol HCL (hydrochloride) (narcotic for pain) twice on 02/01/21 from CMA #B and CMA #I, twice on 02/02/21 from CMA #B and CMA #H, once on 02/03/21 from CMA #B, twice on 02/04/21 from CMA #H and CMA #I and twice on 02/05/21 from CMA #B and CMA #H. Record lacked notification of licensed nurse prior to administration of a PRN medication. Interview on 02/03/21 at 12:04 PM with CMA #B confirmed she does not call a nurse prior to administration of PRN medications (pain medications). Interview on 02/04/21 at 12:14 PM with administrator confirmed CMA's are not required to consult with a nurse prior to administration of PRN medications. The facility failed to provide a policy on CMA administration of a PRN narcotic.	S3200		

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S3200	Continued From page 9 The administrator failed to ensure all medications and treatments were administered in accordance to professional standards of practice when a CMA (certified medication aid) was not required to consult with a licensed nurse prior to administering a PRN (as need) narcotic.	S3200		
S3270 SS=E	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (b) (8) The census equaled 13 residents. Based on interview and review of records, for all residents and staff, the administrator failed to ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including missing resident. Findings included:	S3270		

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S3270	Continued From page 10 - On 02/03/21 at 12:50 PM, a review of the emergency management plan with administrator. Records revealed the following: Disaster Plan reviews with residents and staff completed on 10/02/2018, 01/08/19, 04/15/19, 09/04/19, 12/18/19, 01/13/2020, 04/20/2020, 10/22/2020 and 11/02/2020. Disaster Plan reviews included fire, flood, severe weather, tornado, explosion, natural gas leak and lack of electrical or water services but lacked documentation of review of missing resident each time. Interview on 02/03/21 at 12:55 PM with administrator confirmed missing resident was not included in the written emergency management plan or reviewed with staff and residents every quarter. Facility's emergency and Disaster Plan Policy recorded, "The procedure for fire, bomb threat, tornado, severe storm, hazardous materials and utility outages." For all residents, the administrator failed to ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including missing resident.	S3270		
S3310 SS=E	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	S3310		

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S3310	Continued From page 11 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: K.A.R 26-41-207 (c) The facility reported a census of 13 residents. The sample included 3 residents, 1 focused record review resident and review of 5 employee records. Based on record review and interview for 2 of 5 sampled staff, the administrator failed to ensure compliance with the department's tuberculosis (TB) guidelines. Findings included: - Review of 5 newly hired employees file revealed the following: Certified staff #F hired onto the facility on 07/11/2020. Staff #F's record lacked evidence of 2nd step of TB testing upon hire. Record lacked date and signature on TB questionnaire upon hire. Certified staff #G hired onto the facility on 08/03/2020. Staff #G's record lacked evidence of	S3310		

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S3310	Continued From page 12 2nd step of TB testing upon hire. During an interview on 02/04/21 at 12:14 PM, administrator confirmed 2nd step of TB testing was not completed for certified staff #F and #G upon hire. Facility's Infection Control policy recorded, "Tuberculosis skin testing of each new resident and employee as soon as residency or employment begins. PWV shall follow the center for disease control recommendations for Prevention and Control of Tuberculosis in Facilities Providing Long-term Care to the Elderly." The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		