STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011007	A. BUILDING: _____ B. WING _____	C 12/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE	311 SOUTH EAST AVENUE COLUMBUS, KS 66725

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure with attached complaints #149850, #158068 and #135779 conducted on 12/09/20, 12/10/20 , 12/14/20 and 12/15/20 at the above named assisted living facility in Columbus, KS.	S 000		
S3225 SS=F	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l) The facility reported a census of 15 residents. Based on record reviews and interviews for 3 of 3 sampled residents (#112, #113, #114) the administrator failed to ensure that a licensed pharmacist conducted a medication review at least quarterly for each resident whose medication is managed by the facility. Findings included:	S3225		

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

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S3225	Continued From page 1 - Record review for resident #112 revealed an admission date of 02-01-2020 and diagnoses of Hypertension, Generalized Anxiety Insomnia. Functional capacity screen dated 02-01-2020 indicated resident was unable to perform management of medications and medical treatments. Negotiated service agreement dated 02-01-2020 documented certified medication aide or licensed nurse provided administration of medications and treatment. The record lacked documentation of a quarterly medication regimen review. - Record review for resident #113 revealed an admission date of 04-08-2014 and diagnosis of Benign hypertension with chronic kidney disease, Dementia, Hypokalemia, hypothyroidism and hyperlipidemia. Functional capacity screen dated 03-05-2020 indicated resident was unable to perform management of medications and medical treatments. Negotiated service agreement dated 03-05-2020 documented certified medication aide or licensed nurse provided administration of medications and treatments. The record revealed licensed pharmacist documented a medication review on 12-31-2019. The record lacked documentation of a quarterly medication regimen review after 12-31-2019.	S3225		

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S3225	Continued From page 2 - Record review for resident #114 revealed an admission date of 07-15-2019 and diagnosis of Hypertension, Depression and Anxiety. Functional capacity screen dated 07-15-2020 indicated resident was unable to perform management of medications and medical treatments. Negotiated service agreement dated 07-15-2020 documented certified medication aide or licensed nurse provided administration of medications and treatments. The record revealed licensed pharmacist documented a medication review on 12-31-2019. The record lacked documentation of a quarterly medication regimen review after 12-31-2019 At 11:40am on 12-10-2020, administrative staff A stated pharmacist has not completed on-site quarterly medication regimen reviews since 12-31-2019 due to COVID-19 visitor restrictions. Administrative staff A confirmed did not contact pharmacist for alternate off-site quarterly medication regimen reviews. Based on record reviews and interviews for 3 of 3 sampled resident, with the potential to affect all residents of the facility the operator failed to ensure that a licensed pharmacist conducted a medication review at least quarterly for each resident whose medication is managed by the facility.	S3225		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies	S3310		

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S3310	Continued From page 3 (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(b)(5) The facility reported a census of 15 residents with 13 residents who tested positive for COVID-19 as of 12-7-2020. Based on observations, record reviews and interviews for 1 sampled resident (#112) and 1 non-sampled resident (#125), the operator failed to ensure employees with a communicable disease were prohibited from coming in direct contact with residents, resident's food and resident care equipment until the condition was no longer infectious. Findings included: - Interview on 12-9-2020 at 10:40am with Administrative Staff A revealed the following: Administrative Staff A stated that on 12-02-2020 non-sampled resident #127 was tested for COVID due to being out of facility to physician	S3310		

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S3310	Continued From page 4	S3310		

appointments on 11-18-2020 and developed diarrhea on 11-29-2020. Test results were received on 12-03-2020 for non -sampled resident #127 and confirmed positive COVID. Administrative staff A stated Cherokee County Health Department was notified and orders were received from facility medical provider for COVID testing for all residents and staff.

On 12-5-2020 14 residents and 7 staff members were tested for COVID-19 with results were received on 12-07-2020 and confirmed 12 residents and 7 staff members tested positive for COVID-19. Sampled resident #112 and non-sampled resident #125 tested negative.

- Interview on 12-10-2020 with Cherokee County Health Department (CCHD) Registered Nurse (RN) revealed the following: Administrative Staff A contacted RN at CCHD on 12-03-2020 at 4:15pm to report that non-sampled resident #127 was tested COVID positive and that all residents and all staff were scheduled to be COVID tested on 12-05-2020. RN stated gave instructions to Administrative Staff A to quarantine non-sampled resident #127 and for all staff COVID positive staff to wear surgical grade or N-95 masks. RN stated was contacted by Administrative Staff A again on 12-07-2020 and reported that 12 residents and 7 staff tested were positive COVID. RN stated "We weighed the pros and cons and determined that facility is doing what they need to if facility keeps COVID positive residents quarantined in their rooms and staff are wearing personal protective equipment"

On 12-07-2020 2 residents, #112 and non-sampled #125 were re-tested and remained negative COVID.

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S3310	Continued From page 5 On 12-11-2020 2 residents #112 and non-sampled #125 were re-tested. Non-sampled resident #125 positive for COVID. Sampled resident #112 remained negative COVID. Administrative Staff A confirmed that current staff providing care for sampled resident #112 and non-sampled residents #125 were all COVID positive. For 2 residents of the facility, sampled resident #112 and non-sampled resident #125 the operator failed to ensure employees with a communicable disease were prohibited from coming in direct contact with residents, resident's food and resident care equipment until the condition was no longer infectious.	S3310		
S3315 SS=E	26-41-207 (b) (7) Infection Control (b) (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: KAR 26-41-207 (b)(7) The facility reported a census of 15 residents with 13 residents who tested positive for COVID-19 as of 12-7-2020 Based on observations, record reviews and interviews for 1 sampled resident (#112) and 1 non-sampled resident (#125), the	S3315		

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S3315	Continued From page 6	S3315		

operator failed to provide the isolation precautions necessary to protect the health of the residents who continued to test negative for COVID-19 (potential fatal respiratory illness caused by a new strain of coronavirus characterized by fever, cough, shortness of breath.).

Findings included:

- Interview on 12-9-2020 at 10:40am with Administrative Staff A revealed the following: On 12-5-2020, Administrative Staff A stated, 15 residents and 7 staff members were tested for COVID-19. Administrative Staff A stated results were received on 12-07-2020 and confirmed 13 residents and 7 staff members tested positive for COVID-19. Further stated 2 residents tested negative for COVID-19.

Observation on 12-9-2020 at 1:00pm confirmed west wing of facility contained 4 apartments with two apartments occupied on one side of the hall and one apartment occupied on the other side of the hall. The facility cohorted a positive COVID-19 resident on the same hall with negative COVID-19 residents.

- Record review for Resident #112 revealed admission on 2-1-2020 with diagnoses Hypertension, Generalized Anxiety and Insomnia. The FCS dated 2-1-2020 recorded resident with impaired cognition.
Resident negative for COVID-19 on 12-7-2020.

Non sampled resident #125 record revealed admission on 05-08-2019 with diagnosis of vitamin D deficiency, confusion, chronic kidney disease and hypothyroidism. Functional capacity

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S3315	Continued From page 7	S3315		

screen date 05-08-2020 recorded resident required healthcare services.

Non sampled resident #126 record revealed admission on 06-25-2020 with diagnosis of chronic pain syndrome, overactive bladder, insomnia and gastro-intestinal reflux disorder. Functional capacity screen dated 06-25-2020 recorded resident required healthcare services.
- Interview with Administrative Staff A on 12-9-2020 at 1:10pm confirmed that on 12-7-20 non-sampled resident #126 was tested positive for COVID-19 and across the hall, resident #112 and non-sampled resident #125 were negative for COVID-19.

The facility lacked a policy for crisis staffing related to COVID-19.
Interview on 12-9-20 at 2:50pm with non-sampled resident #126 stated she was glad to move to another room and stated was glad to be moving because ... non-sampled resident #125 ... "kept coming across the hallway and visiting and bothering me"

Interview with Administrative Staff A on 12-12-2020 at 8:37am confirmed that non-sampled resident #125 and sampled resident #112 were re-tested for COVID-19 on 12-11-20 and results received on 12-12-20 confirmed that sampled resident #112 was confirmed positive COVID-19.

For 2 residents of the facility, sampled resident #112 and non-sampled resident #125 the Administrative Staff A failed to ensure the 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

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S3315	Continued From page 8 condition is no longer infectious, resulting in harm to residents.	S3315		