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	N094001	A. BUILDING: _____ B. WING _____	01/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL LIVING CENTER	102 E LANE DRIVE JOHNSON, KS 67855

(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 represent the findings of a resurvey at the above named facility conducted on 1/13,14,19,20/2021.	S 000		
S 230 SS=E	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(b)(1) The facility reported a census of 8 residents. The sample included 3 residents and 1 focused record review. Based on record review and interview the operator failed to ensure 3(#112, #312, #412) of 4 resident's record included a copy of their current advanced medical directive.	S 230		

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

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S 230	Continued From page 1 Findings included: - Review of resident #112's medical record revealed he moved into the facility on 3-23-18 with diagnoses of diabetes type II and hypertension. Review of the resident's medical record revealed an advanced directive information sheet which identified the resident had exicuted a Living Will. The residents record lacked a copy of the resident's Living Will. - Review of resident #312's medical record revealed she moved into the facility on 5-5-17 with diagnoses of congestive heart failur, chronic kidney disease and hypertension. Review of the residents' medical record revealed an advanced directive information sheet which identified the resident had exicuted a Durable Power of Attorney and a Living Will. The residents record lacked a copy of the resident's Living Will. - Review of resident #412's medical record revealed she moved into the facility on 11-7-20 with diagnoses of osteoarthritis, acid reflux and hypertension. Review of the residents' medical record revealed an advanced directive information sheet which identified the resident had exicuted a Durable Power of Attorney and a Living Will. The residents record lacked a copy of the resident's Living Will.	S 230		

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S 230	Continued From page 2 During an interview on 1-14-21 at 10:40 AM licensed nursing staff B confirmed the residents record did not contain a copy of the resident's living will.	S 230		
S3081 SS=E	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: K.A.R.26-41-201(c)(1) The facility census totaled 8 residents. The sample included all 3 residents and 1 focused record review. Based on record review and interview the operator failed to ensure designated staff completed 3 (#112, #212, #312) of 3 resident's Functional Capacity Screen (FCS) at least every 365 days. - Review of resident #112's medical record revealed he moved into the facility on 3-23-18 with diagnoses of hypertension and diabetes. Review of the resident's current functional capacity screen (FCS) dated 11-16-20 revealed	S3081		

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S3081	Continued From page 3	S3081		

the resident was independent with activities of daily living, management of medications and medical treatments and had current problems with falls/unsteadiness.

Review of the resident's record revealed staff completed the prior FCS on 3-25-19, more than 365 days prior to current FCS.

-- Review of resident #212's medical record revealed the resident moved into the facility on 11-17-17 with diagnoses of hypertension, diabetes type II and osteoarthritis.

Review of the resident's current functional capacity screen dated 11-18-20 indicated the resident needed physical assistance to manage his medications and medical treatments. required supervision with bathing, had bladder incontinence, impaired cognition and current problem with falls/unsteadiness.

Review of the resident's record revealed staff completed the prior FCS on 11-23-18, more that 356 days prior to the current FCS.

- Review of resident #312's medical record revealed the resident moved into the facility on 5-5-17 with diagnoses of congestive heart failure, hypertension and chronic kidney disease.

Review of the resident's current functional capacity screen dated 11-18-20 indicated the resident needed physical assistance with bathing, dressing, transfers, management of medications and medical treatments, and needed supervision with toileting and mobility.

Review of the resident's record revealed staff completed the prior FCS on 5-1-19, more than

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S3081	Continued From page 4 365 days prior to current FCS. An interview on 1-13-21 at 2:54 AM licensed nursing staff B confirmed residents #112, #212, and #312 did not have their functional capacity screens completed at least every 365 days. The operator failed to ensure designated staff completed the residents functional capacity screens at least every 365 days.	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 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)(1) The facility reported a census of 8 residents. The	S3085		

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S3085	Continued From page 5	S3085		

sample included 3 residents and 1 focused record review. Based on interview and record review for 3 (#112, #212, #312) of 3 sampled residents, the operator failed to ensure the development of the Negotiated Service Agreement which identified the services the resident received and who provided that service.

Findings included:

- Review of resident #112's medical record revealed he moved into the facility on 3-23-18 with diagnoses of hypertension and diabetes.

Review of the resident's current functional capacity screen (FCS) dated 11-16-20 revealed the resident was independent with activities of daily living, management of medications and medical treatments and had current problems with falls/unsteadiness.

Review of the resident's current negotiated service agreement (NSA) dated 1-2-21 revealed the resident received "basic" health care services which included reminders for management for medications. The negotiated service agreement failed to identify that the resident self administered all of his medications or the resident used a 4 wheeled walker for assistance with mobility.

-- Review of resident #212's medical record revealed the resident moved into the facility on 11-17-17 with diagnoses of hypertension, diabetes type II and osteoarthritis.

Review of the resident's current functional capacity screen (FCS) dated 11-18-20 indicated the resident had problems or risk of falls and needed physical assistance to manage his

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S3085	Continued From page 6	S3085		

medications and medical treatments, required supervision with bathing, physical assistance with management of medications and medical treatments, had bladder incontinence, impaired cognition and current problem with falls/unsteadiness.

The resident's prior FCS dated 11-23-18 revealed the resident required physical assistance with management of medications and medical treatments, had bladder incontinence, impaired cognition, problems with falls/unsteadiness and had impaired vision.

Review of the residents current negotiated service agreement signed 11-1-19 identified the resident received "Basic" health care services with additional services of medication administration. The negotiated service which would have been developed after the FCS dated 11-23-18 was developed failed to include services related to bladder incontinence, impaired cognition falls/unsteadiness or the resident's impaired vision. It also failed to include who would provide needed services. It also failed to include the resident used a 4 wheeled walker as an assistive devise for mobility.

- Review of resident #312's medical record revealed the resident moved into the facility on 5-5-17 with diagnoses of congestive heart failure, hypertension and chronic kidney disease.

Review of the resident's current functional capacity screen (FCS) dated 11-18-20 indicated the resident needed physical assistance with bathing, dressing, transfers, management of medications and medical treatments, and needed supervision with toileting and mobility.

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S3085	Continued From page 7 The residents prior FCS dated 5-1-19 indicated the resident was independent with activities of daily living, unable to perform management of medications and medical treatments, and had impaired vision. Review of the residents negotiated service agreement signed on 5-1-19 revealed the resident received "Basic" health care services with an additional service to assist with medication administration. The negotiated service agreement failed to identify any services the resident required related to impaired vision and failed to identify the resident used a walker for an assistive devise for mobility. During an interview on 1-13-21 at 2:58 PM licensed nursing staff stated at 2:54 PM that she did not do anything with the completion of the negotiated service agreements. When nurse B reviewed each resident's service agreements she confirmed they did not include specific services the resident's required related to self medication administration, assistance with activities of daily living or assistive devises the resident used. The operator failed to ensure the development of the Negotiated Service Agreement which identified the services the resident received and who provided that service.	S3085		
S3091 SS=E	26-41-202 (e) NSA Nurse Participation (e) A licensed nurse shall participate in the development, review, and revision of the negotiated service agreement if the resident's functional capacity screening indicates the need for health care services.	S3091		

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S3091	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-41-202(e) The facility reported a census of 8 residents. The sample included 3 resident's and 1 focused record review. Based on interview and record review for 2 (#212) of 4 residents, the operator failed to ensure a licensed nurse participated in the development, review, and revision of the negotiated service agreement for resident's whose functional capacity screening indicated the need for health care services. Findings included: - Review of resident #212's medical record revealed the resident moved into the facility on 11-17-17 with diagnoses of hypertension, diabetes type II and osteoarthritis. Review of the resident's current functional capacity screen (FCS) dated 11-18-20 indicated the resident needed physical assistance to manage his medications and medical treatments, required supervision with bathing, had bladder incontinence, impaired cognition and current problem with falls/unsteadiness. The resident's prior FCS dated 11-23-18 revealed the resident required physical assistance with management of medications and medical treatments, had bladder incontinence, impaired cognition, problems with falls/unsteadiness and had impaired vision. Review of the residents current negotiated	S3091		

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S3091	Continued From page 9	S3091		

service agreement signed 11-1-19 was signed by the resident and administrative staff C.

The negotiated service agreement was not signed by a licensed nurse to indicate participation in the development of the negotiated service agreement.

- Review of resident #412's medical record revealed she moved into the facility on 11-7-20 with diagnoses of osteoarthritis, acid reflux, and hypertension.

Review of the resident's functional capacity screen dated 12-7-20 revealed the resident required physical assistance with management of medications and medical treatments, had impaired cognition and communication.

Review of the residents negotiated service agreement dated 10-30-20 included the signatures of the resident, the resident's legal representative and the operator. The negotiated service agreement lacked the signature of a licensed nurse to indicate participation in the development of the negotiated service agreement.

During an interview on 1-13-21 at 2:54 PM licensed nurse B stated that the operator completed the negotiated service agreements. Nurse B stated she did not do anything with the negotiated service agreements except sign them for witness signatures. If there is a change in the care needs nurse B would let operator A know and operator A would complete an addendum for a change in the residents rent.

On 1-19-21 at 4:47 PM operator A reported she did not know the nurse had to help with

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S3091	Continued From page 10 completion as some of the previous agreement did not have a nurse signature. The operator failed to ensure a licensed nurse participated in the development, review, and revision of the negotiated service agreement for resident's whose functional capacity screening indicated the need for health care services.	S3091		
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)(1)(2) The facility reported a census of 8 residents. The sample included 3 residents and 1 focused record review. Based on record review and interview the operator failed to ensure 3 (#112, #121, #312) of 3 sampled residents had their negotiated service agreement reviewed and, if	S3092		

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necessary, revised at least once every 365 days and/or following any significant change in condition, as defined in KAR 26-39-100.

Findings included:

- Review of resident #112's medical record revealed he moved into the facility on 3-23-18 with diagnoses of hypertension and diabetes.

Review of the resident's current functional capacity screen (FCS) dated 11-16-20 revealed the resident was independent with activities of daily living, management of medications and medical treatments and had current problems with falls/unsteadiness.

Review of the resident's current negotiated service agreement (NSA) dated 1-2-21 revealed the resident received "basic" health care services which included reminders for management for medications.

Review of the resident's prior NSA revealed staff completed it on 3-25-19, more than 365 days prior to the current NSA.

-- Review of resident #212's medical record revealed the resident moved into the facility on 11-17-17 with diagnoses of hypertension, diabetes type II and osteoarthritis.

Review of the resident's current functional capacity screen (FCS) dated 11-18-20 indicated the resident had problems or risk of falls and needed physical assistance to manage his medications and medical treatments, required supervision with bathing, physical assistance with management of medications and medical treatments, had bladder incontinence, impaired

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cognition and current problem with falls/unsteadiness.

Review of the residents current negotiated service agreement signed 11-1-19 identified the resident received "Basic" health care services with additional services of medication administration. The negotiated had not been reviewed or revised in over 365 days.

- Review of resident #312's medical record revealed the resident moved into the facility on 5-5-17 with diagnoses of congestive heart failure, hypertension and chronic kidney disease.

Review of the resident's current functional capacity screen (FCS) dated 11-18-20 indicated the resident needed physical assistance with bathing, dressing, transfers, management of medications and medical treatments, and needed supervision with toileting and mobility.

Review of the residents current negotiated service agreement signed on 5-1-19 revealed the resident received "Basic" health care services with an additional service to assist with medication administration. The negotiated service agreement had not been reviewed or revised in over 365 days.

On 1-19-21 at 4:47 PM operator A reported she thought the negotiated service agreements only needed to be done when there was a rate change or level of care change.

The operator failed to ensure the residents negotiated service agreements were reviewed/revised at least every 365 days or when the resident had a significant change.

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S3165	Continued From page 13	S3165		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (d) The facility reported a census of 8 residents. The sample included 3 residents and 1 focused record review. Based on interview for all residents and record review the operator failed to ensure all residents including 4 (#112, #212, #312, #412) of 4 sampled resident's negotiated service agreements included the name of the licensed nurse responsible for the implementation and supervision of the service plan. Findings included: - Review of resident #112's medical record revealed he moved into the facility on 3-23-18 with diagnoses of hypertension and diabetes. Review of the resident's current functional capacity screen (FCS) dated 11-16-20 revealed the resident was independent with activities of daily living, management of medications and medical treatments and had current problems with falls/unsteadiness. Review of the resident's current negotiated service agreement (NSA) dated 1-2-21 lacked the	S3165		

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name of the nurse responsible for the implementation and supervision of the health care service plan.

-- Review of resident #212's medical record revealed the resident moved into the facility on 11-17-17 with diagnoses of hypertension, diabetes type II and osteoarthritis.

Review of the resident's current functional capacity screen (FCS) dated 11-18-20 indicated the resident had problems or risk of falls and needed physical assistance to manage his medications and medical treatments, required supervision with bathing, physical assistance with management of medications and medical treatments, had bladder incontinence, impaired cognition and current problem with falls/unsteadiness.

Review of the residents current negotiated service agreement signed 11-1-19 lacked the name of the licensed nurse responsible for implementation and supervision of the health care service plan.

- Review of resident #312's medical record revealed the resident moved into the facility on 5-5-17 with diagnoses of congestive heart failure, hypertension and chronic kidney disease.

Review of the resident's current functional capacity screen (FCS) dated 11-18-20 indicated the resident needed physical assistance with bathing, dressing, transfers, management of medications and medical treatments, and needed supervision with toileting and mobility.

The residents prior FCS dated 5-1-19 indicated the resident was independent with activities of

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S3165	Continued From page 15 daily living, unable to perform management of medications and medical treatments, and had impaired vision. Review of the residents negotiated service agreement signed on 5-1-19 lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. - Review of resident #412's medical record revealed she moved into the facility on 11-7-20 with diagnoses of osteoarthritis, acid reflux and hypertension. Review of the residents functional capacity screen dated 12-7-20 revealed the resident needed physical assistance with management of medications and medical treatments and had impaired cognition and communication. The residents negotiated service agreement dated 10-30-20 lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. On 1-13-21 at 2:55 PM licensed nurse B confirmed all residents in the facility had the same type of negotiated service agreement and they did not include the name of the nurse responsible for the implementation and supervision of the health care service plan. The operator failed to ensure all resident's negotiated service agreements included the name of the current licensed nurse responsible for the implementation and supervision of the service plan.	S3165		

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S3175	Continued From page 16	S3175		
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) The facility reported a census of 8 residents. The sample included 3 residents and 1 focused record review. . Based on observation, record review, and interview the operator failed to ensure designated staff completed a self-administration medication assessment for 1 (#312) of 3 sampled residents who kept and self administered medications and medical treatments Findings included: - Review of resident #312's medical record revealed the resident moved into the facility on	S3175		

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S3175	Continued From page 17	S3175		

5-5-17 with diagnoses of congestive heart failure, hypertension and chronic kidney disease.

Review of the resident's current functional capacity screen (FCS) dated 11-18-20 indicated the resident needed physical assistance with management of medications and medical treatments.

The residents prior FCS dated 5-1-19 indicated the resident could not perform management of medications and medical treatments.

Review of the residents negotiated service agreement signed on 5-1-19 revealed the resident received "Basic" health care services with an additional service to assist with medication administration.

Review of the resident's January 2021 medication administration record revealed the following medications could be kept at bedside:
7-16-20 - Saline Nasal gel as needed for nasal dryness - may keep at bedside
12-12-20 - cough drops at bedside as needed for cough.

Review of the resident's medical record included a self-administration assessment dated 8-16-18 which indicated the resident was unable to safely demonstrate administration of medications and staff were to administer the resident's medications to her. This was the only self-administration assessment in the resident's record.

Observation on 1-14-21 at 11:00 am observation of the residents room with licensed nurse B revealed the resident had a bottle of antacid tablets half empty on her bedside table, and

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S3175	Continued From page 18 Biotene moisturizer for dry mouth and bottle of Vaseline on the table by her recliner. During an interview on 1-14-21 at 11:01 AM licensed nurse B confirmed there had not been a self-administration assessment completed for the medications/medical treatments the resident had in her room. The operator failed to ensure designated staff completed a self-administration medication assessment for resident #312 who kept and self-administered medications and medical treatments in her room.	S3175		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 8 residents.	S3211		

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S3211	Continued From page 19 Based on observation and interviews for all residents, the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the package. If the package contained a container, bottle, or tube that could be removed from the original package a licensed pharmacist or licensed nurse needed to place the full name of the resident on both the original manufacturer's medication package and the medication container. Findings included: - On 1-13-21 at 11:00 AM an observation of the medication cabinet included a plastic container labeled "stock". The container contained a bottle of Advil Liqui-gels 200 milligrams (mg.) without a residents name. The cabinet also contained the following opened medications without a resident's name on them: A bottle of Milk of magnesia, bottle of Robitussin cough syrup, Bottle of Almacone antacid double strength, Antidiarrheal 2 mg. tablets, Ibuprofen 200 mg. and a bag of cough drops. During an interview on 1-13-21 at 11:01 AM licensed nurse B reported the medications were stock medications for use as needed for any resident who had a medical providers order for that particular medication. The Operator failed to ensure all over-the-counter medications were labeled with the resident's full name.	S3211		
S3225 SS=E	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed	S3225		

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S3225	Continued From page 20 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)(3) The facility reported a census of 8 residents. The sample included 3 residents and 1 focused record review. Based on record review and interview for 2 (#212 and #312) of 3 sampled residents the operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each resident whose medications were managed by the facility. Findings included: -- Review of resident #212's medical record revealed the resident moved into the facility on 11-17-17 with diagnoses of hypertension, diabetes type II and osteoarthritis. Review of the resident's functional capacity screen dated 11-18-20 indicated the resident had problems with falls/unsteadiness and required physical assisstance with management of medications and medical treatments.	S3225		

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S3225	Continued From page 21 Review of the resident's negotiated service agreement dated 11-1-19 revealed the licensed nurse or certified medication aide assisted the resident with medication administration. During an interview on 1-13-21 at 3:51 PM certified staff I stated she gave the resident her medications when ordered. - Review of resident #312's medical record revealed the resident moved into the facility on 5-5-17 with diagnoses of congestive heart failure, hypertension and chronic kidney disease. Review of the resident's functional capacity screen dated 11-18-20 indicated the resident needed physical assistance with management of her medications. Review of the resident's negotiated service agreement dated 5-1-19 revealed facility staff assisted with administration of the resident's medications. During an interview on 1-13-21 at 3:51 PM certified staff I stated she gave the resident her medications when ordered. Review of resident #212 and #312's medical record revealed a licensed pharmacist had reviewed the residents medications quarterly in 2019 but had none completed in 2020. During an interview on 1-13-21 at 2:45 PM licensed nursing staff B stated she could not find any pharmacist reviews for 2020 prior to her being the nurse so she sent each resident's medication list to the pharmacist in November. Nurse B stated the only thing the pharmacist	S3225		

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S3225	Continued From page 22 reviews is the list of medications and not any other part of the resident's medical record. On 1-13-21 at 3:30 PM licensed nurse provided surveyor record of licensed pharmacist reviewing resident #212 and #312's medications in December of 2020. The operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each resident whose medications were managed by the facility.	S3225		
S3229 SS=D	26-41-205 (l) (4) Medication Regimen Review Self Administration (l) (4) The administrator or operator, or the designee, shall offer each resident who self-administers medication a medication regimen review to be conducted by a licensed pharmacist at least quarterly and each time a resident experiences a significant change in condition. A licensed nurse shall document the resident ' s decision in the resident ' s clinical record. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l)(4) The facility reported a census of 8 residents. The sample included 3 resident's and 1 focused record review. The operator failed to ensure 1 (#112) of 3 sampled residents who self-administered medications was offered a medication regimen review to be conducted by a licensed pharmacist at least quarterly and a licensed nurse shall document the resident's decision in the resident's clinical record.	S3229		

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S3229	Continued From page 23 Findings included: - Review of resident #112's medical record revealed he moved into the facility on 3-23-18 with diagnoses of hypertension and diabetes. Review of the resident's functional capacity screen dated 11-16-20 revealed the resident was independent with management of medications and medical treatments. Review of the resident's negotiated service agreement dated 1-2-21 revealed staff would provide the resident reminders to take his medications. The resident's record included quarterly licensed pharmacist medication regimen reviews for 2019 but lacked any for 2020. During an interview on 1-13-21 at 3:30 PM confirmed the resident self-administered his medications and his record lacked evidence a licensed pharmacist reviewed the resident's medications in 2020 and lacked evidence the resident did not want to have one completed. The operator failed to ensure designated staff offered to have resident #112's medication regimen reviewed by a licensed pharmacist quarterly and failed to document the resident's decision in the resident's clinical record.	S3229		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff	S3248		

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S3248	Continued From page 24 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. This REQUIREMENT is not met as evidenced by: KAR-26-41-102 (d)(1) The facility reported a census of 11 residents. Based on interview and record review, the administrator failed to ensure 4 of 5 newly hired employees records failed to included evidence of the following completed upon hire: licensure, registration, certification or completion of training course that require specialized education or training and 1 of 5 failed to include supporting documentation for criminal background checks	S3248		

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S3248	Continued From page 25 pursuant to K.S.A. 39-970 and amendments thereto. Findings included: - Review of employee files conducted on 1-13-21 revealed the following: Certified staff D hired on 2-26-19 had a certification verification completed on 12-7-20 which is after her hire date. Certified staff E hired on 10-8-19 had a certification verification completed on 12-7-20 which is after her hire date. Certified staff F hired on 10-22-20 had a criminal back ground check submitted to the state on 12-8-20 which is after her hire date. Licensed nursing staff B hired on 11-3-20 had a licensure check completed on 12-7-20 which is after her hire date. Certified staff G hired on 12-7-20 had her certification check completed on 12-8-20 and her criminal background check completed on 12-8-20, both after her hire date. An interview on 1-13-21 at 12:05 PM licensed nurse B confirmed the above employees did not have the appropriate information completed upon hire. The operator failed to ensure employee records contained licensure, registration, certification or completion of training course that require specialized education or training and failed to include supporting documentation for criminal background checks pursuant to K.S.A. 39-970	S3248		

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S3248	Continued From page 26 and amendments thereto. upon hire.	S3248		
S3280 SS=F	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 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 8 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 residents and failed to have evidence of an emergency drill conducted at least annually that included the evacuation of residents to a secure	S3280		

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S3280	Continued From page 27 location. Findings included: - On 1-14-21 at 9:15 AM, review of the emergency management preparedness reviews provided by operator A for residents and staff lacked reviews for residents or staff for 2020. During an interview on 1-14-20 at 10:30 AM licensed nurse B stated these were all the records for review of the emergency management plan she or operator A could find. For all residents and staff the operator failed to ensure the completion of quarterly reviews of the emergency management plan. - During an interview on 1-13-21 at 1:49 PM maintenance staff H reported that he had completed a fire drill and reviewed the tornado procedures with all of the staff on 1-12-20 but he did not have any records for completing an annual evacuation drill with residents. Staff H stated that he throws away all his records from the previous year when the new year starts. The facility failed to have evidence of completion of an annual evacuation drill for 2019 and 2020. The operator failed to ensure staff completed an emergency drill at least annually that included the evacuation of residents to a secure location.	S3280		
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	S3310		

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S3310	Continued From page 28 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: K.A.R 26-41-207(c) The facility reported a census of residents. Based on interview and record review for 4 of 5 newly hired employees, the operator 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. This failure had the potential to affect all residents in the assisted living facility. Findings included: - Review of 5 newly hired employees files on 1-13-21 revealed the following: Certified staff D hired on 2-26-19 and did not have the TB questionnaire completed until 3-31-19 and received her first TB skin test on 4-1-19, more than 7 days after hire date. Certified staff F hired onto the facility on 10-22-19	S3310		

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S3310	Continued From page 29 and did not have a TB screening questionnaire completed and her first TB skin test was completed on 1-12-21, more than 7 days after hire date. Licensed nursing staff B hired on 11-3-20 did not have a TB questionnaire and received her first TB skin test on 12-1-20, more than 7 days after hire date. Certified staff G hired on 12-7-20 did not have a TB questionnaire completed and received her first TB skin test on 1-6-21, more than 7 days after hire date. Employee record review revealed 4 of 5 newly hired employees did not have the TB questionnaire completed upon hire and did not receive their first TB skin test within 7 days of hire date. During an interview on 1-13-21 at 12:05 PM licensed nursing staff B confirmed the employees did not receive their TB questionnaire or TB skin testing according to TB guidelines. For 4 of 5 newly hired employees the operator 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		