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	N087049	A. BUILDING: _____ B. WING _____	C 10/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEPOINT WICHITA, LLC	1315 N WEST STREET WICHITA, KS 67203

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S 000	INITIAL COMMENTS The following represent the findings of resurvey with complaint investigation #137211, #141657, #142649, #144747, #144908, #147573, #150095, #150263, #150567, #150621, #150914, #150905, #153176, #153734, #153754, #154836, #155786, #156279, #156395, #156533 for the above named assisted living facility conducted on 10/1,5,6,7,8,12,14,15,19/2020 which resulted in the following deficiencies.	S 000		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: K.A.R.26-41-201(a) The facility reported a census of 50 residents. The sample included 3 residents and 13 focused record reviews. Based on interview and record review the administrator failed to ensure 1 (#112) of 3 residents reviewed for new admission	S3080		

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

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S3080	Continued From page 1 information were screened on or before admission to the residential health care facility. Findings included: -- Review of resident #112's medical record revealed she admitted to the facility on 2-28-20 with diagnoses of edema, hypertension and neuropathy. Review of the admission functional capacity screen (FCS) had an initiation date of 2-28-20 and was printed on 3-7-20. The FCS was signed by the executive director but not dated and the resident signed it on 3/8/20. On 10-8-20 at 10:02 AM licensed nursing staff E reported the FCS should be completed on the day the resident moves into the facility. The administrator failed to ensure appropriate staff completed the functional capacity screen and included all functional findings in the screening on or before admission to the facility.	S3080		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c)	S3090		

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S3090	Continued From page 2 The facility reported a census of 50 residents. The sample included 3 sampled residents and 13 focused record reviews. Based on interview and record review the administrator failed to ensure 1 (#112) of 3 resident records reviewed for admission information included the development of an initial negotiated service agreement at admission. Findings included: - Review of resident #112's medical record revealed she admitted to the facility on 2-28-20 with diagnoses of edema, hypertension and neuropathy. Review of the admission functional capacity screen (FCS) had an initiation date of 2-28-20 and was printed on 3-7-20. The FCS was signed by the executive director but not dated and the resident signed it on 3/8/20. The FCS revealed the resident was independent with activities of daily living and required assistance with management of medications and medical treatments. Review of the negotiated service agreement dated 3-8-20 revealed it was completed 10 days after admission to the facility. On 10-8-20 at 10:02 AM licensed nursing staff E reported the negotiated service agreement is supposed to be completed on day of admission. Staff E confirmed it was printed on 3-7-20 and signed by the resident and executive director on 3-8-20. The administrator failed to an initial negotiated service agreement was developed at admission fro resident #112.	S3090		

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S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care 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 50 residents. The sample included 3 residents and 13 focused record reviews. Based on observations, interview and record review the administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of residents in accordance with the functional capacity screening and the negotiated service agreement of 2 (#101 and #103) of 3 sampled residents regarding the use of a bed assistive device, 3 (#102, #103, #106) of 3 sampled residents for weight loss and 2 (#101 and #105) of 2 residents sampled for daily weights. Findings included: - The facility resident roster provided on 10-1-2020 indicated no residents at the facility used an attached bed assistive device.	S3155		

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S3155	Continued From page 4	S3155		

Review of resident #101's medical record revealed the resident admitted to the facility on 9-1-18 with diagnoses of pain, hypertension, macular degeneration, chronic heart failure and chronic obstructive pulmonary disease.

Review of the resident's functional capacity screen dated 1-30-20 revealed the resident was independent with walking and had impaired vision.

Review of the resident's negotiated service agreement/health care service plan (NSA/HCSP) dated 1-30-20 revealed the resident used a 4 wheeled walker for mobility assistance and was independent with transfers. The NSA/HCSP lacked specifics about the resident's use of a handrail/ bed assistive device.

The record also lacked an assessment to verify the assistive device was not a restraint, that the resident used the device safely and the bed assistive device design/attachments/gaps and mechanisms were safe.

Observation on 10-7-20 at 1:30 PM revealed the resident had a handrail on it with a cloth piece where she would grab it. The resident stated it helped her move in bed.

- Review of resident #103's medical record revealed the resident admitted to the facility on 3-21-19 with diagnoses of hypertension, glaucoma, coronary artery disease and chronic obstructive pulmonary disease.

Review of the resident's functional capacity screen dated 2-7-20 revealed the resident was independent with activities of daily living, used an

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S3155	Continued From page 5 assistive device for mobility and had no current problems identified. Review of the residents negotiated service agreement (NSA/HCSP) dated 5-21-20 revealed the resident was independent with walking with walker and used a wheelchair for long distances. The NSA/HCSP lacked specifics about the residents use of a handrail/bed assistive device. Observation on 10-7-20 at 1:45 PM revealed the resident had an upside-down U-shaped handrail on the open side of his bed. The measurement of the gap within the rail is obviously greater than 4 and 3/4 inches. The resident stated he used it to get in and out of the bed. During an interview on 10-12-20 at 9:44 AM licensed nursing staff E reported she did not do assessments on handrails since they only allowed half rails and the halo type rails. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment included Zone 1, within the rail to measure less than 4 and 3/4 inches. The administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for 2 residents who used a bed assistive devise. - Review of resident #102's medical record revealed she admitted to the facility on 11-13-15 with a diagnoses of coronary artery disease, chronic pain muscular dystrophy and hemiplegia.	S3155		

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S3155	Continued From page 6 Review of the resident's functional capacity screen dated 9-3-20 revealed the resident needed supervision with eating and had no cognitive issues. Review of the residents negotiated service agreement/health care service plan (NSA/HCSP) revealed she was independent with menu selection and had an allergy to soy products. The NSA/HCSP lacked any specifics to address the residents weight loss. Review of the resident's weights revealed the following weights: 12-18-19/ 157 pounds (lbs.); 2-6-20/ 146 lbs.; 3-5-20/ 138 lbs.; 5-13-20/ 135 lbs.; 6-25-20/ 131.6 lbs.; 7-18-20 133 lbs.; 8-2-20/ 133.8 lbs.; 9-11-20/ 130.4 lbs. From December 2019 to February 2020 the resident had a 7% weight loss. Then in March the resident had another 5% weight loss. The resident continued to have a gradual weight loss and from December 2019 to September 2020 the resident was down 27 pounds which was a 19% weight loss. - Review of resident #104's medical record revealed she admitted to the facility on 9-12-2018 with diagnoses of nutritional deficiency, reflux disease, anxiety, congestive heart failure, and low back pain. Review of the resident's functional capacity screen dated 5-6-20 revealed the resident had impaired vision and was independent with eating. Review of the resident's NSA/HCSP dated 9-3-20 revealed under nutrition the resident was independent and preferred to eat in her room. The NSA/HCSP lacked services to address the	S3155		

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S3155	Continued From page 7 residents weight loss. Review of the resident's medical record included the following weights: 5-7-20/ 236.6 pounds (lbs.); 5-13-20/ 239.8 lbs.; 5-25-20/ 221.6 lbs.; 6-15-20/ 214 lbs.; 7-18-20/ 208.0 lbs.; 8-15-20/ 208.0 lbs.; 9-10-20/ 202.0 lbs. From 5-13 to 6-15-20 the resident had a 10.7% weight loss and then from 6-15 to 7-18 the resident had an additional 2.8% weight loss. In total from 5-7 to 9-10-20 the resident had a 14.6 % weight loss. - Review of resident #106's medical record revealed she admitted to the facility on 5-16-19 with diagnoses of hypertension, dementia, depression, and constipation. Review of the resident's functional capacity screen dated 3-2-20 revealed the resident was independent with eating and had cognitive impairment with impaired decision making. Review of the resident's NSA/HCSP dated 5-20-20 revealed the resident was independent with eating and lacked services related to weight loss. Review of the resident's medical record included the following weights: 5-8-20/ 141.2 lbs.;5-13-20/131 lbs.; 6-7-20/ 134 lbs. and on 7-8-20/ 118.4 lbs. From May to July of 2020 the resident lost 22 pounds for a 16% weight loss in 2 months. Review of all 3 (#102, #104, #106) residents medical record and nurses notes during the above time frames did not include dietary or nursing notes that the facility staff had identified the residents were losing weight, identify a possible cause and work toward prevention of	S3155		

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S3155	Continued From page 8	S3155		

additional weight loss.

On 10-7-20 at 1:15 PM certified staff M reported the nurse aide or medication aide obtain the weights and if someone is losing weight, we let the nurse know.

On 107020 at 1:40 PM certified staff L reported the nurse gives assignments for us to do and then we give the weights to the nurse to put into the computer.

On 10-7-20 at 10:05 AM licensed nursing staff S reported when she is the nurse, she checks the weights but sometimes the aides do it. She stated she did not know of anyone specific who had weight issues but did know that some people will get a magic cup or yogurts.

On 10-7-20 at 2:00 PM dietary staff T reported she had been here for about a year and had not received any concerns regarding resident's having weight loss in assisted living. Dietary staff T stated if she was doing something specific for weight loss or dietary concerns for the resident, then she would document in the notes as part of the resident's record.

On 10-8-20 at 10:45 AM licensed nursing staff E reported if a resident had lost weight we would offer supplements, meal replacements and monitor weights more closely.

The administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for 3 residents who had significant weight loss.

- Review of resident #101's medical record

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revealed she admitted into the facility on 9-1-18 with diagnoses of edema, chronic obstructive pulmonary disease, hypertension, and congestive heart failure.

Review of the functional capacity screen dated 1-30-20 revealed the resident needed physical assistance with meals and had no cognitive or communication deficits.

Review of the resident's negotiated service agreement/health care service plan dated 1-30-20 revealed staff needed to assist the resident with cutting up meals. The NSA/HCSP failed to address staff were to obtain the residents weight daily.

Review of the residents September physicians order sheets included an order for daily weights to start on 8-24-20.

Review of the nurse's notes dated 9-28-20 included the following: Order updated for 8/28/2020. Monitor weight daily. Call doctor if patient gains more than 3 pounds in a day or 5 pounds in a week.

Review of the resident's treatment sheet included for staff to obtain daily weights. licensed nursing staff initialed the weights were obtained but the record did not include weights for 15 out of 30 days for the month of September. For the month of October, from the 1st to the 7th the record lacked weights for 3 of 7 days.

- Review of resident #105's medical record revealed she admitted to the facility on 10-17-17 with diagnoses of heart failure, hypertension and chronic obstructive pulmonary disease.

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S3155	Continued From page 10 Review of the resident's functional capacity screen dated 5-11-20 revealed the resident required supervision with eating and no deficit with communication or cognition. Review of the residents negotiated service agreement/health care service plan dated 5-11-20 revealed the resident was independent with opening packages, eating and cutting meats. It did not address staff were to obtain the residents weight daily. Review of the resident's physician order sheet for September 2020 included an order to obtain the residents weight daily beginning 2-19-20. Review of the resident's treatment sheet for September revealed the staff failed to weigh the resident 15 days in September. The treatment record for October revealed the staff failed to weight the resident 5 days out of 12. On 10-7-20 at 1:15 PM certified staff M reported the nurse aide or medication aide obtain the weights and if someone is losing weight, we let the nurse know. On 10-7-20 at 10:05 AM licensed nursing staff S reported when she is the nurse, she checks the weights but sometimes the aides do it. On 10-21-20 at 10:15 AM licensed nursing staff E reported the daily weights are put on the treatment sheets in the computer and the licensed nurses are supposed to be getting them daily as ordered. The administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs	S3155		

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S3155	Continued From page 11 for 2 residents who had had physicians' orders for daily weights.	S3155		
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 50 residents. Based on interview and record review the administrator failed to ensure all medications and biologicals were administered to 1 (#109) of 5 residents reviewed for medication administration were administered to the resident in accordance with a medical care provider's written order according to standards of practice.	S3200		

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S3200	Continued From page 12 Findings included: - Review of resident #109's medical record revealed she admitted to the facility on 12-30-19 with diagnoses of non-inflammatory disorder of vagina, dermatitis, and hypertension. Review of the residents functional capacity screen dated 5-22-20 revealed the resident required physical assistance with administration of medications. Review of the residents negotiated service agreement/health care service plan dated 5-22-20 revealed facility staff ordered and administered the resident's medications. Review of the residents physicians orders included an order dated 2-28-20 for Estradiol 0.1 mg/g vaginal cream - apply 0.5 g three times per week. Review of the residents February 2020 medication administration record and treatment administration record lacked evidence staff had initiated the administration of Estradiol for the resident. Review of the residents March 2020 medication administration record included the administration of Estradiol 0.01% cream, pea sized amount topical three times weekly starting 3-3-20. It also included an order date of 3-3-20 instead of 2-28-20. During an interview on 10-12-20 at 1:32 PM local pharmacist AA reported the Estradiol cream was delivered to the facility on 2-28-2020 on the 1:30 PM delivery and was signed by facility staff as receiving the medication at that time.	S3200		

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S3200	Continued From page 13 During an interview on 10-12-20 at 1:30 PM licensed nursing staff S reported when we get an order we fax it to the pharmacy and put it in the computer. Sometimes we don't get it the same day we order it and will have to call the pharmacy. During an interview on 10-12-20 at 1:45 PM licensed nursing staff E reported the order is faxed to the pharmacy and the nurse puts it in the computer. Staff E stated that the probable reason the medication was not started when it arrived was because the nurse did not get it into the computer so it would show up on the MAR for staff to know to administer it. The administrator failed to ensure all medications and biologicals were administered to 1 (#109) of 5 residents reviewed for medication administration were administered to the resident in accordance with a medical care provider's written order according to standards of practice.	S3200		
S3227 SS=E	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider	S3227		

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S3227	Continued From page 14 within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (I)(2) The facility reported a census of 50 residents. The sample included 3 residents and 13 focused record reviews. Based on interview and record review for 3 (#101, #102, #103) of 3 sampled residents the administrator failed to ensure designated staff notified the medical provider of any variance identified in the medication regimen review and failed to seek a response related to the variance. Findings included: - Review of resident #101's medical record revealed the resident admitted to the facility on 9-1-18 with diagnoses of pain, hypertension, macular degeneration, chronic heart failure and chronic obstructive pulmonary disease. Review of the resident's functional capacity screen dated 1-30-20 revealed the resident required physical assistance with medication and medical treatments. Review of the resident's negotiated service agreement/health care service plan (NSA/HCSP) dated 1-30-20 revealed Staff would order and administer the resident's medications and medical treatments. Review of the resident's "notes" in her electronic record included pharmacist medication regimen	S3227		

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reviews completed on 11-30-19, 2-28-20, 5-15-20, and 8-17-20. In the pharmacist notes on 11-30-19, the pharmacist directed staff to "Please refer to consultant report for physician recommendations". The pharmacist also included on 8-17-20 for staff to refer to physician recommendations.

Review of the residents electronic and paper medical record lacked evidence of what the pharmacist recommendations to the medical provider were and evidence that those recommendations were sent to the medical provider and designated staff sought a response from the medical provider.

- Review of resident #102's medical record revealed she admitted to the facility on 11-13-15 with a diagnoses of coronary artery disease, chronic pain muscular dystrophy and hemiplegia.

Review of the residents functional capacity screen dated 9-3-20 revealed the resident was independent with medication and medical treatments.

Review of the residents negotiated service agreement/health care service plan (NSA/HCSP) revealed the resident administered her own medications and treatments.

Review of the resident's "notes" in her electronic record included pharmacist medication regimen reviews completed on 1-31-20, 4-28-20, and 7-29-20. In the pharmacist notes on 1-31-20 the pharmacist directed staff to "please refer to consultant report for nursing recommendations". In the pharmacist notes dated 7-29-20 she directed staff to "Please refer to consultant report

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S3227	Continued From page 16 for nursing recommendations". Review of the residents electronic and paper medical record lacked evidence of what the pharmacist recommendations were and that designated nursing staff addressed those recommendations. - Review of resident #103's medical record revealed the resident admitted to the facility on 3-21-19 with diagnoses of hypertension, glaucoma, coronary artery disease and chronic obstructive pulmonary disease. Review of the resident's functional capacity screen dated 2-7-20 revealed the resident was independent with management of medications and medical treatments. Review of the residents negotiated service agreement (NSA/HCSP) dated 5-21-20 revealed the resident ordered and managed his own medications. Review of the resident's "notes" in his electronic record included pharmacist medication regimen reviews completed on 12-31-19, 3-31-20, 6-15-20 and 9-24-20. In the pharmacist notes on 12-31-19 the pharmacist directed staff to "please refer to consultant report for physician recommendations". During an interview on 10-8-20 at 10:02 AM licensed nursing staff E reported the pharmacist gives her a report and she sends the forms the pharmacist completes for the physician to review to the physician but, does not keep any of the rest of the report. At this time licensed nursing staff E still has not been able to provide pharmacy	S3227		

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S3227	Continued From page 17 recommendations that were sent to medical providers or evidence of what those recommendations were. The administrator failed to ensure designated staff notified the medical provider of any variance identified in the medication regimen review and failed to seek a response related to the variance.	S3227		
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 18 This REQUIREMENT is not met as evidenced by: KAR-26-41-102 (d)(1)(2) The facility reported a census of 50 residents. Based on interview and record review, the administrator failed to ensure 2 of 3 certified medication aides certification verification information included a date and 1 of 1 newly hired licensed nurse records contained licensure or certification verification information upon hire and failed to ensure 2 of 5 employee records contained supporting documentation of criminal background checks submitted upon hire. This had the potential to affect all residents in the facility. Findings included: - Review of 5 newly hired employee files conducted on 10-5-20 revealed the following: Licensed nurse N - hired on 3-3-20 and licensed verification check completed on 4-13-20 Certified nursing staff O - hired on 5-21-20 had a registry certification check completed without a date of completion and did not have a criminal background check completed. Certified staff P - hired on 8-6-20 had a certification check completed without a date of completion and did not have a criminal background check completed. Certified staff Q- hired on 7-14-20 had 2 certification checks completed, on without a date and one dated 10-5-20, after her hire date. On 10-5-20 administrative staff A confirmed 2 staff did not have criminal back ground checks completed.	S3248		

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S3248	Continued From page 19 The administrator failed to ensure employee records contained licensure or certification verification information upon hire and supporting documentation of criminal background checks submitted upon hire. This had the potential to affect all residents in the facility	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 This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of 50 residents The sample included 3 residents and 13 focused record reviews. Based on interview and record review the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury along with the action taken and the results of the action for 2(#101 and #103)) of 3 sampled residents. Findings included: -- Review of resident #101's medical record revealed she admitted into the facility on 9-1-18 with diagnoses of edema, constipation, pain, hypertension, congestive heart failure and chronic	S3261		

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obstructive pulmonary disease.

Review of the residents functional capacity screen dated 1-30-20 revealed the resident required physical assistance with bathing, eating, and management of medications and treatments. It also identified the resident had impaired vision.

Review of the negotiated service agreement/health care service plan dated 1-30-20 revealed the facility staff provided assistance with bathing, she used a 4 wheeled walker for mobility, staff cut up meats, and administered/ordered medications for the resident.

Review of the resident's nurses notes revealed the following:
4-15-20 - DPOA notified executive director the resident will not be returning for awhile, is in ICU (intensive care unit). The record lacked information as to the resident leaving the facility, any symptoms as to why she left or how she left.

4-21-20 - Transferred to local hospital per family request via EMS. The record lacked any symptoms that would cause the residents family or EMS to transfer the resident to local hospital.

8-19-20 - The residents family notified facility the resident was admitted to local hospital. The record lacked any information that the resident left the facility and lacked symptoms that may have caused the resident to be admitted to the local hospital.

On 10-8-20 licensed nursing staff Z reported the nurses only did wellness checks on resident's if the resident wasn't feeling well or if the aide told the nurse of a concern and then the nurse would

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S3261	Continued From page 21 go and assess the resident. On 10-8-20 at 10:45 AM licensed nursing staff E reported nurses are supposed to chart anytime they have done something, see something, any issues going on with the resident and anything to deal with the resident's family. Staff E stated the resident will often call her family and then family will come and tell us the resident is going to the hospital. Staff E stated the nurses should find out what is going on and then document why the family is taking the resident to the hospital. - Review of resident 103's medical record revealed he admitted into the facility on 3-21-19 with diagnoses of coronary artery disease, hypertension, and chronic obstructive pulmonary disease. Review of the resident's functional capacity screen dated 2-7-20 revealed the resident was independent with all activities of daily living and had no cognitive deficits. Review of the residents admission negotiated service agreement/health care service plan dated 5-23-20 revealed the resident was independent with mobility and used a walker and wheelchair for long distances. It also revealed the resident was independent with medication administration and ordered medications from the VA. Review of the residents nurses notes revealed the following: 7-19-20 - New order for compression hose or ace wraps to bilateral lower extremities during the day and off in evening. Start Lexapro (an antidepressant) daily for depression. The record lacked nurses assessment or documentation of	S3261		

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S3261	Continued From page 22 symptoms that would cause the resident to require compression hose or an antidepressant and the results of the use of the compression hose or effects of the new medication. 10-2-20 - increase Lasix to 40 mg twice a day for 3 days then resume daily for edema. Increase potassium to 20 mg 1 tablet twice a day for 3 days then resume to daily, weekly weights before breakfast. The record lacked a nurses assessment as to the condition of the residents edema and failed to include documentation of the results of the action taken. On 10-8-20 licensed nursing staff Z reported the nurses only did wellness checks on resident's if the resident wasn't feeling well or if the aide told the nurse of a concern and then the nurse would go and assess the resident. On 10-8-20 at 10:45 AM licensed nursing staff E reported nurses are supposed to chart anytime they have done something, see something, any issues going on with the resident and anytime to deal with the resident's family. If a resident gets a new order the nurse should document what the resident's condition was to cause the need for the new order. The administrator failed to ensure designated staff included documentation of all incidents, symptoms and other indications of illness of injury including the date, time of occurrence, action taken, and results of the action.	S3261		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure	S3280		

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S3280	Continued From page 23 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) The facility reported a census of 50 residents. Based on record review and interview the administrator failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's emergency management plan with all residents. This failure had the potential to affect all residents in the facility. Findings included: - Review of the resident council minutes provided by facility staff on 10-1-20 revealed the facility life enrichment staff conducted resident council meeting monthly from April 2019 to July of 2020 revealed staff reviewed 2-4 areas of the disaster plan each meeting. Review of the records	S3280		

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S3280	Continued From page 24 revealed the following: Staff failed to review Flood until August of 2019 and then reviewed it quarterly. Missing residents was not reviewed until July of 2019 and then again in March of 2020. Lack of electrical or water service was not reviewed until July of 2019, then October of 2019 and not again until March of 2020. Tornado was reviewed in May and September of 2019 and not again until June of 2020. The resident council minutes also failed to indicate how and when staff reviewed the emergency management plan with residents who did not attend the resident council meetings. During an interview on 10-1-20 at 10:57 AM administrative staff D reported Administrative staff A conducted an inservice on 3-21-2019 to ensure life enrichment was including the review of the emergency management plan with residents in the resident council minutes. Review of the undated emergency preparedness review policy stated that "Emergency preparedness will be reviewed with residents on a minimum quarterly basis. All Emergency preparedness topics will be covered". The administrator failed to ensure disaster preparedness by the failure to review all 8 required disaster plans with residents and staff quarterly.	S3280		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and	S3305		

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comfortable environment for residents.
(b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements:
(1) Using universal precautions to prevent the spread of blood-borne pathogens;
(2) techniques to ensure that hand hygiene meets professional health care standards;
(3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards;
(4) providing sanitary conditions for food service;
(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
(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

The facility reported a census of 50 residents. Based on observations, interviews and record reviews the facility administrator failed to ensure

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the provision of a safe, sanitary, and comfortable environment for residents related to the lack of evidence for continued bed bug treatment when the previous bed bug treatment contract was cancelled. This had the potential to affect all residents in the facility.

Findings included:

- Review of the Pest control timeline for bed bugs provided by administrative staff A on 10-1-20 revealed staff went through training in January 2019 for bed bug spray. From January 2019 to March of 2020 the facility had no major issue with bed bugs that were not able to be handled with regular pest control. In late April and May additional bed bugs were found in several room and treatment was started immediately when bed bugs were identified according to the logs. It was in May that the facility had conversations with their vendor about using dual treatment, chemical and heat. In May of 2020 a local pest company alongside of the facility provided heat treatments to ensure every room was treated and "there had been no issues with bed bugs since".

Review of the certification training for current bed bug treatment included administrative staff A, and administrative staff D. It also included maintenance staff U and licensed nursing staff V; both no longer work at the facility.

Review of the internal environmental services work needs log for bugs only from 5-6-2019 to 9-30-2020 included approximately 176 reported sightings of bed bugs either in a resident room, resident common area, nursing station or on a resident / staff. It also included 7 times staff documented residents had "bites" on them from something. Specifically, from 6-1-20 to 9-30-20

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the log included 40 different documented bed bug sittings. The log did not contain any sheets for the month of October.

Review of the room cleaning check list provided by administrator A revealed 16 check lists for multiple rooms on each sheet without a date on them. For 500 hall it identified room 4 rooms treated. The 600-hall had 12 rooms listed as cleaned and treated. The 700-hall had 13 rooms listed as being cleaned and treated. The 800-hall had 10 rooms cleaned and treated. The 1000 hall had 3 room cleaned and treated. On 4/28/20 the following halls had rooms cleaned and treated for "Prevention": 7 rooms on the 700 hall and 3 rooms on the 100 halls. On 4/29/20 the following halls had rooms cleaned and treated for "Prevention": 4 rooms on the 100 hall and 9 rooms on the 600 hall. On 5/13/20 the 700-hall had 8 rooms cleaned and treated for "Eliminator".

The check list provided also included check list for the following residents who were identified to have live bed bugs in their rooms during the survey: Resident #121's room was heat treated on 10-7-20, Residents #122 and #124's rooms were heat treated on 10-8-20; Residents #119 and 118 had their rooms heat treated on 10-13-20.

The facility had no other log or record for specifically checking and or treating rooms that were identified by staff as having possible bed bugs from 6-5-19 to 4-28-20.

The facility provided invoices from a California chemical company which was for treating bed bugs but had no evidence to show where and how the chemicals were used in the treatment of bed bugs in the assisted living building from the

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time the contract with a licensed company was cancelled in November of 2019 to October of 2020.

Review of the Local pest control service company revealed the company cleaned and heat treated 10 rooms on the 700 hall 6-2,3,4,5-20.

During the initial tour of the facility on 10-1-2020 from 8:20 AM to 1:30 PM the surveyor walked through the facility and observed the different couches and chairs in the resident common areas and did not see any obvious bugs, including bed bugs crawling on the furniture.

On 10-1-20 during initial tour of the facility and during the survey process the following residents and staff were interviewed related to bed bugs: On 10-1-20 at 9:18 AM resident #113 reported she had been moved and is back home now. She stated she had bed bugs in her room when she left and they were even in her hair, but it has all been taken care of.

On 10-1-20 at 9:28 AM resident #103 stated the facility did have bed bugs here and that he had them in his room. He stated the fires time they sprayed everything and did all his laundry and the next time they used a heat treatment and he has not had a problem since.

On 10-1-20 at 9:40 AM Certified staff G reported the facility did have bed bugs and it was bad at one time. Staff would see them crawling on beds and stuff, but they have been doing the heat treatments and it is a lot better now. She stated on occasion will still see one.

On 10-1-20 at 9:45 AM resident #114 stated she had bed bugs and the facility used a heat

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treatment and she has had no problems since.

On 10-1-20 at 9:50 AM certified staff H reported she stated the facility had been spraying almost every day to get rid of them. She stated some residents do have itching, but she did not see any sores.

On 10-1-20 at 10:32 AM housekeeping staff I reported they have been working on getting rid of the bed bugs but every now and then the bugs will show up again

On 10-1-20 at 9:56 AM resident #115 stated she had bed bugs and then laughed stating "I thought it would never end". She stated they "burned" the room a couple of times and it is finally done.

On 10-5-20 at 10:40 AM resident #116 came to her door and said in a very precise voice that she did have bed bugs and that she got these (rubbing sores on her arms) from the bed bugs but they are finally healing. She said they itch and hurt. Surveyor observed multiple areas on both arms where the resident had open sores and recently itched with fresh blood. The resident stated they came and sprayed her room and did a heat treatment and now they are gone.

On 10-5-20 at 11:05 AM licensed nursing staff J reported they did have bed bugs and that there was an infestation in this building. She stated that it seems as soon as they stop treating the bed bugs come back. The facility recently stopped their treatments and we are seeing them again. The maintenance staff are the ones who treated for the bed bugs and there is a book that we are supposed to write concerns in and then they are supposed to treat.

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On 10-5-20 at 11:20 AM resident #119 stated they did have bed bugs in their room, but the staff took care of them. She will look at the bed sometimes just to make sure they are still gone.

On 10-5-20 at 1:00 PM resident #111 reported she did have bed bugs in her room. She stated they treated for them and now they are gone.

On 10-5-20 at 1:15 PM resident #101 stated she had been moved out of her room twice because the facility told her she had bed bugs. They treated and do not have any now.

On 10-5-20 at 2:30 PM certified staff K reported back in July the bed bugs were bad and they were in the process of treating them. Stated they have been working on getting rid of them.

On 10-8-20 at 6:30 AM certified staff W reported the facility had been fighting bed bugs for over 2 years now. The worst has been these last 2 years. We let the nurse know whenever we see bites on the residents. She stated resident #116's sores on her back were from bed bugs and the resident scratches a lot because she thinks something is biting her.

The following observations were completed based on concerns related to bed bug infestations:
On 10-7-20 at 10:25 AM checked resident #121's bed with licensed nursing staff E and she confirmed there were bed bugs on the mattress cover of the resident's bed.

On 10-7-20 at 10:30 AM observation of resident #122's bed revealed a couple of large live bed bugs crawling on top of the mattress cover that was not zipped. Surveyor got one in a glove and

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showed licensed nursing staff E who stated, "that is a large one".

On 10-7-20 at 12:40 surveyor and maintenance staff B started bed checks on different halls for bed bugs. Together we checked 13 resident rooms / beds and 5 of those had significant bed bugs on their bed sheets and/or mattresses. Three of these were residents who were interviewed earlier and said that the bed bugs were gone. This list of beds that had bed bugs was provided to administrative staff A for treatment determination.

On 10-7-20 at 12:50 PM when resident #123 had her bed checked she stated she used to have them and had bites from the bed bugs on her arms. The resident's bed did not currently show signs of bed bugs.

Observation of resident skin checks on 10-7-20 at 10:49 AM with certified staff L revealed the following:
Resident # 122 had multiple old scars on her upper back and shoulder area but no new bites.
Resident # 116 had multiple open areas on her arms and on her back clear across her shoulder blades and the middle of her upper back. Some of the areas had fresh scratch marks and others were just pinpoint "bite areas. Once again, the resident stated the sores were from when she had the bed bug bites.

Observation with certified staff M on 10-7-20 at 1:12 PM of residents #117 and #118 revealed resident #117 had a couple of fresh red bite areas on her middle back. Certified staff M confirmed there were multiple bed bugs on the resident's bed and that it had been reported. She stated that when we find bugs, we write it in the notebook or

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tell maintenance staff. Staff M stated the bed bugs have been a problem longer than May of 2019.

On 10-7-20, after completion of bed observations with maintenance staff B, he and administrative staff A were provided list of all residents whose beds were observed to have bed bugs. Administrative staff A stated they would get started right away with treatments.

During an interview on 10-12-20 at 2:09 PM with consultant F who works for an echo-friendly chemical company which has developed a product for bed bug treatments reported they are working with the facility for over a year now to treat their bed bugs. Consultant F stated the chemical they use will hinder the mating and reproducing ability and in stronger concentration it will kill the bed bugs on contact. We are based out of California and to integrate with the facility we ask for a facility layout, and a lot of other information as well as do a video walk-through of the facility and check specific problem areas. We then develop a program based on what we see and from what they tell us and sent product to the facility. We also trained internal staff on how to use the product. The facility has a unique problem and that is "colonization" where the bugs are now inside the walls of the building. So, we now recommend the facility use our product and heat treatments. The facility is now using the stronger solution as a preventative measure all the time and not just if there is an infestation. Consultant F stated if the facility followed this plan the bed bugs should be gone "in a few more months".

During an interview on 10-14-20 at 10:09 AM a licensed pest control consultant Y reported the

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facility had a specific contract for bed bug treatment with them from 12-2016 to 11-2018 when the facility cancelled the contract. This contract included a weekly preventative treatment on a rotation of rooms for assisted living so each room was treated at a minimum of 2 times per year. If at any time, there was a problem that did not get under control with chemical treatment then the company would go in and do thermal remediation treatments at no additional cost to the facility. In June of 2020 the facility contacted the company to help with treating some rooms for bed bugs while they waited for their heating unit to arrive. In June the company heat treated 10 rooms in the assisted living and followed up in 2 weeks to ensure the rooms were clear of bed bug activity. The consultant also stated that for heat treatment to be effective a chemical needed to be put down before the treatment to ensure the bugs did not escape the heat. If the heat matching gets too hot too fast the bugs will run away from the heat and just move from one part of the building to another. The licensed pest control consultant stated there was no such thing as colonization in bed bugs. Bed bugs go through a molting process after feeding on human blood and then grow into the next stage. Once eggs hatch, they go and search for a food source themselves and the cycle begins and goes on and on. The bugs will feed and then go back into hiding for a period and return later to feed.

Since there continued to be active bed bugs in rooms within the assisted living facility a Plan was requested in order to ensure that an appropriate, effective treatment is in place for bed bug treatment. Per Administrative staff A, the plan moving forward after consulting with the California company they will continue using the heat treatment and the company's chemical

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S3305	Continued From page 34 treatment. Moving forward we have a dedicated staff member who will oversee the heat treatments and will check all rooms treated weekly for 4 weeks and after to assure treatment was effective. We will also educate staff on reporting an issue immediately so that we are able to act immediately. Review of the undated pest control policy included: ... Environment of care rounds documented on preventative maintenance logs ...A regularly scheduled and documented program of control and monitoring will be implemented by the contracted pest control company under direct supervision of the facility's environmental services director. The policy did not include a separate plan/procedure for bed bug treatment. The administrator failed to ensure the provision of a safe, sanitary, and comfortable environment for residents related to infestation of bed bugs and lack of evidence for continued bed bug treatment when the previous bed bug treatment contract was cancelled. This had the potential to affect all residents in the facility.	S3305		
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	S3310		

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S3310	Continued From page 35 (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 50 residents. The sample included 3 residents and 1 focused review for new admissions as well as 5 newly hired employees. Based on record review and interview the administrator failed to ensure the facility's compliance with the department's tuberculosis guidelines as adopted by reference KAR 26-39-105 for 2 (#103 and #107) of 2 residents admitted since January of 2019 and newly hired employees. Findings included: - Review of resident #103's medical record revealed he admitted to the facility on 3-21-2019. The resident's record lacked the admission symptom screening questionnaire. - Review of resident #107's medical record revealed she admitted to the facility on 9-30-20. The resident's record lacked the admission symptom screening questionnaire. - Review of all 5 newly hired employees record revealed all 5 lacked a new hire admission symptom screening questionnaire. (licensed nursing staff N, certified staff O, certified staff P, certified staff Q and dietary staff R)	S3310		

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S3310	Continued From page 36 During an interview on 10-12-20 at 9:44 AM licensed nursing staff E reported they only did the TB questionnaire annually after administering the 2-step skin test. In reference to the TB guidelines for adult care home 2013 directed that each new resident and new employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of residency or employment or at the time of administration of the tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA).	S3310		