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	N087085	A. BUILDING: _____ B. WING _____	10/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT ST MARY	3700 E LINCOLN ST WICHITA, KS 67218

(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 the resurvey and infection control survey for COVID-19 for the above named facility conducted on 10/06, 10/07, 10/08 and 10/09/2020.	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: KAR 26-41-201 (b) The facility reported a census of 16 residents. The sample included 3 residents and 2 focused review. Based on interview and record review the administrator failed to ensure a licensed nurse assessed 1 of 5 sampled residents (#296) whose functional capacity screening (FCS) indicated the need for health care services by a failure to have a license nurse signature on the FCS. Findings included:	S3080		

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

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S3080	Continued From page 1 - Record review for resident #296 revealed a re-admission date of 08/24/2020 with diagnoses of chronic kidney disease, osteoarthritis, chronic pain, congestive heart failure, anemia, edema, muscle weakness, unspecified lack of coordination with a history of falls. The functional capacity screen dated 08/25/2020 and identified as an annual lacked a signature by a licensed nurse to indicate a licensed nurse assessed the resident who had a need for health care services based on her need for physical assistance with bathing, dressing, medical treatments and was identified at risk for falls. The negotiated service agreement/health service plan (NSA/HSP) dated 09/10/2020 directed staff the resident recently had shoulder surgery and required assistance with bathing and dressing. She ambulated without assistive devices. The NSA/HSP indicated the resident prepared and administered her own medications but did not include any information related to medical treatments if any. Interview with licensed nurse D on 10/07/2020 confirmed the resident's FCS lacked a signature to reflect completion by a licensed nurse. The administrator failed to ensure a licensed nurse assessed this resident's when the FCS indicated the need for health care services by a failure to have a license nurse signature on the FCS.	S3080		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment	S3081		

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S3081	Continued From page 2	S3081		

(c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements:
(1) At least once every 365 days;
(2) following any significant change in condition as defined in K.A.R. 26-39-100; and
(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-201 (c) (1)

The facility reported a census of 16 residents. The sample included 3 residents and 2 focused review. Based on interview and record review the administrator failed to ensure designated staff conducted a screen to determine the functional capacity for 1 of 5 sampled residents (#197) at least once every 365 days.

Findings included:

- Record review for resident #197 revealed an admission date of 08/23/19. with diagnoses of end stage renal disease, Parkinson's, asthma, and cardiac arrhythmias.

Review of the electronic record and paper record provided revealed only the admission functional capacity screen (FCS) dated 08/23/19. The admission FCS indicated the resident had the ability to perform all aspects of daily living including medication management. The FCS did not reflect the resident's cognitive status with all boxes blank. She was at risk for falls and used an assistive device. The record lacked an FCS for

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S3081	Continued From page 3 August of 2020. Interview with licensed nurse D on 10/07/20 confirmed the resident needed her annual FCS completed which was due by 08/23/2020. The administrator failed to ensure designated staff conducted an FCS every 365 days for resident #197.	S3081		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (d) The facility reported a census of 16 residents. The sample included 3 residents and 2 focused reviews. Based on observation, interview and record review the administrator failed to ensure 3 of 5 sampled residents' functional capacity screening (#197, #389 and #471) accurately reflected the resident's functional capacity at the time of screening regarding cognition, impaired hearing and vision. Findings included: - Record review for resident #471 revealed an admission date of 02/21/2020 with diagnoses of diabetes mellitus type 2, hypertension, anxiety disorder, cognitive communication deficit and	S3082		

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S3082	Continued From page 4	S3082		

chronic pain syndrome.

The admission functional capacity screen dated 02/21/2020 identified the resident with cognitive impairment in all aspects and she needed physical assistance to manage her medications and treatments. She was not marked with impaired vision or hearing.

The negotiated service agreement/health care services plan (NSA/HSP) had a date on the signature line of 09/25/2020 and no signatures of a licensed nurse, included facility staff to assist with administering medications and included insulin. Staff managed the resident's medications and insulin administration. The resident had a Free Style glucose monitoring system which staff assisted her with and changed the sensor every 2 weeks. Blood sugars are monitored and recorded by staff. She wore glasses and hearing aids.

Observation on 10/07/2020 at approximately 11:00 AM revealed the resident wore a hearing aide in her right ear and glasses.

Interview with licensed nurse D on 10/07/2020 confirmed the resident had vision and hearing deficit and the FCS lacked this information.

- Record review for resident #197 revealed an admission date of 08/23/19.

Review of the electronic record and paper record provided revealed only the admission functional capacity screen (FCS) dated 08/23/19 which failed reflect the resident's cognitive status with all boxes blank.

Interview with licensed nurse D on 10/07/2020

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S3082	Continued From page 5 confirmed the resident had intake cognition and the 08/23/2019 FCS lacked completion of this area. - Record review for resident #389 revealed an admission date of 04/17/2018 with diagnoses of hypertension, osteoarthritis, localized edema, osteoporosis, lumbar disc disorder, abnormal posture, difficulty walking and pain. The annual functional capacity screen dated 04/10/2019 for cognition had all 4 areas marked with a zero indicating no deficit. License nurse B wrote a 7 for the total score. The functional capacity manual directed to record one point in each of the 4 areas which the resident had a deficit. The maximum total should not be greater than 4 points. Interview with license nurse D on 10/07/2020 confirmed the inaccurate cognition score on the functional capacity screening and indicated the resident had intact cognition at the time of the screening. For all of the above findings, the administrator failed to ensure 3 of 5 sampled residents' functional capacity screening (#197, #389 and #471) accurately reflected the resident's functional capacity at the time of screening regarding cognition, impaired hearing and vision.	S3082		
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	S3085		

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S3085	Continued From page 6 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)(2)(3) The facility reported a census of 16 residents. The sample included 3 residents and 2 residents for focused reviews. Based on observation, interview, and record review the administrator failed to ensure the development of a written negotiated service agreement which identified a list of services the resident would receive, identification of the provider of those services, and the responsible party for payment of those providers for 3 of 5 residents sampled (#197, #296 and #471). Findings included: - Record review for resident #296 revealed a re-admission date of 08/24/2020 with diagnoses of chronic kidney disease, osteoarthritis, chronic pain, congestive heart failure, anemia, edema, muscle weakness, unspecified lack of	S3085		

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coordination with a history of falls.

The functional capacity screen identified as an annual dated 08/25/2020 indicated the resident had intact cognition. She required physical assistance with bathing, dressing and medical treatments. She was identified at risk for falls.

The negotiated service agreement/health service plan (NSA/HSP) dated 09/10/2020 and signed only by licensed nurse D directed staff the resident recently had shoulder surgery and required assistance with bathing and dressing. She ambulated without assistive devices. The NSA/HSP indicated the resident prepared and administered her own medications but did not include any information related to medical treatments if any. The NSA/HSP identified foot and toenail care provided by an outside provider source but lacked information regarding the payor for the service and it lacked information related to therapy services.

Medical care provider orders dated 09/16/202 included orders for physical therapy, neuro muscular reeducation, gait training, manual therapy techniques and therapeutic activities 3 times a week for 12 weeks.

Observation on 10/07/2020 at 10:45 AM revealed the resident up walking independently in her apartment without any assistive devices. Her left arm and hand had significant noticeable swelling. The resident said she received therapy earlier that morning due to the recent shoulder surgery and for the edema.

Interview on 10/07/2020 with licensed nurse D confirmed the resident received outside provider services of therapy and the NSA/HSP lacked this

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S3085	Continued From page 8 service, the name of the provider and the payor for the services. The administrator failed to ensure the development of a written negotiated service agreement which identified a list of services the resident would receive, identification of the provider of those services, and the responsible party for payment of those providers for this resident. - Record review for resident #471 revealed an admission date of 02/21/2020 with diagnoses of diabetes mellitus type 2, hypertension, anxiety disorder, cognitive communication deficit and chronic pain syndrome. The admission functional capacity screen dated 02/21/2020 identified the resident with cognitive impairment in all aspects and she needed physical assistance to manage her medications and treatments. The negotiated service agreement/health care services plan (NSA/HSP) had a date on the signature line of 09/25/2020 and no signatures. The NSA/HSP indicated facility staff to assist with administering medications and insulin. Staff managed the resident's medications and insulin administration. The resident had a Free Style glucose monitoring system which staff assisted her with and changed the sensor every 2 weeks. Blood sugars are monitored and recorded by staff. The NSA/HSP lacked any information related to going on and off therapy services (an outside provider). Medical care provider's order dated 04/14/2020 discontinued therapy services for the resident.	S3085		

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S3085	Continued From page 9 - Record review for resident #197 revealed an admission date of 08/23/19. with diagnoses of end stage renal disease, Parkinson's, asthma, and cardiac arrhythmias. Review of the electronic record and paper record provided revealed only the admission functional capacity screen (FCS) dated 08/23/19. The admission FCS indicated the resident had the ability to perform all aspects of daily living including medication management. The FCS did not reflect the resident's cognitive status with all boxes blank. She was at risk for falls and used an assistive device. The record lacked an FCS for August of 2020. Interview with licensed nurse D on 10/07/20 confirmed the resident needed her annual FCS completed which was due by 08/23/2020. The negotiated service agreement/health service plan (NSA/HSP) dated 08/23/2019 and signed only by licensed nurse D indicated on 08/24/2019 resident would receive occupational therapy for 3 times a week for 8 weeks for balance. Review of the signed orders dated 08/06/2020 revealed a clarification of physical therapy orders for 3 times a week for 12 weeks. Interview on 10/07/2020 at 4:30 PM with licensed nurse E confirmed the resident went on therapy services and discharged from the physical therapy services on 09/30/2020 and discharged from occupational therapy on 09/28/2020. Licensed nurse D confirmed the NSA/HSP lacked a revision when the resident started and stopped therapy services.	S3085		

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S3085	Continued From page 10 The administrator failed to ensure the development of a written negotiated service agreement which identified a list of services the resident would receive, identification of the provider of those services, and the responsible party for payment of those providers for this resident.	S3085		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h) The facility reported a census of 16 residents. The sample included 3 residents and 2 focused reviews. Based on record review and interview the administrator/operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement for 3 of 5 sampled residents (#197, #296 and #471). Findings included: - Record review for resident #197 revealed an admission date of 08/23/19. Review of the electronic record and paper record provided revealed only the admission functional	S3101		

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S3101	Continued From page 11	S3101		

capacity screen (FCS) dated 08/23/19. The admission FCS indicated the resident had the ability to perform all aspects of daily living including medication management. The FCS did not reflect the resident's cognitive status with all boxes blank. She was at risk for falls and used an assistive device.

The negotiated service agreement/health service plan (NSA/HSP) dated 08/23/2019 and signed only by licensed nurse D indicated the facility would provide specialized diet related to the resident received dialysis twice a week and staff upon return were to take the resident's vital signs. The NSA/HSP indicated the resident would self-manage medications and treatments but the October 2020 medication administration record included initials to signify administration by facility staff of the resident's controlled substance pain medications.

Interview with licensed nurse D on 10/07/2020 confirmed the NSA/HSP lacked a signature by the resident to indicate she participated in the development of the plan.

- Record review for resident #471 revealed an admission date of 02/21/2020 with diagnoses of diabetes mellitus type 2, hypertension, anxiety disorder, cognitive communication deficit and chronic pain syndrome.

The admission functional capacity screen dated 02/21/2020 identified the resident with cognitive impairment in all aspects and she needed physical assistance to manage her medications and treatments.

The negotiated service agreement/health care

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S3101	Continued From page 12	S3101		

services plan (NSA/HSP) had a date on the signature line of 09/25/2020 and no signatures of a licensed nurse, the resident or a responsible party for the resident's health care decisions. The NSA/HSP indicated facility staff to assist with administering medications and included insulin. Staff managed the resident's medications and insulin administration. The resident had a Free Style glucose monitoring system which staff assisted her with and changed the sensor every 2 weeks. Blood sugars are monitored and recorded by staff.

Interview with licensed nurse D on 10/07/2020 confirmed the NSA/HSP lacked a signature by a licensed nurse, the resident and/or the responsible party to indicate who participated in the development of the plan.

- Record review for resident #296 revealed a re-admission date of 08/24/2020 with diagnoses of chronic kidney disease, osteoarthritis, chronic pain, congestive heart failure, anemia, edema, muscle weakness, unspecified lack of coordination with a history of falls.

The annual functional capacity screen dated 08/25/2020 indicated the resident had intact cognition. She required physical assistance with bathing, dressing and medical treatments. She was identified at risk for falls.

The negotiated service agreement/health service plan (NSA/HSP) dated 09/10/2020 and signed only by licensed nurse D directed staff the resident recently had shoulder surgery and required assistance with bathing and dressing. She ambulated without assistive devices. The NSA/HSP indicated the resident prepared and

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S3101	Continued From page 13 administered her own medications but did not include any information related to medical treatments if any. Interview with licensed nurse D on 10/07/2020 confirmed the NSA/HSP lacked a signature by the resident and/or the responsible party to indicate who participated in the development of the plan. For all of the above findings, the administrator/operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement for 3 of 5 sampled residents (#197, #296 and #471).	S3101		
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 16 residents. The sample included 3 residents and 2 focused reviews. Based on observation, interview and	S3155		

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record review the administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for 2 of 5 sampled residents (#389 and #471) in accordance with the functional capacity screening and negotiated service agreement regarding revisions of the health service plan related to repeated falls to reduce the risk of further falls.

Findings included:

- Record review for resident #389 revealed an admission date of 04/17/2018 with diagnoses of hypertension, osteoarthritis, localized edema, osteoporosis, lumbar disc disorder, abnormal posture, difficulty walking and pain.

The annual functional capacity screen dated 04/10/2019 for cognition had all 4 areas marked with a zero indicating no deficit and license nurse B wrote a 7 for the total score which would indicate some deficit. She was independent with all activities of daily living and not marked as at risk for falls or unsteadiness. She used assistive devices of a walker and motorized wheelchair/scooter.

The negotiated service agreement/health Service plan (NSA/HSP) dated 04/27/2019 directed staff the resident was independent with activities of daily living, used a motorized scooter for mobility and a walker for short distances in her room and no information related to falls.

Record review of the interdisciplinary progress notes in the electronic record between 10/11/2019 at 3:11 PM through 10/02/06/2020 at 4:00 PM revealed on 10/11/19 the resident had a fall by the elevator next to the main dining room. She

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reported she stood to take off her sweater and lost her balance with no injuries noted. The progress note indicated the nurse reminded the resident to rise slowly and gain her balance before attempting to move. The health service plan lacked a revision to reflect this fall and intervention. On 01/15/19 at 6:30 PM another resident notified staff of resident #389 being on the floor in her apartment. Staff found the resident sitting on the floor in an upright position with her legs extended in front of her. She said she was reaching for something on the table next to a chair, slid out of her chair onto the floor and she did not have her call light with her in the living room. The note indicated the nurse advised her to use her 4 wheeled walker to ambulate and to move objects closer, so she didn't need to reach. An entry on 10/16/19 at 7:11 PM indicated the medical care provider ordered physical therapy to evaluate and treat the resident secondary to the fall and reaching activity. However, this fall, and subsequent interventions were not reflected on the health Service plan

The progress notes indicated she had another fall on 01/05/2020 at 3:55 PM in her apartment living room. Her 4 wheeled Walker was near the TV. She said she was getting up from the chair and lost her balance. She denied pain or dizziness and had no injuries. The note indicated the nurse advised her to use her 4 wheeled walker (same intervention as before) and to keep her walker next to her chair. She should move her walker so that it is in front of the chair and lock the brakes before standing. This fall and interventions were not included/revised on the health service plan.

An entry dated 02/05/2020 at 10:12 AM indicated staff found the resident on the floor at about 7:45 AM. She was found on the floor next to her bed

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with her legs under the bed and her head towards the bathroom. Her walker was between the bed and the bathroom. She complained of pain in her right leg and a nurse evaluated her for injuries with normal range of motion. She reported falling last night (02/04/2020) at about 10:30 PM in her living room. She reported she had left her call pendant in her bathroom and could not call for help. She continued to have right leg pain and was later sent to the emergency room for x-rays, evaluation and admitted to the hospital with a fractured right femur. She later went to skilled nursing facility.

Interview with license nurse D on 10/07/2020 confirmed she failed to update the NSA/HSP after each fall with interventions and the NSA/HSP is the document for staff to know how to care for the resident.

The administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of this resident (#389) in accordance with the functional capacity screening and negotiated service agreement regarding revisions of the health service plan related to repeated falls to reduce the risk of further falls.

- Record review for resident #471 revealed an admission date of 02/21/2020 with diagnoses of diabetes mellitus type 2, hypertension, anxiety disorder, cognitive communication deficit and chronic pain syndrome.

The admission functional capacity screen dated 02/21/2020 identified the resident with cognitive impairment in all aspects and she needed physical assistance to manage her medications

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and treatments. She was not marked with fall risk/unsteadiness, impaired vision or impaired hearing.

The negotiated service agreement/health care services plan (NSA/HSP) had a date on the signature line of 09/25/2020 and no signatures of a licensed nurse. The NSA/HSP included facility staff to assist with administering medications and included insulin. Staff managed the resident's medications and insulin administration. The resident had a Free Style glucose monitoring system which staff assisted her with and changed the sensor every 2 weeks. Blood sugars are monitored and recorded by staff. She wore glasses and hearing aids. There was no revision to reflect a fall she had on 08/17/2020.

Review of the interdisciplinary progress notes revealed an entry dated 08/17/2020 at 7:00 PM licensed nurse D received notification of the resident fall. An entry dated 08/18/2020 at 8:35 AM indicated the resident reported she fell yesterday in another resident's living/dining room area. She was turning around and tripped over the metal stripping losing her balance due to the floor being unlevel. The note failed to include whether the resident used her assistive device at the time. She was alert and oriented to name, time and place. She complained of left wrist pain/swelling and could not grasp with no bruises or open areas noted. The notes indicated the medical care provider ordered an X-ray of her left wrist with no further entries on the results of the X-ray.

Review of the facility's incident report dated 08/18/2020 indicated the resident fell not using her walker and got her foot caught on the edge of the flooring. The incident report indicated the

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S3155	Continued From page 18 resident needed occasional reminders to keep her walker in reach. The intervention to reduce the risk for another fall included to remind the resident to keep walker with her to assist with maintaining balance. The NSA/HSP lacked directions to staff to provide this reminder. Observation on 10/07/2020 at approximately 11:00 AM revealed the resident sat in her living room chair in front of the TV. She had a 4 wheeled walker beside her chair. She stood up independently and moved about the room without the use of the walker. Interview with license nurse D on 10/07/2020 confirmed she failed to update the NSA/HSP following the fall and the NSAHSP is the document for staff to know how to care for the resident. The administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for this resident (#471) in accordance with the functional capacity screening and negotiated service agreement regarding revisions of the health service plan after a fall to reduce the risk of further falls.	S3155		
S3165 SS=E	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.	S3165		

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S3165	Continued From page 19 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (d) The facility reported a census of 16 residents. The sample included 3 residents and 2 focused reviews. Based on record review and interview the administrator failed to ensure each residents negotiated service agreement included the name of the nurse responsible for the implementation and supervision of the healthcare service plan for 5 of 5 resident's reviewed (#197, #296, #389, #471, and # 501). Findings included: - Record review for resident #197 revealed an admission date of 08/23/2019 with diagnosis of end stage renal disease, Parkinson's, asthma, and cardiac arrhythmia's. The admission functional capacity screening (FCS) dated 08/23/2019 for cognition had all 4 areas marked with a zero indicating no deficit. She was independent with activities of daily living and medications and marked at risk for falls and unsteadiness. She used a walker assistive device. The admission negotiated service agreement/health service plan dated 08/23/2019 included the following services provided by the facility: specific diet related to her receiving dialysis 2 times a week. The NSA/HCSP lacked identification of the licensed nurse responsible for implementation and supervision of the healthcare service plan. The final page of the document only included a signature line and listed the name of a facility	S3165		

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S3165	Continued From page 20 licensed nurse. - Record review for resident #296 revealed an admission date of 08/24/2020 with diagnosis of chronic pain, osteo arthritis in right and left shoulders, anemia, muscle weakness and history of falls. The annual functional capacity screening (FCS) dated 08/25/2020 for cognition had all 4 areas marked with a zero indicating no deficit. She required physical assistance with bathing and dressing. She is independent with medication management. She had impaired vision and marked at risk for falls and unsteadiness. The readmission negotiated service agreement/health service plan (NSA/HCSP) dated 09/10/2020 included the following services provided by the facility: assistance with bathing, dressing and foot/toenail care from outside provider. The NSA/HCSP lacked identification of the licensed nurse responsible for implementation and supervision of the healthcare service plan. The final page of the document only included a signature line and listed the name of a facility licensed nurse. - Record review for resident #389 revealed an admission date of 04/17/2018 with diagnoses of hypertension, osteoarthritis, localized edema, osteoporosis, lumbar disc disorder, abnormal posture, difficulty walking and pain. The annual functional capacity screening dated 04/10/2019 for cognition had all 4 areas marked	S3165		

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with a zero indicating no deficit and license nurse B wrote a 7 for the total score which would indicate some deficit. She was independent with all activities of daily living and not marked as at risk for falls or unsteadiness. She used assistive devices of a walker and motorized wheelchair/scooter.

The negotiated service agreement/health Service plan (NSA/HSP) dated 04/27/2019 directed staff the resident was independent with activities of daily living, used a motorized scooter for mobility and a walker for short distances in her room and no information related to falls.

The NSA/HCSP lacked identification of the licensed nurse responsible for implementation and supervision of the health care service plan. The final page of the document only included a signature line and listed the name of a facility licensed nurse.

- Record review for resident #471 revealed an admission date of 02/21/2020 with diagnosis of cognitive communication deficit, ventral hernia, type 2 diabetes, chronic pain, anxiety, difficulty walking and muscle weakness.

The admission functional capacity screening (FCS) dated 02/21/2020 for cognition revealed deficit in all cognitive apsects. The functionals indicated she was independent with all activities of daily living and required assistance with medication management. She used a walker mobility device.

The annual undated negotiated service agreement/health service plan (NSA/HCSP) included the following services provided by the

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facility: staff management of medications, and occasional transportation.

The NSA/HCSP lacked identification of the licensed nurse responsible for implementation and supervision of the health care service plan. The final page of the document only included a signature line and listed the name of a facility licensed nurse.

- Record review for resident #501 revealed an admission date of 07/29/2020 with diagnosis of chronic pain, difficulty walking, muscle weakness, insomnia, chronic obstructive pulmonary disease, and history of falls.

The annual functional capacity screening (FCS) dated 09/16/2020 for cognition had all 4 areas marked with a zero indicating no deficit. The FCS indicated she was independent for all activities for daily living. She required physical assistance with medication management and marked as a fall risk.

The annual negotiated service agreement/health service plan (NSA/HCSP) dated 09/16/2020 included the following services provided by the facility: staff management of medications, occasional transportation by facility.

The NSA/HCSP lacked identification of the licensed nurse responsible for implementation and supervision of the health care service plan.

For all the above findings, licensed nurse D on 10/07/2020 at 5:15 PM confirmd the combined negotiated service agreement/health service plan lacked identification of nurse responsible for implementation and supervision of the health

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S3165	Continued From page 23 service plan for 5 of 5 sampled residents. For all the above findingws the administrator failed to ensure each resident's negotiated service agreement included the name of the nurse responsible for the implementation and supervision of the healthcare service plan for 5 of 5 residents reviewed (#197, #296, #389, #471, #501).	S3165		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (b) The facility reported a census of 16 residents. The sampled included 3 residents and 2 focused resident reviews. Based on observation record review and interview the administrator/operator failed to ensure the negotiated service agreement identified who was responsible for the administration and management of selected medications when the resident chooses to	S3186		

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self-administer some of their medications and for the facility to manage selected medications for 2 of 5 sampled residents (#197 and #471).

Findings included:

- Record review for resident #471 revealed an admission date of 02/21/2020 with diagnoses of diabetes mellitus type 2, hypertension, anxiety disorder, cognitive communication deficit and chronic pain syndrome.

The admission functional capacity screen dated 02/21/2020 identified the resident with cognitive impairment in all aspects and she needed physical assistance to manage her medications and treatments.

The electronic and paper record lacked any evidence of an assessment for the resident to self-administer her medications.

The negotiated service agreement/health care services plan (NSA/HSP) dated 09/25/2020 completed by licensed nurse D indicated facility staff to assist with administering medications and included insulin. Under the comments she wrote staff manages medications and insulin administration. The resident had a Free Style glucose monitoring system which staff assists her with and changes the sensor every 2 weeks. Blood sugars are monitored and recorded by staff. The NSA/HSP lacked information related to the staff dialing the dose of the insulin pen for the resident to self-inject at a later time or the medications the resident kept in her room.

Review of the October 2020 medication administration record (MAR) revealed facility staff initialed as administered Humalog insulin by Kwik

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S3186	Continued From page 25 Pen at 9:00 AM, noon and 5:00 PM. The entry for Lantus SoloStar insulin by Pen injector scheduled at 8:00 PM staff marked the MAR as the resident self-administered the medication. Observation on 10/07/2020 at approximately 11:00 AM of the resident's room revealed on the upright dresser sat a stuffed teddy bear with a note on it which read "Heart Pill" with a bottle of nitroglycerin tablets sat next to the teddy bear. On the other dresser was a weekly medication container and in 3 separate compartments were orange tablets, yellow tablets and white tablets with 10+ tablets in each compartment. The resident indicated all 3 were a different brand of aspirin she used to take when she lived in the independent part of the facility. On the side table in the living room sat cough drops and a bottle of clear eyes. Interview on 10/07/2020 at 3:10 PM with licensed nurse D confirmed the resident lacked the ability to self-administer any of her medications, confirmed the record lacked an assessment and the NSA/HSP failed to clearly state how the resident's insulin pen would be administered. She reported facility nurses would prepare the insulin pens to the prescribed dose and the resident merely had to inject the insulin. The administrator/operator failed to ensure the negotiated service agreement accurately reflected who administered and managed this resident's medications. - Record review for resident #197 revealed an admission date of 08/23/2019. The admission functional capacity screen (FCS)	S3186		

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dated 08/23/2019 failed to identify the resident's cognition with all boxes being blank. She could manage her own medications and treatments.

The self-administration of medication review assessment conducted by licensed nurse A on 08/28/2019 who marked yes on can name medication, give reason for the medication, can remember to take medication timely and identify the correct dosage. She marked no for question can name side-effects of the medication. She can visually identify the medication and read the label. She has the physical ability to open containers without spilling, swallow safely, apply safely and accurately. The form was not marked if the medical care provided approved the resident's self-medication.

The negotiated service agreement/health service plan (NSA/HSP) dated 08/23/2019 indicated the resident self-administered her medications. The resident prefers to prepare and administer her own medications.

Review of the October 2020 medication administration record (MAR) revealed the resident self-administered all her medications except for 2 controlled substance medications. Medications Oxycodone 5 milligrams (mg) 1 tablet by mouth as needed daily for pain and Tramadol HCL 50 mg 1 tablet every 6 hours as needed for joint pain. The record reflected administration by facility staff on 10/05/2020, 10/06/2020, and 10/07/2020.

Interview on 10/07/2020 at 9:15 AM with licensed nurse A revealed nurses manage the PRNs for all residents.

During a meeting on 10/07/2020 at 5:30 PM

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S3186	Continued From page 27 licensed nurse D confirmed facility staff administer the resident's-controlled substance medications and the NSA/HSP failed to reflect the resident had the facility manage selected medications. The administrator/operator failed to ensure the negotiated service agreement identified who was responsible for the administration and management of selected medications when the resident chooses to self-administer some of their medications and for the facility to manage selected medications for this resident.	S3186		
S3214 SS=D	26-41-205 (g) (4) Sample & Indigent Medication Program Meds (g) (4) Licensed nurses and medication aides may administer sample medications and medications from indigent medication programs if the administrator or operator ensures the development of policies and implementation of procedures for receiving and identifying sample medications and medications from indigent medication programs that include all of the following conditions: (A) The medication is not a controlled medication. (B) A medical care provider ' s written order accompanies the medication, stating the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. (C) A licensed nurse or medication aide receives the medication in its original, unbroken manufacturer ' s package. (D) A licensed nurse documents receipt of the medication by entering the resident ' s name and the medication name, strength, and quantity into a log.	S3214		

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S3214	Continued From page 28 (E) A licensed nurse places identification information on the medication or package containing the medication that includes the medical care provider ' s name; the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions as documented on the medical care provider ' s order. Facility staff consisting of either two licensed nurses or a licensed nurse and a medication aide shall verify that the information on the medication matches the information on the medical care provider ' s order. (F) A licensed nurse informs the resident or the resident ' s legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident ' s clinical record shall contain documentation that the resident or the resident ' s legal representative has received the information and accepted the risk of potential adverse consequences. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (g)(4)(A)(B)(C)(D)(E)(F) The facility reported a census 16 residents. The sample included 3 residents and 2 focused reviews. Based on observation, interview and record review the administrator failed to follow policies and implementation of procedures for receiving and identifying sample medications that included all the following conditions: identification medication is not a controlled medication. A	S3214		

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(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
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medical care provider's written order accompanied the medication, stating the resident's name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. A licensed nurse or medication aide received the medication in its original, unbroken manufacturer's package, A licensed nurse documented receipt of the medication by entering the resident's name and the medication name, strength, and quantity onto a log, A licensed nurse placed identification information on the medication or package containing the medication that included the medical care provider's name; the resident's name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions as documented on the medical care provider's order. Facility staff consisting of either two licensed nurses or a licensed nurse and a medication aide shall verify that the information on the medication matched the information on the medical care provider's order, A licensed nurse informed the resident or the resident's legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which required the identification of both adverse drug interactions or reactions and potential allergies. The resident's clinical record shall contain documentation that the resident or the resident's legal representative had received the information and accepted the risk of potential adverse consequences for 1 of 5 (# 501) sampled resident.

Findings included:

- Record review for resident #501 revealed an

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	N087085	A. BUILDING: _____ B. WING _____	10/09/2020

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admission date of 07/29/2020 with diagnoses of chronic pain, difficulty walking, muscle weakness, insomnia, chronic obstructive pulmonary disease and chronic kidney disease.

The annual functional capacity screening (FCS) dated 09/16/2020 identified the resident with intact cognition, independent with activities of daily living, lacked the ability to manage her own medications.

The annual negotiated service agreement/health care service plan (NSA/HCSP) dated 09/16/2020 included the following services provided by the facility: staff will administer medications.

Review of the medical care provider's progress note dated 09/02/2020 revealed a note which indicated the medical care provider gave the resident sample medication.

On 10/07/2020 at 9:15 AM during medication cart inspection with licensed nurse A, observation revealed a green box with manufactures label of Sileno (used for depressing, anxiety, sleep disorders, and nerve pain), which lacked patient label and instructions for administration. In the upper left cabinet approximately 3 more green boxes labeled Silenor which lacked a patient label or instructions for administration. Licensed nurse A indicated the medication belonged to resident #501.

Interview with licensed nurse D on 10/07/2020 at 5:15 PM confirmed the following: sampled medications provided by the medical care provider lacked identification, written medical care provider order and special instructions accompanying the medication and she failed to implement a system for tracking the receipt and

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S3214	Continued From page 31 disposition of the sample medication. She also failed to educate the resident on the potential for adverse reactions since the medication did not go through the usual process. Review of the policy revealed the facility policy included all the required elements. The administrator failed to ensure licensed nurses followed the regulations and implemented facility policies for sample medication.	S3214		
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 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	S3305		

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S3305	Continued From page 32 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: K.A.R 26-41-207 (b) The facility reported a census of 16 residents. The sample included 3 residents and 2 focused reviews. Based on interview and record review the administrator failed to ensure development and implement of policies and implementation of procedures related to monitoring of screening tools, training of staff to be screeners, training of residents in proper wearing of masks and hand washing regarding infection control related the COVID-19 pandemic. This failure placed all residents at risk for contracting COVID-19 a potentially fatal illness for this high-risk population. Findings included: - Review of the screening documents used for staff and visitors revealed the following temperatures obtained from visitors: 95.9 degrees Fahrenheit (F), 96.1 degrees F, 95.5 degrees F and 94.8 degrees F with no evidence of rechecking to verify the equipment functioned properly. The typical body temperature ranges from 97 degrees F to 99 degrees F.	S3305		

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S3305	Continued From page 33 A request made to licensed nurse D and E on 10/07/2020 to review evidence of training for the persons conducting the screening to ensure they were aware of temperature parameters resulted in no evidence of such training. Licensed nurse D confirmed she had not directed the screeners in what to do if the temperature was below normal only if they had an elevated temperature. She reported any questions on temperatures should be called into the nurse at the time obtained and confirmed she was not notified of the below normal temperatures. She further confirmed the screening records were not reviewed daily to ensure all staff and visitors were properly screened and indicated staff were instructed to call her at the time of questionable temperatures. A request to review the evidence of training residents in proper mask use, donning and removal of the mask as well as proper hand hygiene was made to license nurse D and E on 10/07/2020 with no evidence provided. Review of the undated facility re-opening policy states screening is conducted on every person entering the facility using temperature determination and screening questions related to symptoms, potential exposure and travel. The policy lacked an indicator for who is responsible for monitoring the screening documents. The administrator failed to ensure the administrator failed to ensure development and implement of policies and implementation of procedures related to monitoring of screening tools, training of staff to be screeners, training of residents in proper wearing of masks and hand washing regarding infection control related the COVID-19 pandemic. This failure placed all residents at risk for contracting COVID-19 a	S3305		

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S3305	Continued From page 34 potentially fatal illness for this high-risk population.	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 (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 16 residents. The sample included 3 residents and 1 sampled employee. Based on interview and record review for 1 newly hired employee, licensed nurse G, and 2 of 3 sampled residents (#197 and #471) the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 with the potential to affect all residents. Findings included:	S3310		

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S3310	Continued From page 35 - Review of licensed nurse G's personnel record revealed she began employment on 02/06/2020. The file included a document from Walgreens healthcare clinic which had a date for reading of a TB test 08/23/2019, but not the date the test was planted and no evidence of a second test for the 2-step test. Interview with human resource director F on 10/07/2020 at 9:50 AM confirmed licensed nurse G lacked documentation of the 2 step TB test and the TB screening questionnaire as required. - Record review for resident #197 revealed an admission date of 08/23/2019 and the record lacked evidence of Tuberculin (TB) 2 step testing and the TB screening questionnaire. Interview with licensed nurse D on 10/07/2020 at 11:35 AM confirmed she lacked evidence of TB 2 step testing and TB questionnaire for resident #197. - Record review for resident #471 revealed an admission date of 02/19/2020 and the record lacked evidence of Tuberculin (TB) 2 step testing and the TB screening questionnaire. Interview with licensed nurse D on 10/07/2020 at 11:35 AM confirmed she lacked evidence of TB 2 step testing and TB questionnaire for resident #471. For all the above findings, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in	S3310		

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S3310	Continued From page 36 KAR-26-39-105 for sampled residents #197, #471 and licensed nurse G with the potential to affect all residents.	S3310		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: K.A.R. 29-39-254 (a) The facility reported a census of 16 residents with 2 identified as cognitively impaired and independently mobile. Based on observation, interview and record review the administrator	S3320		

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failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel and the public regarding unlocked chemicals.

Findings included:

- During the initial tour on 10/06/2020 with administrator C which began at 8:50 AM revealed unlocked cabinets in the open and accessible activity room. In several of the cabinets were items labeled keep out of reach of children as follows: a can of spray paint, a can of spray adhesive, 2 containers of disinfectant wipes and 2 bottles of essential oils.

Observation on 10/07/2020 at 10:20 AM in the downstairs dining room revealed the cabinet door underneath the sink on the north wall freely opened. The cabinet had the following chemicals: Rinse dry aide, Redi San spray, bleach disinfectant, dishwashing machine detergent packets and Strike all cleaning solution. The unlocked cabinet under the counter stovetop had an open partial container of lime away. All of the cleaning chemicals were labeled with cautionary statements to keep out of the reach of children and seek medical attention if swallowed.

Interview on 10/07/2020 at 5:15 PM with administrator C confirmed all chemicals should be in a locked cabinet.

The material safety data sheet dated 10/09/2014 identified Rinse Dry Aide as a hazardous chemical with cautionary statement if ingested do not induce vomiting. Rinse mouth and drink plenty of water. The material safety data sheet dated 07/16/2019 identified Redi San as an irritant with a cautionary statement causes eye

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S3320	Continued From page 38 irritation, if swallowed rinses mouth. The powdered dish washing detergent has cautionary statement on outside of package to keep out of reach of children. The material safety data sheet dated 04/27/2020 identified bleach disinfectant cleaner as a hazardous chemical with precautionary statement to avoid breathing vapors/mist, wash skin after handling, and if swallowed rinse mouth. The strike container has a danger keep out of reach of children statement on the front of the container. The material safety data sheet dated 08/06/2014 identified Lime away as a hazardous chemical, with a cautionary statement if swallowed rinse mouth and do not induce vomiting. The administrator failed to ensure the facility was equipped and maintained to protect the health and safety or residents, personnel and the public regarding unlocked chemicals with the potential to affect 2 cognitively impaired and independently mobile residents.	S3320		