Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N081007	A. BUILDING: _____ B. WING _____	C 08/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEYBROOK ASSISTED LIVING	2029 LITTLE KITTEN AVENUE MANHATTAN, KS 66503

(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 are the result of a Licensure Complaint survey at the above named Assisted Living Facility on 8/04/20, 8/10/20, 8/11/20, 8/12/20, and 8/13/20. Complaints #154252 and #154477 investigated.	S 000		
S 115 SS=D	26-39-103 (d) Resident Right Inspection of Records (d) Inspection of records. (1) The administrator or operator shall ensure that each resident or resident's legal representative is afforded the right to inspect records pertaining to the resident. The administrator or operator, or the designee, shall provide a photocopy of the resident's record or requested sections of the resident's record to each resident or resident's legal representative within two working days of the request. If a fee is charged for the copy, the fee shall be reasonable and not exceed actual cost, including staff time. (2) The administrator or operator shall ensure access to each resident ' s records for inspection and photocopying by any representative of the department. This STANDARD is not met as evidenced by: KAR 26-39-103(d) The census equalled 35, the sample included two discharged Residents. Based on reviews of records and interviews, for one of two sampled (#2), the Operator failed to ensure each Resident or Resident's legal representative provided requested photocopies of the Resident's medical record within two working days of the request. Findings included:	S 115		

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

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S 115	Continued From page 1 - On 8/04/20 at 12:15pm Resident Care Coordinator (RCC) #B provided a list of discharged Residents as requested. Resident #2 included in the list and documented as discharged on 7/24/20. Operator #C and RCC #B confirmed #2 discharged on that date. On 8/10/20 at 2:54pm inquired from Operator #C and Vice President (VP) #A if family members or legal representatives had requested a copy of the Resident's record since discharge. Operator #C stated "she did... our attorney has handled that." Operator #C and VP #A confirmed the medical record not yet provided to the family as requested... #C stated when I contacted them (legal department) to ask what all I was to give, was told since Resident turned in a notice to discharge "they" (legal department) would handle it all. Requested a copy of the medical record request for review, document provided at 3:00pm. The request signed by a family member and dated 7/14/20. Operator #C confirmed Resident #2 discharged and billing ceased on 7/24/20. Operator #C and VP #A provided facility/company policy related to medical records and copies. The facility/company policy (untitled and not dated) recorded the following: "For Current Residents: Records must be produced when a written request for records has been made by the Resident or his/her legal representative within two working days of the receipt of request." On 8/10/20 at 3:22pm stated not sure why facility/company policy lacked a title or a date.. confirmed the policy not followed, and not in compliance with the related regulation 26-39-103(d).	S 115		

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S 115	Continued From page 2 For #2 the Operator failed to ensure each Resident's legal representative provided requested photocopies of the Resident's medical record within two working days of the request.	S 115		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the	S 225		

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S 225	Continued From page 3 administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(3) The census equalled 35, the sample included two discharged Residents. Based on reviews of records and interviews, for one of two sampled (#2), the Operator failed to execute with the Resident or Resident's legal representative a written agreement that described in detail the services and goods the Resident would receive and specified the obligations the Resident had toward the adult care home. Findings included: - Record review revealed #2 admitted to facility on 5/08/18 from a nearby facility on the same campus. The medical record lacked a written agreement between the Resident and the facility. On 8/05/20 at 5:23pm Operator #C stated I do not have a copy of the 5/08/20 admission agreement... I discovered the absence while	S 225		

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S 225	Continued From page 4 doing an audit after I started this position... I was not the Operator on 5/08/20. On 8/11/20 at 6:38pm Operator #C confirmed no admission agreement available for Resident #@ on 5/08/18. The Operator failed to execute an admission agreement with Resident #2 or the Resident's legal representative at the time of admission to the facility.	S 225		
S3200 SS=E	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	S3200		

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S3200	Continued From page 5	S3200		

The census equalled 35, the sample included two discharged Residents. Based on reviews of records and interviews, for one of two sampled (#2), the Operator failed to ensure all medications and biologicals administered to Residents in accordance with professional standards of practice and in accordance with a medical care provider's written order.

Findings included:

- Review of record revealed #2 admitted to facility 5/09/18 with diagnoses of hypertension, muscle wasting and atrophy, mood disorder, bipolar disorder, depression, anxiety, diabetes, and osteoarthritis.
The current functional capacity screen (FCS) of 6/23/20 assessed #2 in need of medication management.
The current negotiated service agreement (NSA) of 6/23/20 recorded #2 to receive medication management by facility.

The MAR (medication administration record) for April and May 2020 contained a physician's order for Exelon (depression/behaviors) Patch 9.5mg (milligrams)/24 hours. Apply transdermally every 24 hours, rotate sites, remove old patch before applying new patch, and remove per schedule. All dates of April 2020 were initialed by staff to indicate administration of the medication as ordered.

In further review of nurses' notes, the following medication errors noted:
4/11/20 - "Medication aide called this nurse and stated that there was no patch (Exelon - for dementia, behaviors) for 4/10/2020 on elder. That only her patch from 4/09/20 still remained on the right scapula as administered. The patch that

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S3200	Continued From page 6 was administered 4/10/20 was not found on elder in any other area of the body. This nurse advised medication aide to remove patch from 4/09/20 and to administer new patch. RCC (Resident Care Coordinator) notified." 5/01/20 - "Not completed. Couldn't find patch (Exelon) where the MAR stated to remove it. Resident stated had a shower last night. Nurse on call notified." On 8/10/20 at 5:08pm Operator #C confirmed the 4/11/20 and 5/01/20 events in the Nurses' Notes occurred and stated would look for medication error reports. On 8/10/20 at 5:55pm Operator #C stated I do not have any medication error reports on the patch episodes. On 8/11/20 at 3:47pm Resident Care Coordinator (RCC) stated normally we do medication error reports... I will be starting audits daily or weekly... typically that would have triggered an investigation or medication error report... but it wasn't done..." The Operator failed to ensure all medications and biologicals administered to each Resident in accordance with medical care provider orders and in accordance with professional standards of practice.	S3200		
S3260 SS=D	26-41-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings;	S3260		

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S3260	Continued From page 7 (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f) The census equalled 35, the sample included two discharged Residents. Based on reviews of records and interviews, for one of two sampled (#2), the Operator failed to ensure each Resident record contained the date of discharge. Findings: - Review of record revealed #2 admitted to facility 5/09/18 with diagnoses of hypertension, muscle wasting and atrophy, mood disorder, bipolar disorder, depression, anxiety, diabetes, and osteoarthritis.	S3260		

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S3260	Continued From page 8 The current functional capacity screen (FCS) of 6/23/20 assessed #2 in need of health care services. The current negotiated service agreement (NSA) of 6/23/20 recorded #2 to receive identified health care services by facility staff. Resident #2 included on a discharge list of Residents requested at the time of entrance to the facility. On 8/04/20 at 2:30pm Resident Care Coordinator (RCC) #B confirmed the Resident no longer in facility. By review the medical record lacked a discharge date or the culmination of Resident's stay in facility. On 8/11/20 at 3:47pm RCC #B confirmed the record lacked the discharge date of Resident #2. The Operator failed to ensure the medical record for #2 contained the date of discharge.	S3260		
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 26-41-105(f)(11)	S3261		

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S3261	Continued From page 9 The census equalled 35, the sample included two discharged Residents. Based on reviews of records and interviews, for one of two sampled (#2), the Operator failed to ensure documentation in the medical record of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. Findings: - Review of record revealed #2 admitted to facility 5/09/18 with diagnoses of hypertension, muscle wasting and atrophy, mood disorder, bipolar disorder, depression, anxiety, diabetes, and osteoarthritis. The current functional capacity screen (FCS) of 6/23/20 assessed #2 in need of medication management. The current negotiated service agreement (NSA) of 6/23/20 recorded #2 to receive medication management by facility. The MAR (medication administration record) for April 2020 contained a physician's order for Blood Glucose Monitoring in the morning 6am-10am. Call provider if blood sugar is below 60 or above 450. A 4/18/2020 Nurses' Note recorded: 12:51pm - Medication Aide called and notified this nurse that elder's (Resident's) BS (blood sugar) was 465. This nurse advised to check BS again. She called back and said that BS now at 509 This nurse called on call. Waiting for call back. The Nurses' Note entry lacked assessment information for the Resident's condition and other indications of illness or injury (symptoms). This	S3261		

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S3261	Continued From page 10 entry lacked the actual time the BS obtained (some time between 6am and 10am) and lacked actual time of nurse notification by certified staff (nurse entry recorded at 12:51). The Nurses' Notes failed to describe the condition of the Resident prior to "refusal" or how refusal resolved (actions taken and results of actions). On 8/10/20 at 5:20pm Operator #C confirmed the Nurses' Notes lacked a full description and assessment of Resident with the BS outside usual parameters. The Operator failed to ensure for #2 documentation in the medical record of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.	S3261		