STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023018	A. BUILDING: _____ B. WING _____	C 02/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR LIVING, LLC	3911 W 13TH STREET LAWRENCE, KS 66049

(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 survey for re-licensure with attached complaint conducted on 2/12/20, 2/13/20, 2/17/20, 2/19/20 at the above named home plus faciility in Lawrence, KS.	S 000		
S 110 SS=F	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: KAR 26-39-103(c) (1) (A) (B) The facility reported a census of 12 residents. The sample included 3 residents and one focus	S 110		

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

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S 110	Continued From page 1	S 110		

review resident. For all residents, based on record review and interview for 3 sampled residents (#212, 213, 214) and one focus review resident, (#215), the operator failed to ensure at the time of admission, the adult care home staff shall inform the resident or the resident's legal representative, both orally and in writing, in a language they understand, of the rights of the resident and the rules governing resident conduct and responsibility.

Findings included:

- Record review for resident #212 recorded admission date of 10/11/18 with diagnoses of: insulin dependent diabetes mellitus, cerebral Palsy, anemia, diabetic neuropathy, diabetic retinopathy, hypertension, hyperlipidemia and psoriatic arthritis.

- Record review for resident #213 recorded admission date of 9/20/17 with diagnoses of: Parkinson's, Lewy body dementia.

- Record review for resident #214 recorded admission date of 1/18/19 with diagnoses of: Lacunar stroke, dyslipidemia, benign prostatic hypertrophy, carotid artery stents, coronary artery disease and dementia.

- Record review for resident #215 recorded admission date of 6/27/19 with diagnoses of: Parkinson's, anxiety, depression, frequent falls, hyperlipidemia, osteoporosis and weight loss.

Records lacked documentation at the time of the resident's admission the facility informed the resident or the resident's legal representative of

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S 110	Continued From page 2 the rights of the resident and the rules governing resident conduct and responsibility. Interview on 2/13/20 at 2:20pm with operator #A and house manager #C confirmed facility has not informed any residents or their legal representatives in writing, of the rights of the resident and the rules governing resident conduct and responsibility. They stated a copy of the residents rights is posted by the time clock. For all residents of the facility, the operator failed to ensure at the time of admission, the adult care home staff shall inform the resident or the resident's legal representative, both orally and in writing, in a language they understand, of the rights of the resident and the rules governing resident conduct and responsibility.	S 110		
S 225 SS=E	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	S 225		

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S 225	Continued From page 3 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 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 facility reported a census of 12 residents. The sample included 3 residents and 1focus review resident. Based on record review and interview for 2 sampled residents (#212, 213)	S 225		

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S 225	Continued From page 4	S 225		

and 1 focus review resident (#215) the operator failed to ensure at the time of admission, to execute with the resident or the resident's legal representative a written agreement (lease 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.

Findings included:

- Record review for resident #212 recorded admission date of 10/11/18 with diagnoses of: insulin dependent diabetes mellitus, cerebral palsy, anemia, diabetic neuropathy, diabetic retinopathy, hypertension, hyperlipidemia and psoriatic arthritis.

Record lacked proof of a signed lease agreement.

- Record review for resident #213 recorded admission date of 9/20/17 with diagnoses of: Parkinson's, Lewy body dementia.

Record contained a blank lease agreement and lacked proof of a signed lease agreement.

- Record review for resident #215 recorded admission date of 6/27/19 with diagnoses of: Parkinson's, anxiety, depression, frequent falls, hyperlipidemia, osteoporosis and weight loss.

Record contained "Respite/day care agreement" it recorded a service fee of $10/hour. Document not signed by staff or resident/responsible party.

Facility policy titled: "Adult Day care and respite

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S 225	Continued From page 5 care services" recorded: 2: services will be provided in compliance with state regulations .... Interviews on 2/12/20 from 3:50pm to 4:30pm with house manager #C confirmed records lacked signed Lease agreements. For residents #212, 213 and 215, the operator failed to ensure at the time of admission, to execute with the resident or the resident's legal representative a written agreement (lease 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.	S 225		
S 230 SS=F	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement.	S 230		

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S 230	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-39-102(b) The facility reported a census of 12 residents. The sample included 3 residents and one focus review resident. For all residents, based on record review and interview for 3 sampled residents (#212, 213, 214) and one focus review resident, (#215), the operator failed to ensure at the time of admission, the adult care home staff shall inform the resident or the resident's legal representative, in writing, of the state statutes related to advanced medical directives. Findings included: - Record review for resident #212 recorded admission date of 10/11/18 with diagnoses of: insulin dependent diabetes mellitus, cerebral Palsy, anemia, diabetic neuropathy, diabetic retinopathy, hypertension, hyperlipidemia and psoriatic arthritis. - Record review for resident #213 recorded admission date of 9/20/17 with diagnoses of: Parkinson's, Lewy body dementia. - Record review for resident #214 recorded admission date of 1/18/19 with diagnoses of: Lacunar stroke, dyslipidemia, benign prostatic hypertrophy, carotid artery stents, coronary artery disease and dementia. - Record review for resident #215 recorded admission date of 6/27/19 with diagnoses of:	S 230		

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S 230	Continued From page 7 Parkinson's, anxiety, depression, frequent falls, hyperlipidemia, osteoporosis and weight loss. Records lacked documentation at the time of the resident's admission the facility informed the resident or the resident's legal representative of the state statutes related to advanced medical directives. Interview on 2/13/20 at 2:20pm with operator #A and house manager #C confirmed facility has not informed any residents in writing of the state statutes related to advanced directives. Stating "We just ask them if they have any." For all residents of the facility, based on record review for residents #212, 213, 214 and 215, the operator failed to ensure at the time of admission, the adult care home staff shall inform the resident or the resident's legal representative, in writing, of the state statutes related to advanced medical directives.	S 230		
S5028 SS=D	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress.	S5028		

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S5028	Continued From page 8 (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-42-101 (f) (3) The facility reported a census of 7 residents. The sample included 3 residents. Based on record review and interview for 1(#221) sampled resident, the operator failed to ensure that allegation of abuse and neglect was reported to the department within 24 hours, an investigation was started when the operator was notified of an alleged violation, each allegation was thoroughly investigated, appropriate corrective action taken, and the department's complaint investigation reports was completed and submitted to the department within five working days of the initial report. Findings included: - Record review for resident #213 recorded	S5028		

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admission date of 9/20/17 with diagnoses of: Parkinson's, Lewy body dementia.

Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing, transfer and eating, unable to perform toileting, walk/mobility and management of medications and treatments. Resident is incontinent of bladder and has a history of falls/unsteadiness. Resident has problems with long term memory, short term memory, memory recall and decision making. Resident is unable to make needs understood and is unable to understand others.

Negotiated Service agreement (NSA) dated 9/26/19 recorded staff to provide physical assistance with bathing, am/pm preparation, toileting/personal care, ambulation/transfer, puree diet and management of medications.

Health Care service plan (HCSP) dated 1/4/20 recorded staff to provide physical assistance with bathing, dressing, toileting/peri-care, mobility, eating and management of medications and treatments.

Nurses notes recorded the following incidents:

2/26/19 "At 7:00pm the resident was found on the floor laying parallel to the bed ...." Signed by licensed nurse #J.

9/15/19 "at 3:45pm this nurse was contacted by operator of client's fall in shower room and transport to the ER (emergency room) for evaluation of laceration to forehead ..." signed by licensed nurse #K

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S5028	Continued From page 10 10/20/19 "resident taken to [hospital] via non-emergent transportation to be evaluated and treated as indicated. Resident returned to [facility]at 9:30pm ..... resident has sutures on left eyebrow and on the midline crown of her head ..." signed by licensed nurse #J 11/30/19 "resident was found on the floor next to her bed at 5:10am by the writer .... Resident sustained injuries to her right face ...." Signed by licensed nurse #J. 12/3/19 recorded the 11/30/19 incident was reported to the department. Signed by operator #A. Incident reported to department after 3 days, required to be reported within 24 hours. Report to department lacked investigation of the incident including nurses notes and written statements from staff. Interview on 2/13/19 at 3:17pm with licensed nurse #B confirmed facility records lacked investigations for all the incidents recorded in the nurses notes and incidents on 2/26/19, 9/15/19 and 10/20/19 were not reported to the department. For resident # 213 the operator failed to ensure that allegation of abuse and neglect was reported to the department within 24 hours, an investigation was started when the operator was notified of an alleged violation, each allegation was thoroughly investigated, appropriate corrective action taken, and the department's complaint investigation reports was completed and submitted to the department within five working days of the initial report.	S5028		

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S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, 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 home, 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 26-42-201(a) The census equaled 12 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 focus review resident (#215) the operator failed to ensure on or before each individual's admission to a home plus, a licensed nurse or the operator conducts a screening to determine the individual's functional capacity and shall record all findings on a screening form specified by the department. It shall include each element and definition specified by the department. Findings included:	S5080		

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S5080	Continued From page 12 - Record review for resident #215 recorded admission date of 6/27/19 with diagnoses of: Parkinson's, anxiety, depression, frequent falls, hyperlipidemia, osteoporosis and weight loss. Functional Capacity Screen (FCS) dated 7/10/19 recorded resident required physical assistance with dressing, toileting and walk/mobility. FCS completed 13 days after admission. Interview on 2/13/20 at 3:00pm with licensed nurse #B confirmed FCS not completed on or before admission. For resident #215 the operator failed to ensure on or before each individual's admission to a home plus, a licensed nurse or the operator conducts a screening to determine the individual's functional capacity and shall record all findings on a screening form specified by the department. It shall include each element and definition specified by the department.	S5080		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information:	S5105		

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S5105	Continued From page 13 (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 26-42-202 (a) The census equaled 12 the sample included 3 residents and 1 focus review resident. Based on observation, interviews and reviews of facility records for 3 sampled resident (#212, 213, 214) and 1 focus review resident #215, the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service. Findings included: - Record review for resident #212 recorded admission date of 10/11/18 with diagnoses of: insulin dependent diabetes mellitus, cerebral Palsy, anemia, diabetic neuropathy, diabetic retinopathy, hypertension, hyperlipidemia and psoriatic arthritis. Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing and walk/mobility and	S5105		

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S5105	Continued From page 14 unable to perform management of medications and treatments and toileting. Resident was incontinent and has a history of falls/unsteadiness. Negotiated Service agreement (NSA) dated 10/11/18 (most recent) recorded staff to provide physical assistance with bathing. NSA lacked entries for dressing, walk/mobility and management of medications and treatments. Interview on 2/13/20 at 4:45pm with licensed nurse #B confirmed resident required assistance with dressing, mobility and management of medications and treatments and NSA lacked entries for these services. - Record review for resident #213 recorded admission date of 9/20/17 with diagnoses of: Parkinson's, Lewy body dementia. Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing, transfer and eating, unable to perform toileting, walk/mobility and management of medications and treatments. Resident is incontinent of bladder and has a history of falls/unsteadiness. Negotiated Service agreement (NSA) dated 9/26/19 recorded staff to provide physical assistance with bathing, am/pm preparation, toileting/personal care, ambulation/transfer, puree diet and management of medications. Physician's order dated 10/24/19 recorded: "admit to [name] hospice with terminal diagnosis"	S5105		

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S5105	Continued From page 15 NSA lacked name of the Hospice provider, services provided and party responsible for payment of the services. Interview on 2/13/20 at 3:17pm with licensed nurse #B confirmed resident received hospice services and confirmed NSA lacked the hospice services and an addendum has not been completed for addition of hospice services. - Record review for resident #214 recorded admission date of 1/18/19 with diagnoses of: Lacunar stroke, dyslipidemia, benign prostatic hypertrophy, carotid artery stents, coronary artery disease and dementia. Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing and is unable to perform management of medications and treatments, resident is always incontinent of bladder (coded 4). Negotiated service agreement dated 1/18/19 recorded staff to provide physical assistance with bathing. Health Care service plan dated 1/17/19 recorded staff to provide physical assistance with bathing, dressing, toileting, management of medications and treatments. NSA lacked entries for assistance with dressing, toileting and management of medications and treatments. Interview on 2/13/20 at 4:20pm with licensed nurse #B confirmed resident required assistance with dressing, toileting/incontinence and	S5105		

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S5105	Continued From page 16	S5105		

management of medications and treatments and NSA lacked entries for the services.

- Record review for resident #215 recorded admission date of 6/27/19 with diagnoses of: Parkinson's, anxiety, depression, frequent falls, hyperlipidemia, osteoporosis and weight loss.

Functional Capacity Screen dated 7/10/19 recorded resident required physical assistance with dressing, toileting and walk/mobility.

Negotiated Service Agreement dated 6/27/19 recorded staff to assist resident with bathing.

Health Care service plan dated 6/25/19 recorded staff to assist resident with bathing as needed, dressing, toileting and mobility. Resident self-administers her medications.

NSA lacked entries for dressing, toileting and mobility and self-administration of medications.

Observation on 2/12/20 at 3:54pm revealed certified medication aide #E assist resident out of a recliner using a gait belt, to wheelchair to bathroom and entered with her. Resident later ambulated independently back to recliner.

Interview on 2/13/20 at 3:00pm with licensed nurse #B confirmed NSA lacked entries for dressing, toileting, mobility and medication management.

For residents #212, 213, 214, 215 the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will

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S5105	Continued From page 17 receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service.	S5105		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-202 (d)(1) The facility reported a census of 12 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 sampled resident (#212), the operator failed to ensure the review and if necessary, revision of each negotiated service agreement at least once every 365 days. Findings included:	S5116		

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S5116	Continued From page 18 - Record review for resident #212 recorded admission date of 10/11/18 with diagnoses of: insulin dependent diabetes mellitus, cerebral Palsy, anemia, diabetic neuropathy, diabetic retinopathy, hypertension, hyperlipidemia and psoriatic arthritis. Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing and walk/mobility and unable to perform management of medications and treatments and toileting. Resident was incontinent and has a history of falls/unsteadiness. Negotiated Service agreement (NSA) dated 10/11/18 (most recent) recorded staff to provide physical assistance with bathing. Record lacked a 2019 NSA. Interview on 2/13/20 at 4:45pm with licensed nurse #B confirmed record lacked a 2019 NSA. For resident #212 the operator failed to ensure the review and if necessary, revision of each negotiated service agreement at least once every 365 days.	S5116		
S5117 SS=E	26-42-202 (e) NSA Nurse Participation (e) A licensed nurse shall participate in the development, review, and revision of the negotiated service agreement if the resident's functional capacity screening indicates the need for health care services.	S5117		

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S5117	Continued From page 19 This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (e) The facility reported a census of 12 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 2 sampled residents (#213,214) the operator failed to ensure a licensed nurse participated in the development, review and revision of the negotiated service agreement if the resident's functional capacity screening indicated the need for health care services. Findings included: - Record review for resident #213 recorded admission date of 9/20/17 with diagnoses of: Parkinson's, Lewy body dementia. Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing, transfer and eating, unable to perform toileting, walk/mobility and management of medications and treatments. Resident is incontinent of bladder and has a history of falls/unsteadiness. Negotiated Service agreement (NSA) dated 9/26/19 recorded staff to provide physical assistance with bathing, am/pm preparation, toileting/personal care, ambulation/transfer, puree diet and management of medications. NSA signatures recorded: resident's legal	S5117		

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S5117	Continued From page 20 representative and house manager (certified medication aide) #C. NSA lacked the signature of the participating licensed nurse. - Record review for resident #214 recorded admission date of 1/18/19 with diagnoses of: Lacunar stroke, dyslipidemia, benign prostatic hypertrophy, carotid artery stents, coronary artery disease and dementia. Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing and is unable to perform management of medications and treatments. Negotiated service agreement dated 1/18/19 recorded staff to provide physical assistance with bathing. NSA signatures recorded: resident's legal representative and owner (certified nurse aide) #I. NSA lacked the signature of the participating licensed nurse. Interviews on 2/13/20 at 3:17pm and 4:20pm with licensed nurse #B confirmed NSA's lacked signature of the licensed nurse participating in the development of the NSA. For residents #213, 214 the operator failed to ensure a licensed nurse participated in the development, review and revision of the negotiated service agreement if the resident's functional capacity screening indicated the need for health care services.	S5117		

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S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus 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 12 residents. The sample included 3 residents and one focus review resident. For all residents, based on record review and interview for 3 sampled residents (#212, 213, 214), the operator failed to 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. Findings included: - Record review for resident #212 recorded admission date of 10/11/18 with diagnoses of: insulin dependent diabetes mellitus, cerebral Palsy, anemia, diabetic neuropathy, diabetic retinopathy, hypertension, hyperlipidemia and psoriatic arthritis.	S5155		

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S5155	Continued From page 22 Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing and walk/mobility and unable to perform management of medications and treatments and toileting. Resident was incontinent and has a history of falls/unsteadiness. Negotiated Service agreement (NSA) dated 10/11/18 (most recent) recorded staff to provide physical assistance with bathing. Health Care Service Plan (HCSP) dated 1/4/20 recorded staff to provide physical assistance with bathing, dressing, mobility, toileting/incontinence and management of medications and treatments. Nurses note dated 11/20/18 (no time) recorded "Resident fell and hurt his head ..... 911 called ..." signed by operator #A. Observation on 2/13/20 at 1:45pm in resident's room revealed resident wearing an incontinent brief and T-shirt sitting on a twin pressure reduction mattress with 2 quarter side rails. Resident is finishing his meal. He confirmed he eats all his meals in his room because he wants to and injects his own insulin. HCSP lacked entries for resident use of side rails, a pressure reduction mattress, desire to eat all his meals in his room, self-injection of insulin and interventions for falls. Interview on 2/13/20 at 4:45pm with licensed nurse #B confirmed HCSP lacked entries for side rails, pressure reduction mattress, eating all meals in his room, self-injection of insulin and fall interventions.	S5155		

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S5155	Continued From page 23 - Record review for resident #213 recorded admission date of 9/20/17 with diagnoses of: Parkinson's, Lewy body dementia. Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing, transfer and eating, unable to perform toileting, walk/mobility and management of medications and treatments. Resident is incontinent of bladder and has a history of falls/unsteadiness. Negotiated Service agreement (NSA) dated 9/26/19 recorded staff to provide physical assistance with bathing, am/pm preparation, toileting/personal care, ambulation/transfer, puree diet and management of medications. Health Care service plan (HCSP) dated 1/4/20 recorded staff to provide physical assistance with bathing, dressing, toileting/peri-care, mobility, eating and management of medications and treatments. Physician's order dated 11/20/19 recorded: to prevent aspiration, feed with a spoon at all times, leave head of bed at 45 degree angle ... reposition every 2 hours. Observation on 2/13/20 at 1050am in resident's room: resident in low bed on a winged air mattress positioned with pillows. Observed operator #A provide incontinence care and transfer resident 1 assist to a shower chair. HCSP lacked entries for resident use of a winged air mattress and need for transfer assistance, spoon feeding, 45 degree bed angle, and	S5155		

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S5155	Continued From page 24 repositioning every 2 hours. Interview on 2/13/20 at 3:17pm with licensed nurse #B confirmed HCSP lacked entries for resident use of a winged air mattress and need for transfer assistance, spoon feeding, 45 degree bed angle, and repositioning every 2 hours. - Record review for resident #214 recorded admission date of 1/18/19 with diagnoses of: Lacunar stroke, dyslipidemia, benign prostatic hypertrophy, carotid artery stents, coronary artery disease and dementia. Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing and is unable to perform management of medications and treatments, resident is always incontinent of bladder (coded 4). Negotiated service agreement dated 1/18/19 recorded staff to provide physical assistance with bathing. Health Care service plan dated 1/17/19 recorded staff to provide physical assistance with bathing, dressing, toileting, management of medications and treatments. Observation on 2/12/20 at 11:00am in resident's room observed a twin bed with a bed cane (halo) attached to the left hand side of the bed and pressure reduction mattress. HCSP lacked entries for resident use of bed cane, pressure reduction mattress, incontinence care/toileting schedule.	S5155		

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S5155	Continued From page 25 Interview on 2/13/20 at 4:20pm with licensed nurse #B confirmed HCSP lacked entries for a bed cane, pressure reduction mattress, and lacked a plan for incontinence/toileting schedule. For residents #212, 213, 214, the operator failed to 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.	S5155		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 2-6-42-204(d) The facility reported a census of 12 residents. The sample included 3 residents and one focus review resident. For all residents, based on record review and interview for 3 sampled residents (#212, 213, 214) and one focus review resident, (#215), the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. Findings included:	S5161		

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S5161	Continued From page 26 - Record review for resident #212 recorded admission date of 10/11/18 with diagnoses of: insulin dependent diabetes mellitus, cerebral Palsy, anemia, diabetic neuropathy, diabetic retinopathy, hypertension, hyperlipidemia and psoriatic arthritis. Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing and walk/mobility and unable to perform management of medications and treatments and toileting. Resident was incontinent and has a history of falls/unsteadiness. Negotiated Service agreement (NSA) dated 10/11/18 (most recent) recorded staff to provide physical assistance with bathing. Health Care Service Plan dated 1/4/20 recorded staff to provide physical assistance with bathing, dressing, mobility, toileting/incontinence and management of medications and treatments. The NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. - Record review for resident #213 recorded admission date of 9/20/17 with diagnoses of: Parkinson's, Lewy body dementia. Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing, transfer and eating, unable to perform toileting, walk/mobility and management of medications and treatments. Resident is incontinent of bladder and has a	S5161		

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S5161	Continued From page 27 history of falls/unsteadiness. Negotiated Service agreement (NSA) dated 9/26/19 recorded staff to provide physical assistance with bathing, am/pm preparation, toileting/personal care, ambulation/transfer, puree diet and management of medications. Health Care service plan dated 1/4/20 recorded staff to provide physical assistance with bathing, dressing, toileting/peri-care, mobility, eating and management of medications and treatments. The NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. - Record review for resident #214 recorded admission date of 1/18/19 with diagnoses of: Lacunar stroke, dyslipidemia, benign prostatic hypertrophy, carotid artery stents, coronary artery disease and dementia. Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing and is unable to perform management of medications and treatments, resident is incontinent of bladder. Negotiated service agreement dated 1/18/19 recorded staff to provide physical assistance with bathing. Health Care service plan dated 1/17/19 recorded staff to provide physical assistance with bathing, dressing, toileting, management of medications and treatments. The NSA lacked the name of the licensed nurse	S5161		

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S5161	Continued From page 28 responsible for the implementation and supervision of the health care service plan. - Record review for resident #215 recorded admission date of 6/27/19 with diagnoses of: Parkinson's, anxiety, depression, frequent falls, hyperlipidemia, osteoporosis and weight loss. Functional Capacity Screen dated 7/10/19 recorded resident required physical assistance with dressing, toileting and walk/mobility. Negotiated Service Agreement dated 6/27/19 recorded staff to assist resident with bathing. Health Care service plan dated 6/25/19 recorded staff to assist resident with bathing as needed, dressing, toileting and mobility. The NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. Interview on 2/13/20 at 3:00pm with operator #A and house manager #C confirmed all resident NSAs lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. For residents #212, 213, 214, 215, the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.	S5161		
S5165 SS=D	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or	S5165		

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S5165	Continued From page 29	S5165		

medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-204(e)

The facility reported a census of 12 home plus residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 sampled resident (#212) resident requiring insulin administration with an insulin pen, and blood sugar checks by accuchecks, nursing procedures not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.

Findings included:

- Review of resident records revealed 1 sampled resident (#212) required administration of insulin with an insulin pen.

Record review for resident #212 recorded admission date of 10/11/18 with diagnoses of: insulin dependent diabetes mellitus, cerebral Palsy, anemia, diabetic neuropathy, diabetic retinopathy, hypertension, hyperlipidemia and psoriatic arthritis.

Functional Capacity Screen dated 1/4/20 recorded resident unable to perform

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S5165	Continued From page 30	S5165		

management of medications and treatments.

Negotiated Service agreement (NSA) dated 10/11/18 (most recent) recorded staff to provide physical assistance with bathing. (no entry for medication/treatment management)

Health Care Service Plan (HCSP) dated 1/4/20 recorded staff to provide physical assistance with management of medications and treatments.

Interview on 2/13/20 at 11:15pm with operator #A stated: We dial the insulin pen, he injects it himself, he has accuchecks in the morning, CMA's (certified medication aides) do them.

Review of recently hired CMA's revealed 2 CMA's recently hired:

CMA #D, hire date 10/20/19: record lacked competency exam for ability to safely dial insulin pens and perform accuchecks.

CMA #E, hire date 12/27/19: record lacked competency exam for ability to safely dial insulin pens and perform accuchecks.

Interview on 2/13/20 at 1:50pm with operator #A and house manager #B confirmed both CMA #D and CMA #E perform accuchecks and dial insulin pens and records lacked proof of competency exams.

For resident #212, a resident requiring insulin administration with an insulin pen, and blood sugar checks by accuchecks, nursing procedures not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedure to

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S5165	Continued From page 31 medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S5165		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(a)(c) The facility reported a census of 12 home plus residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 sampled resident (#213) receiving mechanically altered diets and/or thickened liquids, the operator failed to ensure provision or coordination of dietary service to the residents as identified in each resident's negotiated service agreement and a medical care provider's order shall be on file in the resident's clinical record and the diet or liquids,	S5185		

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or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.

Findings included:

- Record review for resident #213 recorded admission date of 9/20/17 with diagnoses of: Parkinson's, Lewy body dementia.

Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with eating.

Negotiated Service agreement (NSA) dated 9/26/19 recorded staff to provide 3 meals a day, puree diet.

Health Care service plan (HCSP) dated 1/4/20 recorded staff to provide physical assistance with feeding puree diet.

Physician's order dated 9/19/19 recorded "pureed diet".

Observation on 2/12/20 at 5:12pm revealed dietary staff #G with a red glass of pureed food he stated it was "chicken casserole, they make the puree in the morning and evenings warms it up."

Interview on 2/12/20 at 5:12pm with operator #A stated day shift dietary staff #F prepares the puree diet in the mornings for the day. Confirmed facility lacked instructions for preparation of a puree diet.

Interview on 2/13/20 at 11:05am with dietary staff

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S5185	Continued From page 33 #F confirmed facility lacked instructions for pureed diet preparation. She "puts what we have in a blender and add milk till it's the right consistency." Stated operator and house manager taught her how to prepare it. For resident #213, receiving a mechanically altered diet and/or thickened liquids, the operator failed to ensure provision or coordination of dietary service to the residents as identified in each resident's negotiated service agreement and a medical care provider's order shall be on file in the resident's clinical record and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.	S5185		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' 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	S5215		

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S5215	Continued From page 34 by: KAR 26-42-104(d)(3) The census equaled 12 the sample included 3 residents and 1 focus review resident. For all residents, the operator failed to ensure quarterly review of the facility's emergency management plan (EMP) with employees and residents and failed to conduct an annual evacuation as evidenced by interviews and review of records. Findings included: - On 2/12/20 at 1:15pm reviewed facility documentation of EMP reviews completed with staff and residents. Records revealed the following staff in-services: 1/19/20 fire and electric breakers and 2/10/19 fire safety and Fire drills conducted with staff on 1/30/19, 5/28/19, 6/13/19, 8/6/19 and 12/12/19. Interview on 2/12/20 at 1:50pm with operator #A and house manager #C, confirmed facility has not conducted quarterly reviews of the facility emergency management plan with staff and residents and has not conducted evacuations of residents to a safe location. Facility policy titled "emergency preparedness" recorded to provide instruction and training of employees on how to handle environmental emergencies during orientation and annually. For all residents the operator failed to ensure	S5215		

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S5215	Continued From page 35 quarterly review of the facility's emergency management plan and annual evacuations of residents to a secure location.	S5215		
S5230 SS=F	26-42-207 (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; (c) Each administrator or operator shall ensure the home ' 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 26-42-207 (c) The facility reported a census of 12 residents. The sample included 3 residents and 1 focus review resident. Based on record review, and interview, for all residents, the operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included:	S5230		

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S5230	Continued From page 36 - On 2/12/20 at 2:35 pm, during personnel review with house manager #C, facility records lacked documentation for tuberculosis (TB) skin tests according to guidelines for the following recent staff hired: Certified medication aide # D, hire date 10/20/19, 2 step TB test and symptom screen conducted on 1/2/20 and 1/11/20 record lacked documentation of TB testing within 7 days of hire. Dietary staff # G, hire date 1/20/20, record lacked documentation of TB testing, lacked symptom screen. Interview on 2/12/20 at 2:35pm with house manager #C confirmed 2 staff hired records lacked evidence of TB testing according to TB guidelines. The following residents' records lacked evidence of TB testing according to guidelines: Resident #214, admission date of 1/18/19, 2 step TB test completed on 5/6/19 and 5/18/19, 4 months after admission. Resident #215, admission date of 6/27/19, chest x-ray 3/13/19 lacked physician findings of no evidence of TB, no symptom screen or TB test on file. Interview on 2/13/20 at 3:00pm and 4:20pm house manager #C confirmed TB testing for 2 residents not completed per TB guidelines. For all residents, the operator failed to ensure compliance with the department's tuberculosis	S5230		

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S5230	Continued From page 37 guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5251 SS=E	26-42-105 (f) (11) Resident Records 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 12 residents. The sample included 3 residents and 1 focus review resident. Based on observation, record review and interview for 3 sampled residents (#212,213,214) and 1 focus review resident (#215), the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident #212 recorded admission date of 10/11/18 with diagnoses of: insulin dependent diabetes mellitus, cerebral	S5251		

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S5251	Continued From page 38 Palsy, anemia, diabetic neuropathy, diabetic retinopathy, hypertension, hyperlipidemia and psoriatic arthritis. Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing and walk/mobility and unable to perform management of medications and treatments and toileting. Resident was incontinent and has a history of falls/unsteadiness. Negotiated Service agreement (NSA) dated 10/11/18 (most recent) recorded staff to provide physical assistance with bathing. Health Care Service Plan dated 1/4/20 recorded staff to provide physical assistance with bathing, dressing, mobility, toileting/incontinence and management of medications and treatments. Nurses notes recorded 3 pages of notes with 11 entries from 10/13/18 to 5/1/19. All 3 pages lacked resident name. 9 of the entries lacked the time of the entry. Notes are out of order listing a 5/21/18 entry after 12/8/18 entry (resident was not admitted until 10/11/18) and 1/4/19 entry after the 5/1/19 entry. 10/13/18 admission note lacked the time of the admission on 10/11/18. 12/8/18 entry recorded resident was admitted to the hospital to be treated for an unresponsive episode. Record lacked documentation of resident condition prior to transfer to hospital, time of transfer to hospital, notification of family and physician, date/time of return to the facility and condition upon return. Interview on 2/13/20 at 4:45pm with licensed nurse #B confirmed nurses notes lacked times,	S5251		

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entries, resident name and were out of order.

- Record review for resident #213 recorded admission date of 9/20/17 with diagnoses of: Parkinson's, Lewy body dementia.

Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing, transfer and eating, unable to perform toileting, walk/mobility and management of medications and treatments. Resident is incontinent of bladder and has a history of falls/unsteadiness.

Negotiated Service agreement (NSA) dated 9/26/19 recorded staff to provide physical assistance with bathing, am/pm preparation, toileting/personal care, ambulation/transfer, puree diet and management of medications.

Health Care service plan dated 1/4/20 recorded staff to provide physical assistance with bathing, dressing, toileting/peri-care, mobility, eating and management of medications and treatments.

Nurses notes recorded 6 pages of notes with 22 entries from 9/26/18 to 12/17/19. 3 of 6 pages lacked resident name. 17 of the entries lacked the time of the entry. Notes are out of order listing 12/1/19 entry after a 7/11/19 entry on one page and a 12/1/19 entry on another page after an 11/30/(no Year) entry.

10/20/19 entry recorded: "resident taken to [hospital] via non-emergent transportation to be evaluated and treated as indicated. Resident returned to [facility]at 9:30pm ..... resident has sutures on left eyebrow and on the midline crown of her head ..." Previous entry dated 9/28/19

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recorded "Nurse removed 8 sutures above left eye." Both entries signed by licensed nurse #J. Entry lacked reason for transfer, evaluation prior to transfer, cause of injuries for need of sutures and notification of physician.

Interview on 2/13/20 at 3:17pm with licensed nurse #B confirmed nurses notes lacked times, entries, resident name and were out of order.

- Record review for resident #214 recorded admission date of 1/18/19 with diagnoses of: Lacunar stroke, dyslipidemia, benign prostatic hypertrophy, carotid artery stents, coronary artery disease and dementia.

Functional Capacity Screen dated 1/4/20 recorded resident required physical assistance with bathing, dressing and is unable to perform management of medications and treatments, resident is incontinent of bladder.

Negotiated service agreement dated 1/18/19 recorded staff to provide physical assistance with bathing.

Health Care service plan dated 1/17/19 recorded staff to provide physical assistance with bathing, dressing, toileting, management of medications and treatments.

Nurses notes recorded 2 pages of notes with 7 entries from 1/18/19 to 1/4/20. Both pages lacked resident name. All entries lacked the time of the entry.

February medication administration record recorded: Myrbetriq ER (extended release) (urine urgency)50mg (milligrams) 1 tablet by mouth

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daily. Recorded at 9:30am administered 5 times, held 8 times in 13 days.

Interview on 2/13/20 at 1:04pm with house manager #C stated the "medication was being held because it makes him have diarrhea" and facility is waiting for a call back from the doctor.

Nurses notes lacked entries for start of medication, resident episodes of diarrhea and effect of holding the medication and notification of physician of side effects and held medication.

Interview on 2/13/20 at 4:20pm with licensed nurse #B confirmed nurses notes lacked times and resident name, confirmed Myrbetric was started on 1/14/20 and record lacked documentation of start of medication, resident diarrhea and lacked notification of physician of the side effects and that facility was holding the medication.

- Record review for resident #215 recorded admission date of 6/27/19 with diagnoses of: Parkinson's, anxiety, depression, frequent falls, hyperlipidemia, osteoporosis and weight loss.

Functional Capacity Screen dated 7/10/19 recorded resident required physical assistance with dressing, toileting and walk/mobility.

Negotiated Service Agreement dated 6/27/19 recorded staff to assist resident with bathing.

Health Care service plan dated 6/25/19 recorded staff to assist resident with bathing as needed, dressing, toileting and mobility.

Nurses notes recorded one entry on 6/1/19:

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S5251	Continued From page 42 "Resident receiving day care services ...", entry lacked time of entry and nurse signature. Page lacked resident's name. Resident admission date to day care services recorded as 6/27/19, entry dated prior to resident admission. Interview on 2/13/20 at 3:00pm with licensed nurse #B confirmed nurses notes lacked resident name, time of entry and nurse signature. For residents #212, 213, 214, and 215 the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (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 carehome; and (4) supporting documentation that the individual does not have a finding of having abused,	S5258		

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S5258	Continued From page 43 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 work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102 (d) The facility reported a census of 12 home plus residents. Based on record review and interview for 2 of 4 staff recently hired staff (#E,G), the operator failed to provide supporting documentation for criminal background checks(KBI) at the time of hire, and for 2 of 4 certified staff (#D,H) the operator failed to obtain supporting documentation for evidence of certification at the time of hire. Findings included: - On 2/12/20 at 2:30pm personnel record review for recently hired staff revealed the following: Certified medication aide #E, hire date 12/27/19, record lacked evidence of KBI check upon hire. Dietary staff #G, hire date 1/20/20, record lacked evidence of KBI check upon hire. Certified medication aide #D, hire date 10/20/19, record lacked evidence of certification check upon hire. Certified staff #H, hire date 7/16/18, record lacked evidence of certification check upon hire.	S5258		

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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
S5258	Continued From page 44 Interview on 2/12/20 at 2:35pm with operator #A and house manager #C, confirmed lack of documentation for certification and lack of documentation of KBI checks. For all residents of the facility, the operator failed to provide supporting documentation for criminal background checks(KBI) at the time of hire, and for 2 of 4 certified staff (#D,H) the operator failed to obtain supporting documentation for evidence of certification at the time of hire.	S5258		
S5265 SS=E	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by:	S5265		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023018	A. BUILDING: _____ B. WING _____	C 02/19/2020

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S5265	Continued From page 45 KAR 26-42-205 (a) The census equaled 12 residents. The sample included 3 residents and one focus review resident. Based on record review and interview for 1 sampled resident (#212) and 1 focus review resident (#215) the operator failed to ensure the resident could perform medication self-administration safely and accurately without staff assistance. Findings included: - Record review for resident #212 recorded admission date of 10/11/18 with diagnoses of: insulin dependent diabetes mellitus, cerebral Palsy, anemia, diabetic neuropathy, diabetic retinopathy, hypertension, hyperlipidemia and psoriatic arthritis. Functional Capacity Screen dated 1/4/20 recorded resident unable to perform management of medications and treatments. Negotiated Service agreement (NSA) dated 10/11/18 (most recent) recorded staff to provide physical assistance with bathing. (no entry for medication/treatment management) Health Care Service Plan (HCSP) dated 1/4/20 recorded staff to provide physical assistance with management of medications and treatments. Interview on 2/13/20 at 11:15pm with operator #A stated: We dial the insulin pen, he injects it himself, he has accuchecks in the morning, CMA's (certified medication aides) do them.	S5265		

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S5265	Continued From page 46 Interview on 2/13/20 at 1:45pm resident confirmed he injected his own insulin. Record lacked a competency exam for resident to safely self-inject insulin without staff assistance. Interview on 2/13/20 at 4:45pm with licensed nurse #B confirmed record lacked a competency exam for resident ability to safely self-inject insulin. - Record review for resident #215 recorded admission date of 6/27/19 with diagnoses of: Parkinson's, anxiety, depression, frequent falls, hyperlipidemia, osteoporosis and weight loss. Functional Capacity Screen dated 7/10/19 recorded resident required supervision with management of medications and is independent with treatments. Negotiated Service Agreement dated 6/27/19 lacked entry for management of medications and treatments. Health Care service plan dated 6/25/19 recorded resident is day care and manages own medications. Interview with resident on 2/12/20 at 12:48pm with resident, she confirmed she comes to the facility every day and takes her own medications here. Record lacked competency exam for safe self-administration of medications. Facility policy "Injections" recorded: "3: if the resident administers his/her own injections,	S5265		

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S5265	Continued From page 47 licensed nurse verification of the resident's ability to do so is maintained in the resident's record." Interview on 2/13/20 at 3:00pm with licensed nurse #B confirmed a competency exam for resident self-administration of medications had not been completed. For residents #212 and 215 the operator failed to ensure the resident could perform medication self-administration safely and accurately without staff assistance.	S5265		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication	S5315		

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S5315	Continued From page 48 and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h) The facility reported a census of 12 residents. The sample included 3 residents and 1 focus review resident. Based on observation and interview, the licensed nurses and medication aides failed to ensure all medications and biologicals were securely and properly stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. Findings included: - Observation on 2/12/20 at 10:35pm revealed an unlocked (no lock) door to a room containing a locked medication cart and unlocked medication refrigerator containing medications: insulin, glucagon pen and TB solution. Observation on 2/13/20 at 11:14 am revealed the door to the room ajar, no staff in room, a new unlocked black refrigerator was in the room, (old refrigerator observed on the floor nearby). It	S5315		

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S5315	Continued From page 49 contained the following medications: (2)Lantus solostar insulin pens (diabetes) fill date 12/24/19 and glucagon injection kit (diabetes) fill date 10/2/19 for resident #212; and 1 sealed bottle of Aplisol TB solution fill date 1/2/20 (stock). Resident roster recorded 8 of 12 residents had impaired cognitive status. Interview on 2/13/20 at 11:35am with operator #A confirmed new refrigerator, confirmed door to the room does not have a lock on it and has not been locked, confirmed refrigerator is for medications and does not lock. For all residents of the facility, the licensed nurses and medication aides failed to ensure all medications and biologicals were securely and properly stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations.	S5315		