Kansas Department on Aging

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N057006 | A. BUILDING: _____ B. WING _____ | C 12/11/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BETHESDA HOME | 408 E MAIN PO BOX 37 GOESSEL, KS 67053 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a resurvey at the above named assisted living facility conducted on 12/9, 12/10 and 12/11/19. | S 000 | | |
| S3081 SS=E | 26-41-201 (c) Functional Capacity Screen Reassessment<br><br>(c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements:<br>(1) At least once every 365 days;<br>(2) following any significant change in condition as defined in K.A.R. 26-39-100; and<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-201 (c) (1)<br><br>The facility reported a census of 10 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the administrator failed to ensure designated staff conducted a screen to determine the functional capacity for 3 of 4 resident's (#126, #128 and #129) at least once every 365 days.<br><br>Findings included:<br><br>- Record review for resident #126 revealed an admission date of 03/13/17 with diagnoses of cerebral infarction, major depression disorder and type 2 diabetes.<br><br>The record included a functional capacity screen | S3081 | | |

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

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| S3081 | Continued From page 1 | S3081 | | |

(FCS) dated 03/12/18 (annual). The record lacked an FCS for 2019. The FCS was provided at 4:50 PM on 12/09/19 and dated 12/09/19. The 03/12/18 FCS indicated that the resident is independent with activities of daily living, and she could not manage her own medications.

Interview with social worker E on 12/10/19 at 2:58 PM confirmed that residents annual FCS required completion by 03/12/19 and he completed it on 12/09/19.

The facility policy and procedure created 2011 for functional capacity screen directed the administrator, or designated staff will conduct an FCS at least once every 365 days.

The administrator failed to ensure designated staff conducted an FCS every 365 days for resident #126.

- Record review for resident #128 revealed an admission date of 09/17/18 with diagnoses of mild cognitive impairment, acute chronic respiratory failure with hypoxia and aspiration pneumonia.

The record included a functional capacity screen dated 09/17/18 (admission). The record lacked an FCS for 2019. The 09/17/18 FCS indicated that the resident needed supervision with eating, assistance with medications and treatments.

Interview with administrator B on 12/09/19 at 3:50 PM confirmed that recorded lacked an FCS for 2019.

The facility policy and procedure created 2011 for FCS directed the administrator, or designated staff will conduct an FCS at least once every 365

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| S3081 | Continued From page 2<br>days.<br><br>The administrator failed to ensure the designated staff conducted an FCS every 365 days for resident #128.<br><br>- Record review for resident # 129 revealed an admission date of 07/11/14 with diagnoses of hypoventilation-sleep related, hypertension and dermatitis.<br><br>The record review on 12/09/19 at 2:00 PM of both the electronic and paper chart revealed the last functional capacity screen (FCS) completed 07/12/17. On 12/09/19 at 3:50 PM administrator B provided an FCS dated 05/10/18 and confirmed designated staff failed to complete a 2019 FCS.<br><br>The facility policy and procedure created 2011 for functional capacity screen directed the administrator, or designated staff will conduct an FCS at least once every 365 days.<br><br>The administrator failed to ensure designated staff conducted an FCS every 365 days for resident #129. | S3081 | | |
| S3092 SS=E | 26-41-202 (d) Negotiated Service Agreement Revisions<br><br>(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;<br>(2) following any significant change in condition, as defined in K.A.R. 26-39-100;<br>(3) at least quarterly, if the resident receives assistance with eating from a paid nutrition | S3092 | | |

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assistant; and
(4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-202 (d) (1)

The facility reported a census of 10 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the administrator failed to ensure designated staff reviewed and revised, if necessary, a negotiated service agreement for 3 of 4 resident's (#126, #128 and #129) at least once every 365 days.

Findings included:

- Record review for resident #126 revealed an admission date of 03/13/17 with diagnoses of cerebral infarction, major depression disorder and type 2 diabetes.

The record included a functional capacity screen (FCS) dated 03/12/18 (annual). The record lacked an FCS for 2019. The FCS was provided by social worker E at 4:50 PM on 12/09/19 and dated 12/09/19. The 03/12/18 FCS indicated that the resident as independent with activities of daily living, and she could not manage her own medications.

The record included a negotiated service agreement (NSA) dated 03/12/17 (annual). The record lacked evidence of an annual review for 2019.

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| S3092 | Continued From page 4 | S3092 | | |

Interview with social worker E on 12/10/19 at 2:58 PM confirmed the residents annual negotiated service agreement required completion by 03/12/19 and he completed it on 12/09/19.

The facility policy and procedure created 2011 and updated 04/2018 for the negotiated service agreement (NSA) directed the administrator, or designated staff will review and revise, if necessary, an NSA at least once every 365 days.

The administrator failed to ensure designated staff reviewed and revised, if necessary, an NSA at least every 365 days for resident #126.

- Record review for resident #128 revealed an admission date of 09/17/18 with diagnoses of mild cognitive impairment, acute chronic respiratory failure with hypoxia and aspiration pneumonia.

The record included a functional capacity screen dated 09/17/18 (admission). The record lacked an FCS for 2019. The 09/17/18 FCS indicated that the resident needed supervision with eating, assistance with medications and treatments.

The record included a negotiated service agreement (NSA) dated 09/17/18. The record lacked evidence of an annual review for 2019.

Interview with administrator B on 12/09/19 at 3:50 PM confirmed that record lacked evidence of a full review of NSA for 2019.

The facility policy and procedure created 2011 updated 04/2018 for the negotiated serve

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| S3092 | Continued From page 5 | S3092 | | |

agreement directed the administrator, or designated staff will review and revise, if necessary, an NSA at least once every 365 days.

The administrator failed to ensure the designated staff review and revise, if necessary, an NSA at least every 365 days for resident # 128.

- Record review for resident # 129 revealed an admission date of 07/11/14 with diagnoses of hypoventilation-sleep related, hypertension and dermatitis.

The record review on 12/09/19 at 2:00 PM of both the electronic and paper chart revealed the last functional capacity screen (FCS) completed 07/12/17. On 12/09/19 at 4:40 PM social worker E provided an FCS dated 05/10/18 and confirmed designated staff failed to complete a 2019 FCS.

Record review on 12/09/19 at 2:00 PM of both the electronic and paper chart revealed the last negotiated service agreement (NSA) completed 07/12/17. On 12/09/19 at 3:50 PM administrator B provided an NSA dated 05/10/18 and confirmed designated staff failed to review NSA for 2019.

The facility policy and procedure created 2011 and updated 04/2018 for negotiated service agreement directed the administrator, or designated staff review and revise, if necessary, the NSA at least once every 365 days.

The administrator failed to ensure designated staff review and revise, if necessary, the NSA every 365 days for resident #129.

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| S3211 | Continued From page 6 | S3211 | | |
| S3211 SS=E | 26-41-205 (g) (3) OVER THE COUNTER DRUGS<br><br>(3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205 (g) (3)<br><br>The facility reported a census of 10 residents and the facility managed medications for all of them. Based on observation, record and interview the administrator failed to ensure a licensed nurse or a licensed pharmacist labeled over-the-counter medications with the resident's full name for 5 of the 10 residents whom the facility managed his/her medications (#126, #127, #130, #131 and #132), and the availability of stock medications to be used by any of the residents.<br><br>Findings included:<br><br>- The resident roster provided on 12/09/19 indicated the facility managed medications/treatments for all 10 residents. | S3211 | | |

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| S3211 | Continued From page 7<br><br>On 12/09/19 at 11:10 AM certified medication aide (CMA) D opened the only medication cart. Observation revealed over-the-counter (OTC) medications for residents in multiple compartments of the medication cart. The OTC medications failed to include the resident's full name as follows:<br>Resident # 130 Acetaminophen 500 milligram (mg) bottle with just a first name. CMA D confirmed it belonged to #130.<br>Resident # 126 Aspirin 81 mg bottle with no name on bottle. CMA D confirmed it belonged to #126.<br>Resident # 131 Clearlax bottle with just initials. . CMA D confirmed it belonged to #131.<br>Resident # 127 Natural fiber bottle with initials. Metamucil bottle initials. CMA D confirmed it belonged to #127<br>Resident #132 Acetaminophen 325 mg bottle with just a first name. CMA D confirmed it belonged to #132.<br><br>The cart also had the following open OTC medications which were labeled as "stock" or identified by CMA D as medications given to residents who had a medical care provider's order but had not provided the medication yet.<br>Ultratuss D<br>Senna Plus<br>Vitamin C 500 mg<br>Milk of magnesium.<br><br>Interview with licensed staff C on 12/09/19 at 4:50 PM confirmed the first and last name should be on the bottle and that residents cannot use stock medications<br><br>The facility policy and procedure for medication labeling for the over-the-counter medications (OTC) provided by the facility directed all OTC medications must be labeled with the resident's | S3211 | | |

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| S3211 | Continued From page 8<br>first full and last name. Each resident must have their own bottle, no stock medications.<br><br>The administrator failed to ensure licensed staff labeled over-the-counter medications with full name of the residents and each resident had their own bottle of OTC, to ensure no stock medications used. | S3211 | | |