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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of the initial licensure survey of the above named home plus conducted on 11/21/19, 11/25/19 and 11/26/19. | S 000 | | |
| S5155 SS=E | 26-42-204 (a) Health Care Services<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-204 (d)<br><br>The facility reported a census of 2 residents. Based on observation, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of each resident in accordance with the functional capacity screening and the negotiated service agreement for 2 of 2 residents sampled (#409 and #511) in regards to fall risk and assistance needed to exit the facility in the event of an emergency.<br><br>Findings included:<br><br>- Record review for resident #409 revealed an admission date of 4/10/19 with diagnoses of | S5155 | | |

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

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| S5155 | Continued From page 1 | S5155 | | |

dementia, Parkinson's, peripheral vascular disease and atrial fibrillation.

The admission functional capacity screening dated 4/10/19 identified the resident with short-term and long-term memory impairment, impaired memory recall and decision making. He needed physical assistance with all activities of daily living (ADLs) (bathing, dressing, toileting, transfers, walk/mobility and eating). He was unable to manage his own medications and treatments and was at risk for falls.

The negotiated service agreement (NSA) dated 4/10/19 directed staff to manage the resident's medications, behavior symptoms and provide assistance with all ADLs. The NSA indicated the resident needed assistance with toileting but did not specify the type of assistance needed. The NSA indicated the resident needed assistance with ambulation/transfers with hospice providing the wheelchair, walker and bed but did not specify how much or type of assistance the staff needed to provide. The NSA lacked any information to identify the resident at risk for falls or safety interventions needed. The NSA failed to include what assistance the resident would require in the event of an emergency to exit the facility.

The health care service plan (HSP) dated 4/10/19 included directions to staff to provide extensive physical assistance with dressing, bathing, and toileting. He used a reclining high-back wheelchair, grab assist bars and a bed assist device for mobility. Facility staff to administer all medications. As per family the resident has a known history of visual hallucinations and impulsive behaviors with poor safety awareness and history of multiple falls. The plan did not include any interventions to staff related to fall

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risk and history. On 8/02/19 revision for use of a sit-to-stand lift as needed when he is having difficulty standing due to Parkinson's. The HSP failed to include what assistance the resident would require in the event of an emergency to exit the facility.

Observation on 11/21/19 at 11:33 AM revealed certified staff B prepared to assist the resident to transfer from the wheelchair to the toilet. He applied a gait belt, directed the resident to use the grab bars and provided physical assistance for the resident to stand, take steps, turn/pivot and sit on the toilet. The resident was stiff and jerky with his movements related to Parkinson's.

Interview on 11/21/19 at 3:00 PM with licensed nurse/operator A confirmed neither the NSA or health care service plan specifically identified the resident's fall risk or emergency exit needs and the health service plan lacked interventions to reduce the resident's fall risk.

The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of this resident in accordance with the functional capacity screening and the negotiated service agreement in regard to fall risk and assistance needed to exit the facility in the event of an emergency.

- Record review for resident #511 revealed an admission date of 7/26/19 with diagnoses of dementia, hypertension, chronic obstructive pulmonary disease, anxiety disorder, major depressive disorder and atrial fibrillation.

The admission functional capacity screening dated 7/26/19 identified the resident with

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| S5155 | Continued From page 3 | S5155 | | |

short-term and long-term memory deficit, impaired memory recall and decision making. He needed physical assistance with all activities of daily living expect eating (bathing, dressing, toileting, transfers, walking and mobility). He was unable to manage his own medications or treatments and was a fall risk.

The negotiated service agreement (NSA) dated 7/26/19 included management of medications by facility staff and simple wound care by facility nurse. Management of behavior symptoms by facility staff and facility staff provision of services for all ADLs. The NSA indicated the resident needed assistance with toileting but did not specify the type of assistance needed. The NSA indicated the resident needed assistance with transfers and used a wheelchair but did not specify how much or type of assistance the staff needed to provide. The NSA lacked any information to identify the resident at risk for falls or safety interventions needed. The NSA failed to include what assistance the resident would require in the event of an emergency to exit the facility.

The health care service plan (HSP) dated 7/26/19 included directions to staff to provided extensive physical assistance of 1 staff with dressing, indicated the resident would shower 2 times a week but did not reflect how much assistance was needed and for staff to offer toileting but did not specify at what intervals to offer. He used a wheelchair, grab assist bars and a bed assist device for mobility. The HSP did not identify the resident's fall risk or any interventions to reduce the risk for falls and failed to include what assistance the resident would require in the event of an emergency to exit the facility.

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| S5155 | Continued From page 4<br><br>Observation on 11/21/19 at 10:30 AM revealed the resident propelled himself in the wheelchair using his feet from the dining room through the living room. Certified staff D noted the resident and offered to help him to the recliner. She provided physical assistance for the resident to stand from the wheelchair and pivot transfer into the recliner near the dining room table.<br><br>Interview on 11/21/19 at 3:00 PM with licensed nurse/operator A confirmed neither the NSA or health care service plan specifically identified the resident's fall risk or emergency exit needs and the health service plan lacked interventions to reduce the resident's fall risk.<br><br>The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of this resident in accordance with the functional capacity screening and the negotiated service agreement in regard to fall risk and assistance needed to exit the facility in the event of an emergency. | S5155 | | |
| S5161 SS=E | 26-42-204 (d) Health Care Services<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-204 (d)<br><br>The facility reported a census of 2 residents. | S5161 | | |

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| S5161 | Continued From page 5<br><br>Based on observation, interview and record review the operator failed to ensure the negotiated service agreement included the name of the licensed nurse responsible for the implementation and supervision of the plan.<br><br>Findings included:<br><br>- Record review for resident #409 revealed an admission date of 4/10/19 with diagnoses of dementia, Parkinson's, peripheral vascular disease and atrial fibrillation.<br><br>The admission functional capacity screening dated 4/10/19 identified the resident with short-term and long-term memory impairment, impaired memory recall and decision making. He needed physical assistance with all activities of daily living (ADLs) (bathing, dressing, toileting, transfers, walk/mobility and eating). He was unable to manage his own medications and treatments and was at risk for falls.<br><br>The negotiated service agreement (NSA) dated 4/10/19 under section I "Health care services" indicated the resident did not need any skilled nursing services, had a section for name of licensed nurse or agency responsible for the skilled nursing services and listed the facility's nurse name. The NSA listed possible skilled nursing services of injections, catheter insertion, wound care, lab draws, urinalysis and other. Nursing services to be supervised included management of medications by facility nurse or certified medication aide (CMA) and facility staff provision of services for all ADLs. The NSA did not identify the name of a licensed nurse responsible for the implementation and supervision of the health care service plan. | S5161 | | |

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| S5161 | Continued From page 6<br><br>The health care service plan dated 4/10/19 included directions to staff to provided extensive physical assistance with dressing, bathing, and toileting. He used a reclining high-back wheelchair, grab assist bars and a bed assist device for mobility. On 8/02/19 revision for use of a sit-to-stand lift as needed when he is having difficulty standing due to Parkinson's. Facility staff to administer all medications.<br><br>Observation on 11/21/19 at 11:33 AM revealed certified staff B prepared to assist the resident to transfer from the wheelchair to the toilet. He applied a gait belt, directed the resident to use the grab bars and provided physical assistance for the resident to stand, take steps, turn/pivot and sit on the toilet. The resident was stiff and jerky with his movements related to Parkinson's.<br><br>Interview on 11/21/19 at 3:00 PM with licensed nurse/operator A confirmed the NSA failed to specifically identify the nurse responsible for the implementation and supervision of the health service plan.<br><br>The operator failed to ensure the negotiated service agreement included the name of the licensed nurse responsible for the implementation and supervision of the health care services plan.<br><br>- Record review for resident #511 revealed an admission date of 7/26/19 with diagnoses of dementia, hypertension, chronic obstructive pulmonary disease, anxiety disorder, major depressive disorder and atrial fibrillation.<br><br>The admission functional capacity screening dated 7/26/19 identified the resident with short-term and long-term memory deficit, impaired memory recall and decision making. He | S5161 | | |

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| S5161 | Continued From page 7 | S5161 | | |

needed physical assistance with all activities of daily living expect eating (bathing, dressing, toileting, transfers, walking and mobility). He was unable to manage his own medications or treatments and was a fall risk.

The negotiated service agreement (NSA) dated 7/26/19 under section I "Health care services" did not indicated if the resident needed any skilled nursing services, had a section for name of licensed nurse or agency responsible for the skilled nursing services and listed the facility's nurse name. The NSA listed possible skilled nursing services of injections, catheter insertion, wound care, lab draws, urinalysis and other. Nursing services to be supervised included management of medications by facility staff and simple wound care by facility nurse. Management of behavior symptoms by facility staff and facility staff provision of services for all ADLs. The NSA did not identify the name of a licensed nurse responsible for the implementation and supervision of the health care service plan.

The health care service plan dated 7/26/19 included directions to staff to provided extensive physical assistance with dressing, bathing, and toileting. He used a wheelchair, grab assist bars and a bed assist device for mobility. Facility staff to administer all medications. If noted with increased agitation assist resident to lay down in bed and allow the resident to sleep late in the mornings which seems to help with the agitation. He does not do well with routine.

Observation on 11/21/19 at 10:30 AM revealed the resident propelled himself in the wheelchair using his feet from the dining room through the living room. Certified staff D noted the resident and offered to help him to the recliner. She

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| S5161 | Continued From page 8<br>provided physical assistance for the resident to stand from the wheelchair and pivot transfer into the recliner near the dining room table.<br><br>Interview on 11/21/19 at 3:00 PM with licensed nurse/operator A confirmed the NSA failed to specifically identify the nurse responsible for the implementation and supervision of the health service plan.<br><br>The operator failed to ensure the negotiated service agreement included the name of the licensed nurse responsible for the implementation and supervision of the health care services plan. | S5161 | | |
| S5210 SS=E | 26-42-104 (b) Written Emergency Plan<br><br>b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following:<br>(1) Fire;<br>(2) flood;<br>(3) severe weather;<br>(4) tornado;<br>(5) explosion;<br>(6) natural gas leak;<br>(7) lack of electrical or water service;<br>(8) missing residents; and<br>(9) any other potential emergency situations.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-104 (b)<br><br>The facility reported a census of 2 residents. Based on record review and interview the | S5210 | | |

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| S5210 | Continued From page 9<br>operator failed to develop a detailed written emergency management plan to manage potential emergencies and disasters as required for flooding, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service and missing resident with the potential to affect all residents.<br><br>Findings included:<br><br>- Review of the disaster plan notebook provided by licensed nurse/operator A on 11/21/19 revealed a document for evacuation procedures and a Fire plan. The notebook lacked any directions to staff or residents on what to do in the event of flooding, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, missing resident or any other potential emergency situations.<br><br>Interview on 11/21/19 at 10:45 AM with licensed nurse/operator A confirmed the disaster/emergency plan notebook only included evacuation procedures and a fire plan. She confirmed the emergency/disaster plan lacked detailed written procedures for the management of flooding, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service and missing resident.<br><br>The operator failed to develop a detailed written emergency management plan to manage potential emergencies and disasters as required for flooding, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service and missing resident with the potential to affect all residents. | S5210 | | |

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| S5215 | Continued From page 10 | S5215 | | |
| S5215 SS=E | 26-42-104 (d) Disaster and Emergency Preparedness Education<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the home ' s emergency management plan;<br>(2) education of each resident upon admission to the home regarding emergency procedures;<br>(3) quarterly review of the home ' s emergency management plan with employees and residents; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-104 (d)(1)(2)(3)<br><br>The facility reported a census of 2 residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by ensuring the performance of orientation of new employees at the time of employment to the home's emergency plan; education of each resident upon admission to the home regarding the emergency procedures and a quarterly review of the home's emergency plan with employees and residents.<br><br>Findings included:<br><br>- On 11/21/19 licensed nurse/operator A confirmed the facility opened on 2/08/19. She | S5215 | | |

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| S5215 | Continued From page 11<br>provided a list of 7 employees hired since opening on 2/08/19.<br><br>Personnel record review revealed none of the records included evidence of staff orientation for the emergency management plan at the time of hire.<br><br>Review of the disaster plan notebook provided by licensed nurse/operator A on 11/21/19 revealed a document for evacuation procedures and a Fire plan. The notebook lacked any directions to staff or residents on what to do in the event of flooding, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, missing resident or any other potential emergency situations.<br><br>On 11/21/19 a request for documentation of a quarterly review with employees and residents on the facility's emergency management plan resulted in licensed nurse/operator A providing documentation of a fire plan and evacuation procedure dated 8/23/19 which included only staff names and no other documentation of emergency management plan review.<br><br>Interview on 11/21/19 at 1:00 PM with licensed nurse/operator A confirmed the facility's emergency management plan did not include all required elements. She confirmed the personnel files lacked any evidence of orientation to the emergency management plan at the time of employment and none for the residents at the time of admission. She confirmed a lack of documentation for a quarterly review of the emergency management plan with residents and/or responsible parties and only 1 review with employees since opening 7 months prior (2 were required). | S5215 | | |

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| S5215 | Continued From page 12<br><br>The operator failed to ensure disaster and emergency preparedness by ensuring the performance of orientation of new employees at the time of employment to the home's emergency plan; education of each resident upon admission to the home regarding the emergency procedures and a quarterly review of the home's emergency plan with employees and residents. | S5215 | | |
| S5246 SS=E | 26-42-105 (c) Resident Record Safeguards<br><br>(c) Each administrator or operator shall ensure the safeguarding of resident records against the following: (1) Loss;<br>(2) destruction;<br>(3) fire;<br>(4) theft; and<br>(5) unauthorized use.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-105 (c)<br><br>The facility reported a census of 2 residents. Based on observation, interview and record review the administrator failed to safeguard the residents' records against the possible unauthorized use by having a notebook labeled Care Plans accessible by anyone. The care plan notebook included the resident service plan for 2 of 2 current residents (#409 and #511) and 2 former residents (#523 and #579) with confidential information about their health status and care needs.<br><br>Findings included: | S5246 | | |

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| S5246 | Continued From page 13<br><br>- On 11/21/19 during the initial tour at 9:26 AM observation revealed a notebook labeled Care Plans on a display rack on top of the piano/organ in the common area of the living room. The notebook included the resident service plan for residents #409, #511, former resident #523 and #579.<br><br>Record review revealed the resident service plan included confidential information such as diagnoses, personal care needs, bowel/bladder continence and behavioral needs.<br><br>Interview with licensed nurse/operator A on 11/21/19 at 10:00 AM confirmed the care plans should not be out in the common area and accessible by anyone.<br><br>The administrator failed to safeguard the residents' records against the possible unauthorized use by having the resident care plan notebook on display in the common area living room. | S5246 | | |
| S5258 SS=F | 26-42-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following information:<br>(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;<br>(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; | S5258 | | |

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| S5258 | Continued From page 14<br>(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<br>(4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-102 (d) (2) (3)<br><br>The facility reported a census of 2 residents. Based on record review and interview the operator failed to have documentation for criminal background checks on 2 of 4 newly hired employees (certified medication aide {CMA} C and D) and failed to check the criminal background prior to providing care for 2 of 4 newly hired employees (certified nursing assistant {CNA} B and CMA E). The operator further failed to have date stamped evidence of verification prior to providing care from the Kansas nurse aide registry for 4 of 4 newly hired employees (CNA B, CMA C, D and E) with the potential to care for all residents.<br><br>Findings included:<br><br>- On 11/21/19 licensed nurse/operator A provided a list of 7 newly hired employees. Record review included 4 certified staff as follows:<br>Certified medication aide (CMA) C began employment on 5/04/19 and her record lacked any evidence of a request for a criminal | S5258 | | |

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| S5258 | Continued From page 15 | S5258 | | |

background check.
CMA D began employment on 6/30/19 and her record lacked any evidence of a request for a criminal background check.
CNA B began employment on 4/11/19 and his record included evidence of payment to request the criminal background check dated 6/02/19.
CMA E began employment on 5/15/19 and her record included evidence of payment to request the criminal background check dated 6/24/19.

Record review revealed all 4 newly hired direct care staff (CNA B, CMA C, D and E) had a single page document to indicate the operator checked with the nurse aide registry but none of them had a date of when the verification occurred to ensure the verification was prior to providing care.

Interview with licensed nurse/operator A on 11/21/19 at 2:19 PM confirmed the record lacked evidence of a criminal background check prior to or before the date of hire for all 4 sampled newly hired employees. She confirmed the registry verifications lacked a date stamp of when the verification was made. She confirmed based on the last criminal background check on the registry verification document the registry was checked after the 4 sampled employees began providing care.

The facility's undated policy on Abuse, Neglect and Exploitation Prevention included "The home will not employ any individual who has been identified on the state nurse aide registry and licensed nurse registry as having abused, neglected or exploited residents in an adult care home. All employees will have a criminal background check submitted".

The operator failed to have documentation for

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| S5258 | Continued From page 16<br>criminal background checks on 2 of 4 newly hired employees CMA C and D and failed to check the criminal background prior to providing care for CNA B and CMA E. The operator further failed to have date stamped evidence of verification prior to providing care from the Kansas nurse aide registry for 4 of 4 newly hired employees (CNA B, CMA C, D and E) with the potential to care for all residents. | S5258 | | |
| S5313 SS=E | 26-42-205 (g) (3) Over the counter medication<br><br>(g) (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 26-42-205 (g)(3)<br><br>The facility reported a census of 2 residents. Based on observation, interview and record review the operator failed to ensure all over the counter medications were labeled with the full name of the resident for 2 sampled residents who the facility managed his/her medications (#409 and #511) and 1 former resident (#523). | S5313 | | |

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| S5313 | Continued From page 17<br><br>Findings included:<br><br>- On 11/21/19 licensed nurse/operator A provided a resident roster which identified facility management of medications for resident #409 and #511.<br><br>On 11/21/19 at 9:51 AM licensed nurse/operator A opened the only medication cart. Observation revealed the following over the counter (OTC) medications which were not labeled with the resident's full name:<br>Resident #511 had 2 boxes of Tiger Balm topical pain-relieving patches (4 per box) which did not have any name on the boxes or patches. Licensed nurse/operator A identified them as belonging to resident #511.<br>Former resident #523 had a bottle of Ocusoft eye lid scrub without any name and identified by licensed nurse/operator A as belonging to former resident #523. The cart also had a bottle of acetaminophen suppositories which had the resident's first name on the container.<br><br>The cart included the following OTC medications without any name at all and licensed nurse/operator A reported as being a stock medication to be used by any resident:<br>Stool softener 100 milligrams (mg)<br>Aspirin 81 mg<br>Dulcolax suppositories<br><br>Interview on 11/21/19 at 10:00 AM with licensed nurse/operator A confirmed the OTC medications for the residents were not labeled with his/her full name as required.<br><br>On 11/21/19 licensed nurse/operator A reported not having a policy regarding over the counter | S5313 | | |

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| S5313 | Continued From page 18<br>medications.<br><br>The operator failed to ensure all over the counter medications were labeled with the full name of the resident. | S5313 | | |
| S5316 SS=E | 26-42-205 (i) Disposition of Medication<br><br>(i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation.<br>(1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations:<br>(A) Two licensed nurses; or<br>(B) a licensed nurse and a licensed pharmacist.<br>(2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations:<br>(A) Two licensed nurses;<br>(B) a licensed nurse and a medication aide;<br>(C) a licensed nurse and a licensed pharmacist; or<br>(D) a medication aide and a licensed pharmacist.<br><br>This REQUIREMENT is not met as evidenced by: | S5316 | | |

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| S5316 | Continued From page 19<br>KAR 26-42-205 (i)<br><br>The facility reported a census of 2 residents. Based on observation, interview and record review the operator failed to ensure licensed nurses and medication aides had records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation in regard to controlled substances for 2 of 2 sampled residents #409 and #511.<br><br>Findings included:<br><br>- On 11/21/19 licensed nurse/operator A provided a resident roster which identified the facility provided medication management for resident #409 and #511.<br><br>On 11/21/19 at 9:51 AM licensed nurse/operator A opened the medication cart. Observation revealed the medication cart included a separate locked attached box for storage of controlled substances. The box included medication bubble pack cards for residents #409 and #511. Resident #409's card of Clonazepam 0.5 milligrams (mg) 1 tablet 3 times a day PRN (as needed) had 21 tablets. The controlled substance record indicated the card should have 22 tablets with the last documented removal on 9/18/19 at 6:00 PM.<br><br>Resident #511's, controlled substance cards revealed a card for morning dosing and evening dosing of Hydrocodone/acetaminophen 500/325 mgs 1 tablet by mouth twice a day for pain. The card for the morning dosing was empty but the controlled substance record indicated 1 tablet remained. The evening dosing card had 2 tablets in the card, but the controlled substance record | S5316 | | |

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| S5316 | Continued From page 20<br>identified only 1 tablet remained. A card for Lorazepam 0.5 mg 1 tablet by mouth every 6 hours PRN had 24 tablets on the bubble pack card and the controlled substance record had a counting of 23 tablets with the last dose signed out on 10/19/19.<br><br>Interview on 11/21/19 at 10:00 AM with licensed nurse/operator A revealed she did not have a system in place for reconciliation of the controlled substance between workers. She reported staffing the home plus with certified nurse aides at times and then either the certified medication aide (CMA) or herself would come to the facility to administer the medication. They do not have a shift to shift staffing for medication administration. She said if the CMA or herself noticed a discrepancy in the counting of the controlled substance they would call the other person and find out why the count was off.<br><br>The facility's undated policy titled, Medication Policy directed staff - "oncoming signatures are to be signed after you count all narcotics in the medication cart and fridge. The off going signatures are to be signed after the oncoming shift counts before you leave for your shift".<br><br>The operator failed to ensure licensed nurses and medication aides had records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation in regard to controlled substances. | S5316 | | |