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	B026002	A. BUILDING: _____ B. WING _____	11/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WILLOW HOUSE	2900 WILLOW STREET HAYS, KS 67601

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named Home Plus facility conducted on 11/20,21,25,26,27/19.	S 000		
S 140 SS=E	26-39-103 (i) Resident Right Privacy and Confidentiality (i) Privacy and confidentiality. The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records. (1) The administrator or operator shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. (2) The administrator or operator shall ensure that the personal and clinical records of the resident are maintained in a confidential manner. (3) The administrator or operator shall ensure that a release signed by the resident or the resident's legal representative is obtained before records are released to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law. This STANDARD is not met as evidenced by: KAR-26-39-103(i) The facility reported a census of 4 residents and 1 day care resident. The sample included 3 residents and 1 focused record review. Based on observation and interview the operator failed to ensure 2 (#121 and #124) of 4 residents were afforded the right to personal privacy and	S 140		

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

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S 140	Continued From page 1 confidentiality related no curtain/screen for privacy with personal cares. Findings included: - Observation on 11-20-19 at 9:10 AM revealed certified staff C assisting resident #121 getting up for the day. The resident lived in a semi-private room and his roommate laid in bed awake. Certified staff C asked the resident "do you want to flash or want me to keep you covered while I put on your socks?" Surveyor did not hear a verbal response from the resident but staff C proceeded to uncover the residents legs to put his socks on. The blanket and sheet remained covering the resident's upper thigh area to his chest. As Staff C went to put on the residents pants and pulled them up to mid-thigh the covers came off the resident exposing that he had on a pullup and his shirt did not cover his midsection. Staff C then got the resident his shoes and walker and assisted him to sit on the side of the bed. Staff proceeded to take off his night shirt and put on a clean shirt. Staff C then put a gait belt on and asked the resident to stand. As staff assisted the resident to stand up form the bed his pants fell to his ankles exposing that he had on a pullup. During this time the residents room mate (#124) was awake in bed with the head of bed slightly elevated and able to see all that occurred. During an interview on 11-20-19 at 4:45 PM operator/licensed nursing staff A reported he thought it was OK not to have a curtain/screen if the resident said it was OK. Staff A reported there was nothing in the resident's records to show they were OK with not having a privacy curtain/screen in room when staff provided personal cares.	S 140		

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S 140	Continued From page 2 The Operator failed to ensure 2 residents personal privacy while receiving personal care form facility staff.	S 140		
S 230 SS=E	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. This REQUIREMENT is not met as evidenced by: KAR 26-39-102 (b) (1) The facility reported a census of 4 residents and 1 adult day care resident. The sample included 3 residents and 1 focused record review. Based on record review and staff interview for 2 (#122 and #123) of 4 records reviewed, the operator/ licensed nursing staff failed to ensure the facility	S 230		

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S 230	Continued From page 3	S 230		

kept a copy of the advanced medical directive in the resident's clinical record if the resident had a current advanced medical directive.

Findings included:

- Review of the resident #122's medical record revealed she admitted to the facility on 11-23-16 with diagnoses of atrial fibrillation, Alzheimer's, Vitamin D deficiency, depression, and constipation.

Review of the resident's admission records revealed the resident had executed a living will and had a durable power of attorney for health care decisions.

Review of the resident's medical record lacked copies of the resident's advanced directives.
- Review of the resident #123's medical record revealed he admitted to the facility on 7-9-19 with diagnoses of multi-infarct dementia.

Review of the resident's admission records revealed the resident had executed a living will and had a durable power of attorney for health care decisions.

Review of the resident's medical record lacked copies of the residents advanced directive.

During an interview on 11-21-19 at approximately 9:00 AM operator/licensed nursing staff A reported he had asked for a copy of the residents advanced directives but the family had not brought one in yet.

The operator failed to ensure the residents record

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S 230	Continued From page 4 contained a copy of advanced medical directives in each residents chart for those who currently had them in effect.	S 230		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c) (2) The facility reported a census of 4 residents and 1 adult day care resident. The sample included 3 residents and 1 focused record review. Based on record review and staff interview for 1(#121) of 3 sampled residents the operator/ licensed nursing staff failed to ensure a screening was conducted of each resident's functional capacity following any significant change in condition as defined in KAR 36-39-100. Findings included: - Review of resident # 121's medical record revealed he admitted into the facility on 12-1-17 with diagnoses of constipation, reflux disease,	S5085		

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S5085	Continued From page 5 and history of cerebral vascular disease. Review of the resident's functional capacity screen dated 11-28-18 (annual) lacked identification the resident had a problem with impaired decision making and wandering. Review of resident's negotiated service agreement dated 9-11-18, prior to the functional capacity screen, revealed resident has problems with poor decision making, had delusions, and would wonder sometimes at night. Interview on 11-21-19 at 2:10 pm, operator/ licensed nursing staff A confirmed resident #121's functional capacity screen did not address resident's impaired decision making and wandering. The operator/ licensed nursing staff failed to ensure a screening was conducted of each resident's functional capacity following any significant change in condition as defined in KAR 36-39-100.	S5085		
S5116 SS=E	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,	S5116		

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S5116	Continued From page 6 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 26-42-202 (d)(1) The facility reported a census of 4 residents and 1 adult day care resident. The sample included 3 residents, 1 focused record review. Based on record review and staff interview for 3(#120, #121, #122) of 3 sampled residents the operator/ licensed nursing staff failed to ensure the review and revision of each negotiated service agreement at least every 365 days. Findings included: - Review of resident #120's medical record revealed he admitted to the facility on 6-7-16 with diagnoses of fracture of left humerus, Parkinson's disease, chronic obstructive pulmonary disease, chronic kidney disease, and history of transient ischemic attack. Review of resident's negotiated service agreement (NSA) revealed it had not been reviewed/ revised since 9-18-18 - Review of resident # 121's medical record revealed he admitted into the facility on 12/1/17 with diagnoses of constipation, reflux disease and history of cerebral vascular disease. Review of the resident's functional capacity screen dated 11-28-18 (annual) revealed the	S5116		

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S5116	Continued From page 7 resident required physical assistance with activities of daily living and had a problem with falls. Review of the residents NSA revealed it had not been reviewed/revised since 9-8-18. - Review of resident #122's medical record revealed she admitted to the facility on 11-23-16 with diagnoses of atrial fibrillation, Vitamin D deficiency, depression, and constipation. Review of the resident's NSA revealed it had not been reviewed/ revised since 9-7-18. Interview on 11-21-19 starting at 2:02 pm, operator/ licensed nursing staff A confirmed NSA on all 3 residents were not up to date. The operator/licensed nursing staff failed to ensure the review and revision of each negotiated service agreement at least every 365 days.	S5116		
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:	S5155		

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S5155	Continued From page 8 KAR 26-42-204 (a) The facility reported a census of 4 residents and 1 adult day care resident. The sample included 3 residents, and1 focused record review. Based on record review and staff interview for 2 (#120 and #121) of 3 sampled residents the operator/ licensed nursing staff failed to ensure a licensed nurse provided or coordinated the necessary health care services to reduce falls by the failure to thoroughly investigate the root cause of fall and implement appropriate measures to reduce the risk for further falls. Findings included: - Review of resident #120's medical record revealed he admitted to the facility on 6-7-16 with diagnoses of fracture of left humerus, Parkinson's disease, chronic obstructive pulmonary disease, chronic kidney disease, and history of transient ischemic attack. Review of resident's functional capacity screen (FCS) dated 7-12-19 revealed the resident required physical assistance with bathing, dressing, toileting, transferring, and walking. He had bladder incontinence, risk for falls, impaired vision and hearing, impaired decision making and wandered. The resident also had a problem with falls. Review of resident's negotiated service agreement (NSA) dated 9-18-18 revealed the staff provided assistance of 1 staff with bathing, dressing, toileting, and walking. It identified the resident was a high fall risk, had reading glasses, was hard of hearing, and had impaired decision	S5155		

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S5155	Continued From page 9	S5155		

making at night. The NSA stated "N/A" on wandering.

Review of the resident's nurses' notes revealed the resident had the following falls:

7-12-19 unwitnessed fall in resident's room, resident found lying on floor on left side. Small open contusion to left forehead just above resident's eyebrow noted and on his lower arm a hematoma. Resident had pain in left shoulder and upper arm. Resident sent to emergency room. Resident suffered a left humerus break from fall.
9-1-19 unwitnessed fall when trying to get out of bed on his own at night and fell to the floor. The resident did not sustain any injuries.

Review of the resident's record lacked investigations of falls or potential interventions to reduce the risk of future falls.
- Review of resident # 121's medical record revealed he admitted into the facility on 12/1/17 with diagnoses of constipation, reflux disease and history of cerebral vascular disease.

Review of the resident's functional capacity screen dated 11-28-18 (annual) revealed the resident required physical assistance with bathing, dressing, toileting, transfers, and walking. He had bladder incontinence, impaired cognition, risk for falls and impaired vision. The resident also had a problem with falls.

Review of the residents negotiated service agreement dated 9-8-18 revealed the resident needed assistance of 1 staff with bathing, dresing, toileting, transfers and walking. It identified the resident made poor decisions, had delusions and would wander. Review

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S5155	Continued From page 10	S5155		

Review of the resident's nurses notes revealed the resident had the following falls:
9-26-18 fall while walking with staff in which he received a small skin tear on his right hand. "This may have been prevented if "name of resident" was directed to slow down and not hurry to the bathroom." The NSA did not include an addendum to direct staff to tell the resident to slow down.
11-16-18 he had a fall at night and received a skin tear on his right hand.
3-24-19 fall in bathroom received an abrasion to his right side.
4-26-19 fall while walking with staff and the record identified the resident walked well cometimes and other times he cannot walk and it gets dangerous for staff and the resident. The record indicated discussion of using a wheelchair as needed.
5-27-19 had a fall while walking with staff, no apparent injuries
6-7-19 fall when resident got up on his own from living room and walked to his own room.
7-10-19 found on floor by bed and reported he slid out of bed.
7-16-19 resident fell with staff and small contusion on left elbow.
9-28-19 - resident on floor in frontroom - will try a body alarm for when he tries standing.

Review of the resident's record lacked investigations of falls or potential interventions to reduce the risk of future falls.

During an interview on 11-21-19 at 12:17 PM the operator/licensed nurse reported he did not do fall investigations and that after he got the residents up he will try to find out what happened to see if there is something that could have been done but he does not always put that information in the

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S5155	Continued From page 11 notes. The operator failed to ensure a licensed nurse provided or coordinated the necessary health care services to reduce falls by the failure to thoroughly investigate the root cause of fall and implement appropriate measures to reduce the risk for further falls.	S5155		
S5186 SS=F	26-42-206 (d) Dietary Services Menus (d) The menus shall be planned in advance and in accordance with the dietary guidelines adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-296 (d) The facility reported a census of 4 residents and 1 adult day care resident. The sample included 3 residents and 1 focused record review. Based on record review, observation, and interview, the operator/licensed nursing staff failed to ensure menus were planned in advance and in accordance with the dietary guidelines adopted by reference in KAR 26-39-105 for all residents. Findings included: - On 11-20-19 at 1:22 pm, surveyor requested a weekly menu from operator/ licensed nursing staff #A. Operator/licensed nursing staff A reported he did not have a preplanned menu. - Interview on 11-20-19 at 4:36 pm with certified	S5186		

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S5186	Continued From page 12 staff C stated, "We just make it up" when asked about menu planning. For all residents, the operator/licensed nursing staff failed to ensure menus were planned in advance and in accordance with the dietary guidelines adopted by reference in KAR 26-39-105.	S5186		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility reported a census of 4 residents and 1 adult day care resident. The sample included 3 residents and 1 focused record review. Based on observation, record review, and interview for all residents receiving meal services, the operator/	S5192		

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S5192	Continued From page 13 licensed nursing staff failed to ensure staff prepared food using safe methods to ensure staff served food at the proper temperature. Findings Included: - On 11/20/19 at 9:20 am, observed breakfast casserole in a dish in the microwave. At 9:25 am, administrative staff B took the casserole out of the microwave and cut it up and plated it to serve to residents. Administrative staff B did not temp the casserole prior to putting it on the plates. At 9:33 am, the breakfast casserole and the plates remained on the counter, uncovered and not on hot plate. At 9:46 am, staff B places casserole in oven, set at 145 degrees Fahrenheit. Interview on 11/21/19 at 9:38 am, certified staff C stated the night shift aide made the breakfast casserole and put it in the microwave. Staff C stated the casserole was in the microwave at 8:00 am when she arrived at facility. On 11/20/19 at 1:22 pm, requested facility's food temperature monitoring logs. Operator/ licensed nursing staff #A stated they have thermometers to temp the food, but they do not keep food temperature logs. For all residents receiving meal services, the operator/ licensed nursing staff failed to ensure staff prepared and served food at the proper temperature.	S5192		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be	S5195		

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S5195	Continued From page 14 stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of 4 residents and 1 adult day care resident. The sample included 3 residents and 1 focused record review. Based on observation, record review, and interview, the operator/ licensed nursing staff failed to ensure the facility staff stored all food under safe and sanitary conditions which had the potential to effect all resident's in the facility. Findings included: - Observation on 11/20/19 at 9:33 am revealed 1 refrigerator/freezer containing food in the kitchen. Refrigerator/freezer had food particles on the shelves and along the bottom edge. The refrigerator/ freezer lacked a thermometer to ensure foods were stored at a safe temperature. The facility lacked evidence of any other way of monitoring food storage temperatures such as using temperature monitor logs. Observation of the refrigerator revealed the following: One pack salad with brown and wilted lettuce in the bag, which had a sell by date of 11/14/19. One store bought pie with one piece in the	S5195		

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container. The container did not have a date of when put in the refrigerator.
One pack soft shell tortillas with no open date and was not sealed in package.
One zip lock bag of cut up squash, not labeled or dated.
One zip lock bag of cut up tomatoes, not labeled or dated.
One zip lock bag of squash soup, not labeled or dated.
One pack of bacon in bag, not labeled or dated.
Observation of the freezer revealed the following:
One zip lock bag of corn dogs, not labeled or dated when froze.
One bag of bread buns, opened, not sealed or dated when froze.

- Observation on 11/20/19 at 9:55am revealed a stand-up freezer in the garage. The freezer lacked a thermometer for accurate food storage temperatures and had ice buildup on all shelves.

Interview on 11/20/19 at 9:55 AM with operator/ licensed nursing staff A confirmed the freezer in the garage had no thermometer.

Review of the facility policy titled "food handling & storage" stated, "thermometers will be placed in hot and cold storage areas in accordance with accepted public health standards" and "Refrigerator and Freezer temperatures will be taken daily." The policy also stated, "opened containers must be dated and sealed during storage."

For all residents of the facility, the operator failed to ensure the facility staff stored all food under safe and sanitary conditions.

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S5215	Continued From page 16	S5215		
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 by: KAR 26-42-104 (d)(3) The facility reported a census of 4 residents and 1 adult day care resident. The sample included 3 residents and 1 focused record review. Based on record review of all residents and staff interview, the operator/ licensed nursing staff failed to ensure reviews of the home's emergency management plan were done with employees and residents every quarter. Findings included: - On 11/20/19 at 10:49 am, requested resident and staff quarterly reviews of the emergency preparedness plan.	S5215		

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S5215	Continued From page 17 Interview on 11/20/19 at 11:02 AM with operator/ licensed nursing staff #A confirmed that he did not have quarterly reviews. For all residents and employees, the operator failed to ensure disaster and emergency preparedness by failing to ensure quarterly reviews of the facility's emergency management plan with employees and residents.	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 4 residents and 1 adult day care resident. The sample included 3 residents, 1 focus record review , and review of 5 employee records. Based on interview and record review of 3/5 employee records, and 2 (#120 and #122) of 3 residents, and 1 (#123) of 1	S5230		

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adult day care resident, the operator/licensed nursing staff failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for 3 of 5 employees and 3 of 4 residents.

Findings included:

- Review of resident #120's record revealed he admitted to the home on 6/7/16 and the record lacked evidence of completion of a TB (tuberculosis) questionnaire since 10/6/17.

- Review of resident #122's record revealed the resident admitted to the home on 11/23/16 and lacked evidence of completion TB questionnaire since 8/21/19.

- Review of resident #123's medical record revealed he admitted to the facility on 7/9/19 and lacked evidence of completion of a TB questionnaire upon admission.

During an interview on 11/21/19 at Operator/licensed nursing staff A confirmed the resident's record did not have evidence of annual TB questionnaire and he could not find one for resident #123 on admission.

- Review of 3 newly hired employees file revealed the following:

Certified staff E hired onto the facility on 11/1/19. Staff E's record lacked evidence of TB testing.

Certified staff F hired onto the facility on 4/8/19. Staff F's record lacked evidence of TB testing.

Certified staff G hired onto the facility 9/10/19.

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S5230	Continued From page 19 Staff G's record lacked evidence of TB testing. During an interview on 11/21/19 at 1:17 pm, Operator/licensed nursing staff A reported he looked and could not find TB skin tests and questionnaires for the newly hired employees. The operator/licensed nursing staff failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5251 SS=D	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 4 residents with 1 day care resident. The sample included 3 residents and 1 focused record review. Based on observation, interview and record review the operator failed to ensure the record for 1 (#123) of 4 records reviewed contained documentation of all incidents, symptoms, and other indications of illness or injury. Findings included: - Review of the resident #123's medical record	S5251		

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revealed he admitted to the facility on 7-9-19 with diagnoses of multi-infarct dementia.

Review of the resident's functional capacity screen dated 7-9-19 revealed the resident could not manage his own medications and had problems with impaired decision making, wandering, and inappropriate behaviors.

Review of the resident's negotiated service agreement dated 7-19-19 revealed the resident would not need assistance with medication management unless his DPOA asked for it. It also identified the resident required behavioral sypmtom management and staff would redirect/manage, find distractions for the resident.

During initial tour on 11-20-19 at 8:47 AM revealed 3 signs taped to the front door telling the resident by name to stop and go out the back door. There was a door to another residents room that also had a note taped to it telling the resident this was a private room and not to go in it.

During an interview on 11-21-19 at 11:28 AM certified staff D reported the resident paced in and outside, he went to the restroom a lot, will look in cabinets and places for food and has gone into other resident's room before and had tried to go out the front door when he first came to the facility.

During an interview on 11-21-19 at 9:35 AM operator/licensed nursing staff A reported he would keep nurses notes on the resident if he needed to but nothing had really happened to need to note. Staff A confirmed the resident had been coming to the facility since July of 2019, had gone into another resident's room and out the

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S5251	Continued From page 21 front door therefore requiring signs to be put on the door to remind the resident not to use them. The operator failed to ensure designated staff included documentation of all incidents for resident #123.	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, 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)(1)	S5258		

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S5258	Continued From page 22 The facility reported a census of 4 residents and 1 adult day care resident. The sample included 3 residents, 1 focused record review, and review of 5 employee records. Based on record review and staff interview for 2/5 employees, the operator failed to ensure 2 of 5 newly hired employees records contained evidence of licensure checks completed upon hire date. Findings included: - Review of 2 newly hired employees file revealed the following: Licensed nursing staff E hired onto the facility on 11-1-19. Staff E's record revealed registry contacted 11-20-19. Licensed nursing staff F hired onto the facility on 4/8/19. Staff F's record revealed registry contacted 4-23-19. During an interview on 11-21-19 at 2:02 pm, operator/ licensed nursing staff A stated he usually does them when he hires someone. The operator failed to ensure all employees records contained evidence of licensure checks were completed upon hire date.	S5258		
S5265 SS=D	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	S5265		

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S5265	Continued From page 23 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: KAR 26-42-205(a)(1) The facility reported a census of 4 residents and 1 day care resident. The sample included 3 residents and 1 focused record review. . Based on observation, interview and record review, the operator failed to ensure designated staff completed a self-administration medication assessment before 1 (#123) of 1 resident began to self administer medications or self-manage medications that were prefilled by a family member to determine that the resident could perform the function safely and accurately without staff assistance. Findings included: - Review of resident #123's medical record revealed he/she admitted to the facility on 7-9-19 with diagnoses of multi-infarct dementia. Review of the admission functional capacity screen (FCS) dated 7-9-19 revealed the resident	S5265		

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S5265	Continued From page 24 could not manage his medications. Review of the negotiated service agreement dated 7-9-19 revealed it would not be necessary for staff to help administer medications unless the resident's DPOA asked them to. Observation on 11-20-19 during initial tour at 9:15 revealed a 7 day pill organizer on top of the kitchen counter with no label on it. During an interview on 11-21-19 at 11:28 AM certified staff D reported the pill organizer belonged to resident #123 and was set up by his family. Staff D reported she handed the resident the case and he will open it and take them or I will go ahead and pour them into a cup and give them to him to take. Review of resident #123's record lacked a self administration record to show he could perform the function of taking his medications safely and accurately without staff assistance. The operator/licensed nurse failed to ensure staff completed a self-administration assessment for resident #123 who took medications that were prefilled by a family member.	S5265		
S5285 SS=D	26-42-205 (a) (4) Prefilled Medication Container (a) (4) If a resident self-administers medication with a prefilled medication container or syringe, the prefilled medication container or syringe shall have a label with the resident ' s name and the date the container or syringe was prefilled. The label, or a medication administration record provided to the resident, shall also include the name and dosage of	S5285		

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S5285	Continued From page 25 eachmedication and the time or event at which the medication is to be self-administered. Facility staff may remind residents to take medications or inquire as to whether medications were taken. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (a)(4) The facility reported a census of 4 residents and 1 day care resident. The sample included 3 residents and 1 focused record review. Based on observation and interview the operator/licensed nurse failed to ensure a resident who self-administer medication with a prefilled medication container included a label or medication administration record that included the name and dosage of each medication and the time at which the medication was to be self administered for 1 (#123) of 1 resident who had prefilled medication container. Findings included: - Review of resident #123's medical record revealed he/she admitted to the facility on 7-9-19 with diagnoses of multi-infarct dementia. Review of the admission functional capacity screen (FCS) dated 7-9-19 revealed the resident could not manage his medications. Review of the negotiated service agreement dated 7-9-19 revealed it would not be necessary for staff to help administer medications unless the resident's DPOA asked them to. Observation on 11-20-19 during initial tour at 9:15	S5285		

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S5285	Continued From page 26 revealed a 7 day pill organizer on top of the kitchen counter with no label on it to identify the medications in the container or when the resident needed to take them. The container contained the resident's name on the bottom of it. During an interview on 11-21-19 at 2:15 PM operator/licensed nursing staff A reported he did not realize the container needed to be labeled or have a list of the medications in the container. The operator/licensed nurse failed to ensure a resident who self-administer medication with a prefilled medication container included a label or medication administration record that included the name and dosage of each medication and the time at which the medication was to be self administered.	S5285		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route.	S5300		

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S5300	Continued From page 27 This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (d)(1) The facility reported a census of 4 residents and 1 adult day care resident. The sample included 3 residents, 1 focused record review. Based on record review and staff interview for 3 (#120, #121, #122) of 3 sampled residents the operator/ licensed nursing staff failed to ensure the review and revision of each negotiated service agreement at least every 365 days. Findings included: - Review of resident #120's medical record revealed he admitted to the facility on 6-7-16 with diagnoses of fracture of left humerus, Parkinson's disease, chronic obstructive pulmonary disease, chronic kidney disease, and history of transient ischemic attack. Review of resident's negotiated service agreement (NSA) revealed it had not been reviewed/ revised since 9-18-18 - Review of resident # 121's medical record revealed he admitted into the facility on 12/1/17 with diagnoses of constipation, reflux disease and history of cerebral vascular disease. Review of the resident's functional capacity screen dated 11-28-18 (annual) revealed the resident required physical assistance with activities of daily living and had a problem with falls. Review of the residents NSA revealed it had not	S5300		

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S5300	Continued From page 28 been reviewed/revised since 9-8-18. - Review of resident #122's medical record revealed she admitted to the facility on 11-23-16 with diagnoses of atrial fibrillation, Vitamin D deficiency, depression, and constipation. Review of the resident's NSA revealed it had not been reviewed/ revised since 9-7-18. Interview on 11-21-19 starting at 2:02 pm, operator/ licensed nursing staff A confirmed NSA on all 3 residents were not up to date. The operator/licensed nursing staff failed to ensure the review and revision of each negotiated service agreement at least every 365 days.	S5300		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3)	S5313		

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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
S5313	Continued From page 29 The facility reported a census of 4 residents and 1 day care resident. The sample included 3 residents and 1 focused record review. Based on observation and interview, the operator/licensed nurse failed to ensure all over the counter medications were labeled with the resident's full name. Findings included: - Observation on 11-20-19 at 9:15 AM on the kitchen counter was a box of anti-itch cream with no name on it. In the locked medication cabinet was an open bottle of acetaminophen with no name on it and a container of Vitamin D 3, Aspirin 81 mg, with a residents first name only on them. The operator/licensed nurse failed to ensure all over-the-counter medications were labeled with the resident's full name.	S5313		
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	S5315		

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	B026002	A. BUILDING: _____ B. WING _____	11/27/2019

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S5315	Continued From page 30 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 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 4 residents and 1 day care resident. Based on observations and interviews the operator/licensed nurse failed to ensure all medications and biologicals were securely and properly stored in accordance with each manufacturer's recommendations. Findings included: - Observation on 11-20-19 at 9:08 AM revealed a unlocked kitchen drawer with 3 small bowls with a variety of medications in each bowl. Two bowls had 6 pills in them and the other one had 4 pills. There were no names on them or any type of	S5315		

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S5315	Continued From page 31 labeling to identify whose medications they were. On the counter was a 7 day pill container with medications in multiple days. During an interview on 11-20-19 at 9:10 AM administrative staff B reported she did not know why the medications were left in the drawer. During an interview on 11-21-19 at 2:07 PM operator/licensed nursing staff A reported the medications should have been kept in the locked cabinet. Review of the undated medication storage policy revealed medications would be kept in a secure locked cabinet. The Operator failed to ensure all medications and biologicals were stored securely and properly.	S5315		
S5325 SS=E	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (l) The facility reported a census of 4 residents and	S5325		

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S5325	Continued From page 32 1 adult day care resident. The sample included 3 residents and 1 focused record review. Based on record review and interview, the operator/licensed nursing staff failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review for 2 (#120 and #121) of 3 sampled residents at least quarterly for who had their medication managed by the facility. Findings included: - Review of resident #120's medical record revealed he admitted to the facility on 6-7-16 with diagnoses of fracture of left humerus, Parkinson's disease, chronic obstructive pulmonary disease, chronic kidney disease, and history of transient ischemic attack. Review of resident's functional capacity screen (FCS) dated 7-12-19 revealed the resident could not manage his medications and required assistance with management of treatments. Review of resident's negotiated service agreement (NSA) dated 9-18-18 revealed the facility staff would manage the resident's medications. Review of the medication regimen reviews revealed operator/licensed nursing staff completed a medication regimen review on 10-11-18 and on 8-7-19. The medication regimen reviews were not completed quarterly. - Review of resident # 121's medical record revealed he admitted into the facility on 12/1/17 with diagnoses of constipation, reflux disease and history of cerebral vascular disease. Review of the resident's functional capacity	S5325		

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S5325	Continued From page 33 screen dated 11-28-18 (annual) revealed the resident could not manage his medications or medical treatments. Review of the residents negotiated service agreement dated 9-8-18 revealed the facility staff would manage the residents medications. Review of the medication regimen reviews revealed the resident's medications had not been reviewed since June 3,2019. During an interview on 11-20-19 at 2:00 PM operator/licensed nursing staff A reported he had gotten behind on getting the medication reviews completed and if it wasn't in the chart it wasn't done. The operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for each resident who had their medication managed by the facility.	S5325		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by:	S5335		

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S5335	Continued From page 34 KAR 28-39-437 (a) The facility reported a census of 4 residents and 1 day care resident. Based on observation and interview the Operator/licensed nurse failed to ensure each exit door had only 1 locking device which released with operation of the inside door handle and failed to ensure staff secured chemicals to maintain the safety of residents, personnel, and the public. Findings included: - During initial tour on 11-20-19 at 8: 46 AM observation of the front exit door revealed a dead bolt lock and a handle with a turn lock in the center which did not release with operation of the inside handle. During an interview on 11-21-19 operator/licensed nursing staff A reported he did not realize the front door could not have a dead bolt and needed to unlock with the motion of the handle. - Observation on 11-20-19 at 8:59 am revealed the following items in the unlocked closet that serves as laundry room, chemical closet, and linen closet in the main living area of the house: bottle Downy fabric softener, spray bottle glass cleaner, container with dishwasher gel packs, eight disinfectant wipe containers, bottle Clorox bleach, spray bottle all-purpose cleaner, and a bottle of Murphy's Oil Soap. All the listed containers included a warning label on them. Observation on 11-20-19 at 9:52 am revealed the following items in the unlocked cabinet below the kitchen sink contained: Two containers of dishwasher pods, container disinfecting wipes, spray bottle of odor control, spray bottle without a	S5335		

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S5335	Continued From page 35 label with liquid inside, plant foot bottle, Bar Keepers cleanser, bottle, bottle dish soap, castile soap bottle, stain and odor remover spray bottle, and a bottle of vegetable wash spray. All the listed containers included a warning label on them. Interview on 11-21-19 at 1:59 pm with operator/licensed nursing staff A stated, "From what you told me yesterday, yes" when asked if chemicals should be locked up. The operator failed to ensure the front entrance/exit doors had only 1 locking device which released with the operation of the inside door handle and failed to ensure staff secured chemicals to maintain the safety of resident's personnel, and the public.	S5335		