

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B089092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/25/2019
NAME OF PROVIDER OR SUPPLIER GOLDEN OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 11701 W 60TH PL KANSAS CITY, KS 66203		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations are the result of an initial survey for re-licensure conducted on 11/20/19, 11/21/19 and 11/25/19 at the above named home plus facility in Shawnee, KS.	S 000		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review, observation and interview for 3 sampled residents (#120, 121), who required health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #120 recorded admission date of 8/3/19 with diagnoses of: hypertension, allergic dermatitis, hypogonadism,	S5155		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5155	Continued From page 1 peripheral vascular disease, Lewy Body dementia, hypersomnia, and Parkinson's. Functional Capacity Screen (FCS) dated 8/3/19 recorded resident unable to perform bathing, dressing, toileting, transfer and management of medications and treatments. Resident required physical assistance with walk/mobility and eating. Resident is frequently incontinent. Negotiated Service Agreement and Health care service plan (NSA/HCSP) dated 8/3/19 recorded Staff to provide physical assistance with bathing, dressing, toileting, transfer, management of medications and treatments, walk/mobility and eating. Interview on 11/20/19 at 4:05pm with certified staff #B and #C confirmed resident # 120 required 2 people to transfer and they cannot get him up with one staff alone. Certified staff #B stated, resident "pushes against us, we need 1 person to hold his back and 1 his legs." They confirmed a lift is not used. She stated she turned resident every two hours at night and changed him with 1 person, he wears pressure reduction boots at night and a wedge is used for positioning. Observation on 11/20/19 at 4:09pm in resident's room revealed resident was transferred with 2 person assistance, observed a pressure reduction cushion in resident's wheelchair, a wedge in the corner (for positioning) Pressure reduction booties on the floor, a personal alarm on the bed, grab bar on the bed. HCSP lacked entries for 2 Assist for transfers and an evacuation plan, use of a personal alarm, pressure reduction booties, pressure reduction	S5155		

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S5155	Continued From page 2 cushion, positioning wedge, grab bar and plan for repositioning and changing at night. Interview on 11/21/19 at 12:00pm with operator/licensed nurse #A confirmed HCSP lacked entries for 2 assist for transfers and an evacuation plan, use of a personal alarm, pressure reduction booties, pressure reduction cushion, positioning wedge, grab bar and plan for repositioning and changing at night. - Record review for resident #121 recorded admission date of 7/26/19 with diagnoses of: cerebrovascular accident, hypertension, chronic kidney disease, gastro-esophageal reflux disease and Alzheimer's dementia. FCS dated 7/26/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer and walk mobility. (management of medications and treatments blank). NSA/HCSP dated 7/26/19 recorded staff to assist resident with: bathing, dressing, toileting, transfer, walk/ mobility and management of medications and treatments. Observation on 11/21/19 at 11:53am in resident's room revealed resident has 2 quarter length rails on each side of the bed. HCSP lacked an entry for use of side rails. Interview on 11/21/19 at 12:45pm with operator/licensed nurse #A confirmed resident has 2 side rails on her bed and HCSP lacked an entry for use of these assistive devices. For residents #120 and #121 who required health	S5155		

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S5155	Continued From page 3 care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(a)(c) The facility reported a census of 4 home plus residents. The sample included 3 residents. Based on record review, and interview for 1 sampled resident (#122) who had orders to receive a cardiac diet, the operator failed to ensure provision or coordination of dietary services to the resident as identified in the	S5185		

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S5185	Continued From page 4 resident's negotiated service agreement and according to the medical care provider's order. Findings included: - Interview on 11/20/19 with operator/licensed nurse #A stated only one resident is on a specialized diet for vegan foods per choice. - Record review for resident #122 recorded admission date of 5/22/19 with diagnoses of: cerebral vascular accident, hypothyroidism, chronic diastolic heart failure, hypertension, dyslipidemia, dementia, protein malnutrition and mitral valve stenosis. Functional Capacity Screen dated 5/21/19 recoded resident required physical assistance with bathing and unable to perform management of medications and treatments. Negotiated service agreement and health care service plan dated 5/22/19 recorded resident refused showers and does sponge bathing, staff to administer medications and treatments. Diet: Cardiac. (specialized heart diet) 8/1/19 Physician's orders and November 2019 medication administration record recorded diet as "Cardiac". Interview on 11/21/19 at 12:45pm with operator/licensed nurse #A confirmed resident has orders for a Cardiac diet and her NSA and HCSP recorded resident is to receive a cardiac diet. She confirmed resident does not receive a cardiac diet because resident refused to follow a cardiac diet. She confirmed record lacked notification of the physician of resident refusal to follow a cardiac diet, a risk agreement had not	S5185		

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S5185	Continued From page 5 been completed. For resident #122 the operator failed to ensure provision or coordination of dietary services to the resident as identified in the resident's negotiated service agreement and according to the medical care provider's order.	S5185		
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: 5192 KAR 26-42-206(e) The facility reported a census of 4 residents. The sample included 3 residents. Based on observation, record review and interview for all	S5192		

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S5192	Continued From page 6 residents living in the facility and receiving meal services, the operator failed to ensure facility staff served food at the proper temperature. Findings included: - On 11/20/19 at 3:00pm, requested facility food temperature monitoring logs. Certified staff #B and operator/licensed nurse #A stated staff does not record food temperatures. Interview with operator/licensed nurse #A on 11/20/19 at 3:00pm stated all residents eat at the facility, including resident who received a vegan diet. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135F or above, cold foods at 41F or below. On 11/20/19 at 11:45am, observed 3 residents eat lunch in dining room. Facility policy titled "Dietary Services" recorded: "Food shall be prepared using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature." For all residents of the facility, the operator failed to ensure facility staff served food at the proper temperature.	S5192		

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S5205	Continued From page 7	S5205		
S5205 SS=F	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(a) The facility reported a census of 4 residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#120) of 3 sampled residents, the operator failed to ensure the provision of a sufficient number of staff on night shift to take this resident who required assistance of two staff for transfer to a secure location. Findings included: - Resident roster received 11/20/19 recorded 1 resident (#120) required two-person assist for transfers. - Record review for resident #120 recorded admission date of 8/3/19 with diagnoses of: hypertension, allergic dermatitis, hypogonadism, peripheral vascular disease, Lewy Body dementia, hypersomnia, and Parkinson's. Functional Capacity Screen (FCS) dated 8/3/19	S5205		

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S5205	Continued From page 8 recorded resident unable to perform bathing, dressing, toileting, transfer and management of medications and treatments. Resident required physical assistance with walk/mobility and eating. Negotiated Service Agreement and Health care service plan (NSA/H CSP) dated 8/3/19 recorded Staff to provide physical assistance with bathing, dressing, toileting, transfer, management of medications and treatments, walk/mobility and eating. Interview on 11/20/19 at 3:40pm with operator/licensed nurse #A stated staffing at the facility as follows: 8am to 8pm 1-CMA (certified medication aide) and 1-CNA (certified nursing assistant) occasionally stays till 9pm. 8pm to 8am 1-CMA or CNA (nurse on call for medications if it is a CNA) Operator/licensed Nurse #A confirmed only 1 staff is present in the facility from 8pm to 8am most nights, some nights 2 staff are in facility until 9pm. Review of staffing schedule for November 2019 confirmed only 1 staff worked night shift. Interview on 11/20/19 at 4:05pm with certified staff #B and #C confirmed resident # 120 required 2 people to transfer and they cannot get him up with one staff alone. Certified staff #B stated, resident "pushes against us, we need 1 person to hold his back and 1 his legs." They confirmed a lift is not used. Observation of resident transfer on 11/20/19 at 4:09pm from resident's bed to wheelchair	S5205		

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S5205	Continued From page 9 revealed 1 staff swing resident's legs off bed, 1 staff sits resident up, resident began sliding off the bed and was held onto bed. Staff then cued resident to stand and he stood up, bearing full weight and ambulated with staff cueing and guiding him by hand with one staff pushing wheelchair behind resident, to ambulate slowly, approximately 40 feet to living room. Interview on 11/20/19 at 4:50pm with operator/licensed nurse #A stated resident "was excellent today, he is usually not that good." She stated resident has been issued a 30- day notice and his last day is December 4th. Interview on 11/20/19 at 5:10pm with operator/licensed nurse #A, confirmed facility lacked documentation of an evacuation of the residents to a secure location. A written notarized plan was requested and received on 11/20/19 a 5:10pm to ensure 2 staff would be present in the facility at all times while resident remained in the facility. For resident #120, the operator failed to ensure the provision of a sufficient number of staff on night shift to take this resident who required assistance of two staff for transfer to a secure location.	S5205		
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	S5215		

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S5215	Continued From page 10 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: KAR26-42-104 (d3) The census equaled 4 residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly reviews of the facility's emergency management plan with employees and residents and failed to conduct an evacuation of residents to a secure location. Findings included: - On 11/21/19 at 12:00pm, reviewed emergency management plan with operator #A. Records revealed the following: Fire Drills were conducted in June, July, August and September of 2019. Record lacked review of the facility's emergency	S5215		

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S5215	Continued From page 11 management plan with staff and residents and lacked documentation of an evacuation of residents to a secure location. Interview on 11/21/19 at 12:00pm with operator/licensed nurse #A confirmed records lacked documentation of a resident evacuation and reviews of facility's emergency management plan. She also confirmed the emergency management plan is not reviewed with staff upon hire or residents upon admission. Resident roster recorded 1 resident (#120) required assistance of 2 for transfers. Records also lacked evidence of an evacuation with the least number of staff on duty (1 staff) to ensure safe evacuation of a resident who typically required assistance of 2 staff to transfer. For all residents of the facility, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly reviews of the facility's emergency management plan with employees and residents and failed to conduct an evacuation of residents to a secure location.	S5215		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident 's food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees	S5230		

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S5230	Continued From page 12 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. The sample included 3 residents. Based on record review, and interview, for all residents, the operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - On 11/21/19 at 10:30am, during personnel review with operator/licensed nurse #A, facility records lacked documentation for tuberculosis (TB) skin tests according to guidelines for the following recent staff hired: Licensed nurse #A, hire date 10/1/19, recorded TB test, one step, negative completed 10/13/19, record lacked 2nd TB testing within guidelines of one to 3 weeks after the initial TB test. Record lacked symptom screen.	S5230		

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S5230	Continued From page 13 Certified staff #B, hire date 5/23/19, recorded TB test, 2 step, negative, completed on 12/5/18 by previous employer. Record lacked symptom screen on hire. Certified staff #C, hire date 11/30/18, record lacked TB symptom screen and lacked 2 step TB test. Certified staff #D, hire date 7/19/19, record lacked TB symptom screen and lacked 2 step TB test. Certified staff #E, hire date 10/14/19, record lacked TB symptom screen and lacked 2 step TB test. On 11/21/19 review of resident records lacked evidence of TB testing: Resident #120, admission date of 8/3/19, record lacked TB symptom screen and lacked 2 step TB test. Resident #121, admission date of 7/26/19, record lacked TB symptom screen and lacked 2 step TB test. Resident #122, admission date of 5/22/19, record lacked TB symptom screen and lacked 2 step TB test. Interview on 11/21/19 at 12:00pm with operator/licensed nurse #A confirmed staff and resident records lacked documentation of TB testing according to the department guidelines. For all residents, the operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by	S5230		

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S5230	Continued From page 14 reference in K.A.R. 26-39-105.	S5230		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of 4 residents. The sample included 3 residents. Based on observation, record review and interview for 3 sampled resident (#120,121,122), the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident #120 recorded admission date of 8/3/19 with diagnoses of: hypertension, allergic dermatitis, hypogonadism, peripheral vascular disease, Lewy Body dementia, hypersomnia, and Parkinson's. Functional Capacity Screen (FCS) dated 8/3/19	S5251		

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NAME OF PROVIDER OR SUPPLIER GOLDEN OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 11701 W 60TH PL KANSAS CITY, KS 66203		
(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
S5251	Continued From page 15 recorded resident unable to perform bathing, dressing, toileting, transfer and management of medications and treatments. Resident required physical assistance with walk/mobility and eating. Negotiated Service Agreement and Health care service plan (NSA/H CSP) dated 8/3/19 recorded Staff to provide physical assistance with bathing, dressing, toileting, transfer, management of medications and treatments, walk/mobility and eating. Resident notes (nurses notes) recorded 13 entries from admission on 8/3/19 to 9/29/19, all entries lacked the time of the entries. 9/29/19 entry lacked nurse signature. Record contained letter to family, dated 11/5/19 for 30 day notice to vacate facility due to need for 2 person assist, record lacked entry for discussion with family and physician and implementation of a 30- day notice. Record lacked documentation according to standards of practice. Interview on 11/21/19 at 12:45pm with operator/licensed nurse #A confirmed record lacked times of entries, confirmed lack of entries for resident change of condition to 2 person assist and for 30-day notice. - Record review for resident #121 recorded admission date of 7/26/19 with diagnoses of: cerebrovascular accident, hypertension, chronic kidney disease, gastro-esophageal reflux disease and Alzheimer's dementia. FCS dated 7/26/19 recorded resident required physical assistance with bathing, dressing,	S5251		

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S5251	Continued From page 16 toileting, transfer and walk mobility. (management of medications and treatments blank). NSA/H CSP dated 7/26/19 recorded staff to assist resident with: bathing, dressing, toileting, transfer, walk/ mobility and management of medications and treatments. Resident notes recorded 6 entries from admission on 7/26/19 to 9/11/19, 5 of 6 entries lacked the time of the entries. November 2019 MAR (medication administration record) recorded new entry on 10/16/19 for Lidocaine Pad 5%(percent) (pain/topical), apply 2 patches to clean dry areas (knees) once daily in the morning, remove at bedtime. MAR lacked staff signatures medication had been administered. Interview on 11/21/19 at 12:45pm with operator/licensed nurse #A, stated the resident had never received the medication, as the insurance would not cover the medication, family was contacted and did not want to pay for the medication. She confirmed the physician had not been notified the medication was never administered to the resident. Resident record lacked entries for reason and symptoms for the new medication, notification of family and physician, including follow up for pain monitoring without the medication. Record lacked documentation according to standards of practice. Interview on 11/21/19 at 12:45pm with operator/licensed nurse #A confirmed record lacked dated entries and entry for Lidocaine	S5251		

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S5251	Continued From page 17 patch. - Record review for resident #122 recorded admission date of 5/22/19 with diagnoses of: cerebral vascular accident, hypothyroidism, chronic diastolic heart failure, hypertension, dyslipidemia, dementia, protein malnutrition and mitral valve stenosis. FCS dated 5/21/19 recoded resident required physical assistance with bathing and unable to perform management of medications and treatments. NSA/HCSP dated 5/22/19 recorded resident refused showers and does sponge bathing, staff to administer medications and treatments. Resident notes recorded 12 entries from admission on 5/22/19 to 7/9/19, nine of the entries lacked time of entry/event. Resident notes page for 5/22/19 entry lacked resident name on document. Record lacked documentation according to standards of practice. Interview on 11/21/19 at 12:45pm with operator/licensed nurse #A confirmed record lacked time of entries and lacked resident name on a page. She confirmed she has not made any entries on the 3 residents' charts since she started 10/1/19. For residents #120, 121, 122, the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and	S5251		

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S5251	Continued From page 18 results of the action.	S5251		
S5257 SS=F	26-42-102 (c) Staff Qualifications RN available (c) A registered professional nurse shall be available to provide supervision to licensed practical nurses, pursuant to K.S.A. 65-1113 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(c) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview, for all residents, the operator failed to ensure the provision of a registered professional nurse to be available to provide supervision to licensed practical nurses, pursuant to K.S.A. 65-1113 and amendments thereto. Findings included: - Review of personnel hired list, since facility was opened (first resident admitted) on 5/1/19, lacked the name of a registered nurse on staff. Interview on 11/21/19 at 12:00pm with operator/licensed nurse #A, requested the name of the registered nurse (RN) who provided oversight for her. She confirmed facility lacked a registered nurse for oversight. She stated the prior operator had a RN but she left with that operator on September 30th. She stated she did not know the RNs name, confirmed records lacked evidence of a RN hired by the facility.	S5257		

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S5257	Continued From page 19 For all residents, the operator failed to ensure the provision of a registered professional nurse to be available to provide supervision to licensed practical nurses, pursuant to K.S.A. 65-1113 and amendments thereto.	S5257		
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)	S5258		

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S5258	Continued From page 20 The facility reported a census of 4 home plus residents. Based on record review and interview for 4 of 4 certified staff (#B,C, D), the operator failed to provide supporting documentation for criminal background checks(KBI) at the time of hire, and for 4 of 4 certified staff (#B,C,D,E) and 1 of 1 licensed staff (#A) operator failed to obtain supporting documentation for evidence of certification/licensure at the time of hire. Findings included: - On 11/21/19 at 10:30am personnel record review for 4 certified staff revealed the following: Certified staff # B, hire date 5/23/19, record showed KBI check was done through an outside company (ADP research institute) not through the department KBI registry site,. Registry late, dated 6/4/19. Certified staff # C, hire date 11/30/18, record showed KBI check was done through an outside company (ADP research institute) not through the department KBI registry site,. Registry late, dated 12/5/18. Certified staff # D, hire date 7/19/19, record showed KBI check was done through an outside company (ADP research institute) not through the department KBI registry site,. Registry late, dated 8/9/19. Certified staff # E, hire date 10/14/19, record showed KBI check was done through an outside company (ADP research institute) not through the department KBI registry site,. Licensed nurse #A, hire date 10/1/19, License	S5258		

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S5258	Continued From page 21 check late, dated 11/21/19. Interview on 11/21/19 at 11:30am with operator/licensed nurse #A confirmed records lacked proof of KBI checks and registry/license checks upon hire. For all residents, the operator failed to provide supporting documentation for criminal background checks at the time of hire and failed to obtain supporting documentation for evidence of certification/licensure at the time of hire.	S5258		
S5300 SS=D	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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)	S5300		

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S5300	Continued From page 22 The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview for 1 resident (#121), the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice. Findings included: - Record review for resident #121 recorded admission date of 7/26/19 with diagnoses of: cerebrovascular accident, hypertension, chronic kidney disease, gastro-esophageal reflux disease and Alzheimer's dementia. Functional Capacity Screen dated 7/26/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer and walk mobility. (management of medications and treatments blank) Negotiated service agreement and health care service plan dated 7/26/19 recorded staff to assist resident with: bathing, dressing, toileting, transfer, walk/ mobility and management of medications and treatments. Resident notes recorded 6 entries from admission on 7/26/19 to 9/11/19, 5 of 6 entries lacked the time of the entries. November 2019 MAR (medication administration record) recorded new entry on 10/16/19 for Lidocaine Pad 5%(percent) (pain/topical), once daily in the morning, remove at bedtime. MAR lacked staff signatures medication had been administered.	S5300		

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S5300	Continued From page 23 Interview on 11/21/19 at 12:45pm with operator/licensed nurse #A, stated the resident had never received the medication, the insurance would not cover the medication, family was contacted and did not want to pay for the medication. She confirmed the physician had not been notified the medication was never administered to the resident. For resident #121, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice.	S5300		
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: 5335 KAR 28-39-437 (a) The facility reported a census of 4 residents. The sample included 3 residents. Based on observation and interview for all residents, the operator failed to ensure the facility was	S5335		

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S5335	Continued From page 24 maintained to protect the health and safety of the residents when chemicals were unsecured in the facility kitchen and hall closet. Findings included: - Resident roster for 11/20/19 recorded 3 of 4 residents had impaired cognitive status. Facility is a locked memory care facility. Observation on 11/20/19 at 2:40pm during facility tour with operator/licensed nurse #A, revealed the following unsecured chemicals: In an unlocked cabinet under the sink in the open concept kitchen: Clorox brand disinfectant wipes 75 count, open and 3 containers of Simply done disinfectant wipes, sealed.; Comet powder cleanser, 21 ounces, open; Cascade dishwasher packets, 43 count, open; Dawn dish soap, 56 ounces, open; 2 packages, 20 packets each, sealed, Free and clear dishwasher tablets; Jet Dry liquid, 16 ounces, open. In an unlocked hall closet near entry: Bissell multi surface cleaner, 48 ounces; Lysol Clean and Fresh multi surface cleaner, 48 ounces; Clorox disinfectant wipes, 35 count; Solimo brand disinfectant wipes, 75 count. For all residents of the facility, the operator failed to ensure the facility was maintained to protect	S5335		

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S5335	Continued From page 25 the health and safety of the residents when chemicals were unsecured in the facility kitchen and hall closet.	S5335		