STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B028002	A. BUILDING: _____ B. WING _____	C 10/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COTTAGES SENIOR CARE LIVING OF GARDEN (	2002 LABRADOR BLVD. GARDEN CITY, KS 67846

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint (#135206) at the above named home plus facility conducted on 10/23-24/2019.	S 000		
S5161 SS=F	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of 9 residents. The sample included 3 residents and 2 focused record reviews. Based on record review and interview for 3 (#124, #126, #127) of 3 sampled residents and for all residents, the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan. Findings included: - Review of resident #124's record revealed she admitted to the facility on 9-19-18 with diagnoses of dementia and hypertension. Review of the functional capacity screen dated 4-2-19 revealed the resident required physical assistance with bathing and dressing, had impaired cognition, vision and decision making abilities and could not manage her medications or	S5161		

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

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S5161	Continued From page 1 medical treatments. . Review of the negotiated service agreement dated 4-2-19 and signed by the resident's legal representative on 7-3-19 lacked the name of the nurse responsible for the implementation of the health care service plan. - Review of resident #126 record revealed she admitted to the facility on 8-31-19 with diagnoses of dementia and hypothyroidism. Review of the functional capacity screen dated 8-31-19 revealed the resident required physical assistance with bathing, dressing, toileting, transfer and mobility. She had impaired cognition, vision and decision-making abilities and could not manage her medications and medical treatments. Review of negotiated service agreement dated 8-31-19 lacked the name of the nurse responsible for the implementation of the health care service plan. - Review of resident #127 record revealed he admitted on 7-13-19 with the diagnoses of dementia and neuropathy. Review of the functional capacity screen dated 7-12-19 revealed the resident required physical assistance with bathing, dressing, toileting and mobility, had impaired cognition, vision, hearing and decision-making abilities and could not manage medications or medical treatments. Review of negotiated service agreement dated 7-12-19 lacked the name of the nurse responsible for the implementation of the health care plan service.	S5161		

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S5161	Continued From page 2 During an interview on 10-23-19 at 2:31 PM the operator/licensed nursing staff A confirmed the negotiated service agreement/health care service plan lacked the name nurse responsible for the implementation of the health care service plan. The operator failed to ensure the negotiated service agreement identified the licensed nurse responsible for implementation and supervision of the health service plan.	S5161		
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(c) The facility reported a census of 9 residents. The sample included 3 residents and 2 focused record review. Based on interview and record	S5185		

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S5185	Continued From page 3	S5185		

review the operator failed to ensure when a resident's negotiated service agreement included therapeutic diet and/or mechanical diet, staff prepared them according to instructions from a medical care provider or licensed dietitian for 1 (#125) of 2 focused record reviews.

Findings included:

- Review of resident #125's medical record revealed an admission dated of 6-2-18 with diagnoses of macular degeneration, hypothyroidism, and hyperlipidemia

Review of the resident's functional capacity screen dated 11-6-18 revealed the resident required supervision with eating and could not perform meal preparation.

Review of the residents negotiated service agreement dated 7-3-19 revealed the resident needed a mechanical soft diet with nectar thickened liquids.

Review of the resident's signed physicians orders dated 8-30-19 included an order for: Regular diet of ground texture, nectar consistency, mechanical soft diet with nectar thickened liquids.

Observation on 10-23-19 at 12:23 PM certified staff D gave the resident a plate with lasagna, roasted vegetables (zucchini and carrots) and a piece of garlic toast from the oven. Staff did not chop or mechanically alter any of the food the resident was served.

During an interview on 10-23-19 at 12:35 certified staff D stated the resident could eat regular foods and she just needed her liquids thickened.

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S5185	Continued From page 4 During an interview on 10-23-19 at 12:35 PM operator/licensed nursing staff A reported the staff had instruction on how to prepare a mechanically soft diet in the menu book. Staff A looked through the menu book and provided directions for a mechanical diet but it lacked approval by a physician or registered dietitian. It included a list of "safe foods" and foods to "avoid". On the list of foods to avoid included crunchy vegetables and dry/course breads. Operator/licensed nursing staff A reported the resident refused to eat a mechanically altered diet and family agreed. Staff A reported she had not completed a refusal of services with the family and resident in the negotiated service agreement. Staff A reported the staff served the resident a regular consistency diet instead of the mechanically soft diet as ordered by the physician. The operator failed to ensure when a residents negotiated service agreement included a therapeutic diet and/or mechanical diet staff prepared them according to instructions from a medical care provider or licensed dietitian for 2 (#824 and #834) of 3 residents. .	S5185		
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 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	S5195		

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S5195	Continued From page 5 by: KAR 26-42-206(f) The facility reported a census of 9 residents. Based on observations and interview the facility failed to store all food under safe and sanitary conditions. This failure had the potential to affect all residents in the facility. Findings included: - During initial tour of the kitchen/food storage area on 12-23-19 at 8:45 AM revealed the following observations: In the dry goods pantry: A bag of whole wheat flour opened and not sealed; 2 large containers of cereal that were not labeled or dated and the container with rice krispies did not have the lid on it; 4 open boxes of cereal and each one without being sealed or rolling down of the open inner bag. Observation of the main refrigerator revealed a temp of 41.9 F at 9:05 AM. At 9:07 F it was 43.2 F and at 9:16 AM it read 43 F. The surveyor questioned the accuracy of the temperatures because the large freezer in the back had a temperature of 58.6 F and the food was frozen solid. The refrigerator had a temperature of 63 degrees F and the food felt cold. . The surveyor put her thermometer in the refrigerator for accurate temperature. At 11:00 AM the temperature on the surveyor's thermometer read 39.2 F. The main refrigerator revealed the following: had a cake in a glass container without a label or date, 3 thawed packages of sausage on second shelf not in a container to secure any leakage, 2 baggies of salad dated 10-5-19.	S5195		

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S5195	Continued From page 6 The refrigerator in the backroom had a box of eggs on the top shelf and a box under it on the next shelf over fresh vegetables on the bottom shelf. An open bag of bacon sat on the top shelf without an open date and not sealed or in a pan to contain any leakage. During an interview on 10-23-19 at 9:40 AM administrative staff B reported she did not know if the eggs needed to be on the bottom shelf, confirmed that the thermometers were probably not accurate and would get new ones. During an interview on 10-23-19 at 11:09 AM operator/licensed nursing staff A reported if a food item was opened it needed to be sealed and dated. The operator failed to ensure all food was stored under safe and sanitary conditions.	S5195		
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	S5215		

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S5215	Continued From page 7 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 9 residents. Based on interview and record review the operator failed to ensure disaster preparedness by failing to provide quarterly reviews of the home's emergency management plan with employees and residents which had the potential to affect all residents. Findings included: - During the initial tour on 10-23-19 requested evidence of reviewing the emergency management plan with residents and staff from administrative staff B. During an interview on 10-23-19 at 11:20 AM operator/licensed nursing staff A reported she reviewed evacuations whenever they did a fire drill. Staff A reported she did not keep any type of records of reviewing the emergency management plan with residents and/or staff quarterly. The operator failed to have evidence of reviewing the emergency management plan with residents and facility staff quarterly.	S5215		
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	S5313		

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S5313	Continued From page 8 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) The facility census equaled 9 residents. The sample included 3 residents and 2 focused reviews. Based on interview and observation of the medication cupboard, the operator failed to ensure that over the counter medications were labeled with the full name of the resident. Findings include - Observation of medication baskets in locked cupboard on 10/23/19 at 9:30 AM with certified staff D revealed: Bottles of Colace, Tylenol, Lutein, Cranberry, and Vitamin B12 with no name on them. Box of Mid Nite sleep aide and Gas Ex with no name and a bottle of Miralax with first name only. A medication basket located on bottom shelf of cupboard revealed 3 bottles of Tylenol 325 mg, bottles of Milk of Magnesium and Mylanta with stock written on it. Interview with certified staff C on 10/23/19 at 10:02 AM revealed that names should be on the bottles. That each resident has their own plastic	S5313		

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S5313	Continued From page 9 tub for their medications. Interview with certified staff D on 10/23/19 at 10:05 AM reported that stock medications were used when a resident runs out of their medication. We use them for more than one person. Interview with operator/licensed nurse A on 10/23/19 at 3:13 PM reported the stock medications were kept for a resident to use if they had an order for it. Staff A stated certified staff needed to write the resident's name on the bottle when they used it. The operator failed to ensure that all over the counter medications were labeled with first and last name of the resident on the bottles and tubes of medications.	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 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	S5315		

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S5315	Continued From page 10 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 9 residents. Based on observations and interviews the operator failed to ensure all medications and biologicals were securely and properly stored in accordance with each manufacturer's recommendations. Findings included: - Observation on 10-23-19 at 9:15 AM revealed a back room off the kitchen that is accessible to all residents, visitors, and all staff. The room contained a small refrigerator labeled medications only and it was not locked. The refrigerator contained 2 vials of Tubersol solution, a box of bisacodyl suppositories and a lock box that contained an unused TB syringe. It also contained 2 boxes of the influenza vaccine	S5315		

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S5315	Continued From page 11 syringes. The Tubersol vials were both open and one had about half of the solution used and the other about three/fourths of the solution used. During an interview on 10-23-19 at 9:41 AM certified staff D reported the medication refrigerator should have been locked. During an interview on 10-23-19 at 11:09 AM operator/licensed nursing staff A confirmed the refrigerator should have been locked and the date the Tubersol vials were opened was the date they were filled. The Operator failed to ensure all medications and biologicals were stored securely and properly.	S5315		