STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N081004	A. BUILDING: _____ B. WING _____	09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLARK HILLS	2121 MEADOWLARK ROAD MANHATTAN, KS 66502

(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 represent the findings of a resurvey at the above named assisted living facility conducted on 9/4,5,9/2019.	S 000		
S3165 SS=F	26-41-204 (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 26-41-204(d) The facility reported a census of 34 residents. The sample included 3 residents and 1 focused record review. Based on record review and interview for all residents, the administrator 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 for all residents and for 3 (#904, #014, #924) of 3 residents. Findings included: -- Review of resident #904's medical record revealed the resident moved into the facility on 4-16-18 with diagnoses of hyperlipidemia, constipation, weakness, and parkinsons. Review of the residents medical record revealed a functional capacity screen dated 4-18-19 which indicated the resident needed physical assistance	S3165		

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

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S3165	Continued From page 1	S3165		

with bathing, and had problems or risk of falls and impaired vision.

Review of the resident negotiated service agreement dated 4-18-19 lacked the name of the licensed nurse responsible for implementation and supervision of the health service plan.

- Review of resident #914's medical record revealed the resident moved into the facility on 8-12-14 with diagnoses of congestive heart failure, hypertension, and chronic pain.

Review of the resident's medical record revealed a functional capacity screen dated 8-13-19 indicated the resident needed physical assistance with bathing and dressing, could not manage his/her own medications and treatments, needed supervision with bladder incontinence and had impaired vision and hearing.

Review of the resident's negotiated service agreement dated 8-15-19 lacked the name of the licensed nurse responsible for implementation and supervision of the health service plan.

- Review of resident #924's medical record revealed the resident moved into the facility on 5-24-19 with diagnoses of hypertension, heart failure, atrial fibrilation and restless leg syndrome.

Review of the resident's medical record revealed a functional capacity screen dated 5-24-19 revealed the resident needed supervision with bathing, physical assistance with management of medications and treatments and had impaired vision and hearing.

Review of the negotiated service agreement dated 5-24-29 lacked the name of the licensed

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S3165	Continued From page 2 nurse responsible for implementation and supervision of the health service plan. During an interview on 9-4-19 at 7:25 AM licensed nursing staff B confirmed the negotiated service agreements did not include the name of the licensed nurse responsible for the health care service plan and knew they should be listed on the NSA. The administrator failed to ensure the negotiated service agreement identified the licensed nurse responsible for implementation and supervision of the health service plan.	S3165		
S3228 SS=F	26-41-205 (l) (3) Medication Regimen Review Record (l) (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l)(3) The facility reported a census of 34 residents. The sample included 3 residents and 1 focused record review. Based on record review and interview for all residents, the administrator failed to ensure designated staff kept the medication regimen review in each resident's clinical record. for all residents and for 3 (#904, #014, #924) of 3 residents. Findings included:	S3228		

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S3228	Continued From page 3 -- Review of resident #904's medical record revealed the resident moved into the facility on 4-16-18 with diagnoses of hyperlipidemia, constipation, weakness, and parkinsons. Review of the residents medical record revealed a functional capacity screen dated 4-18-19 which indicated the resident had problems or risk of falls and impaired vision and could manage his/her own medications. Review of the resident negotiated service agreement dated 4-18-19 revealed the resident self managed his/her own medications with staff occasionally helping the resident to reorder as needed. - Review of resident #914's medical record revealed the resident moved into the facility on 8-12-14 with diagnoses of congestive heart failure, hypertension, and chronic pain. Review of the resident's medical record revealed a functional capacity screen dated 8-13-19 indicated the resident could not manage his/her own medications and treatments. Review of the resident's negotiated service agreement dated 8-15-19 revealed staff would assist with medications per schedule. - Review of resident #924's medical record revealed the resident moved into the facility on 5-24-19 with diagnoses of hypertension, heart failure, atrial fibrilation and restless leg syndrome. Review of the resident's medical record revealed a functional capacity screen dated 5-24-19 revealed the resident needed physical assistance	S3228		

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S3228	Continued From page 4 with management of medications and medical treatments. . Review of the negotiated service agreement dated 5-24-29 revealed staff would administer and reorder all medications. Review of resident #904, #914, and #924's electronic medical record and hard copy record lacked evidence of a medication regimen review by a licensed pharmacist. During an interview on 9-5-19 at 9:25 AM licensed nursing staff C reported the pharmacist came into the building and reviewed the resident records. The pharmacist then sends the report via secured email and staff C then gives any recommendations to the licensed care coordinators. Staff C reported he/she printed off the reports and kept them in a notebook in the medical records office and not in each residents medical record. Staff C reported there was not a way to include the pharmacy review in each residents medical record since the review contained a list of all resident's reviewed and not each resident individually. The administrator failed to ensure designated staff kept the medication regimen review in each resident's clinical record. for all residents and for 3 (#904, #014, #924) of 3 residents.	S3228		