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| HOMESTEAD ESTATES HOME PLUS | 1140 S PERSHING AVENUE LIBERAL, KS 67901 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a resurvey at the above named home plus conducted on 8/14,15,19,20/2019. | S 000 | | |
| S 225 SS=D | 26-39-102 (a) Admission Policy<br><br>(a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements:<br>(1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home.<br>(A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas.<br>(B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home.<br>(C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available.<br>(2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal | S 225 | | |

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

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| S 225 | Continued From page 1<br>representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.<br>(4) An admission agreement shall not include a general waiver of liability for the health and safety of residents.<br>(5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-39-102(a)(3)<br><br>The facility reported a census of 11 residents. The sample included 3 residents and 1 focused record review. Based on record review and interview of 1 (#814) of 3 residents the operator failed to execute with the resident or the resident's legal representative a written agreement that described in detail the services and goods the resident would receive and specify the obligations the resident had toward the care home.<br><br>Findings included:<br><br>Review of resident 814's admission agreement dated 3-25-19 did not include the operator's or designated staff's signature on the written agreement.<br><br>During an interview on 8-15-19 at 7:52 AM Operator A reported he/she should have signed the admission agreement. | S 225 | | |

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| S 225 | Continued From page 2<br>The operator failed to ensure a written agreement was executed between the facility and the resident or the resident's legal representative. | S 225 | | |
| S 230 SS=D | 26-39-102 (b) (c) Admission Advanced Directives Resident Rights<br><br>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.<br>(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.<br>(2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives.<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-39-102(b)(1)(c)<br><br>The facility reported a census of 11 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the operator failed to ensure at the time of admission, 1 (#844) of 4 residents/legal representative were informed by staff of the state statutes related to | S 230 | | |

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| S 230 | Continued From page 3 | S 230 | | |

advance medical directives and failed to have a copy of the resident's advanced medical directive in the resident's clinical record. The operator also failed to have evidence of provision of a copy of resident rights, adult care homes policies and procedures for advanced medical directives, and the grievance policy to resident #844 or her legal representative before signing the admission agreement.

Findings included:

- Review of resident #844's record revealed she admitted to the facility for adult day care services on 7-19-19.

Review of the resident records lacked evidence of the resident/legal representative being informed of state statutes related to advanced medical directives, the facilities policy and procedures for advanced medical directives, resident rights, or the grievance policy.

During an interview on 8-15-19 Operator staff A confirmed the resident record did not contain evidence of reviewing and giving the resident or the legal representative the above listed information.

The operator failed to ensure at the time of admission, 1 (#844) of 4 residents/legal representative were informed by staff of the state statutes related to advance medical directives and failed to have a copy of the resident's advanced medical directive in the resident's clinical record. The operator also failed to have evidence of provision of a copy of resident rights, adult care homes policies and procedures for advanced medical directives, and the grievance policy to resident #844 or her legal representative

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| S 230 | Continued From page 4<br>before signing the admission agreement | S 230 | | |
| S5085 SS=D | 26-42-201 (c) Functional Capacity Screen Reassessment<br><br>(c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements:<br>(1) At least once every 365 days;<br>(2) following any significant change in condition as defined in K.A.R. 26-39-100; and<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-201(c)(2)<br><br>The facility reported a census of 11 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the operator failed to ensure designated staff conducted a functional screening to determine 1 (#814) of 3 resident's functional capacity following a significant change in condition as defined in KAR 26-39-100.<br><br>Findings included:<br><br>- Review of resident #814's medical record revealed she admitted to the facility on 4-5-19 with diagnoses of multiple sclerosis, atrial fibrillation, congestive heart failure, hypertension, anxiety, sleep apnea and history of chronic infections.<br><br>Review of the resident's functional capacity | S5085 | | |

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| S5085 | Continued From page 5<br>screen dated 4-5-19 revealed the resident required physical assistance with toileting, transfers and supervision with bathing and dressing. It revealed the resident could manage her own medications and treatments and had current problems with falls/unsteadiness and impaired vision.<br><br>Review of the negotiated service agreement/health care service plan (NSA/HCSP) dated 4-5-19 revealed staff would assist with personal cares and allow the resident to complete and assist as she requested. It identified staff provided medication assistance, "provide list of current medications so resident can administer on her own".<br><br>During an interview on 8-14-19 at 12:52 PM the resident reported when she first came to the facility she administered all her own medications and then she had some problems and needed the staff to start giving them to her.<br><br>The record lacked evidence of staff completing a new functional capacity screen when the resident could no longer administer her own medications.<br><br>The operator failed to ensure designated staff conducted a functional screening to determine 1 of 3 resident's functional capacity following a significant change in condition as defined in KAR 26-39-100. | S5085 | | |
| S5105 SS=E | 26-42-202 (a) Negotiated Service Agreement<br><br>a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity | S5105 | | |

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| S5105 | Continued From page 6<br>screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-202 (a)(1)(2)(3)<br><br>The facility reported a census of 3 residents. The sample included 3 residents and 1 focused record review. Based on record review and interviews for 3 (#814, #824, and #834) of 3 sampled residents, the operator failed to ensure the development of a written negotiated service agreement based on the resident's functional capacity screening, service needs, and preferences which included a description of the services the resident would receive, identification of the provider of each service.<br><br>Findings included:<br><br>- Review of resident #814's medical record revealed she admitted to the facility on 4-5-19 with diagnoses of multiple sclerosis, atrial fibrillation, congestive heart failure, hypertension, anxiety, sleep apnea and history of chronic infections. | S5105 | | |

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| S5105 | Continued From page 7<br><br>Review of the resident's functional capacity screen dated 4-5-19 revealed the resident required physical assxistance with toileting, transfers and supervision with bathing and dressing. It revealed the resident could manage her own medications and treatments and had current problems with falls/unsteadiness and impaired vision.<br><br>Review of the negotiated service agreement/health care service plan (NSA/HCSP) dated 4-5-19 revealed staff would assist with personal cares and allow the resident to complete and assist as she requested. It included nursing services to be supervised included medication assistance, emergency response system, range of motion and reporting changes in functions/condition. The negotiated service agreement lacked services related to promoting healing of multiple pressure ulcers and services to reduce the risk of the development of additional pressure ulcers.<br><br>Review of the resident's admission orders included to keep pressure off the resident's right heel and left lateral outer leg, elevate bilateral lower legs, turn every 1-2 hours and to wear an air bunne to right lower extremity.<br><br>- Review of resident #824's medical record revealed the resident admitted to the facility on 7-24-19 with diagnoses of ischemic stroke with right sided weakness and inappropriate behaviors.<br><br>Review of the resident's functional capacity screen dated 7-24-19 revealed the resident required physical assistance with all activities of daily living except for supervision with eating. The resident also had bladder incontinence, | S5105 | | |

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| S5105 | Continued From page 8 | S5105 | | |

cognitive impairment and communication. The resident also had current risk of falls/unsteadiness, impaired vision and hearing.

Review of the resident's negotiated service agreement revealed the staff provided personal care assistance, cued and reminded the resident related to cognitive impairment. It also included special monitoring and assessments for side rail for bed mobility, floor mat and call pendant to call for assistance. It included nursing services to be supervised included medication assistance and the resident received services from home health for physical therapy. However, the negotiated service agreement lacked services for staff to provide related to falls/unsteadiness, impaired vision and hearing, and failed to identify interventions related to aspiration precautions.

Review of the resident's discharge instructions included activity as tolerated with fall precautions and aspiration precautions, anti-reflux precautions.

- Review of resident #834's medical record revealed he/she admitted to the facility on 8-8-19 with diagnoses of diabetes, asthma, congestive heart failure, hypertension, reflux disease, gout, and osteoporosis.

Review of the resident's functional capacity screen dated 8-8-19 revealed the resident could not perform her activities of daily living and needed supervision with eating. The resident also had bladder incontinence, at risk for falls/unsteadiness and had impaired hearing.

Review of the resident's negotiated service agreement dated 8-8-19 revealed staff would provide a therapeutic diet and assist with eating.

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| S5105 | Continued From page 9<br><br>Special needs of puree food, aspiration precaution, anti-reflux precautions. The service agreement failed to include services to reduce the risk related to falls/unsteadiness or specifics related to aspiration precautions.<br><br>Review of the resident's discharge instructions from hospital to the facility included aspiration precautions: keep head of bed elevated 30 degrees, even when turning, no straws, chair for meals ideally, assist with feeding, alternate small bites and sips of fluids, and oral hygiene after meals.<br><br>During an interview on 8-15-19 at 7:04 AM certified staff B and certified staff D did not know what anti-reflux or aspiration precautions were except to watch the resident during meals.<br><br>During an interview on 8-15-19 at 10:25 AM licensed nursing staff C reported interventions related to wound healing and prevention, falls, and aspiration precautions need to be in a care plan. Licensed nursing staff C stated he/she was told the negotiated service agreement was also the care plan.<br><br>The Operator failed to ensure the negotiated service agreement was based on the resident's functional capacity screening, service needs, and preferences which included a description of the services the resident would receive and identification of the provider of each service. | S5105 | | |
| S5116 SS=D | 26-42-202 (d) NSA revisions<br><br>(d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the | S5116 | | |

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| S5116 | Continued From page 10<br>following requirements:<br>(1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100;<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and<br>(4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(d)(2)<br><br>The facility reported a census of 11 residents. Based on interview and record review Operator A failed to ensure 1 (#814) of 3 resident's negotiated service agreements were revised when the resident had a significant change in status.<br><br>Findings included:<br><br>- Review of resident #814's medical record revealed she admitted to the facility on 4-5-19 with diagnoses of multiple sclerosis, atrial fibrillation, congestive heart failure, hypertension, anxiety, sleep apnea and history of chronic infections.<br><br>Review of the resident's functional capacity screen dated 4-5-19 revealed the resident required physical assistance with toileting, transfers and supervision with bathing and dressing. It revealed the resident could manage her own medications and treatments and had | S5116 | | |

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| S5116 | Continued From page 11<br>current problems with falls/unsteadiness and impaired vision.<br><br>Review of the negotiated service agreement/health care service plan (NSA/HCSP) dated 4-5-19 revealed staff would assist with personal cares and allow the resident to complete and assist as she requested. It identified staff provided medication assistance, "provide list of current medications so resident can administer on her own".<br><br>The record lacked revision of the NSA/HCSP when the resident could no longer self administer her medications and the staff began to administer the medications to the resident.<br><br>The Operator failed to ensure the negotiated service agreement was revised as the resident had a significant change in status. | S5116 | | |
| S5126 SS=D | 26-42-202 (h) NSA Signatures<br><br>(h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(h)<br><br>The facility reported a census of 11 residents. The sample included 3 residents and 1 focused record reviews. Based on record review and interview the operator failed to ensure designated | S5126 | | |

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| S5126 | Continued From page 12<br>staff developed a written negotiated service agreement with each individual involved in the development of the negotiated service agreement's signature for 1 (#834) of 3 residents.<br><br>Findings included:<br><br>- Review of resident #834's record revealed she admitted to the facility on 8-8-19 with diagnoses of diabetes, asthma, congestive heart failure, hypertension, gout, osteoporosis, and reflux disease.<br><br>Review of the resident's functional capacity screen dated 8-8-19 revealed the resident could not perform her own activities of daily living.<br><br>Review of the resident's negotiated service agreement dated 8-8-19 revealed staff provided assistance with activities of daily living.<br>The negotiated service agreement did not include the signature of the licensed nurse.<br><br>During an interview on 8-15-19 at 10:32 AM licensed nursing staff C reported the failure to sign the negotiated service agreement must have just been an oversite.<br><br>The operator failed to ensure each individual involved in the development of the negotiated service agreement shall sign the agreement. | S5126 | | |
| S5140 SS=D | 28-42-203 (b) Adult Day Care Services<br><br>(b) Adult day care services. Any administrator or operator of a home plus may provide adult day care services to any individual who meets the home ' s admission and retention criteria and receives services less than 24 hours a day if the | S5140 | | |

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| S5140 | Continued From page 13<br>administrator or operator ensures that all of the following conditions are met:<br>(1) Written policies are developed and procedures are implemented for the provision of adult day care services.<br>(2) All requirements for admission of a resident to a home plus are met for an individual admitted for adult day care services.<br>(3) At least 60 square feet of common use living, dining, and activity space is available in the home for each resident of the home and each resident receiving adult day care services.<br>(4) The provision of adult day care services does not adversely affect the care and services offered to other residents of the home.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-203(b)(1)<br><br>The facility reported a census of 11 residents. The sample included 3 residents and 1 focused record review. Based on observation, interview and record review the operator failed to develop written policies and procedures and implement those procedures for the provision of adult day care services for 1 (#844) of 1 resident who received adult day care services.<br><br>Findings included:<br><br>- Review of the medical record for resident #844 revealed he/she started receiving day care services 7-19-19.<br><br>During an interview on 8-15-19 at 8:44 AM operator staff A reported she did not have a specific policy developed for day care services but was working on one. | S5140 | | |

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| S5140 | Continued From page 14<br><br>The operator failed to develop a written policy and procedure for the provision of day care services. | S5140 | | |
| S5185 SS=E | 26-42-206 (a) (b) (c) Dietary Services<br><br>(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.<br>(b) The supervisory responsibility for dietetic services shall be assigned to one employee.<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-206(c)<br><br>The facility reported a census of 11 residents. The sample included 3 residents and 1 focused record review. Based on interview and record review the operator failed to ensure when a residents 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 2 (#824 and #834) of 3 residents.<br><br>Findings included: | S5185 | | |

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| S5185 | Continued From page 15<br><br>- Review of resident #824's medical record revealed he/she admitted to the facility on 7/24/19 with diagnoses of ischemic stroke with right sided weakness and inappropriate behaviors.<br><br>Review of the resident's functional capacity screen dated 7-24-19 revealed the resident required supervision with eating.<br><br>Review of the residents negotiated service agreement dated 7-24-19 revealed staff would provide assistance with eating and provide a puree diet with nectar thickened liquids.<br><br>Review of the resident's physicians orders dated 7-24-19 included a diet order for: Puree diet and nectar thickened liquids.<br><br>The discharge orders included special instructions precautions for aspiration, anti-reflux precautions.<br><br>During an interview on 8-14-19 at 2:20 PM certified staff D reported the resident received a pureed diet and thickened liquids.<br><br>During an interview on 8-14-19 at 3:53 PM certified staff B reported the facility did not have instructions on how to make a pureed diet. Certified staff B reported Operator A had shown staff how to make it. Certified staff B stated if the food was too think he/she would add water or milk to it to make it thinner.<br><br>- Review of resident #834's medical record revealed he/she admitted to the facility on 8-8-19 with diagnoses of diabetes, asthma, congestive heart failure, hypertension, reflux disease, gout, and osteoporosis. | S5185 | | |

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| S5185 | Continued From page 16<br><br>Review of the resident's functional capacity screen dated 8-8-19 revealed the resident needed supervision with eating.<br><br>Review of the resident's negotiated service agreement dated 8-8-19 revealed staff would provide a therapeutic diet and assist with eating. Special needs of puree food, aspiration precaution, anti-reflux precautions.<br><br>Review of the resident's medical care providers orders included a no added salt, puree diet.<br><br>The resident's hospital discharge orders included special instructions for aspiration precautions, anti=reflux precautions which included: Keep head of bed elevated 30 degrees, even when turning, No straws for fluids..., Up in chair for meals..., Assist with feeding ... alternate small bites and sips of fluids...<br><br>During an interview on 8-14-19 at 4:12 PM Operator A reported she did not have written instructions for the staff on how to make pureed servings for the meals<br><br>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 | | |
| S5190 SS=F | 26-42-206 (d) Dietary Services<br><br>(d)(1) Menu plans shall be available to each resident on at least a weekly basis. | S5190 | | |

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| S5190 | Continued From page 17<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-206 (d)(1)<br><br>The facility reported a census of 11 residents. Based on observation and interview the operator failed to ensure menu plans were available to each resident on at least a weekly basis.<br><br>Findings included:<br><br>- During initial tour of the facility on 8-14-19 at 10:10 AM lacked evidence of posting or other way for residents to have availability of weekly menus.<br><br>During an interview on 10:30 AM Operator A stated "the menus were in a notebook but did not have them available or posted for resident access.<br><br>During an interview on 8-15-19 at 11:58 AM Operator A stated the picture frame at the entryway to the dining room/living area is where she used to keep the weekly menu posted.<br><br>The operator failed to ensure the menu plans were available to each resident on at least a weekly basis. | S5190 | | |
| S5192 SS=F | 26-42-206 (e) Food Preparation<br><br>(e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.<br>(1) Food used by facility staff to serve to the | S5192 | | |

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| S5192 | Continued From page 18 | S5192 | | |

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 11 residents. Based on interview and record review the facility failed to develop a system to ensure foods were cooked and held at the proper temperature.

Findings included:

- Observation during tour of the facility on 8-14-19 lacked evidence of facility staff monitoring the temperature of foods to ensure foods were cooked and held at the proper temperature.

During an interview on 8-14-19 at 11:35 AM certified staff B confirmed the facility did not have a temperature log to keep track of food temperatures.

The operator failed to ensure designated staff monitored the temperature of food to ensure staff cooked and served it to residents at the proper temperature.

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| S5215 SS=F | 26-42-104 (d) Disaster and Emergency Preparedness Education<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the home ' s emergency management plan;<br>(2) education of each resident upon admission to the home regarding emergency procedures;<br>(3) quarterly review of the home ' s emergency management plan with employees and residents; and<br>(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-104(d)(3)<br><br>The facility reported a census of 11 residents. Based on interview and record review for all residents, Operator staff A failed to provide quarterly reviews of the home's emergency management plan with all residents and employees.<br><br>Findings included:<br><br>- Review of the information provided related to the quarterly reviews of the emergency management plan revealed the quarter of January - March of 2019 the Operator had staff review the emergency management plan. The dates for the reviews included some in January | S5215 | | |

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| S5215 | Continued From page 20<br>and some in March.<br><br>Review of the quarterly reviews for residents revealed a list where the reviews were completed with residents on 3/31/19 and on 6/29/19. The reviews for 2018 for resident's were blank.<br><br>During an interview on 8-14-19 at 2:48 PM Operator A reported she that sometime during the quarter staff were to read the policy and procedure and then date when they read it. Confirmed the record included only the first quarter for 2019. Operator A reported she was she was behind in getting the reviews completed.<br><br>The Operator failed to conduct quarterly reviews of the homes emergency management plan with residents and staff which would affect all residents. | S5215 | | |
| S5251 SS=D | 26-42-105 (f) (11) Resident Records Documentation of Incidents<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-105(f)(11)<br><br>The facility reported a census of 11 residents The sample included 3 residents and 1 focused record review. Based on interview and record review the operator failed to ensure the record contained documentation of all incidents, | S5251 | | |

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| S5251 | Continued From page 21<br>symptoms, and other indications of illness or injury for 1(#844) of 4 residents.<br><br>Findings included:<br><br>- Review of the resident record revealed he/she admitted to the facility on 7-19-19 for day care services. The record lacked information related to the resident's medical diagnoses.<br><br>Review of the functional capacity screen dated 7/15/19 revealed the resident needed supervision with bathing and transfers and physical assistance with management of medications. The resident also had cognitive impairment, current or recent problems with falls/unsteadiness and impaired decision making.<br><br>Review of the negotiated service agreement 7-19-19 revealed the resident needed assistance with eating and staff would cut up/chop foods as needed. The resident had limited ability to open his/her mouth due to surgery on his/her jaw. It revealed staff would assist with bathing, toileting, and transfers. Staff were directed to assist the resident to the bathroom as needed and assist with bathing.<br><br>Review of the Residents record lacked any documentation as to the days the resident came to the facility and if any incidents or other occurrences happened during the residents stay at the facility.<br><br>The operator failed to ensure designated staff included documentation of all incidents, symptoms for resident #3106 related to the need to change his/her indwelling catheter. | S5251 | | |

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| S5300 | Continued From page 22 | S5300 | | |
| S5300 SS=F | 26-42-205 (d) (1-2) Facility Administration of Medications<br><br>(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:<br>(1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility.<br>(2) Medication aides shall not administer medication through the parenteral route.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-205(d)<br><br>The facility reported a census of 11 residents. The sample included 3 residents and 1 focused record review. Based on observations which effected all residents and record review and interview for 1 (#814) of 3 residents, Operator A failed to ensure each residents record whom the home managed their medications were administered to the resident in accordance with a medical care provider's written order and all resident's medications were administered according to professional standards of practice.<br><br>Findings included: | S5300 | | |

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| S5300 | Continued From page 23<br><br>Observation during initial tour on 8-14-19 at 10:49 AM of the medication cart with certified staff B revealed a plastic medication cup with multiple medications in it with a paper cup on top with a resident's name written on it.<br><br>Observation on 8-15-19 at 6:40 AM certified staff B went to the medication cart and proceeded to set multiple resident's medications up in a plastic medication with the resident's name on a paper cup on top. Observation revealed the resident's whose medications were set up were still in bed asleep.<br><br>During an interview on 8-14-19 at 11:03 AM certified staff B reported she set up resident's medications in the morning because it is so busy in the morning. Certified staff B stated she gave the medications when the resident got up for breakfast and wrote the actual time given on the medication administration record (MAR).<br><br>Operator A failed to ensure certified staff administered medications according to professional standards of practice which had the potential to affect all residents.<br><br>- Review of resident #814's medical record revealed she admitted to the facility on 4-5-19 with diagnoses of multiple sclerosis, atrial fibrillation, congestive heart failure, hypertension, anxiety, sleep apnea and history of chronic infections.<br><br>Review of the resident's functional capacity screen dated 4-5-19 revealed the resident could manage her own medications and treatments.<br><br>Review of the negotiated service agreement/health care service plan (NSA/HCSP) | S5300 | | |

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| S5300 | Continued From page 24<br>dated 4-5-19 revealed nursing services to be supervised included medication assistance - "provide list of current medications so she can administer own medications".<br><br>During an interview on 8-14-19 at 12:08 PM Operator staff A reported the facility did not have a medication administration record (MAR) for the resident because she self-administered some of her own medications. Operator staff A reported she knew the facility needed to have a MAR for the resident.<br><br>During an interview on 8-14-19 at 12:25 PM the resident reported she used to administer her own medications but the staff bring them all to her now. The only medications she kept in her room was her Advil.<br><br>During an interview on 8-14-19 at 12:40 PM certified staff B reported the staff had all of the resident's medications in the cart and administered them to her. Certified staff B reported they had a list of medications so they knew what medications to give her.<br><br>Review of physicians orders dated 7-10-19 included the following medication orders:<br>Amlodipine Besylate 10 mg tablet, 1 every 24 hours<br>Aspirin 81 mg. daily<br>Baclofen 20 mg 4 times a day<br>Santyl 250 unit cream topical daily\<br>Docusate Sodium 100 mg twice a day<br>Hydrochlorothiazide 12.5 mg daily<br>Ibuprofen 800 mg three times a day<br>Lisinopril 20 mg twice a day<br>Omeprazole 40 mg daily<br>Lyrica 75 mg twice a day<br>Propafenone HCL 150 mg every 8 hours | S5300 | | |

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| S5300 | Continued From page 25<br>Vesicare 5 mg daily<br>Terbinafin HCL 250 mg daily<br><br>The record also included treatment orders for pressure ulcers dated 8-9-19:<br>Daily dressing changes - Aquaphor to left buttock wound and Santyl to left lower leg wound.<br><br>Review of the list that certified staff B reported they used to give resident #814 her medications revealed the following medication on the list:<br>Cipro 500 mg twice a day<br>Terbinatine completed 250 mg daily in am<br>Omeprazole 40 mg daily<br>Hydrochlorothiazide 12.5 mg daily<br>Vitamin B complex daily<br>Multivitamin daily<br>Aspirin 81 mg daily<br>Omega 3 daily<br>Vesicare 5 mg daily PM<br>Linezolid, completed, 600 mg twice a day<br>Colace 100 mg twice a day<br>Lisinopril 20 mg twice a day<br>Lyrica 75 mg twice a day<br>Propafenone 75 mg three times a day<br>Vitamin D3 2000 units 4 times a day<br>Baclofen 20 mg 4 times a day<br>Ditropan XL 5 mg daily at bedtime<br>Amlodipine 5 mg daily at bedtime<br>8-1-19 Pen V K 500 mg every 6 hours<br>Gas X chew 120 mg 4 times per day<br>Ibuprofen 800 mg every 6-8 hours for pain or fever<br>Oxycodone/acetaminophen 5-325 mg every 6 hours for pain<br><br>On 8-15-19 at 7:45 AM surveyor reviewed the medication list with certified staff B who reported the resident only too the medications that were highlighted on the list. Operator staff A confirmed | S5300 | | |

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| S5300 | Continued From page 26<br><br>what certified staff B stated at this time. Operator staff B reported the resident thought she was taking too many pills so she quit taking them. Operator staff B stated he/she did not have the licensed nurse clarify the medication orders when the facility started to administer the resident's medications.<br><br>During an interview on 8-15-19 at 10:29 AM licensed nursing staff C reported he/she was told the resident did not need a MAR because he/she administered her own medications. Licensed nursing staff C reported he/she did not know staff administered the resident's medications. Licensed nursing staff C also reported he/she did not know if staff were completing treatments as ordered by the medical provider since they did not have a treatment administration record (TAR). Licensed nursing staff C stated the resident needed a MAR and TAR and that the medications staff were administering needed to be clarified by the medical provider.<br><br>The residents record did not include a medical providers order for the current medications the staff administered to the resident and did not include a medication or treatment administration record.<br><br>Operator A failed to ensure each residents record whom the home managed their medications were administered to the resident in accordance with a medical care provider's written order and professional standards of practice. | S5300 | | |
| S5302 SS=E | 26-42-205 (d) (4) Delegation of Medication Administration<br><br>(4) Any licensed nurse may delegate nursing | S5302 | | |

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| S5302 | Continued From page 27<br>procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-205(d)(4)<br><br>The facility reported a census of 11 residents. The sample included 3 residents and 1 focused record review. Based on interview and record review of 4 of 4 certified medication aide employee files and interview the operator failed to ensure the licensed nurse delegated the nursing procedure of wound care to the certified medication aides under the Kansas nurse practice act, K.S.A.65-1124 and amendments thereto. This had the potential to affect all resident who had any type of wound care.<br><br>Findings included:<br><br>- Review of resident #814's medical record revealed she admitted to the facility on 4-5-19 with diagnoses of multiple sclerosis, atrial fibrillation, congestive heart failure, hypertension, anxiety, sleep apnea and history of chronic infections.<br><br>Review of the resident's functional capacity screen dated 4-5-19 revealed the resident could manage her own medical treatments.<br><br>Review of the negotiated service agreement/health care service plan (NSA/HCSP) dated 4-5-19 revealed staff assisted the resident with medication assistance by providing her a list | S5302 | | |

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| S5302 | Continued From page 28<br>of current medications so she could administer them independently.<br><br>During an interview on 8-14-19 at 12:25 PM the resident reported she was at the facility until her pressure wounds healed. She reported the facility staff clean the wounds on her legs and she went to the wound clinic for the wound on her bottom.<br><br>During an interview on 8-14-19 at 1:37 PM certified staff B reported the Operator A and certified staff E did the wound dressing changes on the evening shift.<br><br>During an interview on 8-14-19 at 1:40 PM operator staff A confirmed there was no evidence of delegation of wound care in certified medication aides employee records.<br><br>The operator failed to ensure designated staff ensured certified medication aides were properly trained on completion of wound care. | S5302 | | |
| S5313 SS=F | 26-42-205 (g) (3) Over the counter medication<br><br>(g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. | S5313 | | |

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| S5313 | Continued From page 29 | S5313 | | |

This REQUIREMENT is not met as evidenced by:
KAR 26-42-205(g)(3)

The facility reported a census of 11 residents. The sample included 3 residents and 1 focused record review. Based on observations and interviews, the Operator A failed to ensure a Licensed Pharmacist or Licensed Nurse placed the full name of the resident on the package of over-the-counter medications.

Findings included:

- During the initial tour on 8-14-19 at 10:52 AM observation of the medication cart with certified staff B revealed the following over-the-counter medications without a residents full name on the package: Daily Total one vitamin, bottle of stool softener, bottle of supplement for bone strength, bottle of Melatonin, bottle of Vitamin B12, bottle of Vitamin B6, bottle of complete woman 50+ vitamins, bottle of Colace, bottle of Magnesium, bottle of Senna S, Bottle of fish oil, Bottle of vitamin D3, Bottle of Tylenol, box of Meprazolol, and a bottle of Advil.

During an interview on 8-15-19 at 8:40 AM Operator A confirmed all over-the-counter medications needed to have the full resident's name on the bottle.

Operator A failed to ensure that a Licensed Pharmacist or Licensed Nurse labeled all over-the-counter medications with the resident's full name on the package.

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| S5315 | Continued From page 30 | S5315 | | |
| S5315 SS=D | 26-42-205 (h) Medication Storage<br><br>(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.<br>(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 biologicals.<br>(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.<br>(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.<br>(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.<br><br>This REQUIREMENT is not met as evidenced by: | S5315 | | |

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| S5315 | Continued From page 31<br>KAR 26-42-205(h)<br><br>The facility reported a census of 11 residents. Based on observations and interviews Operator A failed to ensure all medications and biologicals were securely and properly stored in accordance with each manufacturer's recommendations.<br><br>Findings included:<br><br>- Observation on 8-14-19 at 10:49 AM observation of the top drawer of the medication cart with certified staff B revealed a baggie with 5 different types of pills with multiple pills of each kind. The bag had a resident's first name on it and did not identify what the medications were in the bag.<br><br>During an interview on 8-14-19 at 10:49 AM certified staff B reported the bag belonged to resident was the "day care lady" who just now started coming to the facility every day.<br><br>During an interview on 8-15-19 at 10:40 AM licensed nursing staff C reported all medications should be stored in the appropriate bottle or card and not mixed in a bag.<br><br>The Operator failed to ensure all medications and biologicals were stored securely and properly. | S5315 | | |
| S5320 SS=D | 26-42-205 (k) Medication Clinical Records<br><br>(k) Clinical record. The administrator or operator, or the designee, shall ensure that the clinical record of each resident for whom the home manages the resident ' s medication or prefills medication containers or syringes contains the following documentation: | S5320 | | |

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| S5320 | Continued From page 32<br>(1) A medical care provider ' s order for each medication;<br>(2) the name of the pharmacy provider of the resident ' s choice;<br>(3) any known medication allergies; and<br>(4) the date and the 12-hour or 24-hour clock time any medication is administered to the resident.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-205(k)(4)<br><br>The facility reported a census of 11 residents. The sample included 3 resident's and 1 focused record review. Based on interview and record review the Operator failed to ensure 1 (#834) of 3 residents clinical record for whom the home managed the resident's medications included the date and the 12-hour or 24-hour clock time of any medication was administered to the resident.<br><br>Findings included:<br><br>- Review of the resident's record revealed she admitted to the facility on 8-8-19 with diagnoses of diabetes, asthma, congestive heart failure, hypertension, gout, osteoporosis, and reflux disease.<br><br>Review of the resident's functional capacity screen dated 8-8-19 revealed the resident could not manage his/her own medications and medical treatments.<br><br>Review of the resident's negotiated service | S5320 | | |

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| S5320 | Continued From page 33<br>agreement dated 8-8-19 revealed staff assisted the resident with his/her medications.<br><br>Review of the resident's August 2019 medication administration record (MAR) included the following liberal time frames of AM and PM for administration of medications that were administered twice daily. If staff administered the medication once daily, the MAR did not indicate a time the medication needed to be given.<br><br>During an interview on 8-15-19 at 10:36 AM licensed nursing staff C reported the MAR's should include the actual time staff administered the medication to the resident.<br><br>During an interview on 8-15-19 Operator A reported she just forgot to put the spaces at the bottom of the MAR where staff initialed the actual time they administered the resident's medications.<br><br>The Operator failed to ensure resident #834's clinical record included the date and the 12 hour or 24 hour clock time for the administration of the resident's medications. | S5320 | | |
| S5325 SS=D | 26-42-205 (l) Medication Regimen Review Frequency<br><br>(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. | S5325 | | |

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| S5325 | Continued From page 34<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-205(l)<br><br>The facility reported a census of 11 residents. The sample included 3 residents and 1 focused record review. Based on record review and interviews, the Operator failed to ensure a Licensed Pharmacist/or Licensed Nurse conducted a medication regimen review for 1 (#814) of 3 residents at least quarterly whose medication is managed by the home.<br><br>Findings included:<br><br>- Review of resident #814's medical record revealed she admitted to the facility on 4-5-19 with diagnoses of multiple sclerosis, atrial fibrillation, congestive heart failure, hypertension, anxiety, sleep apnea and history of chronic infections.<br><br>Review of the resident's functional capacity screen dated 4-5-19 revealed the resident could manage her own medications and treatments.<br><br>Review of the negotiated service agreement/health care service plan (NSA/HCSP) dated 4-5-19 revealed nursing services to be supervised included medication assistance - "provide list of current medications so she can administer own medications".<br><br>During an interview on 8-14-19 at 12:25 PM the resident reported she used to administer her own medications but the staff bring them all to her now. The only medications she kept in her room was her Advil. | S5325 | | |

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| S5325 | Continued From page 35<br><br>During an interview on 8-14-19 at 12:40 PM certified staff B reported the staff had all of the resident's medications in the cart and administered them to her. Certified staff B reported they had a list of medications so they knew what medications to give her.<br><br>During an interview on 8-15-19 at 10:30 AM licensed nursing staff C reported he/she had not completed a medication regimen review for the resident.<br><br>The Operator failed to ensure a Licensed Pharmacist conducted a medication regimen review at least quarterly for resident #814 whose medication is managed by the facility. | S5325 | | |