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	N030004	A. BUILDING: _____ B. WING _____	08/29/2019

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure conducted on 9/4/19, 9/5/19 and 9/9/19 at the above named assisted living unit in Wellsville, KS.	S 000		
S3214 SS=D	26-41-205 (g) (4) Sample & Indigent Medication Program Meds (g) (4) Licensed nurses and medication aides may administer sample medications and medications from indigent medication programs if the administrator or operator ensures the development of policies and implementation of procedures for receiving and identifying sample medications and medications from indigent medication programs that include all of the following conditions: (A) The medication is not a controlled medication. (B) A medical care provider ' s written order accompanies the medication, stating the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. (C) A licensed nurse or medication aide receives the medication in its original, unbroken manufacturer ' s package. (D) A licensed nurse documents receipt of the medication by entering the resident ' s name and the medication name, strength, and quantity into a log. (E) A licensed nurse places identification information on the medication or package containing the medication that includes the medical care provider ' s name; the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions as documented on the medical care provider ' s order. Facility staff consisting of either two licensed nurses or a	S3214		

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

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S3214	Continued From page 1 licensed nurse and a medication aide shall verify that the information on the medication matches the information on the medical care provider ' s order. (F) A licensed nurse informs the resident or the resident ' s legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident ' s clinical record shall contain documentation that the resident or the resident ' s legal representative has received the information and accepted the risk of potential adverse consequences. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g) (4) (D),(E),(F) The facility reported a census of 15 residents. The sample included 3 residents and 1 focus review resident. Based on observation and interview for 1 focus review resident (#907) the administrator failed to ensure sample and indigent medications received included documentation of receipt of the medication into a log and identification information was recorded on the medication or package that included: the medical provider's name; the resident's name; the medication name, strength, dosage, route and frequency of administration and any cautionary instructions as documented on the medical care provider's order, failed to establish policies and procedures for indigent and sample medications and failed to ensure a licensed nurse informed the resident the medication did not go through the	S3214		

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S3214	Continued From page 2	S3214		

usual process of labeling and initial review by a licensed pharmacist.

Findings included:

- Record review for resident #907 recorded admission date of 4/12/19 with diagnoses including: ankylosing spondylitis of the spine, diarrhea, unitary tract infection, atrial fibrillation, long term insulin use, diabetes mellitus type 2 and depression.

Functional Capacity Screen dated 5/9/19 recorded resident required physical assistance with management of medications and treatments.

Negotiated service agreement/ health care service plan dated 5/9/19 recorded resident to recieve assistance with medications and treatments.

Physician's order report dated 7/8/19 recorded the following medications:
Apidra Solostar U-100 insulin (diabetes) pen, 10 units (SQ) subcutaneously 3 times daily with meals.
Lantus Solostar U-100 insulin (diabetes)pen, 30 units SQ at bedtime.
Trulicity pen (diabetes) injector 1.5 mg (milligrams)/ 0.5ml (milliliters) inject 1.5 mg SQ weekly on Thursday.

Observation in facility medication room refrigerator with certified staff #D and administrator #A, revealed the above prescribed diabetes medication pens:

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S3214	Continued From page 3 Aprida Solostar U-100 insulin pens; 34 pens, resident name written on boxes, medication lacked prescription label or instructions. Lantus Solostar U-100 insulin pens; 19 pens, resident name written on boxes, medication lacked prescription label or instructions. Trulicity pen injector; 6 pens, labeled "Free Sample" by manufacturer, resident name written on box, medication lacked prescription label or instructions. Interview on 9/4/19 at 5:00pm with administrator #A and licensed nurse #B confirmed resident #907 medications for diabetes (pens) were supplied through the indigent program or were sample medications from the physician. They confirmed facility does not have a policy/procedure for indigent/sample medications. For resident # 907 the administrator failed to ensure sample and indigent medications received included documentation of receipt of the medication into a log and identification information was recorded on the medication or package that included: the medical provider's name; the resident's name; the medication name, strength, dosage, route and frequency of administration and any cautionary instructions as documented on the medical care provider's order, failed to establish policies and procedures for indigent and sample medications and failed to ensure a licensed nurse informed the resident the medication did not go through the usual process of labeling and initial review by a licensed pharmacist.	S3214		
S3246 SS=F	26-41-102 (b) Staff Qualification Awake - Responsive	S3246		

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S3246	Continued From page 4 (b) Direct care staff or licensed nursing staff shall be awake and responsive at all times. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (b) The facility reported a census of 15 residents. Based on record review and interview for all residents in the assisted living facility the administrator failed to ensure the provision of a sufficient number of qualified personnel to provide each resident with services and care in accordance with that resident functional capacity screening health care service plan and negotiated service agreement. Direct care staff must be awake and responsive at all times. Findings included: - During entrance interview on 9/4/19 at 4:20pm with licensed nurse #B she stated the assisted living unit was staffed as follows: One certified medication aide (CMA): Monday through Thursday 7am to 9pm and Friday, Saturday and Sundays, 1 CMA works 730am to 730pm. Unit is not staffed during the night. Long term care staff answer call lights and do checks about 2am on the unit. Observation of the building layout revealed the long-term care unit has a large door, closed at all times, down the main hall from the assisted living unit (ALU). Part of the ALU dining room is all that can be seen from the closed door of the LTC unit, ALU resident hallway runs north and south from the ALU dining room.	S3246		

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S3246	Continued From page 5 Review of facility staff schedules for August 21, 2019 to September 17, 2019 confirmed the lack of staffing in the ALU after 9pm Monday through Thursday, and after 7:30pm Friday until Monday mornings at 7am. Staffing for the LTC units averages 8 staff after 5:00pm daily according to staffing schedule. Resident census in the LTC unit was 54. Staffing schedules confirmed ALU is not staffed at night. Interview on 9/5/19 at 1:20pm with confidential resident, he/she stated "My only complaint is that after hours there is a skeleton crew on. We don't have anyone over here when it gets late and so you have to wait for them to come clear from the other building. It'll be like 15-20 minutes usually, but they get here.." For all residents in the assisted living facility the administrator failed to ensure the provision of a sufficient number of qualified personnel to provide each resident with services and care in accordance with that resident functional capacity screening health care service plan and negotiated service agreement. Direct care staff must be awake and responsive at all times.	S3246		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures;	S3280		

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S3280	Continued From page 6 (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-4-104(d)(3) The census equaled 15 residents; the sample included 3 residents. Based on interviews and review of records, for all residents, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with staff and residents. Findings included: - On 9/5/19 at 9:25am reviewed facility in-services on disaster preparedness with maintenance supervisor #E. Evacuation drills were conducted on 5/27/19 and 7/25/19 with residents and staff.	S3280		

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S3280	Continued From page 7 Reviews of the emergency management (disaster) plan was conducted with employees on 3/12/18 and 4/8/19 and with residents on 7/20/18 and 8/16/19. Records lacked documentation of quarterly disaster/emergency preparedness reviews with staff and residents. Interview on 9/5/19 at 10:25am with administrator #A stated, "We don't do quarterly reviews, we do annually at town meetings with the residents and annually with staff separately." For all residents, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with staff and residents.	S3280		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care 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. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities	S3320		

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S3320	Continued From page 8 act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 15 residents. The sample included 3 residents and 1 focus review resident. Based on observation and interview for all residents, the administrator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in a resident use area. Findings included: - Observation on 9/5/19 at 9:00am revealed resident laundry room door wide open, no lock on door, washer and dryer along right hand wall. Direct feed chemicals, Premier Liqua Brite Laundry Bleach and Intercon Surpass Laundry detergent; 1 gallon each, in a wire basket on the wall with basket lid open and unsecured. Under the laundry sink, no lock, the following chemicals: Member's Mark fabric softener, 170 fluid ounces (oz); Dirty Jobs complete stain remover powder 62 oz; Surpass laundry detergent 1 gallon and	S3320		

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S3320	Continued From page 9 Premiere Liqua Brite laundry bleach 1 gallon. Sitting on countertop by sink: 1-16.5oz spray can, Phenomenal citrus hospital disinfectant deodorizer. Interview on 9/5/19 at 9:00am with licensed nurse #B confirmed some residents do their own laundry. She confirmed laundry entry door lacked a lock. For all residents of the assisted living unit, the administrator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in a resident use area.	S3320		