STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B085009	A. BUILDING: _____ B. WING _____	R 08/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCALL MANOR	626 S 3RD ST SALINA, KS 67401

(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 a Revisit and Correction Order #19-115 in the above named Home Plus Facility in Salina, Kansas on 8/21/19, 8/22/19, 8/26/19, and 8/27/19.	{S 000}		
S5005 SS=F	26-42-101(b) Administrator/Operater Criteria (b) Administrator and operator criteria. Each licensee shall appoint an administrator or operator who meets the following criteria: (1) Is at least 21 years of age; (2) possesses a high school diploma or the equivalent; (3) holds a Kansas license as an adult care home administrator or has successfully completed an operator training course and passed the test approved by the secretary of Kansas department of health and environment pursuant to K.S.A. 39-923 and amendments thereto; and (4) has authority and responsibility for the operation of the home and compliance with licensing requirements. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(b)(3) The census equalled seven the sample included three Residents. Based on interview and review of record, for all Residents and all employees of facility, the licensee failed to ensure Operator held a Kansas license as an adult care home administrator or had successfully completed an operator training course and passed the test approved by the Secretary of Kansas department of health and environment pursuant to K.S.A. 39-923 and amendments thereto.	S5005		

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

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S5005	Continued From page 1 Findings included: - On 8/21/19 at 10:25am completed entrance conference for Revisit and Correction Order 19-115 with Executive Director (ED) #D who identified self as the Operator of the facility. ED #D stated he/she Operator since April 2019, prior to the last Resurvey of facility in July 2019. On 8/21/19 noted a Department assignment sheet identified a different individual as the Operator of facility. By interview, EC #D stated that person a prior Operator at facility, but I (#D) have been here since April 2019. ED #D stated he/she was not sure if licensee notified Department of Operator change. Upon contact of Department for verification of current documented Operator, Department staff reported ED #D not recorded as the Operator of facility. Department staff reported applications submitted by ED #D in April 2019 and June 2019, but unable to locate a valid Operator Registration/License number for ED #D. The licensee failed to ensure the Operator of facility held a Kansas license as an adult care home administrator or had successfully completed an operator training course and passed the test approved by the Secretary of Kansas department of health and environment pursuant to K.S.A. 39-923 and amendments thereto.	S5005		
{S5080} SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a	{S5080}		

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{S5080}	Continued From page 2 home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The census equalled seven the sample included three Residents. Based on reviews of record and interview, for one of three sampled (#1720), the Operator failed to ensure a licensed nurse conducted a screening to determine functional capacity (FCS), on a screening form that included each element and definition specified by the department. Findings included: - Review of record revealed #1720 admitted to facility 6/27/19 with diagnoses of epilepsy, ulcerative colitis, neuralgia, dementia, depressive disorder, gastroesophageal reflux disease, and arteriosclerotic heart disease.	{S5080}		

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{S5080}	Continued From page 3 The current FCS dated 7/18/19 and signed by facility nurse #C on 7/18/19. This FCS identified as a "significant change." This FCS lacked cognitive coding according to Department requirements. The Department tool specified a total cognitive score would be one, two, three, or four (the maximum) with "1" or a "0" code for each of four topics: A. Short Term Memory B. Long Term Memory C. Memory/Recall D. Decision-Making The FCS for #1720 documented "3" for each topic with a total cognitive score of "12". According to the facility tool available codes were "0" "1" "2" "3". This coding system failed to match each element and definition specified by the department. By interview on 8/21/19 at 1:22pm, facility nurse #C confirmed the coding system used in the facility FCS failed to follow Department guidelines of "0" or "1"... he/she stated I do not have an FCS manual on how to do the FCS's... no one told me there was such a thing... I was going by the codes farther up on the facility tool that utilized "0 - 3"... my Registered Nurse consultant is find/print me an FCS manual. The Operator failed to ensure a screening to determine functional capacity of #1720 conducted on a screening form specified by the Department, that included each element and definition specified by the department.	{S5080}		
{S5105} SS=F	26-42-202 (a) Negotiated Service Agreement	{S5105}		

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{S5105}	Continued From page 4 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 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: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1) The census equalled seven the sample included three Residents. Based on interviews and reviews of records, for three of three sampled (#1720, #1700, and #1760), the Operator failed to ensure the Negotiated Service Agreement (NSA) contained a description of the services the Resident to receive, identification of the provider of each service, and the payment source if service by and outside provider. Findings included: - Review of record revealed #1720 admitted 6/27/19 with diagnoses of epilepsy, ulcerative colitis, neuralgia, dementia, depressive disorder, gastroesophageal reflux disease, and arteriosclerotic heart disease.	{S5105}		

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{S5105}	Continued From page 5 Current functional capacity screen (FCS) assessed #1720 in need of physical assistance (2) with bathing, dressing; in need of supervision (1) with toileting, mobility; independent (0) with transfers and eating; unable to perform (3) medication and treatment management; with bladder incontinence, cognitive impairments for short term memory, long term memory, decision making, and memory recall; used a walker for mobility and required ST (speech therapy) and OT (occupational therapy) through the local health department. Current negotiated service agreement/health service plan (NSA/HSP) recorded facility staff assisted #1720 with bathing, dressing, medications, treatments. The NSA/HSP lacked the services of OT and ST, lacked the name of a provider, and lacked a payment source. The medical record included a 7/10/19 signed physician's order for PT (physical therapy) and OT. The medical record lacked an order to discontinue these services. On 8/21/19 at 3:30pm Facility nurse #C confirmed the NSA/HSP lacked therapy services... stated it might have been discontinued... confirmed no written order to discontinue in record... The Operator failed to ensure the NSA contained a description of the services #1720 to receive, in regard to therapy services, payment source for an outside provider, and name of outside provider. - Review of record revealed #1760 admitted 02/24/19 with diagnoses of Parkinson's, vertigo,	{S5105}		

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{S5105}	Continued From page 6 hypertension, insomnia, vitamin B deficiency, and non traumatic chronic subdural hemorrhage. Current 12/17/18 functional capacity screen (FCS) assessed #1760 in need of physical assistance (2) with bathing, dressing, medication and treatment management; in need of supervision (1) with toileting, transfers, mobility; independent (0) with eating; with bladder incontinence, cognitive impairments for short term memory, decision making, and memory recall; with falls/unsteadiness, vision impairment and hearing impairment, used a walker for mobility; to receive PT (physical therapy) and OT (occupational therapy) through the local health department. Current 12/17/18 negotiated service agreement/health service plan (NSA/HSP) recorded facility staff assisted #1760 with bathing, dressing, medications, treatments. The NSA/HSP lacked a fall plan or interventions to prevent falls. Progress notes of 7/24/19 revealed this Resident experienced a fall in his/her apartment on the way back from bathroom. The NSA/HSP recorded Resident received PT (physical therapy) and OT (occupational therapy) with no evidence of current visits by therapy in the record. On 8/21/19 at 4:35pm Facility nurse #C confirmed the NSA/HSP still included therapy services although Resident had not received therapy since January 2019. Facility nurse # also confirmed no fall prevention plan or interventions included... he/she stated that a fall plan would be a verbal thing not written... such as telling and reminding staff to assure the Resident always had their	{S5105}		

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{S5105}	Continued From page 7 walker, etc. The Operator failed to ensure the NSA contained a description of the services #1760 to receive, related to fall prevention interventions, discontinued therapy services. - Review of record revealed #1700 admitted 5/31/19 with diagnoses of hypertension, heart failure, pain, vitamin D deficiency, and heart burn. Current functional capacity screen (FCS) of 7/18/19 assessed #1700 unable to perform bathing, dressing, medication and treatment management; in need of physical assistance with toileting, transfers, mobility; with falls/unsteadiness, some decision making difficulty, used a walker, and had a brace/prosthesis. The FCS recorded "has physical therapy and wound care through home health PT is twice weekly at this point with no documented end date." Current 7/18/19 negotiated service agreement (NSA) documented #1700 received PT and OT and Wound Care twice weekly. The medical record contained a signed physician's order dated 7/22/19 for PT and OT. The NSA/HSP lacked the payment source for the outside provider of PT and wound care. On 8/21/19 at 5:20pm Facility nurse #C confirmed 7/22/19 order for PT and OT... stated last notes in chart were 6/17/19 for OT and 6/14/19 for PT... they brought some notes today but I haven't looked at them... The Operator failed to ensure the NSA contained a payment source for services by the outside	{S5105}		

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{S5105}	Continued From page 8 provider of PT, OT, and Wound Care.	{S5105}		
{S5126} SS=D	26-42-202 (h) NSA Signatures (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. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) The census equalled seven the sample included three Residents. Based on interview, and reviews of records, for one of three sampled (#1760), the Operator failed to ensure that each individual involved in the development of the negotiated service agreement/health service plan (NSA/HSP) signed the agreement. Findings included: - Review of record revealed #1760 admitted 02/24/19 with diagnoses of Parkinson's, vertigo, hypertension, insomnia, vitamin B deficiency, and non traumatic chronic subdural hemorrhage. Current 12/17/18 functional capacity screen (FCS) assessed #1760 in need of physical assistance with bathing, dressing, medication and treatment management; in need of supervision with toileting, transfers, mobility; independent with eating; with bladder incontinence, cognitive impairments for short term memory, decision making, and memory recall; with	{S5126}		

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{S5126}	Continued From page 9 falls/unsteadiness, vision impairment and hearing impairment, used a walker for mobility; to receive PT (physical therapy) and OT (occupational therapy) through the local health department. Current 12/17/18 negotiated service agreement/health service plan (NSA/HSP) recorded facility staff assisted #1760 with bathing, dressing, medications, treatments. The NSA/HSP was signed by a nurse no longer at the facility. The NSA/HSP was signed by an operator no longer at the facility. The NSA/HSP lacked the signature of the Resident or the Resident's representative. On 8/21/19 at 4:35pm Facility nurse #C confirmed the NSA/HSP lacked signatures of the Resident or the Resident's representative. The Operator failed to ensure that each individual involved in the development of the NSA/HSP for #1760 signed the agreement.	{S5126}		
S5300 SS=F	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	S5300		

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S5300	Continued From page 10 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) The census equalled seven the sample included three Residents. The Resident roster identified all Residents with facility managed medications and one Resident who self administered a single medication. Based on interview and reviews of records for three of three sampled (#1700, #1720, and #1760), the Operator failed to ensure all medications and biologicals administered in accordance with a medical care provider's written order and professional standards of practice. Findings include: - Review of record revealed #1700 admitted 5/31/19 with diagnoses of hypertension, heart failure, pain, vitamin D deficiency, and heart burn. Current functional capacity screen (FCS) of 7/18/19 assessed #1700 unable to perform medication and treatment management. Current 7/18/19 negotiated service agreement (NSA/HSP) recorded facility staff provided medication and treatment management. By comparison of the August 2019 MAR (medication administration record) with written signed physician orders, discrepancies noted:	S5300		

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S5300	Continued From page 11 Aspirin (cardiac prophylaxis) Lisinopril (blood Pressure) Pravastatin (cholesterol) Vitamin D3 (supplement) Tramadol (narcotic like pain medication) Colace (stool softener) Hydrocodone/acetaminophen (narcotic pain medication) Ibuprofen (anti inflammatory) Milk of Magnesia (constipation) Robitussin (cough) Tylenol (analgesic) The medical record lacked signed physician's orders for these. On 8/21/19 at 5:20pm Facility nurse #C stated the 5/31/19 admission orders have never been signed... faxed again on 6/06/19... facility standing orders were signed on 6/24/19 and again 7/22/19... but August MAR's taken to office again today because routine orders have never been signed... returned from a hospital stay on 6/21/19 and no clarification of orders completed at that time in accordance with professional standards of practice... The Operator failed to ensure all medications and biologicals administered to #7009 in accordance with written medical care provider orders, and in accordance with professional standards of practice. - Review of record revealed #1720 admitted 6/27/19 with diagnoses of epilepsy, ulcerative colitis, neuralgia, dementia, depressive disorder, gastroesophageal reflux disease, and arteriosclerotic heart disease.	S5300		

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S5300	Continued From page 12 Current functional capacity screen (FCS) assessed #1720 unable to perform (3) medication and treatment management. Current negotiated service agreement/health service plan (NSA/HSP) recorded facility staff provided medication and treatment management. By comparison of the August 2019 MAR (medication administration record) with written signed physician orders, discrepancies noted: MAR contained order Antacid Maximum Tablet Chewable (calcium carbonate) give two tablet by mouth every 8 hours as needed for heartburn. This order lacked the dosage of the tablets (milligrams each tablet) Fexofenadine HCl Tablet by mouth every 24 hours as needed for itching/wheezing/skin irritation... This order lacked the dosage of the tablets (milligrams each tablet) Gabapentin (nerve pain) give one capsule by mouth two times a day. This order lacked the dosage of the tablets (milligrams) Magnesium (constipation) give two tablets by mouth in the evening for constipation. This order lacked the dosage of the tablets (milligrams each tablet) Mesalamine (colitis) give one tablet by mouth two times a day. This order lacked the dosage of the tablets (milligrams) Prednisone (anti-inflammatory) give 10mg (milligrams) by mouth one time a day. No written, signed order located. Prednisone give 15mg by mouth one time a day every 5 days decrease by 5mg every 5 days until is down to 5mg daily. No written, signed order located. In addition a list of signed orders dated 8/07/19	S5300		

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S5300	Continued From page 13 included the two Prednisone orders above, and a third Prednisone order "Give two tablets by mouth in the morning for prophylaxis related to ulcerative colitis. Tylenol (analgesic) give one tablet by mouth two times a day for pain. This order lacked the dosage of the tablets (milligrams). On 8/21/19 at 3;00pm Facility nurse #C confirmed the MAR orders lacked complete directions in accordance with professional standards of practice... state the Prednisone orders of the MAR did not match... stated the original Prednisone order came from the physician's nurse in the form of a telephone order that #C received... stated not able to locate that phone order for clarification... stated he/she has now sent a request to the primary care physician for clarification but has not received that yet... confirmed the chart lacked the order, and the progress notes lacked any attempts to get the order clarified. The Operator failed to ensure all medications and biologicals administered to #1720 in accordance with written medical care provider orders, and in accordance with professional standards of practice. - Review of record revealed #1760 admitted 02/24/19 with diagnoses of Parkinson's, vertigo, hypertension, insomnia, vitamin B deficiency, and non traumatic chronic subdural hemorrhage. Current 12/17/18 functional capacity screen (FCS) assessed #1760 in need of physical assistance with medication and treatment management.	S5300		

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S5300	Continued From page 14 Current 12/17/18 negotiated service agreement/health service plan (NSA/HSP) recorded facility staff provided medication and treatment management. By comparison of the August 2019 MAR (medication administration record) with the most recent signed physician's orders, the signed orders dated 4/08/19 lacked specific directions for administration: "Fleets enema notify physician" "Ibuprofen Tablet" "Meclizine HCl Tablet 12.5 MG (milligram)" "Aspirin Tablet 81 MG" "Norvasc Tablet 5 MG" "Sodium Chloride Tablet 1 GM (gram)" "Super B Complete Tablet" "Synthroid Tablet 100 mcg (micrograms)" "Vitamin D capsule 50000 UNIT" "Dulcolax Suppository" "Metoprolol Tartrate Tablet 50 MG" "Klor-Con 10 Tablet Extended release 10 MEQ (milliequivalents)" "Calcium-Vitamin D Tablet 500-400 MG UNIT" "Milk of Magnesia Suspension 1200 MG/15ML (milliliters)" "Losartan Potassium-HCTZ Tablet 50-12.5MG" "Melatonin Tablet 10 MG" "Tylenol Arthritis Pain Tablet Extended Release 650 MG" "Miralax Powder" "Carbidopa-Levodopa ER tablet Extended release 50-200 MG" "Levetiracetam Tablet 500 MG" "Anti-Diarrheal Tablet 2 MG" "Colace Capsule 100 MG" On 8/21/19 at 4:16pm Facility nurse #C confirmed no signed orders with directions such as route and frequency... confirmed no clarification of	S5300		

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	B085009	A. BUILDING: _____ B. WING _____	R 08/27/2019

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S5300	Continued From page 15 these orders... directions on the MAR presumably from prior signed orders or from admission... #C stated Resident admitted before I came... The Operator failed to ensure all medications and biologicals administered to #1760 in accordance with written medical care provider orders, and in accordance with professional standards of practice.	S5300		
{S5315} SS=D	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 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	{S5315}		

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{S5315}	Continued From page 16 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 census equalled seven the sample included three Residents. The facility identified one employee hired since the last Resurvey with one reviewed. Based on observation and interview, for one of one employee reviewed (#Z), the licensed nurse and medication aides failed to ensure that all medications and biologicals were properly stored in accordance with each manufacturer's recommendations, related to TB (tuberculosis) solution properly stored and not administered beyond the manufacturer's recommended date of discard. Findings included: - Review of employee record on 8/21/19 with Facility nurse #C revealed the following: #Z - Certified medication aide - hired 8/01/19 - required TB symptom screen not completed at time of hire; employee given a one step TB test with solution known to be opened and in use for more than 30 days. On 8/21/19 at 1:27pm Executive Director #D confirmed we did not obtain a TB symptom screen at time of hire, was hired on 8/01/19.	{S5315}		

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{S5315}	Continued From page 17 On 8/21/19 at 1:33pm Facility nurse #C stated we did not do a TB symptom screen when #Z was hired on 8/01/19. Facility nurse #C provided a TB surveillance summary record. Facility nurse #C confirmed he/she administered one step TB skin test on 8/01/19... confirmed he/she used the vial of TB solution in the refrigerator... stated the vial was open and had one dose left so I used it... stated the vial was not labeled with a date open, but #C confirmed the vial open and in refrigerator "since I started in January"... it was open and in refrigerator at the time of Resurvey but not labeled... I was not aware TB solution was to be discarded 30 days after the vial used for the first time. On 8/21/19 at 1:33pm observed the box and vial label of the current TB solution in the refrigerator (opened 8/08/19) with Facility nurse #C and confirmed the manufacturer directions to discard 30 days after opening. The licensed nurse and the Operator failed to develop and implement facility policy and procedure, to ensure TB solution properly stored in accordance with manufacturer's recommendation and not administered beyond the manufacturer's recommended date of discard.	{S5315}		
{S5320} SS=E	26-42-205 (k) Medication Clinical Records (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 18 (1) A medical care provider ' s order for each medication; (2) the name of the pharmacy provider of the resident ' s choice; (3) any known medication allergies; and (4) the date and the 12-hour or 24-hour clock time any medication is administered to the resident. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(k) The census equalled seven the sample included three Residents. The Resident roster identified all Residents with faclity managed medications and one Resident who self administered a single medication. Based on interviews and reviews of records, for three of three sampled (#1700, #1720, and #1760), the Operator failed to ensure the clinical record of each Resident for whom the facility managed medications contained the date and time any medication administered to the Resident. Findings included: - Review of record revealed #1720 admitted 6/27/19 with diagnoses of epilepsy, ulcerative colitis, neuralgia, dementia, depressive disorder, gastroesophageal reflux disease, and arteriosclerotic heart disease. Current functional capacity screen (FCS) assessed #1720 unable to perform (3) medication and treatment management.	{S5320}		

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{S5320}	Continued From page 19 Current negotiated service agreement/health service plan (NSA/HSP) recorded facility staff provided medication and treatment management. By review of the August 2019 MAR (medication administration record), multiple medications lacked a clock time of administration: Aspirin (cardiac prophylaxis) - "days" Ferrous Sulfate (iron supplement) - "evening" Lipitor (cholesterol) - "evening" Magnesium (constipation) - "evening" Memantine (dementia) - "evening" Mirtazapine (depression) - "HS" (bedtime) Montelukast (asthma) - "evening" Potassium (supplement) - "days" Docusate (stool softener) - "evening" Fluticasone (allergies) - "evening" Gabapentin (nerve pain) - "HS" - Review of record revealed #1760 admitted 02/24/19 with diagnoses of Parkinson's, vertigo, hypertension, insomnia, vitamin B deficiency, and non traumatic chronic subdural hemorrhage. Current 12/17/18 functional capacity screen (FCS) assessed #1760 in need of physical assistance with medication and treatment management. Current 12/17/18 negotiated service agreement/health service plan (NSA/HSP) recorded facility staff provided medication and treatment management. By review of the August 2019 MAR (medication administration record), multiple medications lacked a clock time of administration:	{S5320}		

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{S5320}	Continued From page 20 Metaprolol (blood pressure) - "7a-11a" and "evening" Tylenol Arthritis (pain) - "HS" Vitamin D (supplement) - "7a-11a" Levetiracetam (Parkinson's) - "7a-11a" and "evening" Calcium Vitamin D (supplement) - "7a-11a" and "evening" Melatonin (insomnia) - "HS" - Review of record revealed #1700 admitted 5/31/19 with diagnoses of hypertension, heart failure, pain, vitamin D deficiency, and heart burn. Current functional capacity screen (FCS) of 7/18/19 assessed #1700 unable to perform medication and treatment management. Current 7/18/19 negotiated service agreement (NSA/HSP) recorded facility staff provided medication and treatment management. By review of the August 2019 MAR (medication administration record), multiple medications lacked a clock time of administration: Aspirin (cardiac prophylaxis) - "days" Lisinopril (blood pressure) - "days" Pravastatin (cholesterol) - "HS" (bedtime) Tramadol (pain) - "7a-11a" and "HS" On 8/21/19 at 5:30pm Facility nurse #C confirmed the MAR's lacked the clock time of administration for the above medications... stated when I enter a new medication I can select clock times such as 0800, 1200, etc. or I can select evening, morning, HS, etc... stated I do not know how to get the actual time of the medication administration...	{S5320}		

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{S5320}	Continued From page 21 confirmed if that information needed for a physician, family member, attorney... he/she did not know how to obtain that information. The Operator failed to ensure the clinical records of #1700, #1720, and #1760 contained the clock time any medication administered to the Resident.	{S5320}		