STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089080	A. BUILDING: _____ B. WING _____	06/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BOGART HOUSE LLC II	3535 SW 6TH ST TOPEKA, KS 66606

(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 survey for re-licensure conducted on 6/26/19 and 6/27/19 at the above named home plus facility in Topeka, KS.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c)(1) The census equaled 4 residents. The sample included 3 residents. Based on record review and interview for one sampled resident, #628, the operator failed to ensure designated staff conducted a screening to determine each resident's functional capacity at least once every 365 days. Findings included: - Record review for resident #628 recorded admission date of 6/7/16 with diagnoses of: diabetes Mellitus, chronic obstructive pulmonary disease, schizophrenia and hypertension.	S5085		

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

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S5085	Continued From page 1 Functional Capacity Screen (FCS) dated 6/7/18 recorded resident required supervision with management of medications and treatments, and incontinence. FCS was not completed every 365 days; 15 days overdue. Interview on 6/26/19 at 3:30pm with certified staff #B confirmed FCS was not conducted within 365 days. He/she stated resident has had increased incontinence. For resident #628 the operator failed to ensure designated staff conducted a screening to determine each resident's functional capacity at least once every 365 days.	S5085		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (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. This REQUIREMENT is not met as evidenced by:	S5116		

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S5116	Continued From page 2 K.A.R 26-42-202 (d)(1)(2) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview for 1 sampled resident (#628), the operator failed to ensure the review and if necessary, revision of each negotiated service agreement at least once every 365 days and following any significant change in condition, as defined in K.A.R. 26-39-100. Findings included: - Record review for resident #628 recorded admission date of 6/7/16 with diagnoses of: diabetes Mellitus, chronic obstructive pulmonary disease, schizophrenia and hypertension. Functional Capacity Screen (FCS) dated 6/7/18 recorded resident required supervision with management of medications and treatments, and incontinence. NSA dated 6/7/18 recorded resident to receive supervision with management of medications. NSA was not completed every 365 days; 15 days overdue. Interview on 6/26/19 at 3:30pm with certified staff #B confirmed FCS was not conducted within 365 days. He/she stated resident has had increased incontinence. For resident #628, the operator failed to ensure the review and if necessary, revision of each negotiated service agreement at least once every 365 days and following any significant change in condition, as defined in K.A.R. 26-39-100.	S5116		

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S5286 SS=E	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (b) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview for 2 (#626, 628) sampled residents who self-administer select medications, the operator failed to ensure that the Negotiated Service Agreement (NSA) reflected this service and identified who is responsible for the administration and management of the selected medications. Findings included: - Record review for resident #626 recorded admission date of 3/15/15 with diagnoses of: Hypertension (HTN), allergies, Post Traumatic Stress Disorder (PTSD), alcoholism/ drug abuse, dermatitis, sleep apnea and depression and diabetes mellitus. Functional Capacity Screen (FCS) dated 11/20/18 recorded resident required supervision with	S5286		

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S5286	Continued From page 4	S5286		

management of medications and is independent with treatments.

NSA dated 12/1/18 recorded facility nursing to supervise medication assistance.

June Medication administration record recorded: "Accu check plus test strip, use test strip as directed for glucose testing 2 times a week." Results were recorded twice weekly (when resident was in the facility).

Interview on 6/26/19 at 3:30pm with certified staff #B stated staff administer resident's medications and resident performs own accu-checks. He/she confirmed NSA lacked entry for resident self-administration of accuchecks.

Record review for resident #628 recorded admission date of 6/7/16 with diagnoses of: diabetes Mellitus, chronic obstructive pulmonary disease, schizophrenia and hypertension.

FCS dated 6/7/18 recorded resident required supervision with management of medications and treatments, and incontinence.

NSA dated 6/7/18 recorded facility nursing to supervise medication administration.

June medication administration record recorded: "Accu-check aviva plus test strip use as directed for blood glucose testing BID (twice a day). And: Insulin (diabetes) Glargine 100 units/ml (milliliter) inject 60 units subcutaneously at bedtime". Both initialed as completed by certified staff #B.

Interview on 6/26/19 at 3:30pm with certified staff #B stated staff administer resident's medications and resident administers own insulin and does

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S5286	Continued From page 5 own accu-checks twice a day and records them in a small book. He/she confirmed NSA lacked entries for resident self-administration of accuchecks and insulin. For residents #626 and 628 who self-administer select medications the operator failed to ensure that the Negotiated Service Agreement (NSA) reflected this service and identified who is responsible for the administration and management of the selected medications.	S5286		
S5328 SS=F	26-42-205 (l) (3) Medication Regimen Review Documentation (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (l)(3) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview for 3 sampled residents (#626, 627, 628), the operator failed to ensure a licensed pharmacist or nurse conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. The operator, or the designee, shall ensure that the medication regimen review is kept in each resident's clinical record. Findings included:	S5328		

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S5328	Continued From page 6 - On 6/26/19 requested medication regimen reviews for residents #626, 627, 628 who received medication assistance. Certified staff #B presented 4 documents (1 for each resident of the facility) from a pharmacist's review dated 10/12/18 stating medication records had been reviewed. Resident roster recorded all 4 residents received medication administration assistance. Admission date for resident #626: 3/15/15 Admission date for resident #627: 6/9/16 Admission date for resident #628: 6/7/16 Interview on 6/26/19 at 3:30pm with certified staff #B confirmed all resident records lacked documentation of quarterly pharmacy reviews. Based on record reviews for residents #626, 627, 628, for all residents of the facility, the operator failed to ensure a licensed pharmacist or nurse conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. The operator, or the designee, shall ensure that the medication regimen review is kept in each resident's clinical record.	S5328		