STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N085008	A. BUILDING: _____ B. WING _____	06/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIGNITY CARE HOME	745 FAITH DRIVE 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 represent the findings of a resurvey at the above named assisted living facility conducted on 6/3,4/2019.	S 000		
S3220 SS=F	26-41-205 (k) Medication Clinical Record (k) Clinical record. The administrator or operator, or the designee, shall ensure that the clinical record of each resident for whom the facility manages medication or prefills medication containers or syringes contains the following documentation: (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 26-41-205(k)(4) The facility reported a census of 16 residents. The sample included 3 residents. Based on interview and record review the operator failed to ensure each clinical record for each resident for whom the facility managed medications included documentation of the 12-hour or 24-hour clock time of any medication staff administered to each resident. Findings included: - Review of resident #106's medical record	S3220		

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

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S3220	Continued From page 1 revealed he/she admitted to the facility on 7-12-16 with diagnoses of hypertension, atrial fibrillation, coronary artery disease and anxiety. Review of the resident's functional capacity screen dated 7-9-18 revealed the resident could not manage his/her medications. Review of the resident's negotiated service agreement dated 7-9-18 revealed the resident could not manage medications and needed total assistance of staff for medication administration. Review of the residents medication administration record for June 2019 revealed medications to be administered at AM and HS, and did not include the actual clock time of administration of the medications. - Review of resident #420's medical record revealed he/she admitted to the facility on 10-16-18 with diagnosis of schizophrenia and dementia. Review of the resident's functional capacity screen dated 10-16-18 revealed the resident was unable to manage his/her medications/treatments. Review of the resident's negotiated service agreement dated 10-16-18 revealed the resident could not manage medications and needed total assistance of staff for medication administration. Review of the resident's medication administration record for June 2019 revealed medications to be administered at AM and HS, and did not include the actual clock time of administration of the medications.	S3220		

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S3220	Continued From page 2 - Review of resident #905's medical record revealed he/she admitted to the facility on 12-30-15 with diagnoses of diabetes type 2, anxiety and hypertension. Review of the residents functional capacity screen dated 9-4-18 revealed the resident could not manage his/her own medications. Review of the negotiated service agreement dated 9-4-18 revealed the resident could not manage medications and needed total assistance of staff for medication administration. Review of the resident's medication administration record for June 2019 revealed medications to be administered at AM and HS, and did not include the actual clock time of administration of the medications. During an interview on 6-4-19 at 8:07 AM licensed nursing staff B reported all resident medication administration record have the same liberalized medication pass schedule, AM, Noon, PM, HS. Staff Confirmed the medication aides did not write the actual clock time the medication was administered on the medication administration record. Review of the medication administration policy included definition for each time frame but did not direct staff to document to actual clock time of medication administration. The operator failed to ensure the clinical record for each resident for whom the facility managed medications included documentation of the 12-hour or 24-hour clock time of any medication staff administered to each resident.	S3220		

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S3299	Continued From page 3	S3299		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 16 residents. Based on observations and interview the operator failed to ensure designated staff stored all food under safe and sanitary conditions. This had the potential to effect all residents in the facility. Findings included: - During initial tour of the kitchen on 6-3-19 at 10:50 AM the following concerns were observed: In the refrigerator in the dry storage room surveyor observed a cottage cheese container with a use by date of 5-25-19. The refrigerator also had a temperature of 42 degrees. In the refrigerator in the kitchen area surveyor observed a divided plate covered with pureed food without a date or label on it, 2 pitchers of juice not labeled or dated, glass of juice not covered or labeled, and a bowl of yellow pureed substance not covered or labeled. The refrigerator also contained a bowl of pureed desert that dietary staff A reported was for the noon meal.	S3299		

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S3299	Continued From page 4 During an interview on 6-3-19 at 10:53 AM dietary staff A reported he/she throws away food items that staff put in the refrigerator that are not covered,dated, or labeled when he/she comes to work in the mornings. Staff A stated he/she usually tried to make sure he/she dated and labeled everything but thought other staff did not know food items needed to be covered, dated, and labeled. The administrator failed to ensure designated staff stored food under safe and sanitary conditions, which had the potential to effect all residents in the facility.	S3299		
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 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.	S3320		

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S3320	Continued From page 5 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 16 residents. Based on observation and interview the administrator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - Observation on 6-3-19 at 10:55 AM revealed the kitchen cabinet under the sink unlocked. The cabinet contained the following chemicals: ACS descaler, lime scale remover - Fabuloso cleaner - Lysol spray - Easy Off oven cleaner - Dawn dish soap - and Comet. Each item had a warning label on it. An Interview at 10:56 AM dietary staff A reported the he/she usually kept the main door to the kitchen locked if he/she was not in the kitchen because there was a resident who wanders and staff A did not want the resident to get into the chemicals. The administrator failed to ensure delegated staff kept chemicals locked for resident safety.	S3320		