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	B022001	A. BUILDING: _____ B. WING _____	04/10/2019

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TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure conducted on 4/9/19 and 4/10/19 at the above named home plus facility in Highland, KS.	S 000		
S5165 SS=E	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(e) The facility reported a census of 12 home plus residents. The sample included 3 residents. Based on interview for 2(#412,413) non-sampled residents requiring blood glucose monitoring with a glucometer, a nursing procedure not included in the medication aide curriculum, the operator/licensed nurse failed to delegate the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - On 4/9/19 at 11:20am during review of Personnel hired since last re-survey, records revealed 2 newly hired certified medication aides (CMA): CMA #C, hire date 5/2/18 and CMA #D, hire date	S5165		

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

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S5165	Continued From page 1 8/15/18. Interview on 4/4/19 at 11:06am with operator/licensed nurse #A stated 2 residents #412 and #413, received blood glucose monitoring with glucometers and CMA's perform the task for them. Interview on 4/4/19 at 11:20am with operator/licensed nurse #A confirmed CMA #C and #D performed glucometer testing for residents #412 and #413 and competency exams for this nurse delegated procedure had not been completed. For residents #412,413 residents requiring blood glucose monitoring with a glucometer, a nursing procedure not included in the medication aide curriculum, the operator/licensed nurse failed to delegate the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S5165		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted	S5215		

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	B022001	A. BUILDING: _____ B. WING _____	04/10/2019

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S5215	Continued From page 2 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 26-42-104(d)(3) The census equaled 12 the sample included 3 residents. For all residents, the operator failed to ensure quarterly review of the facility's emergency management plan (EMP) with employees and residents as evidenced by interviews and review of records. Findings included: - On 4/9/19 at 11:40am reviewed facility documentation of EMP reviews completed with staff and residents. Records revealed employee reviews were conducted on: 5/5/17, 3/29/18 and 4/19. Resident reviews were conducted on 8/10/18 and 2/8/19. Monthly fire drills were conducted with evacuation drills on 8/10/18 and 2/8/19. Interview on 4/9/19 at 12:40pm with operator/licensed nurse #A confirmed records lacked documentation of EMP for staff and residents quarterly stating "That's all I have."	S5215		

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S5215	Continued From page 3 For all residents the operator failed to ensure quarterly review of the facility's emergency management plan.	S5215		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (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. This REQUIREMENT is not met as evidenced by: The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview for 3 (#409, 410, 411), the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken and results of the action. Findings included: - Record review for resident #409 recorded admission date of 9/27/18 with diagnoses of: Arthritis, heart disease, depression, carpal tunnel syndrome, osteoarthritis, gastroesophogeal reflux disease, dizziness, ulner neuropathy and sick sinus syndrome.	S5251		

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S5251	Continued From page 4	S5251		

Functional Capacity Screen (FCS) dated 9/26/18 recorded resident required assistance with bathing and management of medications and treatments.

Negotiated Service Agreement and Health Care service plan (NSA/HCSP) dated 9/26/18 recorded resident to receive staff assistance with bathing and medication management.

Most recent nurses note on record recorded 3/1/19 at 4:30pm "Got script for Norco (pain medication) 5mg (milligrams)/ 325mg tablet TID (3 times daily) PRN (as needed) for pain.. ..." signed by operator/licensed nurse #A.

Record recorded the following:

Physician's orders dated:

3/7/19: Discontinue Tramadol (pain med)
3/12/19: Norco 7.5/325mg every 4 hours PRN pain and Voltaren Gel (pain) 2 grams topical TID (3 times daily) PRN Pain.
3/12/19: hold for surgery: Aspirin (blood thinner), garlic oil and willow bark (supplements) diagnosis: Meningioma (tumor of the brain) ; new script for Keppra (seizures) 500mg twice daily.

3/18/19: Percocet (narcotic for pain) 2.5mg/325mg 1 every 6 hours PRN pain, Discontinue Norco.

3/19/19: Pantoprazole (acid reflux) 40mg daily; hold supplements until GI (gastrointestinal) symptoms better.

Fax to Physician: 3/15/19: [resident #409] has had high blood pressure all night, he/she has been getting him/herself worked-up by his/her

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S5251	Continued From page 5	S5251		

hallucinations, what should we do? Signed by certified staff #B.

4/3/19: hospital operative report: craniotomy for resection of tumor.

4/8/19 clinical summary from [hospital]: discharge patient to assisted living, diagnosis: atrial fibrillation, meningioma. Hospital arrival date 4/3/19 at 6:08am.

Interview on 4/9/19 at 9:05am resident stated he/she had returned "last night" after having surgery for removal of his/her brain tumor.

Nurses notes lacked documentation of resident pain levels, change in condition with hallucinations, medication changes, physician contact/orders, physical assessment, transfer to hospital and readmission from the hospital including date, time, condition on return, notification of family and confirmation of orders of primary care physician.

Record review for resident #410 recorded admission date of 12/10/13 with diagnoses of hypertension, osteoarthritis, hyperlipidemia, neuropathy, back pain, overactive bladder, hypothyroidism, venous insufficiency and gastroesophogeal reflux disease.

FCS dated 12/19/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Resident is independent with eating.

NSA/ HCSP dated 12/19/18 recorded staff to assist with bathing, dressing, toileting, transfer, walk/mobility and management of medications

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S5251	Continued From page 6	S5251		

and treatments.
Most recent nurses notes dated 1/11/19 recorded: 1/11/19 at 2:00pm: "Faxed for order for Urinalysis due to cloudy urine ..... "

Fax to physician dated 3/4/19 recorded: "resident is down 23.2 (LBS) pounds, he/she was 218.4 LBS in January and 195.2 in March. Please advise ...."

Record lacked nurses notes regarding report to physician of weight loss, resident assessment/food intake/appetite prior to weight loss reported.

Record review for resident #411 recorded admission date of 8/14/17 with diagnoses of: hypertension, renal failure, communication deficit, Alzheimer's, gait abnormality, dementia, anxiety, pain, allergies, gastroesophogeal reflux disease, and depression.

FCS dated 4/2/18 recorded resident required physical assist with transfer and walk/mobility and is unable to perform, bathing, dressing, toileting, and management of medications and treatments.

NSA/HCSP dated 4/2/18 recorded staff to provide assistance with transfer and walk/mobility and is unable to perform, bathing, dressing, toileting, and management of medications.

Most recent nurses note: 2/1/19 at 4:00pm, "Doctor here to see resident today ..."

Physician's orders recorded:

3/15/19 "patient may have ensure or breeze up to 3 times daily."

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S5251	Continued From page 7 3/20/19 "may apply a pillow between knees for patient comfort at HS (hour of sleep)" Nurses notes lacked entries for physician order changes including notification of family, resident assessment and implementation of orders. Interview on 4/9/19 at 12:40pm with operator/licensed nurse #A presented a red folder for each resident and stated he/she does not let staff file orders/papers until he/she charts the information. He/she confirmed charting has not been completed on the residents. For residents 409, 410, 411 the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken and results of the action.	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not	S5258		

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S5258	Continued From page 8	S5258		

have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide.

This REQUIREMENT is not met as evidenced by:
The facility reported a census of 12 home plus residents. Based on record review and interview for 5 of 5 certified staff (#C,D,E,F,G), the operator failed to provide supporting documentation for criminal background checks (KBI, Kansas Bureau of Investigation) at the time of hire, and for 5 of 5 certified staff (#C,D,E,F,G) failed to obtain supporting documentation for evidence of certification (KNAR, Kansas nurse aide registry) at the time of hire.

Findings included:

- On 4/9/19 at 11:20am personnel record review for 5 certified staff revealed the following:

Certified staff #C, hire date 5/2/18, KBI check produced 1/14/19 [11 months after hire]. KNAR check lacked completion date.

Certified staff #D, hire date 8/15/18, KBI check produced on 1/14/19 [5 months after hire]. KNAR check lacked completion date.

Certified staff #E, hire date 8/20/18, KBI check produced on 1/14/19 [5 months after hire]. KNAR

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S5258	Continued From page 9 check lacked completion date. Certified staff #F, hire date 3/14/19, KBI check produced on 4/8/19 [3 weeks after hire]. KNAR check lacked completion date. Certified staff #G, hire date 5/2/18, KBI check produced on 1/14/19 [11 months after hire]. KNAR check lacked completion date. Interview on 4/9/19 at 11:20am with operator/licensed nurse #A confirmed KNAR checks lacked dates of completion and KBI checks were not completed upon hire for the 5 certified staff. For all residents of the facility, the operator failed to provide supporting documentation for criminal background checks and failed to obtain supporting documentation for evidence of certification at the time of hire for 5 of 5 certified staff.	S5258		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (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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	B022001	A. BUILDING: _____ B. WING _____	04/10/2019

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S5313	Continued From page 10 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g) (3) The facility reported a census of 12 residents. The sample included 3 residents. The resident roster identified all residents as receiving medication management. Based on observations and interviews for all residents, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications. Findings included: - Observation during facility tour on 4/9/19 at 9:48am in the facility medication room, revealed the following over the counter (OTC) medications: In the locked closet, in plastic baggies, in an unlocked refrigerator: Bisacodyl (constipation) Suppositories 10 mg (milligram) Manufacturer expiration date (MFR) 4/2019, #4. Tylenol (pain) suppositories, 650mg, MFR 1/2019 (expired) #30. Ondansetron oral disintegration tablets (nausea) 4mg, MFR 4/2019, #10. Medications lacked resident's full name on the containers.	S5313		

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	B022001	A. BUILDING: _____ B. WING _____	04/10/2019

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S5313	Continued From page 11 Interview on 4/9/19 at 9:48am with operator/licensed nurse #A stated, " I don't know who those are for." In a locked lower cabinet: Ibuprofen (pain) 200mg tablets, #250. Equate Acetaminophen (pain), 500mg tablets, #250. Medications lacked full resident names. Interview on 4/9/19 at 9:48am with operator/licensed nurse #A stated, "Those are for staff" For all residents, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	S5313		
S5315 SS=F	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.	S5315		

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S5315	Continued From page 12 (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 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)(1) The facility reported a census of 12 residents. The sample included 3 residents, for all residents the licensed nurses and medication aides failed to ensure controlled medications managed by the home were stored in separately locked compartments within a locked medication room, cabinet or cart. Findings included: - On 4/9/19 at 9:48am with operator/licensed nurse #A observed a small black refrigerator on the floor in the locked closet in the unlocked medication room/office. Refrigerator contained a plastic baggie in a small plastic storage box with liquid MSO4 (Morphine Sulfate, narcotic for pain) 100mg/ 5ml (milligrams	S5315		

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S5315	Continued From page 13 per milliliter) for resident #411. Opened 9/20/18, 30 ml bottle. Refrigerator had a built- in lock. Interview on 4/9/19 at 9:48am with operator/licensed nurse #A stated that the key had broken and he/she has been unable to find a replacement. For all residents, the licensed nurses and medication aides failed to ensure controlled medications managed by the home were stored in separately locked compartments within a locked medication room, cabinet or cart.	S5315		