STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N058007	A. BUILDING: _____ B. WING _____	05/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF MARYSVILLE	1149 COUNTRY PLACE DRIVE MARYSVILLE, KS 66508

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure with attached complaint conducted on 5/20/19 and 5/21/19 at the above named assisted living facility in Marysville, KS. Revised 2567 sent to facility 5/25/19	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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) The facility census equaled 17 the sample included 3 residents and 1 focus review resident. Based on record review and interview for 2 sampled residents (#520, 521) the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required	S3085		

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

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S3085	Continued From page 1	S3085		

health care services, is done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.

Findings included:

- Resident roster received 5/20/19 recorded residents #520 and 521 received outpatient services.

Record review for resident #520 recorded admission date of 11/1/14 with diagnoses of: history rectal cancer, mild cognitive deficit, stents times 2 with pacemaker, hypertension, edema, hypokalemia and colostomy.

Functional Capacity Screen (FCS) dated 9/15/18 recorded resident required assistance with bathing and is unable to perform management of medications and treatments.

Negotiated Service Agreement/ health care service plan (NSA/ HCSP) dated 9/15/18 recorded staff to assist resident with bathing and management of medications and treatments. Outside providers listed for immunizations, medication pick up, labs and primary care appointments.

Resident roster received 5/20/19 recorded residents #520 and 521 received outpatient services.

Nurses notes dated 4/23/19 recorded: "[health department] in facility to trim toe nails."

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S3085	Continued From page 2 Interview on 5/20/19 at 5:10pm with operator #A confirmed resident received outside services "for nails about every 6 weeks or so." He/she confirmed NSA lacked entry for this service (including service provider, service provided and party responsible for payment of the services.) Record review for resident #521 recorded admission date of 7/11/15 with diagnoses including: hypothyroidism, hypertension, allergies, dry eyes, B12 deficiency, back and leg pain and depression. FCS dated 5/17/18 recorded resident is unable to perform management of medications. NSA/HCSP dated 5/17/19 recorded staff to administer medications. Outside providers: [health department] [health aide]. Amended NSA dated 5/8/19 recorded Home Health physical therapy (fall intervention). Observation on 5/20/19 at 2:45pm in resident's room revealed resident wearing oxygen via nasal cannula from a portable oxygen tank. NSA lacked name of providers for physical therapy services and oxygen services including party responsible for payment. Interview on 5/201/9 at 5:10pm with operator #A confirmed NSA lacked entries for resident services from the outside providers for physical therapy and oxygen. For residents #520 and 521 who required outside provider services, the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care	S3085		

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S3085	Continued From page 3 services, is done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.	S3085		
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	S3214		

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S3214	Continued From page 4	S3214		

medical care provider ' s order. Facility staff consisting of either two licensed nurses or a 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:
3214
KAR 26-41-205(g) (4) (D),(E),(F)

The facility reported a census of 17 residents. The sample included 3 residents and 1 focus review resident. Based on observation and interview for 1 focus review resident (#523) the operator failed to ensure sample 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 and failed to ensure a licensed nurse inform the

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S3214	Continued From page 5	S3214		

resident the medication did not go through the usual process of labeling and initial review by a licensed pharmacist.

Findings included:

- Interview on 5/20/19 at 11:20 am with licensed nurse #B, stated facility had one resident (#523) who received sample medications from a physician.

Observation of the medication revealed: an inhaler in a manufacturer's prescription box with resident's name and room number on the box. Medication was Stiolto Respimat (chronic obstructive pulmonary disease) inhaler 2.5 mcg (micrograms).

Record review for resident #523 recorded admission date of 1/3/18 with diagnoses of: hypertension, coronary artery disease, general weakness and adenocarcinoma of the lung.

Functional Capacity Screen dated 1/3/19 recorded resident unable to perform management of medications and treatments.

Negotiated service agreement/health care service plan dated1/3/19 recorded staff to administer medications.

May 2019 medication administration record recorded: Stiolto Respimat 1 puff every bedtime as administered 15 of 19 days.

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S3214	Continued From page 6 Physician's orders dated 2/15/19 recorded: "May stop Stiolto and see how patient does without it. If he/she needs it, please contact PCP (primary care physician), to see if samples are available." Review of facility's policy titled: Sample and indigent drug policy, recorded: 4: the resident licensed nurse is responsible for receiving and identifying the drug. The drug must be labeled with the resident's name, drug name and strength, directions for use and prescription date. 5: record on the medication log for sample drug form the physician's name, residents name ..... two licensed nurses or a nurse and a CMA (certified medication aide must verify receiving the medication. 6. Two licensed nurses or a nurse and CMA must verify that the drug or package containing the drug included the physician name, the resident's name ... ... and cautionary instructions match the physician's orders. 7. complete the consent form document showing that the resident and /or their legal representative was educated and accepted the risk of potential adverse reactions since the drug did not go through the usual process of labeling and review by a licensed pharmacist ... ... Sample medication lacked a sample drug log for receipt of the sample medication, a label identifying the medication according to regulations and record lacked documentation resident and/or resident legal representative was informed of the risk associated with using the sample medication.	S3214		

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S3214	Continued From page 7 Interview on 5/20/19 at 11:20am with licensed nurse #B stated resident received it from his/her pulmonary specialist because the medication is very expensive. He/she confirmed sample medication log was not completed and a complete information label was not on the medication. Interview on 5/20/19 at 5:10pm with operator #A confirmed resident sample medication lacked identification label, and record lacked documentation of a sample drug log, and risk notification (consent form). For resident #523 the operator failed to ensure sample 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 and failed to ensure a licensed nurse inform the resident the medication did not go through the usual process of labeling and initial review by a licensed pharmacist.	S3214		
S3248 SS=E	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (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;	S3248		

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S3248	Continued From page 8 (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 have a finding of having abused, neglected, or exploited a resident in an adult care home; 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 have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: 3248 KAR 26-41-102 (d) The census equaled 17 the sample included 4 residents and one focus review resident. Based on interviews and reviews of facility records, for 3 of 5 staff (#C, D, E) the operator failed to ensure the employee record contained supporting documentation from the nurse aide registry and/or criminal background checks (KBI). Findings included: - Review of personnel records for non- certified staff #C: hire/start of work date 4/8/18, KBI check submitted on 4/9/18, 1 day after hire.	S3248		

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S3248	Continued From page 9 Non-certified staff #D: hire/start of work date 5/31/18, KBI check submitted on 6/6/18, 6 days after hire. Certified staff #E, hire date 9/25/18, nurse aide registry check completed on 1/2/19, 3 ½ months after hire. Interview on 5/20/19 at 4:00pm with facility operator confirmed records lacked documentation of registry checks and/or background checks upon hire. For all residents the operator failed to ensure the employee record contained supporting documentation from the nurse aide registry and/or criminal background checks (KBI).	S3248		