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	N040001	A. BUILDING: _____ B. WING _____	04/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL HEALTH CARE CENTER	3000 IVY DRIVE NORTH NEWTON, KS 67117

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey of the above assisted living facility on 4/3/19, 4/4/19, and 4/8/19.	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)(1)(2)(3) The facility reported a census of 19 residents. The sample included 3 residents. Based on record review and interview for 1 (#160) of 3 residents sampled, the administrator failed to ensure the development of a written negotiated service agreement (NSA) for the resident, based on the resident's functional capacity screening, service needs, and preferences, in collaboration	S3085		

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

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S3085	Continued From page 1	S3085		

with the resident or the resident's legal representative that included a description of services provided by an outside resource, the identity of the outside resource, and the party responsible for payment of the services.

Based on record review and interview for 1 (#170) of 3 residents sampled, the administrator failed to ensure the resident's NSA included the party responsible for payment of therapy services provided by an outside resource.

Findings included:

- Record review for resident #160 revealed an admission date of 5/1/15 with diagnoses of Parkinson's disease, hypothyroidism, hypertension, and dysphasia.

Functional capacity screen dated 1/21/19 indicated resident required physical assistance with bathing and dressing; supervision with toileting; independent with transferring, mobility, and eating; was unable to perform management of medications and treatments; and experienced impaired short-term memory, memory recall, and decision making.

NSA dated 1/22/19 documented resident received physical therapy, occupational therapy, and speech therapy from an identified outside resource. The NSA did not document the payment source for therapy services. NSA documented the name of a lab provider but did not document the payment source. Nurse's notes contained documentation of podiatry services every two months. The NSA lacked a description of podiatry services, identity of the podiatry provider, and the party responsible for payment for services.

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S3085	Continued From page 2	S3085		

During an interview at 1:32 p.m. on 4/3/19, licensed nurse B stated and confirmed the resident's NSA did not include all outside resources and payment source.

The administrator failed to ensure the development of a written NSA for resident #160, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident's legal representative that included a description of services provided by an outside resource, the identity of the outside resource, and the party responsible for payment of the services.

- Record review for resident #170 revealed an admission date of 2/8/19 with diagnoses of degenerative disc disease and hypertension.

Functional capacity screen dated 2/7/19 indicated resident required physical assistance with bathing; was independent with dressing, toileting, transferring, walking, and eating; was unable to perform management of medications and treatments; experienced impaired short-term memory; and was at risk for falls.

NSA dated 2/8/19 documented the name of an outside resource providing occupational therapy and speech therapy. The NSA did not document the party responsible for payment of the therapy services.

During an interview at 11:33 a.m. on 4/4/19, licensed nurse C stated and confirmed the NSA did not document the party responsible for payment for therapy services.

The administrator failed to ensure the NSA for

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S3085	Continued From page 3 resident #170 included the party responsible for payment of therapy services provided by an outside resource.	S3085		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 19 residents. The sample included 3 residents. Based on record review and interview for 3 (#150, #160, and #170) of 3 residents sampled and all other residents receiving health care services, the administrator failed to ensure each resident's negotiated service agreement (NSA) contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. Findings included: - Record review for resident #150 revealed an admission date of 10/27/14 with diagnoses of type 2 diabetes mellitus, Parkinson's disease, and carotid artery disease. Functional capacity screen dated 1/22/19 indicated resident required physical assistance with bathing, was unable to perform management	S3165		

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S3165	Continued From page 4	S3165		

of medications and treatments, and was at risk for falls.

NSA and health care service plan each dated 1/22/19 documented facility certified staff provided bathing assistance, management of medications and treatments, and interventions to address risk for falls.

NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.

- Record review for resident #160 revealed an admission date of 5/1/15 with diagnoses of Parkinson's disease, hypothyroidism, hypertension, and dysphasia.

Functional capacity screen dated 1/21/19 indicated resident required physical assistance with bathing and dressing, supervision with toileting, and was unable to perform management of medications and treatments.

NSA and health care service plan each dated 1/22/19 documented facility certified staff provided physical assistance with bathing and dressing, management of medications and treatments, and interventions to address risk for falls.

NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.

- Record review for resident #170 revealed an admission date of 2/8/19 with diagnoses of degenerative disc disease and hypertension.

Functional capacity screen dated 2/7/19 indicated

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S3165	Continued From page 5 resident required physical assistance with bathing, was unable to perform management of medications and treatments, and was at risk for falls. NSA and health care service plan each dated 2/8/19 documented facility certified staff provided physical assistance with bathing and management of medications and treatments. NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. Review of the resident roster revealed 18 of the 19 residents listed received facility management of medications and 16 residents received bathing assistance During an interview at 11:33 a.m. on 4/4/19, licensed nurse C stated the NSA for each resident receiving health care services did not contain the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. For all residents receiving health care services, the administrator failed to ensure each resident's NSA contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.	S3165		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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	S3211		

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S3211	Continued From page 6	S3211		

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.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(g)(3)

The facility reported a census of 19 residents. The sample included 3 residents. Based on observation and interview for all residents receiving over-the-counter (OTC) medications, the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the medication package, container, or bottle.

Findings included:

- Review of the resident roster revealed the facility provided medication management and administration to 18 residents.

At 4:09 p.m. on 4/3/19, certified medication aide (CMA) E unlocked and opened the medication cart. Surveyor observed the following OTC medication bottles and/or containers labeled with only a room number or partial name of resident:
Garlique
Vitamin C
Vitamin D3, 2 bottles
Vitamin E

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S3211	Continued From page 7 Qunol Ultra Co Q 10 B12 Aspirin Miralax 6 bottles Fiber con Antidiarrheal Fish oil, 2 bottles Tylenol PM CMA E stated use of stock medications (for multiple residents dispensed from one bottle/container) Tussin DM, Geri Lanta, Tylenol tablets, and antidiarrheal. During an interview at 1:30 p.m. on 4/4/19, licensed nurse C stated he/she was not aware each resident's OTC container required the resident's full name. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each OTC medication package, container, or bottle.	S3211		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and	S3280		

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S3280	Continued From page 8 (4) an emergency drill, which shall be conducted 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 26-41-104(d)(3) The facility reported a census of 19 residents. The sample included 3 residents. Based on interview and record review for all employees and all residents, the administrator failed to ensure disaster and emergency preparedness by ensuring a quarterly review of the emergency management plan with employees and residents. Findings included: - At 10:20 a.m. on 4/3/19, surveyor asked licensed nurse C for documentation of the quarterly review of the emergency management plan with employees and residents. Licensed nurse C stated review with residents likely conducted in resident council meetings. Surveyor requested resident council meeting minutes back to January 2018 from life enrichment coordinator D on 4/3/19. Review of minutes provided revealed documentation for the August 2018 meeting included maintenance department presented emergency procedures and "most everyone present but did not take roll." Minutes for the 2/21/19 meeting documented licensed nurse D discussed emergency evacuation plans.	S3280		

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S3280	Continued From page 9 During an interview at 1:00 p.m. on 4/4/19, licensed nurse D stated he/she mainly reviewed evacuation plans with employees and did not document the review. For all employees and all residents, the administrator failed to ensure disaster and emergency preparedness by ensuring a quarterly review of the emergency management plan with employees and residents.	S3280		
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 19 residents. The sample included 3 residents. Based on observation and interview for all residents, the administrator failed to ensure designated staff stored all food under safe and sanitary conditions. Findings included: - Observation on 4/3/19 at 10:10 a.m. revealed an activity cabinet filled with different food items. Observation included: an open bag of sugar with opened date of 9/20/18 and not rolled down or sealed; box of baking soda opened 9/20/18 not	S3299		

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S3299	Continued From page 10 sealed; bag of all-purpose flour 9/18/18 not sealed; package of almond bark ripped open and not sealed or dated; and 2 bags of brown sugar opened without a date or sealed. During an interview on 4/3/19 at 10:38 a.m. life enrichment coordinator D reported the food was activity supplies and he/she confirmed the food was not sealed and some did not have an open date. The administrator failed to ensure designated staff stored all food under safe and sanitary conditions.	S3299		