| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of the licensure resurvey for the above named facility conducted on 3/13/19, 3/14/19 and 3/18/19. | S 000 | | |
| S5028 SS=D | 26-42-101 (f) (3) Staff Treatment of Residents Reporting<br><br>(f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met:<br>(A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation.<br>(B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress.<br>(C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator.<br>(D) Appropriate corrective action shall be taken if the alleged violation is verified.<br>(E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report.<br>(F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.<br><br>This REQUIREMENT is not met as evidenced by: | S5028 | | |

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

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| S5028 | Continued From page 1<br>KAR 26-42-101 (f) (3)(e)<br><br>The facility reported a census of 6 residents. The sample included 3 residents and 1 focused review closed record. Based on record review and interview the operator failed to ensure resident #296's injury of unknown origin was thoroughly investigated to rule out abuse or neglect.<br><br>Findings included:<br><br>- Record review for resident #296 revealed a admission date of 3/15/16 with diagnoses of frontotemporal dementia, major depression, hypertension, history of cancer and heart disease.<br><br>The annual functional capacity screening dated 1/21/19 identified the resident with short-term and long-term memory deficit, impaired memory recall and impaired decision making. He/she was unable to bath, dress, toilet or transfer without staff performance. He/she needed physical assistance with mobility by wheelchair and eating.<br><br>The negotiated service agreement dated 1/21/19 directed staff to provide assistance with 1-2 staff for bathing, dressing, toileting and transfers. He/she could be assisted with 1 staff and gait belt for transfers using 2 staff assist PRN (as needed). Under the section for cognition indicated staff should explain task prior to performing, allow him/her time to process and limit choices related to impaired decision making. He/she was rarely/never understandable or understood others with notation to allow time to process. He/she needed a low bed, bed pad alarm and body pillow to the right side. He/she used a wheelchair with the assist of 1-2 staff. | S5028 | | |

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| S5028 | Continued From page 2<br><br>The health care service plan (HCSP) dated 1/21/19 indicated the resident had a bed alarm and a personal alarm at all times. He/she required moderate assist of 1-2 staff for transfers, used a wheelchair with moderate assist for mobility. He/she also needed a total mechanical lift with 2 staff PRN. Under section of cognition - explain task before performing, allow time to process and limit choices.<br><br>Review of the nursing notes revealed a note dated 1/21/19 at 11:00 AM about a care plan meeting and the next note was dated 2/5/19 at 7:30 AM. On 2/5/19 at 7:30 AM licensed nurse C wrote nurse received call from facility stating the resident's finger was bloody and bruised. The nurse arrived at the facility at 9:00 AM - finger purple, blue, red, swollen with dried blood on the nail. Staff stated there was dried blood around his/her lips when they go the resident up.<br>Licensed nurse C called the outside provider and asked for an X-ray of the finger. At 11:00 AM X-ray here to take X-ray of the finger. The durable power of attorney (DPOA) was notified and present. On 2/5/19 at 2:30 PM results from X-ray received - suspicious of fracture - DPOA, outside provider and state agency notified. 2/5/19 at 4:00 PM skin assessment complete, left ring finger bruised and swollen - no other skin issues (the note failed to identify what part of the finger was bruised and swollen).<br>The next note 2/7/19 (no time) - outside provider - X-ray results, possible fracture to finger, order to watch and manage pain. Resident used the finger and does not indicate any pain at this time.<br>The next and last note dated 2/11/19 (no time) indicated the physician called and followed up on the finger ... with no new orders.<br><br>Review of the facility's investigation provided on | S5028 | | |

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| S5028 | Continued From page 3<br><br>3/14/19 revealed 5 pages of documentation, no witness statements or statements from staff on duty at the time of discovery or prior shift/shifts. The fall/accident/incident report indicated on 2/5/19 at 7:30 AM in the resident's room staff noted while getting the resident up for the day a bruise on the left-hand ring finger. The resident was identified as a fall risk, had an injury of a fracture and used a wheelchair for mobility (the document lacked any identification of causal factors for the injury or a description of the injury). The page titled administrative investigation indicated on 2/5/19 at 7:30 AM the resident sustained a finger fracture. Under the portion for what were the actions and/or conditions that contributed to the incident/accident licensed nurse C wrote finger bruised and swollen. Under what could have been done to prevent this incident licensed nurse wrote making sure hands are not by wheels of wheelchair. For corrective actions - hand and arms must be inside wheel chair arms when chair being pushed. The document was signed off by operator D on 2/6/19.<br><br>A narrative sent to the state agency on 2/5/19 at 4:39 PM indicated on 2/5/19 at 7:30 AM staff found the resident's finger bloody and bruised. Nurse assessment was finger swollen, bruised with dried blood around the finger nail. Staff stated when they got the resident up he/she had dried blood around his/her mouth ... X-ray findings are suspicious for a fracture involving the proximal aspect of the distal phalanx of the fourth digit without significant displacement (extent to which fracture fragments are offset from each other) or angulation (degrees and direction to convey the amount of "unbending" needed to realign the fragments). The resident is alert and oriented to name only, is an assist with 1-2 staff | S5028 | | |

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| S5028 | Continued From page 4<br>for transfers and used a wheelchair for mobility... staff from the night prior stated the resident was fighting during rounds but staff did not see the resident get his/her fingers stuck anywhere. The last page was a fall follow up report to be completed within 1 week of incident and it conveyed no further information into causal factors of the incident.<br><br>Interview on 3/14/19 at 12:30 PM with licensed nurse C revealed he/she had spoken with the night shift staff and believed the injury may have occurred on the evening shift prior. He/she did not speak with the staff for the previous evening shift. Nurse C reported he/she assumed the resident had gotten his/her finger caught in the wheelchair somehow and that was the reason for the intervention to ensure his/her hands/arms are within the arms of the wheelchair.<br><br>In a discussion with operator D on 3/14/19 at 12:40 PM he/she confirmed the investigation was not thorough due to a lack of statements from all staff including previous shifts to rule out abuse/neglect.<br><br>The operator failed to ensure this cognitively and dependent resident's injury of unknown origin was thoroughly investigated to rule out abuse or neglect. | S5028 | | |
| S5155 SS=G | 26-42-204 (a) Health Care Services<br><br>(a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service | S5155 | | |

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| S5155 | Continued From page 5<br>agreement.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-204 (a)<br><br>The facility reported a census of 6 residents. The sample included 3 residents and 1 focused review closed record. Based on record review and interview the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for 1 of 4 residents (#516) in accordance with the functional capacity screening and the negotiated service agreement regarding development of skin conditions without a nurse assessment or treatment which worsened and required an emergency room visit on 11/22/18.<br><br>Findings included:<br><br>- Record review for resident #516 revealed an admission date of 6/20/18 with diagnoses of severe spinal stenosis, quadriplegia, hypertension and chronic obstructive pulmonary disease.<br><br>The admission functional capacity screening (FCS) dated 6/20/18 identified the resident with intact cognition, needed physical assistance with all activities of daily living (ADLs), unable to manage his/her own medications and treatments. The resident needed assistive devices of a wheelchair and mechanical lift PRN (as needed).<br><br>The negotiated service agreement (NSA) dated 6/20/18 directed staff to provide 2 staff assistance | S5155 | | |

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with transfers with a gait belt, 1 person assist with dressing, toileting, propelling the wheelchair and eating. The NSA directed staff to administer all medications and treatments.

The health care services plan (HCSP) dated 6/20/18 directed staff to provide total assist with transfers by 2 persons and a gait belt for transfers to high back wheelchair and/or toileting. Staff should administer the resident's medications and treatments. The HCSP indicated a mechanical lift and 2 staff could be used PRN. Under the section current or recent problems and risks dated 7/12/18 licensed nurse A updated with every shift clean the resident's buttocks with ivory bar soap, rinse thoroughly, dry completely then apply moisture barrier creme done with both on-going and off-going staff together. Under nursing services dated 11/1/18 licensed nurse B wrote shoes to only be worn for transfers, keep right toe covered and wear non-skid socks when shoes not on.

Record review completed on 3/14/19 revealed nursing notes as follows:
10/09/18 at 11:10 AM resident complained of not having anything to elevate his/her feet on, he/she used blankets, provided a wedge cushion to see if it helped and will follow up in the morning after use.
10/10/18 at 2:00 PM skin assessment complete, skin warm to touch, pink, dry and intact. The coccyx is pink, blanchable with no open areas. The groin is pink/red, heels are soft, blanchable and non-boggy (mushy tissue indicative of a deep tissue injury from pressure). No skin issues at this time.
10/26/18 at 10:00 AM resident with increased fatigue, missing meals, sediment in catheter, specimen collected for urinalysis (UA)/culture and

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sensitivity (C/S). No information recorded regarding resident's skin.
10/29/18 at 2:25 PM urinalysis results received and faxed to physician with no new orders.
Licensed nurse B reported to the APRN (advanced practice registered nurse) for the resident's physician that the resident had increased fatigue, cramping/contractures in hands and missing meals. An onsite visit for the next morning was made to discuss concerns. Home health care provider contacted for catheter change due to leaking. No information recorded regarding resident's skin.
10/30/18 at 10:05 AM APRN out for visit due to increased fatigue, catheter leaking, increased contractures with difficulty eating with utensils. Received orders to change catheter today and obtain UA with C/S... occupation and physical therapy to evaluate and treat for upper body strength, eating, transfers ... other labs ordered, and home health contacted for catheter and therapy orders. No information record regarding resident's skin.
10/31/18 at 2:00 PM per APRN make a follow up appointment with urologist... No information recorded regarding resident's skin.
11/01/18 at 10:25 AM UA results received and no new orders.
11/01/18 at (illegible does not appear to be a time) licensed nurse B wrote - spoke with durable power of attorney (DPOA) regarding resident behaviors with staff last night, stated he/she was going to call 911 because if he/she wasn't going to get taken care of. Spoke with resident the a.m., staff will continue with plan to flush catheter daily and have appointment with urologist... reminded DPOA to bring bigger shoes due to sore on right great toe. Resident refused to take shoes off because he/she likes the support. Advised resident staff will put them on for transfers only

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but have non-skid socks when resident is sitting or lying and resident was okay with the plan. The note lacked any information regarding an assessment of the area, identification of the specific location on the right great toe, notification of the physician and/or treatments to promote wound healing.
11/01/18 at 11:45 AM - nothing about the resident's skin condition.
11/01/18 at 3:50 PM - notes about the catheter ... observed right great toe, sore to tip of the toe and under the toe nail (the note did not include a description of the sore or measurements or surrounding skin). Cleansed with normal saline and wrapped with gauze to off load. Care plan updated to only wear shoes with transfer, no shoes in wheelchair or bed, only non-skid socks and DPOA advised. The note did not include any notification of the physician.
The next note 11/05/18 (no time) info about catheter ... right great toe cleansed, offloaded with dry dressing and kerlix... (the note lacked any nurse assessment of the sore).
The next note dated 11/08/18 at 8:45 AM - skin assessment complete, skin was warm to touch, pink, dry and intact. Peri-area slightly red with treatment in place. Coccyx was pink, blanchable and no open areas. Heels are firm, blanchable and non-boggy, right great toe with treatment in place (the note lacked a nurse assessment of the right great toe).
11/09/18 at 3:00 PM order received to change dressing on right toe daily x 1 week, may apply band aid. Resident reported the physician removed the toe nail because there was another toe nail growing under it (the note lacked any information about the sore on the tip of the toe).
The next note 11/15/18 at 9:00 AM was about home health visit regarding catheter.
11/16/18 at 9:00 AM about home health regarding

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catheter.
11/16/18 at 1:00 PM licensed nurse C spoke with DPOA about having a nurse at the facility change the catheter (nothing about the resident's skin condition).

Note - the record lacked any documentation about the resident's response to the treatment ordered on 11/09/18 and no nursing assessment until the next note dated 11/21/18 at 9:00 AM.

11/21/18 at 9:00 AM - licensed nurse C wrote resident's toe cleaned, documented color/state of toe, cleaned with sterile water and bandage replaced with clean bandage. The nurse left a message for the DPOA, contacted another family member and talked in length about the toe. Explained toe is red sloughing of the toe bed to be expected till it healed... picture of the toe taken for documentation with permission of the resident (the note lacked evidence of notifying the physician about the resident's toe condition)
The next and last note 11/22/18 at 11:00 AM licensed nurse C wrote - nurse on-call received call from staff the resident's family member was at the facility and called 911 for the resident to be seen regarding the toe. Licensed nurse C contacted the resident's physician APRN to notify of the situation. The APRN was willing to call in a prescription for an antibiotic so the resident would not have to go in to the emergency room. Family member would not speak with this nurse on the telephone. When licensed nurse C arrived at the facility at 11:13 AM emergency medical services (EMS) were at the facility. EMS given info of toe, copies of orders, face sheet and DNR (do not resuscitate). Operator notified.
No other notes were available to indicate the outcome of the resident.

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| S5155 | Continued From page 10<br><br>During onsite visit on 3/14/19 observation of the picture taken by licensed nurse C for documentation on 11/21/19 revealed all around the base of the right great toe was distinct redness with a shiny appearance indicative of possible cellulitis (common, potential serious bacterial skin infection with affected skin appearing as swollen, tight, glossy, red, tender or painful). The toe nail was partially absent with an area of redness in the nail bed and discolored yellow/black edges where previous toe nail remained. The inner side of the right great toe had an open area which appeared about the size of a pencil tip and extended outward in a line. The area was red and puffy with possible drainage. The tip of the toe had an almost circular black sore with surrounding redness and puffiness. The inner aspect of the toe nail area and around to underside was white in color as if from moisture and shaped like a band aid.<br><br>Review of the skin assessment sheets revealed 1 dated 10/10/18 which read like the nursing note dated 10/10/18 with no skin issues. The only other skin assessment sheet in the record and provided by the facility on 3/14/19 was dated 11/8/18 as read like the nursing note 11/8/18 with no further assessment of the sore just read right great toe treatment in place.<br><br>Review of bath sheets provided 11/02/18, 11/05/18, and 11/08/18 only listed the resident's name, date and name of staff.<br><br>Review of the physician orders revealed no notifications between 11/01/18 and an order on 11/09/18 to change dressing to right toe daily x 1 week, may apply band aid.<br><br>Review of the medication administration and | S5155 | | |

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| S5155 | Continued From page 11<br><br>treatment administration record (MAR/TAR) for October 2018 revealed treatments of Risamine ointment to coccyx every 4 hours while awake, knee high compression socks on a.m. off at bedtime, rolled wash cloths in bilateral hands, orders for the catheter, barrier cream to buttocks PRN, Risamine ointment PRN and triple antibiotic ointment to nose PRN. The record lacked any treatment orders for the feet.<br><br>Review of the MAR/TAR for November 2018 revealed the same treatment orders as above with the addition on 11/09/18 to change dressing to right great toe daily times 1 week.<br><br>Interview on 3/14/19 at 1:00 PM with licensed nurse C revealed he/she completed the skin assessment and documentation on 11/08/18. He/she confirmed the record lacked a complete description of a nursing assessment to include a description of the sore, measurements and surrounding skin. He/she reported not knowing about the sore until 11/08/18 when it had a band aid on it. He/she reported having to call the physician on 11/09/18 after the toe removal for a treatment order because the resident did not come back with any orders. He/she confirmed the record lacked any nursing assessments of the open area on the tip of the toe between 11/09/18 and 11/21/18. He/she confirmed the record lacked any information about the second open area on the inner aspect of the right great toe or an assessment of the toe nail bed. He/she confirmed the resident's physician was not contacted on 11/21/18 about the toe. He/she confirmed there was no evidence of an investigation into the cause of the sore on the tip of the right great toe, he/she did not know anything about the shoes whether the resident had new shoes or were too tight. | S5155 | | |

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| MEADOWLARK ADULT CARE HOME 2 | 254 S ROBIN ROAD WICHITA, KS 67209 |

| (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 |
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| S5155 | Continued From page 12<br><br>Interview on 3/14/19 at 1:45 PM with operator D revealed he/she expected nurses to conduct a skin assessment head to toe every week. He/she confirmed the record only had skin assessments on 10/10/18 and 11/08/18 documented. He/she confirmed the record lacked any information about notification of the physician of the sore when it was first discovered on 11/01/18 or when worsened by 11/21/18. He/she was not aware of any investigation into the causal factors of the sore or anything about the resident's shoes. He/she did not know the outcome of the resident's visit to the emergency room on 11/22/18 and confirmed the resident did not return.<br><br>The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for this dependent resident in accordance with the functional capacity screening and the negotiated service agreement regarding development of skin conditions without a nurse assessment or treatment and without physician consult which worsened and required an emergency room visit on 11/22/18. | S5155 | | |
| S5185 SS=E | 26-42-206 (a) (b) (c) Dietary Services<br><br>(a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement.<br>(b) The supervisory responsibility for dietetic services shall be assigned to one employee.<br>(c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened | S5185 | | |

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| S5185 | Continued From page 13<br>consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-206 (a)(c)<br><br>The facility reported a census of 6 residents. The sample included 3 residents and 1 focused review closed record. Based on observation, interview and record review the operator failed to ensure staff provided the mechanically altered diet for 3 of 3 sampled residents (#296, #380 and #414) in accordance with the negotiated service agreement, a medical care provider's order and instructions from a medical care provider or licensed dietitian.<br><br>Findings included:<br><br>- Record review for resident #380 revealed an admission date of 12/29/17 with diagnoses of dementia, hypothyroidism, depression, chronic obstructive pulmonary disease, acute kidney failure, restless leg syndrome, Raynaud's and osteoarthritis.<br><br>The annual functional capacity screen (FCS) dated 1/15/19 indicated the resident was unable to perform any activities of daily living (ADLs) which included eating. He/she had short-term and long-term memory deficit, impaired memory recall and decision making. | S5185 | | |

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| S5185 | Continued From page 14<br><br>The negotiated service agreement (NSA) dated 1/15/19 indicated the facility would provide 3 meals a day and 1 snack. The NSA included facility staff to provide total assist with eating and to provide a pureed diet.<br><br>The health care services plan (HCSP) dated 1/15/19 directed staff to feed the resident, encourage fluids and give a glass of milk every day at breakfast. The HCSP indicated the resident required pureed meats and course veggies. Within the nursing assistant care book was another HCSP with a diet change to mechanical soft dated 1/16/19. Licensed nurse C indicated he/she updated the care plan because the resident's family requested the change.<br><br>Record review conducted on 3/13/19 at 3:00 PM revealed physician's orders signed 3/1/19 with a diet order for pureed diet. The record did not include written instructions on the specifics of the resident's diet.<br><br>Observation on 3/14/19 at 8:40 AM revealed certified medication aide (CMA) E fed the resident cooked sausage patty cut up into small pieces and mixed with cut up pancake and syrup.<br><br>Interview on 3/14/19 at 9:54 AM with certified staff G revealed the resident was to receive a mechanical soft diet. He/she indicated the instructions in the certified staff care book is what staff followed. Record review at that time revealed the only documents were the HCSP as above.<br><br>On 3/14/19 at 10:55 when asked about written directions for the mechanically altered diet licensed nurse C was unaware of directions and operator D went to a file cabinet and pulled out a | S5185 | | |

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| S5185 | Continued From page 15<br>single sheet paper titled mechanical soft diet which had a copied signature of a primary care provider and no date. The sheet listed food allowed and food restricted without any directions on preparation or size of pieces other than ground meats with gravy or sauce. The pureed diet sheet was not signed.<br><br>The operator failed to ensure staff provided the mechanically altered diet for this resident in accordance with the negotiated service agreement, a medical care provider's order and instructions from a medical care provider or licensed dietitian.<br><br>- Record review for resident #414 revealed an admission date of 3/10/16 with diagnoses of dementia.<br><br>The annual functional capacity screening dated 1/21/19 indicated the resident was unable to perform any activities of daily living (ADLs) which included eating. He/she had short-term and long-term memory deficit, impaired memory recall and decision making.<br><br>The negotiated service agreement (NSA) dated 1/21/19 indicated the facility would provide 3 meals a day and 1 snack. The NSA included facility staff to provide total assist with eating and to provide a mechanical soft diet with ground meats and extra gravy.<br><br>The health care services plan (HCSP) dated 1/21/19 directed staff to feed the resident or family member may feed a mechanical soft diet with ground meats and extra gravy. Under additional comments - feed slowly, ensure resident does not pocket food, sit up at 90 degrees when eating, thin liquids - use straw and | S5185 | | |

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| S5185 | Continued From page 16<br>alternated bites and sips.<br><br>Record review conducted on 3/13/19 at 3:35 PM revealed physician's orders signed 3/1/19 with a diet order for mechanical soft diet. The record did not include written instructions on the specifics of the resident's diet.<br><br>Observation on 3/14/19 at 8:40 AM revealed certified staff G fed the resident diced up sausage patty and pancake with syrup. He/she then further mashed up the meat and the pancake combining them.<br><br>Interview on 3/14/19 at 9:54 AM with certified staff G revealed the resident was to receive a mechanical soft diet. He/she indicated the instructions in the certified staff care book is what staff followed. Record review at that time revealed the only documents were the HCSP as above.<br><br>On 3/14/19 at 10:55 when asked about written directions for the mechanically altered diet licensed nurse C was unaware of directions and operator D went to a file cabinet and pulled out a single sheet paper titled mechanical soft diet which had a copied signature of a primary care provider and no date. The sheet listed food allowed and food restricted without any directions on preparation or size of pieces other than ground meats with gravy or sauce.<br><br>The operator failed to ensure staff provided the mechanically altered diet for this resident in accordance with the negotiated service agreement, a medical care provider's order and instructions from a medical care provider or licensed dietitian. | S5185 | | |

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| S5185 | Continued From page 17<br>- Record review for resident #296 revealed a admission date of 3/15/16 with diagnoses of frontotemporal dementia, major depression, hypertension, history of cancer and heart disease.<br><br>The annual functional capacity screening dated 1/21/19 identified the resident with short-term and long-term memory deficit, impaired memory recall and impaired decision making. He/she was unable to bath, dress, toilet or transfer without staff performance. He/she needed physical assistance with eating.<br><br>The negotiated service agreement dated 1/21/19 directed staff to provide assistance with 1 staff for feeding PRN (as needed). The NSA indicated the facility would provide 3 meals a day and 1 snack. Staff would provide a mechanical soft diet with thin liquids.<br><br>The health care service plan (HCSP) dated 1/21/19 indicated staff would fed the resident finger food when appropriate and ensure 2 times a day. The HCSP did not identify the resident needed a mechanically altered diet.<br><br>Review of the last signed orders by the physician on 12/10/18 revealed no specified diet order with directions for weight loss only to refer to registered dietician for evaluation and treatment.<br><br>On 3/14/19 at 10:55 when asked about written directions for the mechanically altered diet licensed nurse C was unaware of directions and operator D went to a file cabinet and pulled out a single sheet paper titled mechanical soft diet which had a copied signature of a primary care provider and no date. The sheet listed food allowed and food restricted without any directions on preparation or size of pieces other than | S5185 | | |

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| S5185 | Continued From page 18<br>ground meats with gravy or sauce.<br><br>The operator failed to ensure staff provided the mechanically altered diet for this resident in accordance with the negotiated service agreement, a medical care provider's order and instructions from a medical care provider or licensed dietitian. | S5185 | | |
| S5192 SS=F | 26-42-206 (e) Food Preparation<br><br>(e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.<br>(1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used.<br>(3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-206 (e)<br><br>The facility reported a census of 6 residents. Based on record review and interview the operator failed to ensure designated staff prepared foods using safe methods to ensure serving foods at the proper temperature. This | S5192 | | |

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| S5192 | Continued From page 19<br>failure had the potential to affect all residents.<br><br>Findings included:<br><br>- On 3/14/19 at 10:00 AM licensed nurse C provided the food cooking/reheating temperature sheet posted on one of the refrigerators. Review of the sheet revealed staff mostly took the temperature of the main entree item and vegetable with no cold food items listed. The sheet also reflected staff mainly checked the food temperatures once a day at the noon meal with occasional recording of a morning meal or evening meal.<br><br>Interview on 3/14/19 at 10:15 AM operator D confirmed staff were not taking food temperatures at each meal and were not taking the cold food. His/her understanding was only the hot food items needed checked or food items which were cooked/cooled then reheated.<br><br>The operator failed to ensure designated staff monitored temperatures of food to ensure food safety and serving of food at the proper temperatures. | S5192 | | |
| S5195 SS=F | 26-42-206 (f) (g) Facility Food Storage<br><br>(f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.<br>(g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. | S5195 | | |

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| S5195 | Continued From page 20<br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-206 (f)<br><br>The facility reported a census of 6 residents. Based on observation and interview the operator failed to ensure food for residents was stored under safe and sanitary conditions in regard to proper sealing and dating food items when opened to ensure timely use.<br><br>Findings included:<br><br>- Observation on 3/13/19 at 1:53 PM of the kitchen revealed the following items not stored properly:<br>A bag of instant mashed potatoes unsealed and partially open with no date<br>A bag of pancake mix partially open with tape residue and no date when open<br>An open inner package of graham crackers not sealed and not dated when open<br>A plastic tub like container which was partially open had a partially used package of graham crackers and several loose saltine crackers in the bottom of the container.<br>In a plastic container were several bags of open bread items and none had open dates on them as follows: white sandwich bread with best used by 2/24/19, a bag with 2 hamburger buns with best used by date of 2/26/19, another bag of white sandwich bread with best buy date of 2/7/19 and a plastic zip seal gallon size bag with 4 hamburger buns with an unreadable date and 1 bun had yellow/green fuzzy substance growing on it.<br>On the counter sat a lidded cake pan with 3 round baked items not identified or dated.<br>In a cabinet by the refrigerator was a plastic gallon sized zip seal bag of a white powdery | S5195 | | |

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| S5195 | Continued From page 21<br>substance not identified or dated.<br><br>In the silver refrigerator was open undated cottage cheese, Yoplait yogurt, applesauce, a container of parmesan cheese with best used by 2/25/19 and a plastic non-manufacture tub of a white condiment with "Mayo" on a piece of tape and no date.<br><br>Interview on 3/13/19 at 1:55 PM with licensed nurse C confirmed all food items should be date when opened to ensure timely use.<br><br>The operator failed to ensure food for residents was stored under safe and sanitary conditions in regard to proper sealing and dating food items when opened to ensure timely use. | S5195 | | |
| S5315 SS=E | 26-42-205 (h) Medication Storage<br><br>(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.<br>(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.<br>(2) Each resident managing and | S5315 | | |

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| S5315 | Continued From page 22<br>self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides.<br>(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.<br>(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205 (h)(4)<br><br>The facility reported a census of 6 residents. Based on observation and interview the operator failed to ensure licensed nurses and medication aides did not administer medications beyond the manufacturer's or pharmacy provider's recommended date of expiration for 3 cards of PRN (as needed) medications for residents (#709 and #710).<br><br>Findings included:<br><br>- During the initial tour on 3/13/19 at 1:30 PM certified medication aide F opened the only medication cart. Random review of PRN medications found a partially used unit dose card of APAP (acetaminophen) 325 milligrams (mg) with an expiration date of 1/27/19. Resident #710 had a partially used care of ondansetron HCL 8 mg with expiration date of 1/20/19 and an unused card of the same medication with expiration date | S5315 | | |

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| S5315 | Continued From page 23<br>of 1/24/19.<br><br>Interview with licensed nurse C on 3/13/19 at 1:50 PM confirmed the medication should not be available for use after the expiration date and staff were expected to check dates every weekly on Thursdays.<br><br>The operator failed to ensure licensed nurses and medication aides did not administer medications beyond the manufacturer's or pharmacy provider's recommended date of expiration for 3 cards of PRN medications which expired in January 2019. | S5315 | | |