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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named assisted living facility conducted on 1/7-10/2019.	S 000		
S3080 SS=F	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The facility reported a census of 39 residents. The sample included 3 residents and 1 focused record review. For all residents, the administrator failed to integrate the department's Functional Capacity Screening form into a form developed by the facility, which included each element and definition specified by the department as evidenced by record review and interview for 3 (#108, #109,#110, #111),) of 3 residents. Findings included:	S3080		

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

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S3080	Continued From page 1 - Review of the functional capacity screen documentation shows the facility used the same form for all residents. - Review of resident #108's record revealed an admission date of 12-1-18 with diagnoses of diabetes, urinary retention, depression and reflux disease. Review of the functional capacity screen (FCS) dated 11-28-18 lacked each element and definition for resident screening. - Review of resident #109's record revealed an admission date of 10-6-11 with diagnoses of hypertension, arthritis, diabetes, depression and reflux disease. Review of the functional capacity screen dated 11-29-18 lacked each element and definition for resident screening. - Review of resident #110's record revealed an admission date of 8/11/16 with diagnoses of cerebral vascular accident, hypertension, osteoporosis, heart failure, major depressive disorder, and reflux disease. Review of the functional capacity screen dated 12-28-18 lacked each element and definition for resident screening. The functional capacity screening form used for all residents lacked the following information: Primary reason for the screen No meal prep screening Screening for transportation and laundry did not have the definition as specified by the department.	S3080		

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S3080	Continued From page 2 Current or recent problems such as falls, impaired vision and impaired hearing were not identified according to definition. No assistive mobility device for brace, prosthesis, mechanical lift, or wheelchair according to definition. No place to list current medications No identification of those participating in the screening process. During an interview on 1-9-19 at 4:15 PM licensed nursing staff C confirmed the forms used for the functional capacity screen were the same for each resident. Staff looked through the screen and confirmed the above listed areas were not on the form according to definition. The administrator failed to integrate the department's Functional Capacity Screening form into a form developed by the facility, which included each element and definition specified by the department as evidenced by interview for all residents.	S3080		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 39 residents. The sample included 3 residents and 1 focused	S3171		

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S3171	Continued From page 3	S3171		

review. Based on observation, interview and record review the administrator failed to ensure all health care services were provided to residents in accordance with acceptable standards of practice related to side rails for 2 (#109 and #111) of 4 residents.

Findings included:

- Review of resident #109's medical record revealed an admission dated of 10-6-11 with diagnoses of arthritis, hypertension, reflux disease, diabetes and depression.

Review of the resident's functional capacity screen dated 11-29-18 revealed the resident ambulated independently and used walker as mobility aide.

Review of the resident's negotiated service agreement dated 11-29-18 revealed the resident had a side rail on the bed to help the resident move in bed and was not a restraint.

Review of the resident's record lacked evidence of an assessment for safety with use and/or hazards with gaps.

Observation on 1-9-19 at 11:26 AM revealed the resident had a full side rail on the left side of the bed that was raised on both ends and had a hand rail on the right side of the bed. The hand rail was securely tied to the bottom of the bed and the full side rail on the left side of the bed.

During an interview on 1-9-19 at 11:25 AM the resident reported he/she used the rail to help get up and down in bed and to roll onto his/her side during the night.

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S3171	Continued From page 4 - Review of resident #111's medical record revealed an admission date of 4-16-18 with diagnoses of arthritis, edema, diabetes, and hypertension. Review of the functional capacity screen dated 3-29-18 revealed the resident used an ambulatory aide and was independent with ambulation/mobility. Review of the negotiated service agreement dated 3-29-18 revealed on 11-6-18 staff added a left side bed rail. The resident used the bed rail for assistance to get in and out of bed easier and not as a restraint. Observation on 1-8-19 at 1:15 PM the rail was not tight against the mattress leaving a wide gap between the mattress and the rail. The rail was loose and easily moved back and forth when pressure applied. During an interview on 1-8-19 at 1:15 PM the resident reported he/she used it to help get in and out of bed and had not noticed it being loose or had any problems with it. On 1-9-19 at 11:43 AM licensed nursing staff C checked the hand rail and reported there were bars that slid under the mattress about half way but was not secured to the bed. During an interview on 1-9-19 at 11:43 AM licensed nursing staff C reported therapy services put the hand rails on the beds and he/she just added it to the care plan and did not do an assessment for safety of the rail. The administrator failed to ensure all health care services were provided to residents in	S3171		

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S3171	Continued From page 5 accordance with acceptable standards of practice related to safety assessments of hand/side rails.	S3171		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 39 residents. The sample included 3 residents and 1 focused record review. Based on interview and record review the administrator failed to ensure designated staff administered medications and biologicals to 2 (#108 and #109) of 3 residents in accordance with a medical care providers written order and professional standards of practice.	S3200		

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S3200	Continued From page 6 Findings included: - Review of resident #108's medical record revealed the resident # 108 admitted to the facility on 12-1-18 with diagnoses of diabetes, urinary retention, depression and reflux disease. Review of the residents functional capacity screen dated 12-1-18 revealed the resident could not manage his/her own medications and medical treatments. Review of the negotiated service agreement dated 12-1-18 revealed the certified medication aide would dial the residents insulin dosage and he/she would self-inject the insulin. It did not identify any specific directions for staff to hold the resident's insulin based on blood sugar readings. Review of the residents record revealed a medical providers order dated 12-19-18 to hold the residents Novolog insulin if blood sugar less than 90 before meals. On 11-18-18 an order noted to hold the Lantus insulin if blood sugar less than 100 at bedtime. Review of the residents December 2018 medication administration record (MAR) revealed the certified staff held the resident's insulin at the following times: 12-1-18 at noon meal for blood sugar of 82; 12-2-18 at noon meal for a blood sugar of 96; 12-5-18 at noon meal for a blood sugar of 92; 12-7-18 for a blood sugar of 86; 12-8-19 for a blood sugar of 79; 12-10-19 at noon meal for accucheck of 87; 12-11-18 at noon meal for accucheck of 106; 12-13-18 at noon meal for accucheck of 85; 12-14-18 at noon meal for accucheck of 101; 12-15-18 at noon meal for accucheck of 103; 12-16-18 at noon meal for accucheck of 113; and again on 12-18-18 at noon	S3200		

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meal for accucheck of 101. Facility staff held the residents insulin 12 times before 12-19-18 without a medical providers order.

Review of the nurse's notes included notification of the charge nurse on 12-1,2,3-18 but lacked evidence of notification of the physician to hold the resident's insulin.

During an interview on 1-9-18 at 9:07 AM licensed nursing staff A reported the decision to hold the insulin was a nursing judgement.

The administrator failed to ensure resident #108's insulin was administered and held according to acceptable standards of practice.

- Review of resident #109's record revealed the resident admitted to the facility on 10-6-11 with diagnoses of arthritis, diabetes, and hypertension.

Review of the resident's functional capacity screen dated 11-29-18 revealed the resident could not manage his/her medications and medical treatments.

Review of the residents negotiated service agreement dated 11-29-18 revealed staff needed to check the residents blood sugar fasting and as needed (PRN).

Review of the residents record lacked a medical providers order to check the residents blood sugar routinely or PRN. The record also included a medical providers order dated 12-6-18 for Tylenol 650 mg-1000 mg every 6 hours PRN for pain.

Review of the residents December 2018 medication administration record revealed the

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S3200	Continued From page 8 resident received Tylenol 1000 mg 25 times in the month of December. During an interview on 1-9-19 at 10:35 AM certified staff I reported if a resident asked for PRN Tylenol he/she would find out why and have the resident rate his/her pain on a scale of 0-10 with 0 being no pain and 10 being the worst pain. Staff I would then give the resident the pain medication and then check back with the resident later to see if it worked. Staff I reported he/she did this with all prn pain medications including narcotic medications. During an interview on 1-9-19 at 11:44 AM licensed nursing staff A reported as long as the resident had an order for the prn medication the certified medication could administer the medication and did not need to let the nurse know to assess the pain. Staff A also reported the checking the residents blood sugars routinely was a nursing judgement. The administrator failed to ensure the resident's PRN medications were administered according to acceptable standards of practice and blood sugars monitored routinely according to standards of practice.	S3200		
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	S3280		

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admission to the facility regarding emergency procedures;
(3) quarterly review of the facility ' s emergency management plan with employees and residents; and
(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 39. Based on record review for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents.

Findings included:

- Review of the provided quarterly reviews of the emergency management plan with residents revealed designated staff J conducted monthly meetings with residents and reviewed portions of the emergency management plan but did not review the whole plan quarterly. The meetings included 9-13 residents in attendance and staff J did not provide individual education for those who did not attend resident council. The record also lacked evidence of review of natural gas leak, water outage or missing resident.

Review of the provided staff quarterly reviews

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S3280	Continued From page 10 also lacked evidence of review of natural gas leak or water outage and the whole emergency plan was not reviewed each quarter. For all residents and employees, the administrator failed to ensure emergency preparedness by ensuring quarterly review of the emergency management plan with all staff and residents.	S3280		
S3290 SS=E	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened 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.	S3290		

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This REQUIREMENT is not met as evidenced by:
KAR 26-41-206(a)(2)

The facility reported a census of 39 residents. The sample included 3 residents and 1 focused review. Based on observation, interview and record review the operator failed to ensure designated staff provided a therapeutic diet as ordered for 3 (#108, #109, #111) of 4 residents.

Findings included:

- Review of resident #108's record revealed he/she admitted to the facility on 12-1-18 with diagnosis of diabetes.

The functional capacity screen dated 11-28-18 did not identify if the resident could prepare his/her own meals but did identify he/she was independent with eating.

The negotiated service agreement/health service plan dated 11-28-18 revealed the resident needed to receive a constant carbohydrate diet and heart healthy diet.

Review of the resident's record included a medical provider order for a consistent carbohydrate diet / heart healthy diet.

Review of the residents dietary kardex noted the resident needed to receive a constant carbohydrate diet / heart healthy diet.

Observation on 1-9-18 at 12:18 PM dietary staff G served the resident a "medium" serving of

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pepper steak and had a cup of icecream.

- Review of resident #109's record revealed an admission date of 10-6-11 with a diagnosis of diabetes and hypertension.

The functional capacity screen dated 11-29-18 did not identify id the resident could prepare his/her own meals but did identify he/she was independent with eating.

The negotiated service agreement/health service plan dated 11-29-18 revealed the resident would receive a constant carbohydrate diet and 3 grams sodium.

Review of the resident's record included a medical providers order for a consistent carbohydrate diet.

Review of the residents dietary kardex noted the resident needed to receive a regular diet, with soft food and constant carbohydrate diet, 3 gram sodium diet.

Observation on 1-9-19 at 12:20 PM dietary staff G served the resident a small ladle and half of pepper steak, 2 scoops of cheesy broccoli and rice casserole, 1 spoodle of peas and he/she also received a slice of blueberry cheese cake.

- Review of resident #111's record revealed an admission dated of 4-16-18 with a diagnosis of diabetes.

The functional capacity screen dated 3-29-18 did not identify if the resident could prepare his/her own meals but did identify he/she ate independently.

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S3290	Continued From page 13 The negotiated service agreement/ health service plan dated 3-29-18 revealed the resident would receive a constant carbohydrate diet. Review of the resident's record revealed a medical providers diet order for constant carbohydrate diet dated 12-27-18. Observation on 1-9-19 at 12:22 PM dietary staff G served the resident a large portion of pepper steak, 2 scoops of cheesy broccoli and rice casserole and 1 spoodle of peas. The resident also received a slice of blueberry cheese cake. Observations on 1-9-18 at approximately 12:22 PM housekeeping staff C and certified staff I passed out trays of blueberry cheese cake and resident #110 and #111 received the same sized portions as other residents who were not on a constant carbohydrate diet. Review of the consistent carbohydrate diet directions provided by consultant staff J revealed the diet provided a consistent amount of carbohydrates each day and in each meal. The food list included 1/2 cup starchy vegetables (peas), 1/3 cup cooked rice, 1/2 cup icecream, 2" square piece of cake with no icing. During an interview on 1-8-19 at 10:05 AM dietary staff F reported he/she knew diabetic residents needed to watch their sugar and things but did not know for sure how to provide the consistent carbohydrate diet according to instructions. During an interview on 1-9-19 at 12:58 PM dietary staff G reported he/she did not know much about serving the special diets. Stated the residents were given menus to choose what they wanted and were supposed to manage their own diet that	S3290		

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S3290	Continued From page 14 way. The operator failed to ensure designated staff prepared therapeutic diets according to instructions.	S3290		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (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. (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 39 residents. Based on record review and interview the administrator failed to ensure designated staff prepared foods using safe methods to ensure serving foods at the proper temperature. This failure had the potential to effect all residents.	S3298		

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	N091002	A. BUILDING: _____ B. WING _____	01/14/2019

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WHEAT RIDGE ACRES	707 WHEATRIDGE CIRCLE GOODLAND, KS 67735

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S3298	Continued From page 15 Findings included: - During initial tour on 1-8-19 at 9:40 AM record review of the food temperature log revealed temperature of hot foods for breakfast and lunch but no supper temperature or temperatures of cold foods served. During an interview on 1-8-19 at 10:00 AM dietary staff F reported he/she knew temperatures of hot foods needed to be taken and hadn't made sure evening staff checked the food temperatures. Staff F also reported the salad bar was served every day. During an interview on 1-9-19 at 3:12 PM dietary staff G confirmed staff did not take the temperatures of cold foods served and that there were times when cottage cheese was served on the salad bar cart. The administrator failed to ensure dietary staff monitor temperatures of food to ensure food safety and serving of food at the proper temperatures.	S3298		
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	S3299		

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S3299	Continued From page 16 by: KAR 26-41-206(e) The facility reported a census of 39 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 1-8-19 at 9:40 AM the following were observed: A bag of cinnamon streusel cake mix and a bag of buttermilk pancake mix that staff opened without an open date and had been rolled down partially but was not sealed. A 5 gallon bucket of white flour and another 5 gallon bucket of white sugar each with a large scoop in it with the handle in the food. During an interview on 1-9-10 at 10:00 AM dietary staff F reported he/she was just now the supervisor and learning expectations for his/her position. The administrator failed to ensure designated staff stored food under safe and sanitary conditions.	S3299		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections.	S3305		

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S3305	Continued From page 17 These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: KAR 26-41-207(b)(2)(4) The facility reported a census of 39 residents. Based on observations the administrator failed to ensure dietary staff used proper hand hygiene techniques to meet professional health care standards and failed to provide sanitary conditions for food service. This had the potential to effect all residents in the facility.	S3305		

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S3305	Continued From page 18 Findings included: - Observation of the serving of the noon meal on 1-9-19 at 12:07 revealed the following: Dietary staff G and H had put on gloves prior to serving the food. Both staff proceeded to touch various items in the kitchen, drawer handles, microwave door, and the menus that had been handled by the residents as they filled them out. At 12:07 dietary staff G got a bowl to put food in and touched the inside food surface with 3 fingers of his/her gloved hand that had touched multiple other surfaces. Staff G continued this process throughout the serving of the meal. Dietary staff H served the bread and touched the bread with his her gloved hands that had touched boxed in the dry goods storage as well as other items in the kitchen. As dietary staff G cut the blueberry cheese cake and put it on the plate he/she touched many of the pieces of cake with the same gloved hands he/she had on during service of the rest of the meal. The administrator failed to ensure dietary staff served foods in a safe and sanitary manor.	S3305		
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	S3320		

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S3320	Continued From page 19 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. 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 39 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 1/8/19 at 9:12 AM revealed a housekeeping cleaning cart unattended in the hall. A spray can of hospital disinfectant sat on the top of the cart and a spray bottle of TB (Tuberculosis) disinfectant on the bottom shelf. The door to the cart was not locked and contained Clorox mold and mildew remover, glass cleaners and a container of Discide Ultra disinfectant wipes. All of the chemicals included a warning to keep out of reach of children. During an interview on 1/8/19 at 9:15 AM housekeeping staff C reported he/she did not know the cart needed to be locked.	S3320		

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S3320	Continued From page 20 Observation on 1/8/19 at 9:20 AM another cleaning cart sat on a different hall with chemicals accessible to residents. It included the same chemicals plus a can of comet. The administrator failed to ensure delegated staff kept chemicals locked for resident safety.	S3320		