STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N054005	A. BUILDING: _____ B. WING _____	02/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCIES AT PLEASANTON	706 W 15TH STREET PLEASANTON, KS 66075

(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
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigations 136368 and 135898 at the above named residential health care facility conducted on 2-18-19, 2-19-19, and 2-20-19.	S 000		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility 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 agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 16 residents. The sample included 3 residents and one closed record review. Based on observation, record review and interview for 1 (#218) of 1 sampled resident with siderails, the operator/licensed nurse failed to provide or coordinate the provision of necessary health care services that met the needs of the resident regarding use of siderails to include a safety assessment and instructions for use in the negotiated service agreement/health care service plan. Findings included:	S3155		

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

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S3155	Continued From page 1	S3155		

- Record review for Resident #218 revealed admission on 6-2-15 with diagnoses Parkinson's Disease, Depression, Dementia, Urinary Urgency, Tremors, Pseudobulbar Palsy and Spinal Stenosis.

The Functional Capacity Screen dated 2-12-18 recorded resident unable to perform bathing, dressing, toileting, transfers, walking/mobility and management of medications and treatments; required physical assistance with eating. Incontinent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Communication: rarely or never understandable "non-verbal"; sometimes understands. Current problems/risks identified included impaired vision and impaired decision-making.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 2-12-18 recorded services for total assistance with bathing, dressing, toileting, transfers (two staff with Hoyer lift), mobility; facility to store and manage medications. Needs/preferences: "Uses broda high back wheelchair, hospital bed, half rails for repositioning, low air loss mattress, Hoyer lift, nebulizer machine, oxygen as needed, pureed diet, honey thick liquid, fed by staff, total assist of two, (wears) briefs" and hospice services.

The NSA/HCSP lacked documentation of indication and use of siderails including documentation of a safety assessment performed prior to use of the device. The record lacked documentation of use of the siderails.

Observation on 2-19-19 at 12:1- pm of resident sitting in Broda chair in dining room being fed by certified staff. Resident nonverbal. Required

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S3155	Continued From page 2 repeated cueing, stroking of face and neck to encourage to swallow medications and food. Observation of on 2-19-19 at 12:45 pm of Resident #218's room accompanied by Operator/licensed nurse revealed a hospital bed with two half bed rails at the top; and a low air loss mattress with bolsters at top and bottom. The rails were attached to the bed frame. Both rails were up and locked in position. The left side of the bed was against the wall. Resident unable to demonstrate an ability to lower the siderails, or request that rails be lowered. Interview on 2-19-19 at 12:51 pm with Operator/licensed nurse stated the hospital bed was provided by hospice and the rails came with the bed. Stated sometimes resident is able to follow instructions and "can grab hold of the rail and other times he/she can't". Confirmed the record lacked documentation of a safety assessment. Further confirmed the facility lacked a policy for use of siderails in the facility including requirement for safety assessment prior to use and ongoing as condition changes. For Resident #218, the operator/licensed nurse failed to coordinate the provision of necessary health care services that met the needs of the resident regarding use of siderails to include a safety assessment and instructions for use in the negotiated service agreement/health care service plan.	S3155		
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	S3211		

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S3211	Continued From page 3	S3211		

licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.

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

The facility reported a census of 16 residents. The sample included 3 residents and one closed record review. Based on observation and interview, the operator/licensed nurse failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the package of all over the counter medications.

Findings included:

- Observation of medication room on 2-18-19 at 2:10 pm revealed upper cabinets which contained resident medications. Three small areas inside the cabinet labeled "stock" contained the following bottles of over-the-counter medications which lacked documentation of a resident's full name:

1 opened bottle Children's Ibuprofen suspension, expired 12/18
1 unopened bottle acetaminophen 500 mg (milligrams), expired 1/18
2 opened bottles extra strength pain relief

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S3211	Continued From page 4	S3211		

(acetaminophen) 500 mg
1 opened bottle of Bayer low dose aspirin (pain reliever/fever reducer/heart health), 81 mg
1 opened bottle of Pain Reliever PM (acetaminophen and diphenhydramine) 500/25 mg
1 opened bottle of antacid regular strength with "stock" written on the bottle
1 opened tube of Aspercreme with "stock" written on the tube
2 opened tubes of Vitamin A and D ointment

Interview on 2-18-19 at 2:10 pm with Operator/licensed nurse confirmed the above medications lacked documentation of full name of residents.

- Observation of medication cart on 2-18-19 at 4:35 pm revealed the following over the counter medications which lacked documentation of a resident's full name:
1 opened bottle of acetaminophen 500 mg with "stock" written on it.
1 opened can of Biofreeze (topical pain reliever) with "stock" written on it
1 opened bottle of Milk of Magnesia (laxative)

Interview on 2-18-19 at 4:35 pm with Operator/licensed nurse and Certified Medication Aide B confirmed the over the counter medications in the medication cart lacked documentation of a resident's full name.

The facility failed to provide a policy and procedure for medication management.

The operator/licensed nurse failed to ensure that a licensed pharmacist or licensed nurse labeled the over-the-counter medications with the full

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S3211	Continued From page 5 name of the resident on bottles/containers.	S3211		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S3215		

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S3215	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 16 residents. The sample included 3 residents, and one closed record review. Based on observation and interview for all residents and staff requiring tuberculosis skin testing, the operator/licensed nurse failed to ensure licensed nurses and medication aides stored all medications and biologicals in accordance with each manufacturer's recommendations. Findings included: - Observation of medication room on 2-18-19 at 2:10 pm accompanied by Operator/licensed nurse and Certified Medication Aide C revealed the following: small refrigerator with 1/2-full bottle of TB (tuberculosis) skin testing solution, lacked documentation of date opened. The solution was filled by the pharmacy on 11-14-17. Interview on 2-18-19 at 2:10 pm with Operator/licensed nurse stated the solution was possibly last used in July 2018. Confirmed the solution should have been discarded. Manufacturer's recommendations states: "Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency." For all residents and staff requiring TB skin testing, the operator/licensed nurse failed to ensure licensed nurses and medication aides stored TB skin testing solution in accordance with the manufacturer's recommendations by discarding after 30 days.	S3215		

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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 16 residents. The sample included 3 residents and one closed record review. Facility dietary staff failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature as evidenced by observation and interview and affecting all residents. Findings included: - During tour of the kitchen on 2-18-19 at 2:45	S3298		

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S3298	Continued From page 8 pm with Operator/licensed nurse and Dietary Staff C, surveyor requested food temperature logs. Interview with Dietary Staff C on 2-18-19 at 3:04 pm confirmed the facility lacked documentation of food temperatures. The facility failed to provide a policy specific to food preparation regarding temperature monitoring and maintenance of temperature logs. For all assisted living residents, the facility dietary staff failed to ensure food was served at the proper temperature to prevent food borne illness by taking and recording temperature of food prior to serving.	S3298		