STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N018009	A. BUILDING: _____ B. WING _____	01/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERNAULD VILLAGE	716 TWEED STREET WINFIELD, KS 67156

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey of the above residential health care facility on 1/2/19, 1/3/19, 1/7/19, and 1/8/19.	S 000		
S 225 SS=F	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal	S 225		

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

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S 225	Continued From page 1	S 225		

representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.
(4) An admission agreement shall not include a general waiver of liability for the health and safety of residents.
(5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger.

This REQUIREMENT is not met as evidenced by:
KAR 26-39-102(a)(2)(3)

The facility reported a census of 17 residents. The sample included 3 residents. Based on record review and interview for 3 (#220, #221, and #222) of 3 residents sampled, administrator B failed to ensure before admission, each resident or the resident's legal representative was informed in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment, including the refund policy of the adult care home. Administrator B further failed to ensure at the time of admission a written agreement was executed with the resident or the resident's legal representative, that described in detail the services and the goods the resident would receive and specified the obligation of the resident toward the adult care home.

Findings included:

- At 11:30 a.m. on 1/3/19, surveyor asked administrator B for the admission agreement for

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S 225	Continued From page 2 residents #220, #221, and #222. Administrator B provided a file for each resident. Each file lacked documentation that verified the resident and/or legal representative was informed in writing, prior to admission, of the rates and charges for the adult care home's services and of the resident's obligations regarding payment, including the refund policy of the adult care home. Each resident's file lacked a written agreement that described in detail the services and the goods the resident would receive and specified the obligation of the resident toward the adult care home. During an interview at 11:41 a.m. on 1/3/19, medical records director H stated no admission agreements for residents living in residential care. Medical records director H stated the negotiated service agreement was the admission agreement. Medical director H reviewed a negotiated service agreement and confirmed it did not include rates and charges for services. The negotiated service agreement did not include resident's obligations regarding payment, the refund policy, and resident's obligation toward the adult care home. Administrator B failed to ensure before admission, each resident or the resident's legal representative was informed in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment, including the refund policy of the adult care home and at the time of admission a written agreement was executed with the resident or the resident's legal representative, that described in detail the services and the goods the resident would receive and specified the obligation of the resident toward the adult care home.	S 225		

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S3080	Continued From page 3	S3080		
S3080 SS=E	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 17 residents. The sample included 3 residents. Based on record review and interview for 3 (#220, #222, and #221) of 3 residents sampled, a licensed nurse failed to record the findings on each resident's functional capacity screening form according to definition specified by the department. Findings included: - Record review for resident #220 revealed an admission date of 9/22/14 with diagnosis of essential hypertension.	S3080		

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S3080	Continued From page 4	S3080		

Functional capacity screen dated 1/30/18, completed by licensed nurse C, documented a code of "1-2" for bathing indicating resident required supervision or physical assistance with bathing and a code of "0-1" for dressing indicating resident was independent or required supervision with dressing.

- Record review for resident #222 revealed an admission date of 7/27/17 with diagnoses of Parkinson's disease and Alzheimer's disease.

Functional capacity screen dated 7/27/18, completed by licensed nurse C, documented a code of "1-2" for resident's ability to eat indicating resident required supervision or physical assistance to eat.

- Record review for resident #221 revealed an admission date of 3/9/18 with diagnoses type 2 diabetes mellitus, severe osteoarthritis, chronic kidney disease, and hypertension.

Functional capacity screen dated 3/9/18, completed by licensed nurse C, documented a code of "0-2" for ability to use telephone indicating resident was independent with use of telephone or required physical assistance to use telephone.

The department's "Resident Functional Capacity Screen Manual February 1997 (updated July 11,2008)" instructs the person conducting the screen to enter the code to describe the resident's ability to perform activities of daily living and instrumental activities of daily living for the resident's lowest level of functioning.

During an interview at 12:35 p.m. on 1/3/19, licensed nurse C stated and confirmed the

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S3080	Continued From page 5 functional capacity screens were coded with a range in the areas specified above for each resident. For residents #220, #222, and #221, a licensed nurse failed to record the findings on each resident's functional capacity screening form according to definition specified by the department.	S3080		
S3155 SS=E	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 17 residents. The sample included 3 residents. Based on record review, observation, and interview for 3 (#220, #221, and #222) of 3 residents sampled, administrator B failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of each resident and were in accordance with the functional capacity screening and the negotiated service agreement.	S3155		

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S3155	Continued From page 6 Findings included: - Record review for resident #220 revealed an admission date of 9/22/14 with diagnosis of essential hypertension. Functional capacity screen dated 1/30/18 indicated resident was independent with ambulation and transferring; required supervision or physical assistance with bathing; was independent or required supervision with dressing; did not experience impaired cognition and was at risk for falls. Negotiated service agreement dated 1/30/18 documented resident to receive stand-by assistance with bathing and assistance as needed with dressing. During an interview with resident in the resident's room at 4:00 p.m. on 1/2/19, surveyor observed a half-rail on each side of resident's bed. resident stated he/she used the rails to turn self in bed. Review of the health care service plan signed by licensed nurse D on 12/17/18, resident requested bed rails to assist with mobility. Resident kept the bed rail up on side of bed against wall and other rail remained down with resident using that rail to exit the bed. The resident's record lacked an assessment of the safety of the bed rails and resident's ability to safely use the rails. During an interview at 12:13 p.m. on 1/3/19, licensed nurse C stated and confirmed the resident's record lacked an assessment of the safety of the bed rails and resident's ability to safely use the rails. Administrator B failed to ensure a licensed nurse provided or coordinated the provision of	S3155		

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S3155	Continued From page 7	S3155		

necessary health care services that met the needs of resident #220 and were in accordance with the functional capacity screening and the negotiated service agreement.

- Record review for resident #221 revealed an admission date of 3/9/18 with diagnoses type 2 diabetes mellitus, severe osteoarthritis, chronic kidney disease, and hypertension. Functional capacity screen dated 3/9/18 indicated resident was unable to perform bathing; required physical assistance with dressing, toileting, transferring, and walking; experienced impaired short-term memory, memory recall, and decision making; and was at risk for falls. Negotiated service agreement dated 3/9/18 documented services of total assistance with bathing; one-person transfer assistance; physical assistance to walk with walker; wheelchair for mobility; and toileting and dressing assistance. Health care service plan signed by licensed nurse D 12/24/18 documented two-person assistance with transferring and ambulation. Negotiated service agreement lacked a description to address resident's inability to exit the building without staff assistance.

During an interview at 1:02 p.m. on 1/3/19, licensed nurse C stated resident would not be able to exit the building without staff assistance. Licensed nurse C confirmed the negotiated service agreement lacked a description of service for resident's inability to exit the building without staff assistance.

Administrator B failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of resident #221 and were in accordance with the functional capacity screening and the negotiated service agreement.

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S3155	Continued From page 8 - Record review for resident #222 revealed an admission date of 7/27/17 with diagnoses of Parkinson's disease and Alzheimer's disease. Functional capacity screen dated 7/27/18 indicated resident required physical assistance with bathing, dressing, toileting, transferring, and mobility/ambulation; was at risk for falls; and experienced impaired short-term memory, memory recall, and decision making. Negotiated service agreement dated 7/27/18 documented services of total assistance with bathing and dressing; limited to extensive assistance with transferring and ambulation using a gait belt and walker. During an interview at 3:49 p.m. on 1/2/19, certified medication aide G stated resident required staff to propel wheelchair to take resident to meals. During an interview at 10:47 a.m. on 1/3/19, certified medication aide F stated resident required one-person assistance to transfer and walk with walker. At 1:09 p.m. on 1/3/19, licensed nurse C stated resident would require total assistance from staff to exit the building and needed to add this service to the negotiated service agreement. Administrator B failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of resident #222 and were in accordance with the functional capacity screening and the negotiated service agreement.	S3155		

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S3160	Continued From page 9	S3160		
S3160 SS=E	26-41-204 (c) HEALTH CARE SERVICES (c) The health care services provided by or coordinated by a licensed nurse may include the following: (1) Personal care provided by direct care staff or by certified or licensed nursing staff employed by a home health agency or a hospice; (2) personal care provided gratuitously by friends or family members; and (3) supervised nursing care provided by, or under the guidance of, a licensed nurse. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(c)(1)(2)(3) The facility reported a census of 17 residents. The sample included 3 residents. Based on record review and interview for 2 (#220 and #222) of 3 residents sampled, administrator B failed to ensure health care services provided by or coordinated by a licensed nurse only included personal care provided by direct care staff or by certified or licensed nursing staff employed by a home health agency or a hospice; personal care provided gratuitously by friends or family members; and supervised nursing care provided by, or under the guidance of a licensed nurse. Findings included: - Record review for resident #220 revealed an admission date of 9/22/14 with diagnosis of essential hypertension.	S3160		

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S3160	Continued From page 10 Functional capacity screen dated 1/30/18 indicated resident was independent with ambulation and transferring; required supervision or physical assistance with bathing; was independent or required supervision with dressing; did not experience impaired cognition and was at risk for falls. Negotiated service agreement dated 1/30/18 documented resident to receive stand-by assistance with bathing and assistance as needed with dressing. Health care service plan signed and dated 12/17/18 by licensed nurse D documented "Personal hired sitter assists (resident) with showers." During an interview at 4:00 p.m. on 1/2/19, resident stated he/she hired a person to help him/her 1 to 2 hours a day. Resident stated this person "mainly comes to visit." During an interview at 10:42 a.m. on 1/3/19, certified medication aide F stated resident had a sitter who assisted resident with a shower. During an interview at 12:35 p.m. on 1/3/19, licensed nurse C when asked duties of the sitter, stated "As far as we know companionship." Licensed nurse C stated certified staff were to assist resident with a shower. Licensed nurse C was not aware health care service plan specified "Personal hired sitter assists (resident) with showers." For resident #220, administrator B failed to ensure health care services provided by or coordinated by a licensed nurse only included	S3160		

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S3160	Continued From page 11	S3160		

personal care provided by direct care staff or by certified or licensed nursing staff employed by a home health agency or a hospice; personal care provided gratuitously by friends or family members; and supervised nursing care provided by, or under the guidance of a licensed nurse.

- Record review for resident #222 revealed an admission date of 7/27/17 with diagnoses of Parkinson's disease and Alzheimer's disease.

Functional capacity screen dated 7/27/18 indicated resident required physical assistance with bathing, dressing, toileting, transferring, and mobility/ambulation; was at risk for falls; and experienced impaired short-term memory, memory recall, and decision making.

Negotiated service agreement dated 7/27/18 documented services of total assistance with bathing and dressing; limited to extensive assistance with transferring and ambulation using a gait belt and walker, and assistance with incontinence care.

Health care service plan (HCSP) dated 11/9/18 documented resident had a private sitter. Activities of daily living assistance section included: "(Resident) has a private sitter for part of the day. Teach the private sitter the importance of calling for assist if needed and allowing (resident) to assist with (his/her) ADLS (activities of daily living)." The HCSP documented resident required staff assistance with incontinence care and sitter to notify staff of need. Fall intervention dated 9/6/17 included educating sitter to use gait belt always during transfer and ambulation. Fall intervention dated 7/30/18 documented staff to check with private sitter to ensure personal alarm and call light are within reach prior to sitter

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S3160	Continued From page 12 leaving resident. This intervention included documentation that durable power of attorney notified of need to have a certified sitter if current sitter unable to follow interventions in place to keep resident safe. Fall intervention dated 11/7/18 documented resident's sitter to inform staff before ambulating resident so additional staff can follow behind resident with wheelchair. During an interview at 10:47 a.m. on 1/3/19, certified medication aide F stated resident required one-person assistance to transfer and walk with walker. Certified staff F stated resident's sitter arrived around 7:30 a.m. and after breakfast sitter took resident in wheelchair back to resident's room, toileted resident, and transferred resident to recliner before leaving around 8:30 a.m. or 9:00 a.m. During an interview at 1:09 p.m. on 1/3/19, licensed nurse C stated resident's sitter was to only provide companionship and no care. Licensed nurse C stated sitter was instructed to activate call light for staff to assist resident with care. For resident #222, administrator B failed to ensure health care services provided by or coordinated by a licensed nurse only included personal care provided by direct care staff or by certified or licensed nursing staff employed by a home health agency or a hospice; personal care provided gratuitously by friends or family members; and supervised nursing care provided by, or under the guidance of a licensed nurse.	S3160		
S3166 SS=F	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing	S3166		

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S3166	Continued From page 13 procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(e) The facility reported a census of 17 residents. The sample included 3 residents. Based on record review and interview for 3 of 3 certified medication aide employee files reviewed, administrator B failed to ensure a licensed nurse delegated glucometer testing of a resident's blood sugar level to certified medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Record review for sampled resident #221 revealed an admission date of 3/9/18 with a diagnosis of type 2 diabetes mellitus. Functional capacity screen dated 3/9/18 indicated resident was unable to perform management of medications. Negotiated service agreement dated 3/9/18 documented resident received facility management of injections and diabetic care. Health care service plan signed by licensed nurse D 12/24/18 documented diabetes will be monitored and managed that included monitoring blood sugar levels as ordered by physician, report blood sugars less than 70 and greater than 250 to physician as ordered.	S3166		

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S3166	Continued From page 14 During an interview at 4:20 p.m. on 1/2/19, certified medication aide E stated he/she performed glucometer checks of resident blood sugar levels. During an interview at 10:50 a.m. on 1/3/19, certified medication aide F stated he/she tested resident blood sugar levels with a glucometer. Certified medication aide F denied being instructed by a licensed nurse on how to perform glucometer testing and a licensed nurse did not observe him/her perform the testing. During review of employee files at 1:50 p.m. on 1/3/19 for certified medication aides E, F, and G, administrator B stated files did not contain documentation of licensed nurse delegation of testing a resident's blood sugar level with a glucometer. At 1:56 p.m. on 1/3/19, licensed nurse C confirmed certified medication aides performed glucometer testing of blood sugar levels and stated a licensed nurse did not delegate the procedure to certified medication aides. Administrator B failed to ensure a licensed nurse delegated glucometer testing of a resident's blood sugar level to certified medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3166		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a	S3175		

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S3175	Continued From page 15 licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 17 residents. The sample included 3 residents. Based on record review, observation, and interview for 1 (#220) of 3 residents sampled, a licensed nurse failed to assess and determine the resident's ability to safely and accurately self-administer selected medications prior to resident self-administering the medications and annually. Findings included: - Record review for resident #220 revealed an admission date of 9/22/14 with diagnosis of essential hypertension. Functional capacity screen dated 1/30/18 indicated resident was unable to perform management of medications and treatments. Negotiated service agreement dated 1/30/18	S3175		

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S3175	Continued From page 16 documented qualified staff to administer medications. Health care service plan signed and dated 12/17/18 by licensed nurse D documented medications and treatments administered by CMA (certified medications aide)/nursing per current physician's orders. Review of the December 2018 medication administration record revealed resident stored and self-administered the following: Biotin moisturizing mouth spray-use as needed for dry mouth. May keep at bedside. Debrox 6.5% ear drops 3 to 5 drops for wax build up as needed. May keep at bedside. Lantiseptic barrier cream: apply to affected areas for redness as needed. May keep at bedside and self-administer. Premarin cream three times a week. May keep at bedside and self-administer. Resident's record contained a medical care provider's order dated 9/13/18 for Flonase (allergy relief nasal spray) 2 puffs each nostril daily for 3 weeks and may keep at bedside. A medical care provider's order signed 9/26/18 approved resident to keep Nystatin (antifungal) at bedside. Resident's record lacked an assessment of resident's ability to self-administer the medications. During an interview at 4:00 p.m. on 1/2/19, surveyor asked resident for permission to check hot water temperature from faucet in bathroom sink. Surveyor observed a tube of hydrocortisone cream (topical cream to treat certain skin irritations) on the sink counter.	S3175		

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S3175	Continued From page 17 During an interview at 12:13 p.m. on 1/3/19, licensed nurse C stated resident did not self-administer medications and then stated "maybe (his/her) creams." Licensed nurse C reviewed the resident's December 2018 medication administration record and September 2018 medical care provider orders and confirmed resident self-administered medications. Licensed nurse C confirmed the lack of an assessment by a licensed nurse that determined resident could safely and accurately self-administer these medications. A licensed nurse failed to assess and determine resident #220's ability to safely and accurately self-administer selected medications prior to resident self-administering the medications and annually.	S3175		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by:	S3186		

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S3186	Continued From page 18 KAR 26-41-205(b) The facility reported a census of 17 residents. The sample included 3 residents. Based on record review, observation, and interview for 1 (#220) of 3 residents sampled, administrator B failed to ensure the negotiated service agreement reflected resident stored and self-administered selected medications and remainder of medications were managed and administered by qualified staff. Findings included: - Record review for resident #220 revealed an admission date of 9/22/14 with diagnosis of essential hypertension. Functional capacity screen dated 1/30/18 indicated resident was unable to perform management of medications and treatments. Negotiated service agreement dated 1/30/18 documented qualified staff to administer medications. Health care service plan signed and dated 12/17/18 by licensed nurse D documented medications and treatments administered by CMA (certified medications aide)/nursing per current physician's orders. Review of the December 2018 medication administration record revealed resident stored and self-administered the following: Biotin moisturizing mouth spray-use as needed for dry mouth. May keep at bedside. Debrox 6.5% ear drops 3 to 5 drops for wax build up as needed. May keep at bedside. Lantiseptic barrier cream: apply to affected areas	S3186		

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S3186	Continued From page 19	S3186		

for redness as needed. May keep at bedside and self-administer.
Premarin cream three times a week. May keep at bedside and self-administer.

Resident's record contained a medical care provider's order dated 9/13/18 for Flonase (allergy relief nasal spray) 2 puffs each nostril daily for 3 weeks and may keep at bedside. A medical care provider's order signed 9/26/18 approved resident to keep Nystatin (antifungal) at bedside.

Negotiated service agreement did not specify resident stored and self-administered selected medications.

During an interview at 4:00 p.m. on 1/2/19, surveyor asked resident for permission to check hot water temperature from faucet in bathroom sink. Surveyor observed a tube of hydrocortisone cream (topical cream to treat certain skin irritations) on the sink counter.

During an interview at 12:13 p.m. on 1/3/19, licensed nurse C stated resident did not self-administer medications and then stated "maybe (his/her) creams." Licensed nurse C reviewed the resident's December 2018 medication administration record and September 2018 medical care provider orders and confirmed resident self-administered medications. Licensed nurse C stated and confirmed the resident's negotiated service agreement did not describe which medications resident self-administered and the facility managed the remainder of the resident's medications.

Administrator B failed to ensure the negotiated service agreement for resident #220 reflected

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S3186	Continued From page 20 resident stored and self-administered selected medications and remainder of medications were managed and administered by qualified staff.	S3186		
S3210 SS=E	26-41-205 (e) (f) Medication Verbal Orders and Standing Orders (e) Medication orders. Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order. (f) Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident ' s medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(e) The facility reported a census of 17 residents. The sample included 3 residents. Based on record review and interview for 2 (#220 and #221) of 3 residents sampled a licensed nurse failed to ensure that all verbal orders were signed by the medical care provider within 7 days of receipt of the verbal order. Findings included: - Record review for resident #220 revealed an	S3210		

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S3210	Continued From page 21	S3210		

admission date of 9/22/14 with diagnosis of essential hypertension.

Functional capacity screen dated 1/30/18 indicated resident was unable to perform management of medications and treatments.

Negotiated service agreement dated 1/30/18 documented qualified staff to administer medications.

Health care service plan signed and dated 12/17/18 by licensed nurse D documented medications and treatments administered by CMA (certified medications aide)/nursing per current physician's orders.

The record contained five telephone order slips between the dates of 10/7/18 and 11/12/18 that lacked the signature of the resident's medical care provider.

- Record review for resident #221 revealed an admission date of 3/9/18 with diagnoses of type 2 diabetes mellitus, severe osteoarthritis, chronic kidney disease, and hypertension.

Functional capacity screen dated 3/9/18 indicated resident was unable to perform management of medications.

Negotiated service agreement dated 3/9/18 documented resident received facility management of medications.

Health care service plan signed by licensed nurse D 12/24/18 documented administration of medications as ordered by physician.

The record contained eleven telephone order

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S3210	Continued From page 22 slips between the dates of 11/2/18 and 12/16/18 that lacked the signature of the resident's medical care provider. During an interview at 12:13 p.m. on 1/3/19, surveyor asked licensed nurse C for the facility's policy for telephone/verbal medical care providers' orders and the time required to have the orders signed by the medical care provider and posted on each resident's record. Licensed nurse C stated that was the responsibility of the medical records director. At 12:25 p.m. on 1/3/19, medical records director H stated facility policy to have medical care provider telephone/verbal orders signed by medical care provider and posted on resident record within 2 weeks of receipt of the order. For resident's #220 and #221, a licensed nurse failed to ensure that all verbal orders were signed by the medical care provider within 7 days of receipt of the verbal order.	S3210		
S3280 SS=E	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 23 (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 17 residents. The sample included 3 residents. Based on record review and interview for all employees and all residents, administrator B failed to ensure disaster and emergency preparedness by ensuring the performance of a quarterly review of the facility's emergency management plan with employees and residents. Findings included: - Review of resident council 2018 meeting minutes revealed the entire emergency management plan was reviewed with 7 residents on 6/22/18. The meeting minutes for the remainder of 2018 did not contain documentation that residents reviewed the plan. During an interview at 1:40 p.m. on 1/3/19, administrator B stated he/she reviewed the emergency management plan with employees on 3/8/18. Administrator B unable to provide additional documentation of quarterly reviews of the entire plan with all employees and all residents in 2017 and 2018. Administrator B failed to ensure disaster and emergency preparedness by ensuring the	S3280		

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S3280	Continued From page 24 performance of a quarterly review of the facility's emergency management plan with employees and residents.	S3280		