STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N014001	A. BUILDING: _____ B. WING _____	01/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAY CENTER PRESBYTERIAN MANOR	924 8TH STREET CLAY CENTER, KS 67432

(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 are the result of a Licensure Resurvey at the above named Residential Health Care Facility in Clay Center, Kansas on 01/03/19, 01/07/19, 01/08/19, and 01/09/19. Revised 2567 sent to facility 1/28/2019	S 000		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The census equalled 22 the sample included three Residents. Based on reviews of records and interviews, for two of three sampled (#185 and #189), the Administrator failed to ensure each individual involved in the development of the negotiated service agreement/health service plan (NSA/HSP) signed the agreement. Findings included: - Review of record revealed #185 admitted to facility 01/24/17 with diagnoses of low back pain, collagenous colitis, tachycardia, gastroesophageal reflux disease, pleural effusion, dementia, ileostomy, pain, and radiculopathy. Current Assisted Living Evaluation (functional capacity screen) dated 5/29/18 assessed #185	S3101		

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

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S3101	Continued From page 1 with need of physical assistance for bathing, independent with dressing, toileting, transfer, mobility, eating; in need of physical assistance with medication and treatment management. Current negotiated service agreement dated 5/29/18 included bathing assistance, lacked medication and treatment management and lacked fall prevention interventions. #185 experienced a fall in room on 12/27/18. The NSA contained a hand written note dated 12/27/18 "Fall 12/27/18 encourage to ask for assistance if needed when having increased back pain." The NSA signed by #185, Administrator #A, and Director of Nursing #B 6/14/18. This intervention added to the NSA 12/27/18 without Resident or Resident representative signature to acknowledge an addition to the NSA. - Review of record revealed #189 admitted to facility 10/25/18 with diagnoses heart failure, pulmonary embolism, atrial flutter, esophageal obstruction, dysphagia, osteoarthritis, Alzheimer's, edema, arteriosclerotic heart disease, gastroesophageal reflux disease, and pain. Current Assisted Living Evaluation dated 10/25/18 assessed #189 with need of physical assistance for bathing, independent with dressing, toileting, transfer, mobility, eating; in need of supervision and assistance with medication and treatment management. . Negotiated service agreement (NSA) dated 10/25/18 documented #189 "able to self administer medications" (on page 3) and "HCBS - Staff will provide assistance with Medication	S3101		

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S3101	Continued From page 2 Management - resolved date 10/25/18" (on page 4), indicated bathing assistance to be provided, and documented "Staff will monitor and identify for fall risk: assess and identify risk factors." The NSA contained a hand written note dated 10/27/18 "work on orientation to new room." The NSA signed by family member, Administrator #A, and Director of Nursing #B on 10/25/18. This new intervention added to the NSA on 10/27/18 without Resident or Resident representative signature to acknowledge an addition to the NSA. On 01/07/19 at 4:50pm Regional Consultant Nurse #E, Director of Nursing #B, Nurse Supervisor #C, and Administrator #A stated we do not get signatures from the Resident or the family if the changes we add to the NSA after signed by all parties do not change the cost. The Administrator failed to ensure each individual involved in the development of the NSA/HSP for #185 and #189 signed the agreement.	S3101		
S3201 SS=F	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately	S3201		

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S3201	Continued From page 3 before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(3) The census equalled 22 the sample included three Residents. The Resident roster identified 14 Residents with facility managed medications. Based on interviews and reviews of records, for three of three sampled (#185, #187, and #189), the Administrator failed to ensure an actual clock time documented for medications on the MAR (medication administration record) with only time intervals or events for administration. Findings included: - Review of record revealed #185 admitted to facility 01/24/17 with diagnoses of low back pain, collagenous colitis, tachycardia, gastroesophageal reflux disease, pleural effusion, dementia, ileostomy, pain, and radiculopathy. Current Assisted Living Evaluation (functional capacity screen) dated 5/29/18 assessed #185 unable to perform medication and treatment management. Current negotiated service agreement dated 5/29/18 lacked the services of medication and treatment management. January 2019 medication administration records	S3201		

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S3201	Continued From page 4	S3201		

(MAR) documented facility staff administered:
Metoprolol tartrate (tachycardia) 0700-1000
Flonase allergy relief 0700-1000
Furosemide (diuretic) 0700-1000
Miralax (constipation) 0700-1000
Colace (stool softener) 0700-1000 and 1500-1800
Lexapro (depression) 0700-1000
Fentanyl (topical narcotic pain medication) 1830-2130
Prilosec (anti reflux) 0700-1000
Voltaren 1% gel (topical anti-inflammatory) 0300-0500

Further review revealed the MAR's recorded initials of staff administration, but lacked documentation of the actual clock time these medications administered to #185.

- Review of record revealed #187 admitted to facility 8/09/17 with diagnoses of diabetes, gastroparesis, hypertension, insomnia, osteoarthritis, and aortacoronary bypass graft.

Current Assisted Living Evaluation and functional capacity screen each dated 5/29/18 assessed #187 unable to perform medication and treatment management.
Current negotiated service agreement dated 5/29/18 lacked the service of medication and treatment management.

January 2019 medication administration records (MAR) documented facility staff administered:
Augmentin (antibiotic) 0700-1000 and 1500-1800
Amlodipine (blood pressure) 0700-1000
Aspirin (cardiac protection) 0700-1000
Levothyroxine (thyroid) 0700-1000
Losartan (blood pressure) 0700-1000

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S3201	Continued From page 5 Digestive advantage Lactose defense 0700-1000 Docusate (stool softener) 0700-1000 and 1500-1800 Tylenol PM (insomnia) 1830-2130 Melatonin (insomnia) 1830-2130 Zocor (cholesterol) 1830-2130 Further review revealed the MAR's recorded initials of staff administration, but lacked documentation of the actual clock time these medications administered to #185. - Review of record revealed #189 admitted to facility 10/25/18 with diagnoses heart failure, pulmonary embolism, atrial flutter, esophageal obstruction, dysphagia, osteoarthritis, Alzheimer's, edema, arteriosclerotic heart disease, gastroesophageal reflux disease, and pain. Current Assisted Living Evaluation dated 10/25/18 assessed #189 capable of self administration with supervision. Negotiated service agreement (NSA) dated 10/25/18 documented #189 "able to self administer medications" (on page 3) and "HCBS - Staff will provide assistance with Medication Management - resolved date 10/25/18" (on page 4). The record contained an addendum to the NSA dated 12/12/18 "family request for facility to administer all medications to Resident." January 2019 medication administration records (MAR) documented facility staff administered: Omeprazole (anti reflux) 0700-1000 Eliquis (anti coagulant) 0700-1000 and 1500-1800 Tylenol PM (insomnia) 1830-2130	S3201		

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S3201	Continued From page 6 Myrbetric (urgent bladder) 0700-1000 Dyazide (blood pressure) 0700-1000 Donepezil (dementia) 1830-2130 Further review revealed the MAR's recorded initials of staff administration, but lacked documentation of the actual clock time these medications administered to #189. On 01/07/19 at 4:30pm Administrator #A, Director of Nursing #B, Nurse Supervisor #C, and Regional Consultant Nurse #E confirmed the clock time of medication administration not recorded on the MAR's of Residents... stated we are transitioning to electronic MAR's... used to write the clock time on the MAR, but changed the format in preparation for the electronic MAR which is supposed to time stamp the dose administration... For #185, #187, and #189, and all Residents with facility administered medications, the Administrator failed to ensure an actual clock time documented for medications on the MAR.	S3201		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place 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	S3211		

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S3211	Continued From page 7 original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The census equalled 22 the sample included three Residents. The Resident roster identified 14 Residents with facility managed medications. Based on observation and interview, for one of three sampled (#189), and one non-sampled (#180) with over the counter medications, the Administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the Resident on each accepted original, unbroken manufacturer's package of over-the-counter (OTC) medication for Resident administration. Findings included: - By observation on 01/03/19 at 1:10pm, in review of the Residential Health Care medication room and medication cart with Nurse Supervisor #C, the following noted to lack the first and last name of each Resident: #180 - Box of Oasis Tears Plus (eye moisturizer) #189 - Bottle of Tylenol (analgesic) 500mg (milligrams), and bottle of Tylenol 650mg tablets On 01/03/19 at 1:10pm, Nurse Supervisor #C and Director of Nursing #B confirmed these items lacked the first and last name... thought the initials or room number was sufficient for identification like the practice in long term care...	S3211		

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S3211	Continued From page 8 The Administrator failed to ensure for #180 and #189, the licensed nurse or licensed pharmacist placed the first and last names of Residents on each accepted, original, unbroken manufacturer's package of OTC medication for Resident administration.	S3211		
S3214 SS=D	26-41-205 (g) (4) Sample & Indigent Medication Program Meds (g) (4) Licensed nurses and medication aides may administer sample medications and medications from indigent medication programs if the administrator or operator ensures the development of policies and implementation of procedures for receiving and identifying sample medications and medications from indigent medication programs that include all of the following conditions: (A) The medication is not a controlled medication. (B) A medical care provider ' s written order accompanies the medication, stating the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. (C) A licensed nurse or medication aide receives the medication in its original, unbroken manufacturer ' s package. (D) A licensed nurse documents receipt of the medication by entering the resident ' s name and the medication name, strength, and quantity into a log. (E) A licensed nurse places identification information on the medication or package containing the medication that includes the medical care provider ' s name; the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions as documented on the	S3214		

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S3214	Continued From page 9 medical care provider ' s order. Facility staff consisting of either two licensed nurses or a licensed nurse and a medication aide shall verify that the information on the medication matches the information on the medical care provider ' s order. (F) A licensed nurse informs the resident or the resident ' s legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident ' s clinical record shall contain documentation that the resident or the resident ' s legal representative has received the information and accepted the risk of potential adverse consequences. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(4) The census equalled 22 the sample included three Residents. The Resident Roster identified 14 with facility managed medications and eight with self administered medications. Based on observation, interview, and review of record, for one of one sampled Resident who received a sample medication (#189), the Administrator failed to ensure the development of policies and procedures for receiving and identifying sample medications. Findings included: - Review of record revealed #189 admitted to facility 02/09/16 with diagnoses of heart failure,	S3214		

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S3214	Continued From page 10	S3214		

pulmonary emboli, atrial flutter, esophageal obstruction, dysphagia, osteoarthritis, Alzheimer's, edema, gastroesophageal reflux disease, and pain.

The 10/25/18 FCS (functional capacity screen) assessed #189 in need of supervision and assistance with medication and treatment management: "Self administration with supervision" able to self administer if prepared in advance in separate doses or with cueing and oversight... (family will continue plan of assisting with medication administration).

The 10/25/18 NSA/HSP (negotiated service agreement/health service plan) documented "Resident is able to self administer medications" and "HCBS - Staff will provide assistance with Medication Management - Resolved Date: 10/25/18"

An addendum dated 12/12/18 documented facility management of medications per family request.

On 01/03/19 at 12:40pm Director of Nursing #B stated the family sets up medications for #189.

On 01/03/19 at 1:10pm by review of the medication room and medication cart observed a supply of sample medication for #189 in the medication drawer. The medication Myrbetric contained only the Resident's name, and lacked the other required information for use of sampled medications (a medical care provider's written order accompanying the medication, stating the Resident's name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration).

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S3214	Continued From page 11 By review the medical record lacked documentation of: A log to indicate licensed nurse or medication aide received the medication in its original, unbroken manufacturer's package, A log in which a licensed nurse documented receipt of the medication by entering the Resident's name and the medication name, strength, and quantity, Verification by either two licensed nurses or a licensed nurse and a medication aide that verified that the information on the medication matched the information on the medical care provider's order, A licensed nurse informing the Resident or the Resident's legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies, and, The Resident or the Resident's legal representative receiving the information and accepted the risk of potential adverse consequences. The January 2019 MAR (medication administration record) documented the administration of Myrbetric daily to #189 by facility staff. On 01/07/19 at 4:30pm Director of Nursing #B, Nurse Supervisor #C, and Regional Consultant Nurse #E provided facility policy and procedure "Medication Sample." By review, this policy and procedure lacked required components of the sample medication process for Residents of facility with facility managed medications.	S3214		

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S3214	Continued From page 12 For #189 the Administrator failed to ensure the development of policies and procedures for receiving and identifying sample medications as required.	S3214		
S3215 SS=D	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	S3215		

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S3215	Continued From page 13 expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The census equalled 22 the sample included three Residents. The roster identified two Residents who used insulin and one included in the sample. Based on observation, interview, and review of record, for one of one sampled (#187) who used insulin, the licensed nurses and medication aides failed to ensure insulin pens stored in accordance with manufacturer's recommendations. Findings included: - By observation on 01/03/19 at 1:10pm in the medication storage room of facility, licensed nurses and medication aides stored insulin pens in the refrigerator of the medication room. The refrigerator contained prescription boxes with unopened insulin pens inside and two pens determined to open and in use. The refrigerator contained a Levemir pen for #187, with label "opened 01/02/19." The refrigerator contained a Novolog pen for #187, with label "opened 12/23/18." On 01/03/19 at 1:10pm, Director of Nursing #B and Nurse Supervisor #C confirmed these insulin pens open and in use for this Resident... confirmed staff not aware of the need to store the pens at room temperature once open. Requested package inserts of insulin pens. By	S3215		

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S3215	Continued From page 14 review: Novolog insert directed "do not refrigerate in use (opened) insulin pens..." Levemir insert directed "after initial use, the Levemir flex touch must NOT be stored in a refrigerator..." Director of Nursing #B confirmed the manufacturer information directed the pens stored at room temperature once open and in use. The licensed nurses and medication aides failed to ensure for #187 and any other Resident who used insulin pens, the insulin stored in accordance with manufacturer's recommendations.	S3215		
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 (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.	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N014001	A. BUILDING: _____ B. WING _____	01/09/2019

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S3280	Continued From page 15 This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d) The facility census equalled 22 the sample included three Residents. The facility identified four employees hired since the last Resurvey. Based on interviews and reviews of records, for all Residents and employees, the Administrator failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's entire emergency management plan with employees and Residents. Findings included: - By observation on 01/03/19 during the entrance tour of facility, a written emergency plan (three ring notebook approximately four inched thick) posted in a closet near the front door reception area. On 01/03/19 at 12:45pm Administrator #A confirmed the entire emergency manual located in the closet, and stated condensed reviews of the emergency plan carried out with Residents and staff... Administrator provided documentation of inservices for 2018. Documentation revealed the following reviews: For Residents - "How We Prepare for Emergencies" reviewed on 12/28/18, 9/21/18, and 6/29/18. For Employees - "Emergency Preparedness, Hazardous Risks, and Succession Plan" reviewed	S3280		

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S3280	Continued From page 16 8/08/18; "Active Shooter" reviewed 5/09/18; "Emergency Preparedness Manual" reviewed 02/14/18. On 01/03/19 at 3:15pm Administrator #A stated we do review the whole book every year... maintenance makes copies of specific polices from the complete manual... we do the top five risks every quarter... we do a lot of inservices... our manual includes all the required topics... confirmed the required topics may not be covered for all four times each year... For all Residents and employees, the Administrator failed to ensure reviews of the facility's emergency management plan completed quarterly with both employees and Residents.	S3280		