STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B005001	A. BUILDING: _____ B. WING _____	12/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLINWOOD COUNTRY LIVING	302 N MAIN STREET ELLINWOOD, KS 67526

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 12/6/18 and 12/10/18.	S 000		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (a) The facility reported a census of 2 residents. The sample included 2 residents. Based on observation, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for 1 of 2 sampled residents (#212) in accordance with the functional capacity screening and the negotiated service agreement regarding the need for altered food and fluid consistency. Findings included: - Record review for resident #212 revealed an admission date of 12/30/17 with diagnoses of hypertension, anxiety and macular degeneration.	S5155		

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

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S5155	Continued From page 1 The resident had a hospitalization on 9/7/18 until 10/3/18 for a stroke. The significant change functional capacity screen (FCS) dated 10/03/18 indicated the resident had short term memory impairment and memory recall deficit. He/she needed physical assistance with all activities of daily living except eating. The negotiated service agreement (NSA)/health care plan (HCP) dated 10/03/18 directed staff to modify the resident's diet per physician order to a puree diet with honey thickened liquids. The resident's diet order was changed on 11/13/18 without a revision to the NSA/HCP. Review of the physician's orders revealed discharge orders from the hospital dated 10/3/18 for a puree diet with honey thickened liquids. On 10/23/18 the physician saw the resident and ordered a repeat speech swallow evaluation to see if the resident can advance to a regular diet finely cut. On 11/13/18 licensed nurse C sent a fax to the physician with the resident refused to do swallow evaluation, but he/she requests an upgrade to mechanical soft diet (see attached sheet). Do you agree with mechanical soft diet? The physician responded yes. Observation on 12/06/18 at 11:50 AM certified medication aide (CMA) A prepared a cup of hot tea for the resident and thickened the tea to honey thickness with a thickening agent. At 11:58 AM CMA A served the resident his/her plate with ground minute steak and sauce, mashed potatoes and gravy with microwaved frozen mixed vegetables (corn, carrots, peas and green beans) and a cookie softened in milk. The resident ate independently with staff at the table and he/she had 1 episode of coughing while	S5155		

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S5155	Continued From page 2 eating. Interview on 12/06/18 at 1:03 PM with licensed nurse C confirmed he/she failed to update the NS/HCP after he/she obtained the diet change order. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of this resident in accordance with the functional capacity screening and the negotiated service agreement regarding a need for altered food and fluid consistency.	S5155		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) 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. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (a)(c)	S5185		

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S5185	Continued From page 3 The facility reported a census of 2 residents. The sample included 2 residents. Based on observation, interview and record review the operator failed to staff provided the mechanically altered diet for 1 of 2 sampled residents (#212) in accordance with the negotiated service agreement, a medical care provider's order and instructions from a medical care provider or licensed dietitian. Findings included: - Record review for resident #212 revealed an admission date of 12/30/17 with diagnoses of hypertension, anxiety and macular degeneration. The resident had a hospitalization on 9/7/18 until 10/3/18 for a stroke. The significant change functional capacity screen (FCS) dated 10/03/18 indicated the resident had short term memory impairment and memory recall deficit. He/she needed physical assistance with all activities of daily living except eating. The negotiated service agreement (NSA)/health care plan (HCP) dated 10/03/18 directed staff to modify the resident's diet per physician order to a puree diet with honey thickened liquids. Review of the physician's orders revealed discharge orders from the hospital dated 10/3/18 for a puree diet with honey thickened liquids. On 10/23/18 the physician saw the resident and ordered a repeat speech swallow evaluation to see if the resident can advance to a regular diet finely cut. On 11/13/18 licensed nurse C sent a fax to the physician with the resident refused to do swallow evaluation, but he/she requests an upgrade to mechanical soft diet (see attached sheet). Do you agree with mechanical soft diet? The physician responded yes.	S5185		

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S5185	Continued From page 4 Review of the attached sheet revealed a page taken from HTI (Health Technologies Inc) menu instruction booklet spring/summer 2008 (Rev.3/08). This sheet listed a paragraph for regular diet, mechanical soft diet, pureed diet, fortified foods diet and finger foods diet. Mechanical soft diet follows the regular diet with foods being fork tender or cut/chopped as needed at the table. Meat is generally ground and should be served with gravy, broth or mayonnaise. Any food that cannot be adequately cut, chopped or ground is altered as indicated on the menu. Fresh vegetable salads are modified to include a canned vegetable or fruit for easier chewing. Neither the sheet provided, or the resident's record identified specific directions for the resident and the sheet lacked a signature by the physician or a registered dietician. Observation on 12/06/18 at 11:50 AM certified medication aide (CMA) A prepared a cup of hot tea for the resident and thickened the tea to honey thickness with a thickening agent. At 11:58 AM CMA A served the resident his/her plate with ground minute steak and sauce, mashed potatoes and gravy with microwaved frozen mixed vegetables (corn, carrots, peas and green beans) and a cookie softened in milk. The resident ate independently with staff at the table and he/she had 1 episode of coughing while eating. Interview on 12/06/18 at 12:37 PM with licensed nurse C confirmed the resident's physician upgrade the diet from puree to mechanical soft after the resident refused a swallow study. He/she followed the diet recommendations in the HTI menu notebook and had included that portion in the fax to the physician. He/she confirmed the resident's record did not include this part of the	S5185		

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S5185	Continued From page 5 information faxed to the physician (as the see attached sheet). He/she confirmed the dietary guidelines in the notebook which facility staff followed were not specific for this resident and the record lacked written instructions by a medical care provider or licensed dietitian. The operator failed to ensure staff provided the mechanically altered diet in accordance with the negotiated service agreement, a medical care provider's order and instructions from a medical care provider or licensed dietitian for this resident.	S5185		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (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 original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (g)(3) The facility reported a census of 2 residents. Based on observation, interview and record review the operator failed to ensure all over the counter medications were labeled with the full	S5313		

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S5313	Continued From page 6	S5313		

name of the resident for 2 sampled residents who the facility managed his/her medications (#212 and #289) and 1 former resident (#310).

Findings included:

- On 12/06/18 the facility provided a resident roster which identified facility management of 2 residents' medications.

On 12/06/18 at 10:42 AM certified medication aide (CMA) A opened the only medication cart. Observation revealed the following over the counter (OTC) medications which were not labeled with the resident's full name:
Resident #212 had eye promise eye drops, 2 bottles of vitamin C 500 milligrams (mg) and 1 bottle of garlic 500 mgs labeled with a room number only.
Resident #289 had a bag of cough drops, Thera-tears (eye moisturizer), a bottle of biotin 10,000 micrograms (mcg), vitamin D-3 50 mcg, a bottle of Aspirin 325 mg and Robitussin cough syrup all labeled with just the room number or the resident's last name.
Resident #310 had a bottle of lutein vitamin not labeled at all and a bottle of acetaminophen 325 mg with room number on the bottle partially rubbed off.

Interview on 12/06/18 at 10:42 AM with CMA A revealed he/she wrote the resident's room number on the bottles when the family brought the items.

Interview on 12/06/18 at 10:50 AM with licensed nurse B revealed he/she was not aware the OTC medications needed to be labeled by a licensed nurse or pharmacist. He/she confirmed the OTC medications for the residents were not labeled

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S5313	Continued From page 7 with his/her full name as required. The operator failed to ensure all over the counter medications were labeled with the full name of the resident.	S5313		