STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046078	A. BUILDING: _____ B. WING _____	11/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN VILLAS OF LENEXA	9705 MONROVIA LENEXA, KS 66215

(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 135548, 135136 at the above named assisted living facility conducted on 11-19-18, 11-20-18, 11-21-18, 11-26-18, 11-27-18 and 11-28-18.	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The facility reported a census of 45 residents. The sample included 3 residents, one focus review resident and one closed record review. Based on record review and interview for 2 (#158, #247) of 3 sampled residents and 1 (#401) of 1 closed record review, the operator failed to ensure designated facility staff ensured that the resident's functional capacity at the time of screening is accurately reflected on that resident's screening form. Findings included: - Record review for Resident #158 revealed admission on 5-12-15 with diagnoses Parkinson's Disease, Hypertension, Depression, Arthritis, and Ischemic Heart Disease. The Functional Capacity Screen dated 9-26-18 recorded the resident unable to perform bathing,	S3082		

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

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S3082	Continued From page 1	S3082		

dressing, management of medications and management of treatments; supervision of transfers and independent with toileting, walking/mobility and eating. Usually continent of bladder. No problems with communication. No current problems identified. Resident uses walker and wheelchair. Cognition: Short term memory incorrectly coded as "5"; Long term memory coded as "1"; Memory/Recall incorrectly coded as "4" and Decision-Making left blank.

Per FCS Manual:
Short Term Memory (describe what they had for breakfast and describe the day so far) - enter a "0" if able to recall recent events; enter "1" if had difficulty recalling recent events.
Memory/Recall (able to identify current season, location, distinguish between family, stranger, staff.) - enter a "0" if resident does not appear to have difficulty with memory/recall. Enter a "1" if resident has difficulty with memory/recall.
Decision-Making (ability to organize daily routine and make consistent, reasonable and organized decisions - enter "0" if resident able to make consistent reasonable organized decisions; enter "1" if has difficulty or does not make decisions.
Current Problems and Risks: Falls, unsteadiness - fall within the last 180 days and/or exhibits unsteadiness when attempting to rise from a chair or when walking.

The FCS lacked documentation of accurate coding for Cognition and failed to identify current problem/risk for Falls/Unsteadiness.

Nurse's Notes on 4-14-18 at 9:30 am stated, "Certified Medication Aide alerted this nurse of resident fall at approximately 2:50 am. resident attempting to self transfer from bed to standing position, slipped off bed...discoloration to left back

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S3082	Continued From page 2	S3082		

and 0.25 centimeter skin tear to right lower extremity..." Signed by Licensed Staff E.

Interview on 11-20-18 at 12:02 pm with Operator confirmed the FCS lacked documentation of accurate coding for cognition and failed to identify falls/unsteadiness as a current problem for Resident #158.

For resident #158, the operator failed to ensure designated facility staff accurately documented resident's cognition and identified resident at risk for falls on the FCS screening form.

- Record review for Resident #247 revealed admission on 10-26-18 with diagnoses Diabetes Mellitus Type 2, Lower Extremity Weakness, Hypertension, Ataxia, Gastroparesis, and Barrett's Esophagus.

The Functional Capacity Screen dated 9-10-18 recorded resident independent with bathing, dressing, toileting, transfers, walking/mobility and eating; required physical assistance with management of medications and treatments. Usually continent of bladder. No problems with communication. Current problems/risks identified included impaired vision. Uses walker and wheelchair.
Cognition: Short term memory incorrectly coded as "7"; Long term memory incorrectly coded as "6"; Memory/Recall incorrectly coded as "5" and Decision-Making left blank.

Per FCS Manual:
Short Term Memory (describe what they had for breakfast and describe the day so far) - enter a "0" if able to recall recent events; enter "1" if had difficulty recalling recent events.

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S3082	Continued From page 3 Memory/Recall (able to identify current season, location, distinguish between family, stranger, staff.) - enter a "0" if resident does not appear to have difficulty with memory/recall. Enter a "1" if resident has difficulty with memory/recall. Decision-Making (ability to organize daily routine and make consistent, reasonable and organized decisions - enter "0" if resident able to make consistent reasonable organized decisions; enter "1" if has difficulty or does not make decisions. The FCS lacked documentation of accurate coding for Cognition. Interview on 11-20-18 at 3:13 pm with Operator, confirmed the FCS lacked documentation of accurate coding for cognition. For Resident #247, the operator failed to ensure designated facility staff accurately documented resident's cognition. - Record review for Resident #401 revealed admission on 12-13-17 with diagnoses Right Femur Fracture, Gastroesophageal Reflux Disease, Neuropathy, Vitamin D Deficiency, Hypothyroidism, Anemia and Hypertension. The Functional Capacity Screen dated 6-4-18 recorded resident required physical assistance with bathing; supervision of dressing, toileting, transfers, walking/mobility; independent with eating; and unable to perform management of medications and treatments. Usually continent of bladder. Current problems included impaired hearing and impaired decision-making. Cognition: Short term memory incorrectly coded as "2"; Memory/Recall incorrectly coded as "2".	S3082		

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S3082	Continued From page 4 Per FCS Manual: Short Term Memory (describe what they had for breakfast and describe the day so far) - enter a "0" if able to recall recent events; enter "1" if had difficulty recalling recent events. Memory/Recall (able to identify current season, location, distinguish between family, stranger, staff.) - enter a "0" if resident does not appear to have difficulty with memory/recall. Enter a "1" if resident has difficulty with memory/recall. The FCS lacked documentation of accurate coding for Cognition. Interview on 11-27-18 at 10:30 am with Operator, confirmed the FCS lacked documentation of accurate coding for cognition. For Resident #401, the operator failed to ensure designated facility staff accurately documented resident's cognition.	S3082		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive;	S3085		

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S3085	Continued From page 5 (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a) The facility reported a census of 45 residents. The sample included 3 residents, one focus review resident and one closed record review. Based on record review and interview for 2 (#158, #247) of 3 sampled residents, the operator failed to ensure the negotiated service agreement provided a description of the services the resident will receive; identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service. Findings included: - Record review for Resident #158 revealed admission on 5-12-15 with diagnoses Parkinson's Disease, Hypertension, Depression, Arthritis, and Ischemic Heart Disease. The Functional Capacity Screen dated 9-26-18 recorded the resident unable to perform bathing, dressing, management of medications and management of treatments; supervision of transfers and independent with toileting, walking/mobility and eating. Usually continent of bladder. No problems with communication. No current problems identified. Resident uses walker and wheelchair.	S3085		

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S3085	Continued From page 6 The Negotiated Service Agreement/Health Care Service Plan dated 3-6-18 recorded services for staff assistance with showering/bathing, dressing, toileting, supervision of transfers and ambulation. Facility staff to provide medication management including storage of medications, administration and ordering of medications. Facility staff to monitor oxygen administration to ensure at correct prescribed liter flow, assist with changing tanks, tubing and adding water to concentrator. The NSA lacked identification of pharmacy and oxygen provider including each party responsible for payment of the outside resources. Interview on 11-20-18 at 3:30 pm with Operator confirmed the NSA lacked identification of pharmacy and oxygen providers including each party responsible for payment of the outside providers. For Resident #158, the operator failed to ensure the negotiated service agreement included identification of pharmacy and home health providers with each party responsible for payment of the outside resources - Record review for Resident #247 revealed admission on 10-26-18 with diagnoses Diabetes Mellitus Type 2, Lower Extremity Weakness, Hypertension, Ataxia, Gastroparesis, and Barrett's Esophagus. The Functional Capacity Screen dated 9-10-18 recorded resident independent with bathing, dressing, toileting, transfers, walking/mobility and eating; required physical assistance with management of medications and treatments. Usually continent of bladder. No problems with	S3085		

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S3085	Continued From page 7 communication. Current problems/risks identified included impaired vision. Uses walker and wheelchair. The Negotiated Service Agreement/Health Care Service Plan dated 11-1-18 recorded services for staff assistance with bathing, and medication administration. The NSA/HCSP stated "Resident to be opened to home care for physical therapy, occupational therapy, nursing, speech due to... (unknown) Physical Therapy for transfers, gait, balance; Occupational Therapy for activities of daily living." The NSA lacked identification of pharmacy provider and each party responsible for payment of the pharmacy. The NSA further lacked identification of outside agency to provide physical therapy services including identification of each party responsible to pay the home health agency providing therapy. Interview on 11-20-18 at 3:11 pm with Operator confirmed the NSA lacked identification of pharmacy and home health agency including identification of each party responsible for payment of the outside resources. For Resident #247, the operator failed to ensure the negotiated service agreement included identification of pharmacy and home health providers with each party responsible for payment of the outside resources.	S3085		
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	S3101		

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S3101	Continued From page 8	S3101		

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 facility reported a census of 45 residents. The sample included 3 residents, one focus review resident and one closed record review. Based on record review and interview for 2 (#158, #247) of 3 sampled residents, the operator failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. The 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.

Findings included:

- Record review for Resident #158 revealed admission on 5-12-15 with diagnoses Parkinson's Disease, Hypertension, Depression, Arthritis, and Ischemic Heart Disease. The Functional Capacity Screen dated 9-26-18 recorded the resident required health care services.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 3-6-18 was signed by the operator, Licensed Staff E, and activity director. The NSA lacked signature of the resident and/or the resident's legal representative/family member.

- Record review for Resident #247 revealed

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S3101	Continued From page 9 admission on 10-26-18 with diagnoses Diabetes Mellitus Type 2, Lower Extremity Weakness, Hypertension, Ataxia, Gastroparesis, and Barrett's Esophagus. The Functional Capacity Screen dated 9-10-18 recorded resident required health care services. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 11-1-18 was signed by the operator, and Licensed Staff I. The NSA lacked signature of the resident and/or the resident's legal representative/family member. Interview on 11-20-18 at 3:11 pm with Operator confirmed the above NSAs lacked the signature of the residents and/or their responsible parties. For Residents #158, #247, the operator failed to ensure each individual involved in the development of the NSA signed the agreement.	S3101		
S3215 SS=F	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	S3215		

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S3215	Continued From page 10 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 45 residents. The sample included 3 residents, one focus review resident, and one closed record review. Based on observation and interview for all residents and staff requiring tuberculosis skin testing, the operator 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 11-19-18 at 3:37 pm accompanied by Operator revealed the following: small refrigerator with 3/4-full bottle of TB (tuberculosis) skin testing solution, lacked documentation of date opened. The solution was	S3215		

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S3215	Continued From page 11 filled by the pharmacy on 2-8-18. Interview on 11-19-18 at 3:37 pm with Administrative Nurse B stated he/she did not know when the solution had last been used and 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 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		
S3247 SS=F	26-41-102 (c) Staff Qualifications RN available (c) A registered professional nurse shall be available to provide supervision to licensed practice nurses, pursuant to K.S.A. 65-1113 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(c) The facility reported a census of 45 residents. The sample included 3 residents, one focus review resident, and one closed record review. Based on record review and interview for all residents, the operator failed to ensure a registered nurse was available to provide supervision to licensed practical nurses, pursuant to K.S.A. 65-1113 and amendments thereto.	S3247		

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S3247	Continued From page 12 Findings included: - During entrance interview on 11-19-18 at 1:50 pm with Operator and Administrative Staff D, identified Licensed Staff I as the current nurse for the assisted living facility responsible for completion of functional screenings and the negotiated service agreements/health care service plans; and "he/she takes call at times." Confirmed Licensed Staff I was a licensed practical nurse and stated Licensed Staff I had another full time job and worked "part-time" up to three days per week at the facility. Stated Administrative Nurse B took call for the facility and was the registered nurse who provided supervision of Licensed Staff I. Interviews on 11-19-18 at 3:30 pm and 3:40 pm with Administrative Nurse B stated he/she does not take call for the facility unless he/she is working onsite at the adjoining skilled nursing facility and was not aware he/she was responsible to provide supervision for Licensed Staff I or considered staff for the assisted living facility. For all residents, the operator failed to ensure a registered nurse was available to provide supervision to licensed practical nurses, pursuant to K.S.A. 65-1113 and amendments thereto.	S3247		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action	S3261		

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S3261	Continued From page 13	S3261		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-105(f)(11)
The facility reported a census of 45 residents. The sample included 3 residents, one focus review resident, and one closed record review. Based on record review and interview for 2 (Residents #158, #319) of 3 sampled residents, and 1 (#401) of 1 closed record reviews, the operator failed to ensure documentation of all incidents, symptoms and other indications of illness or injury including the date, time of occurrence, action taken and results of the action.

Findings included:

- Record review for Resident #158 revealed admission on 5-12-15 with diagnoses Parkinson's Disease, Hypertension, Depression, Arthritis, and Ischemic Heart Disease.

The Functional Capacity Screen dated 9-26-18 recorded the resident unable to perform bathing, dressing, management of medications and management of treatments; supervision of transfers and independent with toileting, walking/mobility and eating. Usually continent of bladder. No problems with communication. No current problems identified. Resident uses walker and wheelchair.

The Negotiated Service Agreement/Health Care Service Plan dated 3-6-18 recorded services for staff assistance with showering/bathing, dressing, toileting, supervision of transfers and ambulation.

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S3261	Continued From page 14 Facility staff to provide medication management including storage of medications, administration and ordering of medications. Facility staff to monitor oxygen administration to ensure at correct prescribed liter flow, assist with changing tanks, tubing and adding water to concentrator. Nurse's Notes stated the following: (Note: date/time of last written entry prior to this one was 6-10-18 at 9:30 am) 10-2-18 at 2:20 pm: "Resident arrived at community via private car accompanied by (family member). Resident readmitted to assisted living, functional capacity screening updated, head to toe assessment complete..." Signed by Licensed Staff K. 10-3-18 at 2:30 am: "Order for physical therapy, speech therapy, occupational therapy to evaluate and treat as indicated for strength straining, balance and increased endurance..." Signed by Licensed Staff K. The record lacked any further entry in the nurse's notes. Interview on 11-20-18 at 11:50 am with Operator confirmed the record lacked documentation of when (date/time) and why (assessment/symptoms of illness) resident left facility in September of 2018. Stated he/she found documentation from another facility that resident was admitted to the hospital on 9-21-18 prior to being discharged back to the facility on 10-2-18. Further confirmed he/she was unable to locate any further documentation after 10-3-18 including an incident in which the resident slid out of bed on 11-3-18 and was sent to the emergency room for repair of a skin tear. For Resident #158, the operator failed to ensure documentation of all incidents and symptoms of	S3261		

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S3261	Continued From page 15 illness or injury including date/time of occurrence, actions taken and results of the actions. - Record review for Resident #319 revealed admission on 11-30-17 with diagnoses Hypertension, Diabetes Mellitus, Gastroesophageal Reflux Disease, Depression and Anxiety. The Functional Capacity Screen dated 7-18-18 recorded resident required physical assistance with bathing, dressing, and management of medications/treatments; independent with toileting, transfers, walking/mobility and eating. Frequently incontinent of bladder. Current problems/risks included impaired vision/hearing. The Negotiated Service Agreement/Health Care Service Plan dated 11-30-17 recorded services for staff assistance with bathing, dressing and staff to manage, store and order medications. Nurse's Notes: 6-20-18 at unknown time: "Resident complained of abdominal pain and vomiting after meals...physician contacted for referral, will continue to monitor." Signed by Licensed Staff K. 6-24-18 at 11:45 am: "Resident's blood sugar 402 this morning...we will recheck later this afternoon." Signed by Licensed Staff K. The record lacked any further entries in the nurse's notes including further nursing assessments or outcomes of the above symptoms. Interview on 11-21-18 at 11:46 am with Operator confirmed the record lacked documentation after 6-24-18 at 11:45 am.	S3261		

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S3261	Continued From page 16 For Resident #319, the operator failed to ensure documentation of symptom, and other indications of illness including the date, time of occurrence, actions taken and results of the actions. - Record review for Resident #401 revealed admission on 12-13-17 with diagnoses Right Femur Fracture, Gastroesophageal Reflux Disease, Neuropathy, Vitamin D Deficiency, Hypothyroidism, Anemia and Hypertension. The Functional Capacity Screen dated 6-4-18 recorded resident required physical assistance with bathing; supervision of dressing, toileting, transfers, walking/mobility; independent with eating; and unable to perform management of medications and treatments. Usually continent of bladder. Current problems included impaired hearing and impaired decision-making. The Negotiated Service Agreement/Health Care Service Plan dated 6-4-18 recorded services for staff assistance with bathing, dressing, transfer and escort assistance with wheelchair. Facility staff to provide management of medications including administration, storage and ordering. Nurse's Notes revealed resident experienced a fall on 1-11-18 with follow up documentation until 1-14-18 at 1:00 pm. The record lacked further entries in the nurse's notes until 6-4-18 at 10:00 pm: "Resident returned to community via personal car accompanied by (family member). Resident alert and oriented times two. Head to toe assessment complete...resident came back to community with prescription for Keflex 1000 milligrams by mouth twice a day for five days.	S3261		

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S3261	Continued From page 17 Hospital diagnosis of urinary tract infection and cellulite of bilateral lower extremities. Resident continues to require assistance with mobility outside apartment, bathing, grooming..." Signed by unknown staff. From 6-17-18 at 9:30 am, the record lacked documentation until 10-26-18 at 12:32 pm: "Nurse was called that resident had fallen. Upon assessment, resident did not have any bleeding or inflammation that was noted. Resident complained of pain to lower extremities due to cellulitis and was given Tylenol to relieve pain..." Signed by Unknown licensed staff. The record lacked any further entries in the nurse's notes including further follow up assessments after fall and resident's discharge from facility including date. Interview on 11-27-18 at 10:31 am with Operator stated the resident became "physically sick" and went to the hospital then to a nursing facility. Stated he/she met with the family on 11-7-18 and family was deciding where to send resident. Stated the resident did not return to the facility. Confirmed the record lacked documentation of a nursing assessment when resident became ill and discharge to hospital including date/time of occurrence. For Resident #401, the operator failed to ensure documentation of symptoms and other indications of illness including date/time of occurrence, actions taken and results of the action.	S3261		
S3265 SS=F	26-41-104 (a) Disaster and Emergency Preparedness (a) The administrator or operator of each assisted	S3265		

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S3265	Continued From page 18	S3265		

living facility or residential health care facility shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-104(a)

The facility reported a census of 45 residents. The sample included 3 residents, one focus review resident and one closed record review. Based on record review and interview for all residents, the operator failed to ensure the provision of a sufficient number of staff on night shift to take residents who would require assistance to a secure location.

Findings included:

- Review of the resident roster revealed a total resident census of 45 residents. The roster identified 3 residents with impaired cognition. Interview on 11-27-18 at 11:55 am with Certified Staff F and J identified 13 residents mobile per wheelchair and 4 other residents who may use either a walker or wheelchair for mobility.

Interview on 11-20-18 at 3:48 pm with Administrative Staff C and Operator confirmed that there was 1 staff member routinely scheduled for the night shift (11:00 pm to 7:00 am and there is a night attendant who works Monday through Thursday on night shift and is available to both the assisted living and independent living). Stated this staff member sits at the reception desk in the independent living on the second floor

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S3265	Continued From page 19 of the adjoining building. Administrative Staff C confirmed he/she had not performed a full evacuation of the facility since he/she had started working at facility on 1-2-17 and had not done any evacuation conducted with only one certified staff on the night shift. Confirmed one staff member would be responsible for evacuating three floors of residents and "it couldn't be done very quickly" especially in the event the elevators were not working. Administrative Staff C provided documentation of a "full evacuation" performed on 7-25-18 at 10:00 am and cleared at 10:17 am. Stated residents were only evacuated out of their apartments, they came out and stood in the hallway by their doors to be accounted for. Then the evacuation was "cleared", they went back into their apartments. Confirmed the residents had not been evacuated off their floors or completely out of the building. For all residents, the operator failed to ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location.	S3265		
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;	S3280		

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S3280	Continued From page 20 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)(4) The facility reported a census of 45 residents. The sample included 3 residents, one focus review resident and one closed record review. Based on record review and interview for all residents, the operator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the facility's emergency management plan with all employees and residents; and ensuring performance of an emergency drill annually that included evacuation of the residents to a secure location. Findings included: - Review on 11-20-18 at 3:48 pm of the facility's emergency management plan notebook and staff inservice notebooks with Administrative Staff C who provided a calendar for 2018 labeled "Fire Drills" revealed the facility lacked documentation of quarterly review of all components of the emergency management plan with all residents and performance of an annual full facility evacuation. Interview on 11-20-18 at 3:48 pm with Administrative Staff C confirmed he/she had not performed a full evacuation of the facility since	S3280		

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S3280	Continued From page 21 he/she had started working at facility on 1-2-17 and was unable to provide documentation of a quarterly review of the emergency plan with residents. Stated he/she "reads out of the hand book to the residents and reviews whenever we do the fire drills" but confirmed he/she was unable to provide documentation of this. For all residents, the operator failed to ensure emergency preparedness by ensuring quarterly review of the emergency management plan and performance of an emergency drill that included evacuation of the residents to a secure location.	S3280		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (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 (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 45 residents.	S3310		

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S3310	Continued From page 22 The sample included 3 residents, one focus review resident and one closed record review. Based on record review and interview for 3 (Staff B, G, H) of 5 sampled staff and 1 (#319) of 3 sampled residents, the operator failed to ensure the facility's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Personnel record review on 11-20-18 at 1:06 pm with Administrative Staff D revealed the following: Administrative Nurse B with date of hire 6-19-18: The record documented a two view chest x-ray dated 11-8-11. The record lacked documentation of a TB Symptom Screen Questionnaire. Certified Staff G with date of hire 11-9-18: The record lacked documentation of TB skin testing. Certified Staff H with date of hire 7-24-18. The record lacked documentation of TB skin testing. Interview on 11-20-18 at 2:50 pm with operator confirmed the above records lacked documentation of TB skin testing or completion of a current TB Symptom Screen Questionnaire. - Record review for Resident #319 revealed admission on 11-30-17. The record documented a TB (tuberculosis) skin test plated on 11-30-17. The record lacked documentation of a 2nd step skin test in accordance with the department's guidelines. Interview on 11-20-18 at 11:57 am with Operator confirmed the record lacked documentation of a	S3310		

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S3310	Continued From page 23 2nd step skin test. The facility policy for :Tuberculosis Control Policy, Employee and Resident" stated: Employees: 1. All new employees will be screened on hire by using the Two Step Mantoux Skin Test unless they have a documented previous significant reaction. 8. New employees with a history of a positive reaction must show documentation of prior physician evaluation and treatment. These individuals will be required to have a chest x-ray at the time of employment and a screen of symptoms will be completed annually. Residents: All residents will be given a Two step PPD (Mantoux) on admission..." The facility failed to follow it's policy. For Administrative Nurse B, Certified Staff G, H and Resident #319, the operator failed to ensure the home's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		
S3320 SS=E	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 the state fire marshal. (c) New construction, modifications and	S3320		

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S3320	Continued From page 24	S3320		

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 45 residents. The sample included 3 residents, one focus review resident and one closed record review. Based on observation and interview for all residents, the operator failed to maintain the facility to protect the health and safety of these residents and the public.

Findings included:

- Observations on 11-19-18 from 2:44 pm to 3:23 pm during tour of facility accompanied by Operator revealed the following:
Small unlocked satellite kitchen adjacent to dining room with an unlocked cabinet underneath sink which contained a spray bottle of liquid sanitizer, Simple Green cleaner, Sheila Shine Stainless Steel Cleaner, and various spray bottles of cleansers and dishwashing detergents.

Interview on 11-19-18 at 3:00 pm with Operator confirmed the lock was broken on the cabinet and the above chemicals were unsecured. Stated he/she would have maintenance place a cylinder

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S3320	Continued From page 25 lock in the hole on the cabinet door. For all residents, the operator failed to maintain the facility to protect the health and safety of these residents and the public.	S3320		