STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046064	A. BUILDING: _____ B. WING _____	10/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE VILLAGE OF DE SOTO	33600 WEST 85TH STREET DE SOTO, KS 66018

(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 facility in DeSoto, Kansas on 10/22/18, 10/23/18, 10/24/18, 10/25/18, and 10/29/18.	S 000		
S3085 SS=F	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; (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 census equalled 30 the sample included three Residents. Based on interviews, and reviews of records, for three of three sampled (#185, #187, and #189), the Administrator failed to ensure the negotiated service agreement (NSA) included a description of service the Resident would receive, and identification of each	S3085		

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

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S3085	Continued From page 1 party responsible for payment if outside resources provide a service. Findings included: - Review of record revealed #185 admitted 6/26/18 with diagnoses of hypertension, dementia, osteoporosis, hyperthyroidism, heart failure, aortic aneurysm, and chronic obstructive pulmonary disease. Current functional capacity screen dated 6/26/18 assessed #185 in need of supervision with bathing, unable to perform medication and treatment management; with short term memory, long term memory, decision making and memory recall impairments; used a walker, and used oxygen. Current negotiated service agreement dated 3/21/18 (signed by Resident 7/24/18) included bathing assistance, but lacked medication and treatment management; lacked services to address cognition and mobility; included the use of oxygen but lacked the payment source of the outside provider service oxygen. - Review of record revealed #187 admitted 12/28/17 with diagnoses of Parkinson's, depressive disorder, osteoarthritis, glaucoma, overactive bladder, and Alzheimer's dementia. Current functional capacity screen dated 9/07/18 assessed #187 in need of supervision with bathing and mobility, physical assistance with dressing and transfers, unable to perform management of medications and treatments, with short term memory, long term memory, decision making and memory recall impairments; with falls/unsteadiness, used a walker.	S3085		

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S3085	Continued From page 2 Current 12/18/17 NSA (negotiated service agreement) addressed bathing assistance, but lacked services to address cognition, lacked dressing assistance, transfer assistance and mobility supervision; lacked medication and treatment management, bladder incontinence, and fall prevention services. According to Progress Notes of medical record, #187 received physical therapy services beginning 6/11/18. The NSA lacked the service of physical therapy, the name of the therapy provider, and the payment source for therapy. - Review of record revealed #189 admitted 7/12/18 with diagnoses of heart failure, diabetes, coronary atherosclerosis, peripheral vascular disease, macular degeneration, anemia, gout, and hypertension. Current functional capacity screen dated 7/12/18 assessed #189 in need of physical assistance with bathing; unable to perform management of medications and treatments; incontinent of bladder; with short term memory impairment; with falls/unsteadiness, used a walker and wheelchair. The medical record contained an order for PT (physical therapy) of 8/28/18 to evaluate and treat. Progress Notes documented therapy services provided and discharged from service on 9/14/18. The NSA included bathing services. The NSA lacked services to address medication and treatment management, services to address incontinence; services to address impaired cognition, and falls and unsteadiness. The NSA lacked the service of physical therapy,	S3085		

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S3085	Continued From page 3 the name of the therapy provider,a and the payment source for therapy. On 10/22/18 at 12:04pm, 1:09pm, and at 2:11pm, Administrator #K, RN (registered nurse) #J and Assisted Living Coordinator/LPN (licensed practical nurse) #F confirmed a tool identified as the "Negotiated Service Agreement" (NSA) lacked the above described services... stated when a Resident is admitted, Social Services staff #L completes the "NSA" with the Resident and Social Services staff #L signs the NSA. #K, #J, and #F reported the Assisted Living Coordinator/LPN then completes another NSA like the first, LPN #F signs this copy, and LPN #F also completes another tool referred to as the health service plan, but currently with the printed title of Negotiated Service Agreement... RN #J stated we try to cross that out and write care plan or service plan on that tool... and the second tool contains the specific services to address the Residents' identified needs. #K, #J, and #F confirmed the outside provider payment source not included on the NSA... confirmed the name of the outside provider for physical therapy not included on the NSA because Residents typically used an in house therapy service... #K, #J, and #F explained their understanding of the NSA was to list any services that would cause additional charges, not for addressing all identified needed services. The Administrator failed to ensure the development of an NSA for #185, #187, and #189 which included a description of services the Residents to receive, the services by an outside provider, the company name of the outside provider of services, and the payment source.	S3085		

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S3165	Continued From page 4	S3165		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The census equalled 30 the sample included three Residents. Based on interviews and reviews of records, for three of three sampled (#185, #187 and #189), the Administrator failed to ensure the negotiated service agreement (NSA) contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan (HSP). Findings included: - Review of record revealed #185 admitted 6/26/18 with diagnoses of hypertension, dementia, osteoporosis, hyperthyroidism, heart failure, aortic aneurysm, and chronic obstructive pulmonary disease. Current functional capacity screen dated 6/26/18 assessed #185 in need of supervision with bathing, unable to perform medication and treatment management; with short term memory, long term memory, decision making and memory recall impairments; used a walker, and used oxygen. Current negotiated service agreement dated	S3165		

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S3165	Continued From page 5 3/21/18 (signed by Resident 7/24/18) lacked the designation of the name of the nurse responsible for the implementation and supervision of the HSP. - Review of record revealed #187 admitted 12/28/17 with diagnoses of Parkinson's, depressive disorder, osteoarthritis, glaucoma, overactive bladder, and Alzheimer's dementia. Current functional capacity screen dated 9/07/18 assessed #187 in need of supervision with bathing and mobility, physical assistance with dressing and transfers, unable to perform management of medications and treatments, with short term memory, long term memory, decision making and memory recall impairments; with falls/unsteadiness, used a walker. Current 12/18/17 NSA (negotiated service agreement) lacked the designation of the name of the nurse responsible for the implementation and supervision of the HSP (health service plan). - Review of record revealed #189 admitted 7/12/18 with diagnoses of heart failure, diabetes, coronary atherosclerosis, peripheral vascular disease, macular degeneration, anemia, gout, and hypertension. Current functional capacity screen dated 7/12/18 assessed #189 in need of physical assistance with bathing; unable to perform management of medications and treatments; incontinent of bladder; with short term memory impairment; with falls/unsteadiness, used a walker and wheelchair. Current negotiated service agreement (NSA) dated 7/12/18 lacked the designation of the name of the nurse responsible for the implementation	S3165		

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S3165	Continued From page 6 and supervision of the HSP. On 10/22/18 at 12:04pm RN (registered nurse) #J and Assisted Living Coordinator/LPN (licensed practical nurse) #F confirmed the NSA lacked the name of the licensed nurse responsible... stated when a Resident is admitted, Social Services staff #L completes the NSA with the Resident and signs it... then, the Assisted Living Coordinator/LPN completes another NSA and health service plan... confirmed neither of these tools designated the name of the licensed nurse responsible for the provision of health care services... this practice in place for all Residents of the facility... The Administrator failed to ensure the NSA's for #185, #187, and #189 contained the name of the licensed nurse responsible for the implementation and supervision of the HSP.	S3165		
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 before or following completion of the task. If the medication administration record identifies only	S3201		

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S3201	Continued From page 7 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 30 the sample included three Residents. The Resident roster identified 29 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 6/26/18 with diagnoses of hypertension, dementia, osteoporosis, hyperthyroidism, heart failure, aortic aneurysm, and chronic obstructive pulmonary disease. Current functional capacity screen dated 6/26/18 assessed #185 unable to perform medication and treatment management. Current negotiated service agreement dated 3/21/18 (signed by Resident 7/24/18) lacked medication and treatment management. The health service plan (HSP), initiated 6/26/17, documented facility staff to provide all medication and treatment management. October 2018 medication administration records	S3201		

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S3201	Continued From page 8 (MAR) documented facility staff administered: Mirapex (restless legs) 0.25mg (milligrams) "HS" (bedtime) Ocuvite Adult 50+ multivitamins one capsule "AM" (morning) Probiotic capsule one by mouth "AM" Lactobacillus (Probiotic) one capsule by mouth "AM" Metoprolol Succinate ER (blood pressure) 50mg one tablet by mouth "AM" Miralax powder (laxative) 17 grams by mouth "AM" Aricept (dementia) 5mg one tablet by mouth "HS" Citracal Plus tablet (calcium with Vitamin D) one tablet by mouth "AM" Ergocalciferol (vitamin D2) capsule 50000 units by mouth "AM" Fish oil (supplement) 1200mg one capsule by mouth "AM" Amlodipine besylate (blood pressure) 10mg by mouth "AM" Further review revealed the MAR's recorded initials of staff administration as "AM" and "HS" but lacked documentation of the actual clock time these medications administered to #185. On 10/23/18 at 12:50pm RN (registered nurse) #J and Assisted Living Coordinator/LPN (licensed practical nurse) #F confirmed the MAR's included administrations scheduled at "AM" and "HS"... confirmed no clock time of administration available on the MAR for these medications... stated there may be a way to access and print that information... For #185 the Administrator failed to ensure an actual clock time documented for medications on the MAR.	S3201		

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S3201	Continued From page 9 - Review of record revealed #187 admitted 12/28/17 with diagnoses of Parkinson's, depressive disorder, osteoarthritis, glaucoma, overactive bladder, and Alzheimer's dementia. Current functional capacity screen dated 9/07/18 assessed #187 unable to perform management of medications and treatments. Current negotiated service agreement (NSA) signed by Resident 12/18/17 lacked management of medications and treatments. The health service plan (HSP), initiated 01/04/18, documented facility staff to provide all medication and treatment management October 2018 medication administration records (MAR) documented facility staff administered: Latanoprost solution 0.005% one dose both eyes at "HS" (bedtime) Melatonin (sleep) 3mg (milligrams) by mouth at "HS" Namenda (dementia) 10mg one tablet by mouth in "AM" (morning) Acidophilus (Probiotic) one tablet by mouth "AM" Aspirin (cardiac prophylactic) 81mg one tablet by mouth in "AM" Citracal Maximum (supplement) one tablet by mouth "AM" Donepezil (dementia) 10mg one tablet by mouth at "HS" Simvistatin (cholesterol) 40mg one tablet by mouth at "HS" Timolol maleate solution (glaucoma) 0.5% one drop both eyes in "AM" Vesicare (overactive bladder) 10mg one tablet by mouth in "AM" Zoloft (depression) 25mg one tablet by mouth in "AM"	S3201		

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S3201	Continued From page 10 Further review revealed the MAR's recorded initials of staff administration as "AM" and "HS" but lacked documentation of the actual clock time these medications administered to #187. On 10/23/18 at 12:04pm RN (registered nurse) #J and Assisted Living Coordinator/LPN (licensed practical nurse) #F confirmed the MAR's included administrations scheduled at "AM" and "HS"... confirmed no clock time of administration available on the MAR for these medications... stated these times are entered when medications added to MAR... the PRN (as needed) time of administration shows for the medication aide who is giving medications, but the clock time of routine medications does not show up... For #187 the Administrator failed to ensure an actual clock time documented for medications on the MAR. - Review of record revealed #189 admitted 7/12/18 with diagnoses of heart failure, diabetes, coronary atherosclerosis, peripheral vascular disease, macular degeneration, anemia, gout, and hypertension. Current functional capacity screen dated 7/12/18 assessed #189 unable to perform management of medications and treatments. Current negotiated service agreement (NSA) dated 7/12/18 lacked medication and treatment management. The health service plan (HSP), initiated 7/13/18, documented facility staff to provide all medication and treatment management. October 2018 medication administration records (MAR) documented facility staff administered:	S3201		

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S3201	Continued From page 11 Allopurinol (gout) 100mg take 2 tablets by mouth in "AM" (morning) Aspirin (cardiac prophylactic) 81mg one tablet by mouth in "AM" Furosemide (diuretic) 40mg one tablet by mouth in "AM" Ocuvite Adult 50+ (multivitamin) one tablet by mouth in "AM" Sertraline (depression) 100mg one tablet by mouth in "AM" Triple antibiotic ointment to left ear topically in "PM" (evening) Ubiquinol (cardiac supplement) one capsule by mouth "AM" Further review revealed the MAR's recorded initials of staff administration as "AM" and "PM" but lacked documentation of the actual clock time these medications administered to #189. For #189 the Administrator failed to ensure an actual clock time documented for medications on the MAR.	S3201		
S3211 SS=F	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 original manufacturer ' s medication package and	S3211		

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S3211	Continued From page 12 the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The census equalled 30 the sample included three Residents. The Resident roster identified one Resident who self administered medications. Based on observations and interview, for three of three sampled (#189, #185, and #187) and for 28 non sampled, 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 10/22/18 at 2.00pm, in review of the medication room with Assisted Living Coordinator/LPN (licensed practical nurse) #F and review of the medication carts of facility with certified medication aides #B and #M, the following noted to lack the first and last name of each Resident: #185 - Calcium (supplement) tablets, calcium with vitamin D (supplement) tablets, Ocuvite (eye vitamin) tablets, melatonin (sleep) tablets, fish oil (supplement) capsules, Biotene mouth rinse #189 - Acetaminophen (analgesic) tablets, aspirin 81mg, Meclizine (dizziness), Ubiquinol (supplement) capsules, Ocuvite Adult 50+ vitamins, two bottles Aleve tablets	S3211		

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S3211	Continued From page 13 #187 - Pain Relieving Rub, and Restore (moisturizing) eye drops #110 - Magnesium Oxide (laxative/supplement) tablets, Tylenol (analgesic) tablets, Zyrtec (allergy) tablets, aspirin 81mg (milligrams), Immodium (anti diarrheal) tablets #112 - Docusate (stool softener) capsules, vitamin D3 (supplement) capsules, Tylenol (analgesic) tablets #113 - Iron (supplement) tablets, two bottles calcium (supplement) tablets, stool softener capsules, MultiVitamin Complete tablets, Refresh (moisturizing) eye drops, ear wax removal drops, and Omega 3 (supplement) capsules #114 - Visine (for redness) eye drops, iron supplement tablets, Centrum Silver vitamin tablets, Tums (antacid) tablets, vitamin D capsules, vitamin B12 tablets #115 - Aspirin 81mg tablets #116 - Calcium plus D (supplement) tablets, two bottles Cerovite Senior vitamins, two bottles Sennoside (laxative) tablets, two bottles Mylanta (antacid) liquid #117 - Centrum Silver vitamins, melatonin (sleep) tablets, two bottles Excedrin PM (pain/sleep) tablets, Excedrin (pain) extra strength tablets #118 - One A Day vitamins, lidocaine (pain) topical patches #119 - Calcium (supplement) tablets, analgesic pain gel	S3211		

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(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
S3211	Continued From page 14 #120 - Visine (for redness) eye drops, Tylenol (analgesic) tablets, aspirin 81mg tablets #121 - Acetaminophen (analgesic) tablets, iron supplement tablets, calcium (supplement) tablets, CeroVite Senior vitamins, moisturizing eye drops, ear wax removal drops, and lidocaine topical (pain) patches #132 - bottles of Oyster shell calcium with D (supplement)and Mucus Relief DM #133 - Bottles of Vision Formula 50+ vitamins, Gas Relief tablets, Slo Niacin, Immodium, stool softener, Aleve (pain), Cranberry supplement, Calcium with Vitamin D3, Aspirin 81mg (milligrams) #122 - Vitamin D3, Vitamin B12, CoQ10 capsules, aspirin 81mg, Cranberry supplement, Citrucel (laxative), Centrum Silver vitamins, acetaminophen tablets, vitamin B12 tablets, aspirin 81mg #124 - Aleve (pain) tablets, Allegra (allergy) tablets, ear wax removal drops #125 - Iron supplement, ear wax removal drops #126 - Vitamin B12 tablets, Calcium/Magnesium/Zinc supplement tablets, vitamin C tablets, vitamin E capsules, Multi vitamins, Omega 3 capsules, Tylenol tablets, vitamin C tablets #127 - Vitamin D capsules, Senna (laxative) tablets, vitamin C tablets #128 - Pepcid (acid reducer), Biotin (supplement), Restful Legs tablet (for treatment of restless	S3211		

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	N046064	A. BUILDING: _____ B. WING _____	10/29/2018

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S3211	Continued From page 15 legs), Fish oil capsules, Biotin (supplement) tablets #129 - Vitamin D3 capsules, cetirizine (allergy) tablets #130 - Preservision (eye vitamins), Magnesium (supplement) tablets, Complete MultiVitamins, vitamin C tablets #131 - Echinacea (supplement) tablets, Hair/Skin/Nails supplement, Pain Relieving Cream #132 - Mucus Relief (expectorant) tablets, Calcium with D3 supplement tablets, Cranberry (bladder) supplement, Loratidine (allergies) tablets, cough drops #133 - Cranberry (bladder) supplements, Omega 3 capsules, aspirin 81mg, vitamin De gummies, melatonin (sleep) tablets In addition the medication room refrigerator contained a bottle of ProBiotic capsules that lacked the first and last name of a Resident. These were identified as "stock" medication by the Assisted Living coordinator/LPN #F... he/she stated we use those for any Resident who gets an order for an antibiotic... not designated for any one Resident. On 10/22/18 at 3:00pm Assisted Living Coordinator/LPN (licensed practical nurse) #F and certified medication aides #B and #M confirmed these items lacked the first and last name of a Resident... was not aware of requirement to have first and last name... was not aware of a "stock" medications not in accordance with professional standards of practice for	S3211		

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S3211	Continued From page 16 medication storage and administration. The Administrator failed to ensure 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		
S3270 SS=F	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(b) The census equalled 30 the sample included three Residents. Based on observation, interview, and review of record, for all Residents and employees, the Administrator failed to ensure the development of a detailed written emergency management plan that included explosion, flood, natural gas leak, and lack of water service.	S3270		

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S3270	Continued From page 17 Findings included: - By observation on 10/22/18 during the entrance tour of facility, a written emergency plan not available in common living areas of the facility. On 10/23/18 at 10:40am Administrator #K confirmed the facility emergency plan not available in a public area... stated the complete emergency operation manual located in the skilled nursing unit... noted an emergency manual was stored in the nursing office (locked when Assisted Living Coordinator/LPN (licensed practical nurse) #F not in the office). By review this manual lacked written plans for flood and explosion, and listed a phone number only for natural gas leaks and water outage. An additional manual provided for review contained documentation of routine fire drills completed. For all Residents and employees, the Administrator failed to ensure the development of a detailed written emergency management plan that included explosion, flood, natural gas leak, and lack of water service.	S3270		
S3280 SS=F	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;	S3280		

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S3280	Continued From page 18 (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d) The facility census equalled 30 the sample included three Residents. The facility identified 38 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 emergency management plan with employees and Residents. Findings included: - By observation on 10/22/18 during the entrance tour of facility, a written emergency plan not available in common living areas of the facility. On 10/22/18 at 3:00pm, review of available documentation related to emergency preparedness revealed: A fire response inservice completed October 2017 A weather safety inservice completed April 2018 Routine fire drills completed every other month from 3/24/16 to 9/17/18. Two complete evacuation drills were recorded on	S3280		

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S3280	Continued From page 19 5/30/18 and 5/31/17. The available documentation lacked quarterly reviews of the entire emergency plan quarterly as required. On 10/23/18 at 10:40am Administrator #K confirmed no quarterly emergency plan reviews completed with Residents and employees, besides the ones listed above for fire and weather safety. Administrator #K stated when an emergency happens the charge nurse on 200 hall (in the skilled nursing unit) initiates the command center until the Administrator or the Director of Nursing gets here... they would direct staff in the Assisted Living on what to do in the event of an emergency. 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		
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	S3310		

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S3310	Continued From page 20 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(b)(5-6)(c) The census equalled 30 the sample included three Residents. The facility identified 38 employees hired since the last Resurvey with five reviewed. Based on interviews and reviews of records, for three of three sampled (#189, #187, and #185), and for four of five employees reviewed (#B, #C, #D, and #E), the Administrator failed to ensure the facility's compliance with the Departments' tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of employee records on 10/23/18 revealed the following: #B - CMA (certified medication aide) hired 6/02/17 - required TB symptom screen not completed within seven days of hire as required, screen completed 5/01/18; two step skin test not completed as required #C - Activity staff - required TB symptom screen not completed within seven days of hire as required, screen completed 7/02/18; two step skin test not completed as required #D - Dietary staff - hired 9/28/18 - two step skin test not completed as required #E - Dietary staff - hired 9/28/18 - two step skin test not completed as required	S3310		

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S3310	Continued From page 21 - Review of Resident records on 10/22/18 and 10/23/18 revealed the following: #189 - admitted 7/12/18 - required TB symptom screen not completed at time of admission as required #187 - admitted 12/28/17 - required TB symptom screen not completed at time of admission as required #185 - admitted 6/26/17 - two step skin test not completed at time of hire as required By review, a facility policy titled "Assisted Living Resident TB Testing" (no date) documented: "... All new Resident swill receive a two-step tuberculin skin test; the first within 7 days of admission. If the first skin test is read as not positive, a second skin test will be administered within one to three weeks. After the initial 2 step process is complete, on an annual basis, a tuberculosis Symptom Review Questionnaire will be completed..." On 10/23/18 at 12:04pm Assisted Living Coordinator/LPN (licensed practical nurse) and Registered Nurse #J confirmed the facility policy for Resident TB testing also used for employees... confirmed the facility policy did not meet current standards and requirements... confirmed TB symptom screens and skin testing not completed as required. The Administrator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for Residents #189, #187, and #185, and for employees #B, #C, #D, and #E.	S3310		

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