STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B011004	A. BUILDING: _____ B. WING _____	R 10/10/2018

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LEGACY LIVING OF BAXTER SPRINGS LLC	445 E 10TH ST BAXTER SPGS, KS 66713

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{S 000}	INITIAL COMMENTS The following citations represent the findings of a revisit for correction order 18-138, notice of assessment 18-139 at the above named home plus facility conducted on 10-8-18, 10-9-18 and 10-10-18.	{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 6 residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#1002) of 3 sampled residents, the operator failed to ensure the licensed nurse provided or coordinated the provision of health care services that met the needs of the resident and were in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for Resident #1002 revealed admission on 8-31-18 with diagnoses Intracranial Injury, Cerebellar Stroke Syndrome and Atrial	{S5155}		

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

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{S5155}	Continued From page 1 Fibrillation. The Functional Capacity Screen dated 8-15-18 recorded resident required supervision with eating; and physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and management of medications/treatments. Usually continent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks identified included falls, impaired vision, socially inappropriate disruptive behavior, and impaired decision-making. Resident uses a wheelchair and mechanical lift. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 9-13-18 stated the following: Special Dietary Needs: Mechanical Soft diet. Honey thickened liquids. Meal Assistance: Supervision. Toileting: Incontinent of bowel and bladder. Needs assistance transferring to toilet and changing brief/pad. Transfers: Caregiver assist. Assistive Devices: gait belt, mechanical lift (Hoyer). Evacuation: Assist. The NSA/HCSP failed to identify resident's behaviors as identified in the FCS with interventions to address the behaviors. The NSA/HCSP failed to identify interventions to address actual skin impairment of coccyx and interventions to address resident's impaired swallowing. The HCSP provided insufficient information for transfers and evacuation. Interview on 10-9-18 at 12:24 pm with Licensed Staff B stated Resident #1002 returned from the hospital with a blister on his/her coccyx and the	{S5155}		

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{S5155}	Continued From page 2 blister broke open. Confirmed the HCSP lacked interventions to address resident's skin impairment and that the wound worsened resulting in the resident being "taken to the hospital last Wednesday , the 3rd" for evaluation of the wound. Stated resident was sent back with an order for a tegaderm dressing. Licensed Staff B also stated Resident #1002 refused to eat the mechanical soft diet and thickened liquids. Stated resident's family member had waived all dietary restrictions. Confirmed the HCSP lacked interventions to address resident's aspiration risk and that he/she had not documented any staff training regarding how to observe resident while eating, providing cues (slow down, small bites, sips of liquid between bites), remain upright at least 30 minutes after a meal. Also stated the resident required two staff for transfer with the Hoyer lift and in the event of an evacuation, would require staff to transfer him/her into a wheelchair and push out of the building. Confirmed the NSA/HCSP failed to include the requirement of two staff for all transfers and also failed to describe the assistance the resident would require to evacuate. For Resident #1002, the operator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services to address resident's skin impairment, swallowing risk and assistance required to transfer and evaucate safely.	{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.	{S5185}		

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{S5185}	Continued From page 3 (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(c) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 1 (#1002) of 1 sampled residents with an order for a mechanically altered diet, the operator failed to ensure the diet shall be prepared according to instructions from a medical care provider or license dietitian. Findings included: - Record review for Resident #1002 revealed admission on 8-15-18 with diagnoses Dementia with Behavioral Disturbance, Cerebellar Stroke Syndrome, Intracranial Injury and Atrial Fibrillation. The Functional Capacity Screen (FCS) dated 8-15-18 recorded resident required supervision with eating. Comments: Mechanical Soft Diet; Honey Thick Liquids. Review of "Fiberoptic Endoscopic Evaluation of	{S5185}		

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{S5185}	Continued From page 4 Swallowing" performed on 7-19-18: Recommendations: change diet to mechanical soft and honey consistency liquids. Interview on 10-8-18 at 3:45 pm with operator provided a dietary notebook which included instructions for a mechanical soft diet. Operator confirmed the instructions had not been signed by a dietitian or medical care provider; and the resident's physician had not reviewed them. For Resident #1002, the operator failed to ensure the mechanically altered diet was prepared according to instructions from a medical care provider or licensed dietitian.	{S5185}		
{S5255} SS=F	26-42-102 (a) Staff Qualifications Sufficent Staff (a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of qualified personnel to provide each resident with services and care in accordance with that resident ' s functional capacity screening, health care service plan, and negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(a) The facility reported a census of 6 residents. The sample included 3 residents. Based on record reviews and interview for all residents, the operator failed to ensure the provision of a sufficient number of qualified personnel to provide each resident with services and care in accordance with that resident's functional	{S5255}		

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{S5255}	Continued From page 5	{S5255}		

capacity screening, health care service plan and negotiated service agreement. Review of staff records revealed 2 (Non-certified Staff D, E) of the 8 newly hired staff (since last survey) lacked evidence of licensure or certification in Kansas. These non-licensed, non-certified staff provided hands on assistance with activities of daily living to all residents at the facility and at times failed to work under the direct supervision of a nurse.

Findings included:

- Observations on 10-8-18 at 2:00 pm and 10-9-18 at 9:30 am upon arrival to facility of Non-Certified Staff E working with residents. Licensed Staff B was present in the facility. Observations during survey of Non-Certified Staff E providing assistance with toileting, dressing, transfers, mobility and eating to residents.

- Review of the resident roster revealed a census of 6 residents. All residents identified with impaired cognition and required health care services which included direct care/hands on assistance and medication management. One resident identified as a two-person transfer.

On 10-9-18, Licensed Staff B provided new hire list which identified 8 facility staff hired since 9-10-18. All staff were identified as personnel who provided direct care/hands-on assistance to residents. Review of the Kansas Nurse Aide Registry confirmed two of these 8 staff were not certified in Kansas.

Interview on 10-9-18 at 10:30 am with Licensed Staff B stated Non-Certified Staff D and E had been approved to take the Kansas Nurse Aide test and provided copies of "Approval to Schedule" for October testing. Further stated

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{S5255}	Continued From page 6 he/she did not realize the non-certified staff had to work under the direct supervision of a nurse and provided a written statement as follows: "I worked my scheduled shifts and was here much more but I know I was not always present when Non-certified Staff D and E were working. Confirmed there were some days/shifts in which he/she was scheduled to work the floor with Non-Certified Staff D. Stated Licensed Staff C was also scheduled to work the floor on the day shift (7 am to 3:30 pm) with Non-certified staff D (on 9-22-18, 9-23-18). Operator provided copy of current schedule from September 2018 to October 2018: Review of schedules revealed Non-Certified Staff D scheduled with another certified staff on: 9-17-18, 9-20-18, 9-26-18, 9-28-18, 10-3-18, 10-5-18, 10-6-18, and 10-7-18. Non-Certified Staff E was scheduled to work with another certified staff on: 10-6-18 and 10-7-18. For all residents, the operator failed to ensure the provision of a sufficient number of qualified personnel to provide each resident with services and care in accordance with that resident's functional capacity screening, health care service plan and negotiated service agreement.	{S5255}		
{S5258} SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training;	{S5258}		

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{S5258}	Continued From page 7 (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2)(4) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for all sampled staff (D,E,F,G,H,I,J,K), the operator failed to ensure employee records and agency staff records contained: 1) evidence of licensure, registration, certification or certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; 2) supporting documentation for criminal background checks or facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; 3) supporting documentation from the Kansas nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home; and 4)	{S5258}		

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{S5258}	Continued From page 8 supporting documentation that the individual did not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual had been known to work as a certified nurse aide. Findings included: - On 10-8-18, operator provided list of 8 personnel hired since 9-10-18. Operator identified two staff that were providing direct care/hands-on assistance to residents who are not yet certified. - Personnel Record Review conducted on 10-9-18 at 10:12 am with Licensed Staff B revealed the following: Non-Certified Staff D with date of hire: 9-16-18. The record lacked evidence of certification, documentation of criminal background check for Kansas or Oklahoma and supporting documentation that Non-certified Staff D does not have a finding of having abused, neglected or exploited any resident in an adult care home from the nurse aide registry in Oklahoma. Non-Certified Staff E with date of hire: 10-5-18. The record lacked evidence of certification and documentation of criminal background check. Certified Staff F with date of hire 9-17-18: the record lacked evidence of certification and documentation of a criminal background check. Certified Staff G with date of hire 9-27-18: the record lacked documentation of a criminal background check.	{S5258}		

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{S5258}	Continued From page 9 Certified Staff H with date of hire 9-21-18. the record lacked evidence of certification and documentation of a criminal background check. Certified Staff I with date of hire 9-27-18: the record lacked documentation of a criminal background check. Certified Staff J with date of hire 9-10-18: the record lacked documentation of a criminal background check. Certified Staff K with date of hire 9-18-18: the record lacked documentation of a criminal background check. Interview on 10-9-18 from 10:12 am with Licensed Staff B during personnel record review confirmed the above records for certified and non-certified staff lacked evidence of certification in Kansas and/or documentation of criminal background checks. Further confirmed the record for Non-certified Staff D had worked as a nurse aide in Oklahoma and confirmed the record lacked a criminal background check or check of his/her Oklahoma registry for a finding of abuse, neglect or exploitaion. The operator failed to ensure the employee records contained evidence of certification for each employee performing a function that required specialized education or training and criminal background check obtained through the department as required by K.S.A. 39-970; and if the employee worked as a nurse aide in another state, supporting documentation of no findings of abuse, neglect or sxpoitation in an adult care home from the nurse aide registry in that state.	{S5258}		

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{S5315}	Continued From page 10	{S5315}		
{S5315} SS=F	26-42-205 (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 home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home 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 home. (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 26-42-205(h)	{S5315}		

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{S5315}	Continued From page 11 The facility reported a census of 6 residents. The sample included 3 residents. Based on observation and interview for all staff and residents, the licensed nurse failed to ensure that all medications and biologicals are securely and properly stored in accordance with federal and state laws and regulations. Licensed nurses and medication aides shall store non-controlled medications and biologicals managed by the home 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. Findings included: - Observation on 10-8-18 and 10-9-18 during survey revealed the nurse's office to remain unlocked with the door open with residents and staff walking by. Small refrigerator designated for resident medications lacked a lock. - Observation on 10-9-18 at 1:40 pm revealed the refrigerator to contain a box of Lantus insulin pens and a vial of Lantus insulin. Interview on 10-9-18 around 1:44 pm with Licensed Staff B confirmed the refrigerator was not locked and the door to the office remained open and unlocked. The facility lacked policies and procedures for medication storage. Licensed nurses failed to ensure all medications and biologicals were securely and properly stored in accordance with federal and state laws and regulations; and only licensed nurses and	{S5315}		

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{S5315}	Continued From page 12 medication aides had access to the stored medications and biologicals.	{S5315}		
S5326 SS=F	26-42-205 (l) (1) Medication Regimen Review Contents (l) (1) The medication regimen review shall identify any potential or current medication-related problems, including the following: (A) Lack of clinical indication for use of medication; (B) the use of a subtherapeutic dose of any medication; (C) failure of the resident to receive an ordered medication; (D) medications administered in excessive dosage, including duplicate therapy; (E) medications administered in excessive duration; (F) adverse medication reactions; (G) medication interactions; and (H) lack of adequate monitoring. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205(l)(1)(A)(B)(F)(G)(H) The facility reported a census of 6 residents. The sample included 3 residents. The operator failed to ensure the medication regimen review identified all potential or current medication-related problems including: lack of clinical indication for use; use of subtherapeutic dose of any medication; medications administered in excessive dosage; medications administered in excessive duration; adverse medication reactions; medication interactions;	S5326		

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S5326	Continued From page 13 and lack of adequate monitoring as evidenced by record review and interview for 3 (#1001, #1002, #1003) of 3 sampled residents and affecting all residents with facility managed medications. Findings included: - Review on 10-8-18 of resident roster revealed 6 residents with facility managed medications. Record reviews for residents #1001, #1002, #1003 each indicated the facility staff responsible for management of medications. Review of Negotiated Service Agreement/ Health Care Service Plans for the above residents indicated all residents to receive the supervised nursing service of medication management. Upon review of medication orders for the above sampled residents, many medication orders lacked documentation of clinical indication for use. Interview on 10-9-18 at 1:45 pm with operator confirmed a pharmacist had come to facility to perform a quarterly medication regimen review for all residents. Provided a copy of the one-page document titled "Pharmacist Review" provided by the pharmacist and dated 10-5-18. Pharmacist Review stated the following: Review of quarterly MAR's (Medication Administration Records) showed the following deficiencies: 1. Date/year must be notated on each MAR page. 2. Drug names MUST be notated as written on prescription label, Alternate/brand name can be listed in parenthesis. 3. Physician orders must accompany each MAR. 4. Nurse/Med Tech notes must be listed ... 5. Blood Pressure and Blood Glucose numbers	S5326		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY LIVING OF BAXTER SPRINGS LLC	445 E 10TH ST BAXTER SPGS, KS 66713

(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
S5326	Continued From page 14 should be listed as per site policy. Blood sugar level should be listed in MAR with EACH finger stick (Resident #1002). 6. MAR's should be organized in chronological order and filed by quarter. 7. PRN (as needed) meds should be listed on their own MAR page. 8. PRN meds given should be notated as well as outcome listed on form. (Melatonin for Resident #1001) 9. Glipizide for (non-sampled resident listed on MAR as 0.5 mg (milligrams) ...dose is 5 mg, ½ tablet is 2.5 mg versus 0.25 mg. 10. July 2018, (non-sampled resident) missed many doses of Memantine, Donepezil ...no notations as required as to issue/concern. The pharmacist's report lacked a review of potential or current medication-related problems including lack of clinical indication, use of subtherapeutic dosing, adverse medication reactions, medication interactions and lack of adequate monitoring. The resident's records lacked documentation of a Medication Regimen Review. Interview on 10-9-18 around 2:00 pm with operator and Licensed Staff B confirmed the pharmacist's review failed to indicate all required components were reviewed. Further confirmed all resident records lacked documentation of a quarterly medication review performed by the pharmacist. For all residents with facility managed medications, the operator failed to ensure the medication regimen review identified any potential or current medication-related problems.	S5326		