STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087215	A. BUILDING: _____ B. WING _____	10/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRIST CARE HOME PLUS, LLC	7901 W JENNIE STREET WICHITA, KS 67212

(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 of the above home plus facility on 10/2/18, 10/3/18, 10/4/18, and 10/8/18.	S 000		
S5028 SS=D	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(f)(3)(A)	S5028		

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

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S5028	Continued From page 1 The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 1 (#800) of 3 residents sampled, operator/certified medication aide (CMA) B failed to report to the department within 24 hours an allegation of potential neglect of resident and failed to conduct an investigation to rule out resident neglect. Findings included: - Record review for resident #800 revealed an admission date of 2/20/17 with diagnoses of Alzheimer's disease and depression. Functional capacity screen dated 2/20/17 indicated resident was unable to perform bathing, dressing, toileting, transferring, and management of medications and treatments; required physical assistance with mobility; supervision with eating; was frequently incontinent of urine; experienced impaired short-term memory and decision making; was at risk for falls; and required a wheelchair for mobility. Negotiated service agreement dated 2/20/17 documented health care services of assistance with bathing 2 times a week, dressing, toileting, walking, and transferring; and administration of medications and treatments. The negotiated service agreement lacked interventions to address resident's risk for falls. The nurse's notes contained an entry by licensed nurse C at 7:30 p.m. of "Staff in bathroom with another (resident.) (Resident #800) then found on the floor by recliner." Resident stated he/she needed to go to bathroom. No signs of injury.	S5028		

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S5028	Continued From page 2 During an interview at 4:13 p.m. on 10/2/18, licensed nurse C stated the incident was not reported to the department or investigated. Licensed nurse C stated he/she and a certified staff member were in the bathroom with a resident who was exhibiting behaviors when resident #800 apparently fell. Licensed nurse C confirmed resident #800 was unsupervised in the living room. Operator/CMA B failed to report to the department within 24 hours an allegation of potential neglect of resident #800 and failed to conduct an investigation to rule out resident neglect.	S5028		
S5066 SS=D	26-42-200 (b) Resident Criteria Restraints (b) Each administrator or operator shall ensure that any resident whose clinical condition requires the use of physical restraints is not admitted or retained. This REQUIREMENT is not met as evidenced by: KAR 26-42-200(b) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review, interview, and observation for 1 (#700) of 3 residents sampled, operator/certified medication aide (CMA) B utilized a full bed rail attached to resident's bed as a physical restraint when resident was in bed. Findings included:	S5066		

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S5066	Continued From page 3	S5066		

- Record review for resident #700 revealed an admission date of 3/6/18 with diagnoses of dementia and recent hip fracture.

Functional capacity screen dated 3/7/18 indicated resident was unable to perform bathing, dressing, toileting, transferring, and management of medications and treatments; required physical assistance with mobility; supervision with eating; was occasionally incontinent of urine; experienced impaired short-term memory, long-term memory, memory recall, and decision making; was at risk for falls; and utilized a walker and wheelchair.

Negotiated service agreement dated 3/1/18 documented service of bathing assistance 2 times a week; physical assistance with dressing, toileting, transferring, and mobility; and staff administration of medications.

Nurse's notes contained an entry by licensed nurse C at 7:30 p.m. on 8/16/18 of resident resisting care when toileting. Licensed nurse C documented resident was placed in bed "with great difficulty," provided incontinence care, and "Kept in bed with rail up due to behavior. Visually monitored frequently."

During an interview at 3:50 p.m. on 10/2/18, surveyor asked licensed nurse C if staff utilized a bed rail on resident's bed and if so what was the purpose of the bed rail. Licensed nurse C stated a bed rail was used when resident was in bed to prevent resident from getting out of bed or falling from bed when restless.

At 3:55 p.m. on 10/2/18, surveyor went with operator/CMA B and licensed nurse C to resident's room and observed a hospital-type bed

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S5066	Continued From page 4 positioned against the wall. Operator/CMA B removed a full-size bed rail from the resident's closet and placed this on the resident's bed. Surveyor noted that the rail required pulling out a metal knob to lower the rail that would be difficult for resident to manipulate. Also observed that if resident wanted to get out of bed, he/she would have to climb over the rail or the foot of the bed or through the small area at the head of the bed where the bed rail did not meet the headboard of the bed. Operator/CMA B stated the rail was utilized to keep resident from falling from bed. During an interview at 4:48 p.m. on 10/2/18, certified staff E stated he/she placed the bed rail on resident's bed to make sure resident did not get out of bed and fall. Operator/CMA B utilized a full bed rail attached to resident #700's bed as a physical restraint when resident was in bed	S5066		
S5085 SS=E	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(c)(1)(2)	S5085		

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S5085	Continued From page 5 The facility reported a census of 5 residents. The sample included 3 residents. Based on record review, interview, and observation for 2 (#600 and #800) of 3 residents sampled, operator/certified medication aide (CMA) B failed to ensure a licensed nurse conducted a screening of each resident's functional capacity at least once every 365 days or following any significant change in condition as defined in K.A.R. 26-39-100. Findings included: - Record review for resident #600 revealed an admission date of 9/5/17 with diagnosis of dementia. Functional capacity screen dated 9/5/17 indicated resident required supervision with toileting and eating; required physical assistance with dressing, transferring, and walking; and was unable to perform bathing and management of medications and treatments; was frequently incontinent of urine; experienced impaired short-term memory, long-term memory, memory recall, and decision making; and required a wheelchair for mobility. The nurse's notes contained an entry by a licensed nurse dated 7/24/18 that resident was assisted with eating due to blindness. During an interview at 10:05 a.m. on 10/2/18, operator/CMA B stated resident required a staff member to feed him/her due to resident's blindness. At 1:00 p.m. on 10/2/18, surveyor observed certified staff F feeding lunch to the resident.	S5085		

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S5085	Continued From page 6 During an interview at 4:09 p.m. on 10/2/18, operator/CMA B stated and confirmed a licensed nurse did not complete a functional capacity screen every 365 days or when resident experienced a significant change in ability to feed self. Operator/CMA B failed to ensure a licensed nurse conducted a screening of resident #600's functional capacity at least once every 365 days or following any significant change in condition as defined in K.A.R. 26-39-100. - Record review for resident #800 revealed an admission date of 2/20/17 with diagnoses of Alzheimer's disease and depression. Functional capacity screen dated 2/20/17 indicated resident was unable to perform bathing, dressing, toileting, transferring, and management of medications and treatments; required physical assistance with mobility; supervision with eating; was frequently incontinent of urine; experienced impaired short-term memory and decision making; was at risk for falls; and required a wheelchair for mobility. The record lacked a subsequent functional capacity screen. During an interview at 10:58 a.m. on 10/2/18, operator/CMA B stated no functional capacity screen conducted since 2/10/17. Operator/CMA B failed to ensure a licensed nurse conducted a screening of resident #800's functional capacity at least once every 365 days.	S5085		

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S5090	Continued From page 7	S5090		
S5090 SS=D	26-42-201 (e) Functional Capacity Screen as Basis for NSA (e) Designated staff shall use the results of the functional capacity screening as a basis for determining the services to be included in the resident ' s negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(e) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 1 (#700) of 3 residents sampled, operator/certified medication aide (CMA) B failed to ensure designated staff used the results of the functional capacity screening as a basis for determining the services to be included in the resident's negotiated service agreement. Findings included: - Record review for resident #700 revealed an admission date of 3/6/18 with diagnoses of dementia and recent hip fracture. Functional capacity screen dated 3/7/18 indicated resident was unable to perform bathing, dressing, toileting, transferring, management of medications and treatments, meal preparation, and laundry/housekeeping; required physical assistance with mobility; supervision with eating;	S5090		

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S5090	Continued From page 8 was occasionally incontinent of urine; experienced impaired short-term memory, long-term memory, memory recall, and decision making; was at risk for falls; and utilized a walker and wheelchair. Negotiated service agreement dated 3/1/18 documented service of bathing assistance 2 times a week; physical assistance with dressing, toileting, transferring, and mobility; staff administration of medications; meal preparation; and laundry/housekeeping. The record lacked a functional capacity screen dated prior to or on 3/1/18 as a basis for the negotiated service agreement dated 3/1/18. During an interview at 3:27 p.m. on 10/2/18, licensed nurse C stated he/she conducted functional capacity screen at the time of resident's admission and could not explain for certain why negotiated service agreement was completed prior to the functional capacity screen. At 3:33 p.m. on 10/2/18, operator/CMA B stated (certified staff K) developed the resident's negotiated service agreement. Operator/CMA B failed to ensure designated staff used the results of the functional capacity screening as a basis for determining the services to be included in the resident #700's negotiated service agreement.	S5090		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident,	S5105		

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S5105	Continued From page 9 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 26-42-202(a)(1)(2)(3) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 3 (#600, #700, and #800) of 3 residents sampled operator/certified medication aide (CMA) B failed to ensure the development of a written negotiated service agreement (NSA) for each resident, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident's legal representative that included a description of the services provided to the resident by an outside resource, identification of the outside resource, and the party responsible for payment to the outside resource. Findings included: - Resident roster documented resident #600 received services from an outside resource.	S5105		

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S5105	Continued From page 10 Record review for resident #600 revealed an admission date of 9/5/17 with diagnosis of dementia. Functional capacity screen dated 9/5/17 indicated resident required supervision with toileting and eating; required physical assistance with dressing, transferring, and walking; and was unable to perform bathing and management of medications and treatments; was frequently incontinent of urine; experienced impaired short-term memory, long-term memory, memory recall, and decision making; and required a wheelchair for mobility. NSA dated 9/5/17 documented services of assistance with bathing 2 times a week, dressing, toileting every 2 hours, and walking with walker; supervision with transferring; meal preparation; administration of medications; and laundry and housekeeping. Medical care provider visit note dated 7/9/18 documented resident "was admitted to hospice this past week." The NSA did not identify the hospice provider, services provided, or the party responsible for payment of services provided. Review of the resident's hospice record revealed resident received skilled nursing assessments, home health aide for bathing assistance, and chaplain visits. During an interview at 4:09 p.m. on 10/2/18, operator/CMA B confirmed resident's NSA did not include a description of hospice services and party responsible for payment.	S5105		

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S5105	Continued From page 11 Operator/CMA B failed to ensure the development of a written NSA for resident #600, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident's legal representative that included a description of the services provided to the resident by an outside resource, identification of the outside resource, and the party responsible for payment to the outside resource. - Resident roster documented resident #700 received services from an outside resource. Record review for resident #700 revealed an admission date of 3/6/18 with diagnoses of dementia and recent hip fracture. Functional capacity screen dated 3/7/18 indicated resident was unable to perform bathing, dressing, toileting, transferring, and management of medications and treatments; required physical assistance with mobility; supervision with eating; was occasionally incontinent of urine; experienced impaired short-term memory, long-term memory, memory recall, and decision making; was at risk for falls; and utilized a walker and wheelchair. NSA dated 3/1/18 documented service of bathing assistance 2 times a week; physical assistance with dressing, toileting, transferring, and mobility; staff administration of medications; and laundry and housekeeping. NSA documented resident started on hospice services May 16, 2018. The NSA did not identify the hospice provider, services provided, or the party responsible for payment of services provided. Review of resident's hospice record revealed	S5105		

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S5105	Continued From page 12	S5105		

documentation of skilled nursing assessments, shower assistance by home health aide, and visits by chaplain, social worker, and volunteer.

During an interview at 3:33 p.m. on 10/2/18, operator/CMA B stated and confirmed NSA did not include the name of the hospice provider, services provided, and party responsible for payment of services.

Operator/CMA B failed to ensure the development of a written NSA for resident #700, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident's legal representative that included a description of the services provided to the resident by an outside resource, identification of the outside resource, and the party responsible for payment to the outside resource.

- Record review for resident #800 revealed an admission date of 2/20/17 with diagnoses of Alzheimer's disease and depression.

Functional capacity screen dated 2/20/17 indicated resident was unable to perform bathing, dressing, toileting, transferring, and management of medications and treatments; required physical assistance with mobility; supervision with eating; was frequently incontinent of urine; experienced impaired short-term memory and decision making; was at risk for falls; and required a wheelchair for mobility.

NSA dated 2/20/17 documented resident received services of assistance with bathing 2 times a week, dressing, toileting, walking, and transferring; meal preparation; laundry and housekeeping; and administration of medications

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S5105	Continued From page 13 and treatments. NSA revision dated 3/28/17 documented the name of a hospice provider and services provided. The NSA did not specify the party responsible for the payment of hospice services. During an interview at 4:13 p.m. on 10/2/18, operator/CMA B stated and confirmed the NSA did not document the party responsible for payment of hospice services. Operator/CMA B failed to ensure the development of a written NSA for resident #800, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident's legal representative that included identification of the party responsible for payment to the outside resource.	S5105		
S5116 SS=E	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.	S5116		

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S5116	Continued From page 14 This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(1)(2) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review, interview, and observation for 2 (#600 and #800) of 3 residents sampled, operator/certified medication aide (CMA) B failed to ensure the review and if necessary the revision of each resident's negotiated service agreement (NSA) at least once every 365 days or following any significant change in condition, as defined in K.A.R. 26-39-100. Findings included: - Record review for resident #600 revealed an admission date of 9/5/17 with diagnosis of dementia. Functional capacity screen dated 9/5/17 indicated resident required supervision with toileting and eating; required physical assistance with dressing, transferring, and walking; and was unable to perform bathing and management of medications and treatments; was frequently incontinent of urine; experienced impaired short-term memory, long-term memory, memory recall, and decision making; and required a wheelchair for mobility. NSA dated 9/5/17 documented services of assistance with bathing 2 times a week, dressing, toileting every 2 hours, and walking with walker; supervision with transferring; meal preparation; administration of medications; and laundry and housekeeping. The NSA did not indicate any review or revisions	S5116		

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S5116	Continued From page 15 since 9/5/17. The nurse's notes contained an entry by a licensed nurse dated 7/24/18 that resident was assisted with eating due to blindness. During an interview at 10:05 a.m. on 10/2/18, operator/CMA B stated resident required a staff member to feed him/her due to resident's blindness. At 1:00 p.m. on 10/2/18, surveyor observed certified staff F feeding lunch to the resident. The NSA was not revised to reflect resident required/received feeding assistance. During an interview at 4:09 p.m. on 10/2/18, operator/CMA B stated and confirmed the resident's NSA was not reviewed and revised. Operator/CMA B failed to ensure the review and if necessary the revision of the NSA for resident #600 at least once every 365 days or following any significant change in condition, as defined in K.A.R. 26-39-100. - Record review for resident #800 revealed an admission date of 2/20/17 with diagnoses of Alzheimer's disease and depression. Functional capacity screen dated 2/20/17 indicated resident was unable to perform bathing, dressing, toileting, transferring, and management of medications and treatments; required physical assistance with mobility; supervision with eating; was frequently incontinent of urine; experienced impaired short-term memory and decision making; was at risk for falls; and required a wheelchair for mobility.	S5116		

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S5116	Continued From page 16 NSA dated 2/20/17 documented resident received services of assistance with bathing 2 times a week, dressing, toileting, walking, and transferring; meal preparation; laundry and housekeeping; and administration of medications and treatments. NSA documented a revision 3/28/17 to add services of an outside provider. During an interview at 10:58 a.m. on 10/2/18, operator/CMA B stated no other NSA than the one in the resident's record dated 2/20/17. Operator/CMA B failed to ensure the review and if necessary the revision of the NSA for resident #600 at least once every 365 days or following any significant change in condition, as defined in K.A.R. 26-39-100.	S5116		
S5155 SS=E	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 5 residents. The sample included 3 residents. Based on record	S5155		

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S5155	Continued From page 17	S5155		

review and interview for 2 (#600 and #800) of 3 residents sampled, operator/certified medication aide (CMA) B failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of each resident and were in accordance with each resident's functional capacity screening and negotiated service agreement.

Findings included:

- Record review for resident #700 revealed an admission date of 3/6/18 with diagnoses of dementia and recent hip fracture.

Functional capacity screen dated 3/7/18 indicated resident was unable to perform bathing, dressing, toileting, transferring, and management of medications and treatments; required physical assistance with mobility; supervision with eating; was occasionally incontinent of urine; experienced impaired short-term memory, long-term memory, memory recall, and decision making; was at risk for falls; and utilized a walker and wheelchair.

Negotiated service agreement dated 3/1/18 documented service of bathing assistance 2 times a week; physical assistance with dressing, toileting, transferring, and mobility; and staff administration of medications.

Nurse's notes contained the following entries by licensed nurse C:

6/7/18 Hospice treating stage 3 (full-thickness loss of skin) ulcer measuring 12 centimeters by 7 centimeters redness with a few broken skin areas.

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S5155	Continued From page 18 6/12/18 wound now stage 1. (non-blanchable redness of intact skin) 6/26/18 Staff reminded to prop and tilt (resident's) hip on pillow to prevent pressure on coccyx. Review of resident's hospice record revealed documentation of licensed nurse visit on 6/6/18 excoriation to resident's bottom with small open area. Instructed staff to use Calmoseptine (ointment to prevent and heal skin irritations) to area. On 6/8/18 hospice licensed nurse documented no open areas on bottom and ROHO cushion (used to relieve pressure) ordered for recliner seat. The negotiated service agreement lacked an update of health care services to be provided related to wound healing and prevention of skin breakdown. Operator/CMA B failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of resident #700 and were in accordance with the functional capacity screening and negotiated service agreement. - Record review for resident #800 revealed an admission date of 2/20/17 with diagnoses of Alzheimer's disease and depression. Functional capacity screen dated 2/20/17 indicated resident was unable to perform bathing, dressing, toileting, transferring, and management of medications and treatments; required physical assistance with mobility; supervision with eating; was frequently incontinent of urine; experienced impaired short-term memory and decision making; was at risk for falls; and required a	S5155		

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S5155	Continued From page 19 wheelchair for mobility. Negotiated service agreement dated 2/20/17 documented health care services of assistance with bathing 2 times a week, dressing, toileting, walking, and transferring; and administration of medications and treatments. The negotiated service agreement lacked interventions to address resident's risk for falls. The nurse's notes contained the following entries: 7/17/17 by a licensed nurse that staff reported resident on floor by commode trying to get up by self. No injury. Resident does not have history of falling. 9/15/17 a licensed nurse documented that on 9/13/17 at 3:00 p.m. staff witnessed resident slide from chair. 8/16/18 licensed nurse C documented at 7:30 p.m. "Staff in bathroom with another (resident.) (Resident #800) then found on the floor by recliner." Resident stated he/she needed to go to bathroom. No signs of injury. During an interview at 4:13 p.m. on 10/2/18, licensed nurse C stated and confirmed he/she did not implement interventions to address resident's risk for falls. During an interview at 4:53 p.m. on 10/2/18, certified staff E stated to reduce resident's risk for falls he/she used a gait belt around resident's waist that he/she held onto when assisting resident to stand. Operator/CMA B failed to ensure a licensed nurse provided or coordinated the provision of	S5155		

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S5155	Continued From page 20 necessary health care services that met the needs of resident #700 and were in accordance with the functional capacity screening and negotiated service agreement.	S5155		
S5161 SS=E	26-42-204 (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 26-42-204(d) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 2 (#800 and #600) of 3 residents sampled operator/certified medication aide (CMA) B failed to ensure each resident's negotiated service agreement/health care service plan (NSA/HCSP) contained the name of the licensed nurse responsible for the implementation and supervision of the plan. Findings included: - Record review for resident #800 revealed an admission date of 2/20/17 with diagnoses of Alzheimer's disease and depression. Functional capacity screen dated 2/20/17 indicated resident was unable to perform bathing, dressing, toileting, transferring, and management of medications and treatments; required physical assistance with mobility; supervision with eating;	S5161		

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S5161	Continued From page 21	S5161		

was frequently incontinent of urine; experienced impaired short-term memory and decision making; was at risk for falls; and required a wheelchair for mobility.

NSA/HCSP dated 2/20/17 documented staff to assist resident with all activities of daily living and administration of medications and treatments. The NSA documented the name of licensed nurse D as the licensed nurse responsible for the nursing plan.

- Record review for resident #600 revealed an admission date of 9/5/17 with diagnosis of dementia.

Functional capacity screen dated 9/5/17 indicated resident required supervision with toileting and eating; required physical assistance with dressing, transferring, and walking; and was unable to perform bathing and management of medications and treatments; was frequently incontinent of urine; experienced impaired short-term memory, long-term memory, memory recall, and decision making; and required a wheelchair for mobility.

NSA/HCSP dated 9/5/17 documented staff to provide physical assistance with bathing, dressing, and ambulation with walker; supervision for toileting and eating; and staff to administer medications and treatments. The NSA documented the name of licensed nurse D as the licensed nurse responsible for the nursing plan.

During an interview at 4:13 p.m. on 10/2/18, operator/CMA B stated (licensed nurse D) no longer employed by the facility and licensed nurse C responsible for health care service plan.

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S5161	Continued From page 22 For residents #800 and #600, operator/CMA B failed to ensure each resident's NSA/HCSP contained the name of the licensed nurse responsible for the implementation and supervision of the plan.	S5161		
S5185 SS=E	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(c) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review, observation, and interview for 3 (#700, #800, and #600) of 3 residents sampled whose negotiated service agreement specified the provision of a mechanically altered diet and/or thickened consistency of liquids, operator/certified medication aide (CMA) B failed to ensure the food or liquids, or both, were prepared according	S5185		

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S5185	Continued From page 23 to instructions from a medical care provider or licensed dietitian. Findings included: - Record review for resident #700 revealed an admission date of 3/6/18 with diagnoses of dementia and recent hip fracture. Functional capacity screen dated 3/7/18 indicated resident required supervision when eating. Negotiated service agreement and resident service plan each dated 3/1/18 documented resident to receive a mechanical soft diet with nectar thick liquids. Resident's record contained a medical care provider's order dated 3/26/18 for mechanical soft diet with nectar thick liquids. At 12:58 p.m. on 10/2/18, surveyor observed resident eating ground chicken mixed with what appeared to be gravy, cooked carrot slices, and rice with cheese sauce. Resident had a glass of water and a glass of orange liquid by plate. Each glass had a lid and a straw. Surveyor unable to tell the consistency of the liquids. During an interview at 4:48 p.m. on 10/2/18, certified staff E stated he/she did not have to grind resident's food but did thicken liquids "pretty thick." - Record review for resident #800 revealed an admission date of 2/20/17 with diagnoses of Alzheimer's disease and depression. Functional capacity screen dated 2/20/17 indicated resident required supervision when	S5185		

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S5185	Continued From page 24	S5185		

eating.

Negotiated service agreement dated 2/20/17 documented resident to receive regular soft foods in bite sized pieces. The resident service plan dated 2/20/17 documented resident to receive a pureed diet.

The record contained a medical care provider's written order dated 3/17/17 to discontinue mechanical soft diet and may have regular diet with soft foods in bite size pieces and discontinue thickened liquids. The record lacked any subsequent diet orders.

Nurse's notes contained an entry by licensed nurse C dated 6/29/18 that staff encouraged to moisten meat to prevent resident from spitting food out and eating again. On 7/5/18, licensed nurse C documented "Staff again encouraged to make food more liquid and thin to assist (resident) in swallowing."

At 12:58 p.m. on 10/2/18, surveyor observed certified staff F serve resident ground chicken mixed with what appeared to be gravy, cooked carrot slices, and rice with cheese sauce.

During an interview at 4:53 p.m. on 10/2/18, certified staff E stated, "Grind food but not if super soft when cooked."

- Record review for resident #600 revealed an admission date of 9/5/17 with diagnosis of dementia.

Functional capacity screen dated 9/5/17 indicated resident required supervision when eating.

Negotiated service agreement dated 9/5/17

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S5185	Continued From page 25 documented resident received meal preparation and resident service plan dated 9/5/17 documented regular diet. Resident's record contained a medical care provider's order dated 7/5/18 for nectar thick liquids. At 1:02 p.m. on 10/2/18, surveyor observed resident being fed shredded chicken, cooked carrots, and rice with cheese sauce. Unable to determine consistency of liquids provided to resident. During an interview at 3:40 p.m. on 10/2/18, operator/CMA B stated staff did not have written instructions for mechanically altered diet preparation and thickening liquids from a licensed dietitian or from each resident's medical care provider. For residents #700, #800, and #600, operator/CMA B failed to ensure the food or liquids, or both, were prepared according to instructions from a medical care provider or licensed dietitian.	S5185		
S5195 SS=E	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus.	S5195		

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S5195	Continued From page 26 This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of 5 residents. The sample included 3 residents. Based on observation, interview, and record review for all residents, operator/certified medication aide (CMA) B failed to ensure staff stored all foods under safe and sanitary conditions. Findings included: - At 9:38 a.m. on 10/2/18, surveyor observed the following improperly stored food items in the kitchen refrigerator: A clear glass jar with lid dated 8/26/18 that contained a white creamy substance. The jar was not labeled to identify the contents. Operator/CMA B stated the jar contained mayonnaise. A jar with original packing label of turkey gravy, with lid dated 2/5/18 that did not contain turkey gravy. Operator/CMA B stated it was ginger and garlic that belonged to operator/CMA B. Individual serving container of applesauce with foil lid torn back from the container. Operator/CMA B stated the applesauce was used to place medications in to administer to residents. Plastic container of frosting with lid partially off. The container was not dated when opened. Partial container of strawberry yogurt without a legible open date. Plastic container without a label to identify	S5195		

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S5195	Continued From page 27 contents. Plastic bag of less than one cup of sharp cheddar shredded cheese that did not have an open date. Package labeled as originally holding 3 cups of shredded cheese. Freezer contained the following improperly stored food items: Plastic grocery sack with handles tied in a knot that held partially frozen meat. Certified staff F stated the sack held chicken thighs that he/she had recently placed in freezer. The raw chicken was not separately packaged within the grocery sack. 4 meat patties in a plastic bag without a label to identify contents or date placed in the plastic bag. Operator/CMA B stated this bag held sausage patties. Beef patties in an open plastic bag. No date on the package to indicted when the package was opened. Plastic bag of what appeared to be ground beef that lacked a label to document the contents and date placed in the bag. Partial package of hash brown patties not securely sealed or dated. Open and undated partial bags of dinner rolls, seasoned fries, and shredded seasoned potatoes. Record review for sampled residents #600, #700, and #800 revealed each resident received meals prepared in the facility.	S5195		

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S5195	Continued From page 28 At 1:00 p.m. on 10/2/18, surveyor observed each of the 5 residents at the dining room table eating meal of chicken, sliced cooked carrots, and rice with cheese. For all residents, operator/CMA B failed to ensure staff stored all foods under safe and sanitary conditions.	S5195		
S5205 SS=F	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus 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 26-42-104(a) The facility reported a census of 5 residents. The sample included 3 residents. Based on interview, record review, and observation for all residents, operator/certified medication aide (CMA) B 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. Findings included: - At 10:05 a.m. on 10/2/18, operator/CMA B described a staffing pattern of 1 certified employee on duty with 2 certified employees on duty at each meal to help those residents needing	S5205		

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S5205	Continued From page 29	S5205		

feeding assistance. Operator/CMA B stated if a certified nurse aide was on duty that he/she or CMA J came to facility to administer medications to residents. Operator/CMA B stated licensed nurse C sometimes in facility on Tuesday and Thursday afternoons. Operator/CMA B stated and confirmed there were times only one certified employee in the facility to care for the 5 residents. During this interview operator/CMA B stated (resident #700) at times required two staff members to transfer if resident not cooperative and that (resident #600) was blind.

At 10:20 a.m. on 10/2/18, operator/CMA B provided documentation of monthly evacuation drills with residents starting January 2018 through September 2018. Review of this document revealed the same 3 employees (operator/CMA B, CMA J, and certified staff F) participated in each monthly drill with the drill conducted in the morning or the afternoon. The evacuation drills for January, February, and March 2018 included a census of 3 residents and the remaining months a census of 4 residents. Evacuation times ranged from 2 minutes for 1 drill and 2 minutes and 50 seconds to 3 minutes for the other 8 drills.

During this time, when reviewing the documentation of evacuation drills, operator/CMA B stated one employee timed the drill and two employees assisted residents out the front door to the landing. Operator/CMA B stated and confirmed he/she had not conducted a drill with evacuation of residents by one certified staff member. Operator/CMA B stated the facility did not have a fire sprinkler system.

Review of the resident roster revealed each of the five residents experienced impaired cognition.

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S5205	Continued From page 30 - Record review for resident #600 revealed an admission date of 9/5/17 with diagnosis of dementia. Functional capacity screen dated 9/5/17 indicated resident experienced impaired short-term memory, long-term memory, memory recall, and decision making; required physical assistance to transfer, physical assistance with mobility, and utilized a wheelchair. Negotiated service agreement dated 9/5/17 documented "supervision" to transfer, physical assistance to ambulate with walker, and required one-person assistance to exit the building. At 2:15 p.m. on 10/2/18, observed certified staff F walk resident #600 from the dining room table to the bathroom. Certified staff walked backward while resident held certified staff F's hands and walked slowly dragging feet with knees bent, back curved forward, and eyes closed. - Record review for resident #700 revealed an admission date of 3/6/18 with diagnoses of dementia and recent hip fracture. Functional capacity screen dated 3/7/18 indicated resident experienced impaired short-term memory, long-term memory, memory recall, and decision making; was unable to transfer, required physical assistance with mobility, and utilized a walker and wheelchair. Negotiated service agreement dated 3/1/18 documented two-person assistance to transfer, mobility with a walker or wheelchair, and required assistance to exit the building. At 12:47 p.m. on 10/2/18, observed certified staff F and operator/CMA B go to resident who rested in a recliner with feet elevated. Certified staff F lowered the foot rest and raised the lift chair forward after placing a gait belt around resident's waist. Certified staff F placed walker in front of	S5205		

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S5205	Continued From page 31	S5205		

resident and assisted resident to stand up to walker. Resident when first standing did not put weight on feet and feet began sliding forward. Operator/CMA B instructed resident to not slide feet and resident took a few steps with certified staff F holding resident up with gait belt. Operator/CMA B slid wheelchair up behind resident and instructed resident to be seated in wheelchair. During time in the facility, surveyor observed resident remained on continuous oxygen from an oxygen concentrator.

- Record review for resident #800 revealed an admission date of 2/20/17 with diagnoses of Alzheimer's disease and depression. Functional capacity screen dated 2/20/17 indicated resident experienced impaired short-term memory and decision making, unable to transfer, and required physical assistance with mobility with walker or wheelchair. Negotiated service agreement dated 2/20/17 documented one-person physical assistance to transfer, physical assistance for mobility with walker or wheelchair, and one-person assistance to exit the building.

At 12:58 p.m. on 10/2/18, surveyor observed certified staff F physically assist resident to walk with walker from recliner to dining room table and assist resident to sit in a chair.

During time in the facility on 10/2/18, observed resident #670 seated in a chair at the dining room table or seated in a recliner. Surveyor did not observe resident #670 ambulating. Surveyor observed resident #660 seated in a wheelchair and mobilizing self in living room.

At 4:53 p.m. on 10/2/18, when surveyor asked if one person could evacuate all residents out of the building in 3 minutes or less, certified staff E

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S5205	Continued From page 32 stated "No." For all residents, operator/CMA B 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.	S5205		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' 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 26-42-104(d)(3) The facility reported a census of 5 residents. Based on interview for all residents and all employees, operator/certified medication aide (CMA) B failed to ensure disaster and emergency preparedness by ensuring a quarterly review of the facility's emergency management plan with	S5215		

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S5215	Continued From page 33 residents and employees. Findings included: - During an interview at 10:20 a.m. on 10/2/18, operator/CMAB stated employees reviewed the emergency management plan when hired but did not review the plan on a quarterly basis. Operator/CMA B stated he/she talked with residents about the evacuation plan during the monthly evacuation drill. Operator/CMA B confirmed he/she did not review the entire emergency management plan with residents. Operator/CMA B failed to ensure disaster and emergency preparedness by ensuring a quarterly review of the facility's emergency management plan with residents and employees.	S5215		
S5230 SS=E	26-42-207 (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; (c) Each administrator or operator shall 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. This REQUIREMENT is not met as evidenced	S5230		

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S5230	Continued From page 34 by: KAR 26-42-207(c) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 5 of 5 employee files reviewed, operator/certified medication aide (CMA) B failed to ensure the facility's compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Review of employee files at 5:10 p.m. on 10/2/18 with operator/CMA B revealed the lack of compliance with the department's TB guidelines as follows: Licensed nurse C hired 8/17/17 with documentation of prior TB skin testing on 10/24/16 and 11/1/16 which was greater than 6 months prior to hire date. Licensed nurse C did not receive TB skin testing and complete a TB symptom screen within 7 days of employment. Licensed nurse C's file contained documentation of a TB skin test on 10/23/17 and 11/2/17 and a TB symptom screen dated 9/21/18. Licensed nurse G hired 7/28/18 lacked documentation of a two-step TB skin test. The file contained a TB symptom screen dated 10/11/17. Certified staff H hired 4/10/18 with documentation of a TB skin test on 7/31/17. Employee file lacked documentation of a two-step TB skin test initiated and a TB symptom screen completed within 7 days of employment. Operator/CMA B stated the employee file lacked documentation of additional TB skin testing.	S5230		

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S5230	Continued From page 35 Certified staff E hired 6/25/18 with a one-step TB skin test on 6/25/18. Employee's file lacked documentation of a second TB skin test or a TB symptom screen. Certified staff F hired 4/17/17 with documentation of a TB symptoms screen dated 10/23/17 and one TB skin test dated 10/23/17. Operator/CMA B stated and confirmed the employee's file lacked a two-step TB skin test initiated and a TB symptom screen completed within 7 days of employment. Operator/CMA B failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in KAR 26-39-105.	S5230		
S5240 SS=D	26-42-105 (a) Resident Records (a) The administrator or operator of each home plus shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices. (1) Designated staff shall maintain the record of each discharged resident who is 18 years of age or older for at least five years after the discharge of the resident. (2) Designated staff shall maintain the record of each discharged resident who is less than 18 years of age for at least five years after the resident reaches 18 years of age or at least five years after the date of discharge, whichever time period is longer. This REQUIREMENT is not met as evidenced by:	S5240		

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S5240	Continued From page 36 KAR 26-42-105(a) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 1 (#800) of 3 residents sampled, operator/certified medication aide (CMA) B failed to ensure the maintenance of the resident's record in accordance with accepted professional standards of practice. Findings included: - Record review for resident #800 revealed an admission date of 2/20/17 with diagnoses of Alzheimer's disease and depression. The nurse's notes contained an entry by licensed nurse C at 2:30 p.m. on 7/24/18 with the last sentence in the entry covered with correction fluid. During an interview at 5:00 p.m. on 10/2/18, licensed nurse C confirmed the use of correction fluid to mark out a sentence in the 7/24/18 nurse's notes entry. Licensed nurse B stated he/she knew correction fluid not to be used in resident records and did not know why he/she did this. Operator/CMA B failed to ensure the record for resident #800 was maintained in accordance with accepted professional standards of practice.	S5240		
S5258 SS=E	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,	S5258		

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S5258	Continued From page 37 certification, or a 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 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)(3) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 1 of 2 licensed nurse employee files reviewed, operator/certified medication aide (CMA) B failed to provide evidence of ensuring the employee was licensed as a registered nurse prior to employment. Based on record review and interview for 3 of 3 certified staff employee files reviewed, operator/CMA B failed to ensure the file contained supporting documentation of a criminal background check.	S5258		

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S5258	Continued From page 38 Based on record review and interview for 2 of 3 certified employee files reviewed, operator/ CMA B failed to provide evidence that supporting documentation was obtained prior to employment that each individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home. Findings included: - Review of the employee file for licensed nurse C revealed an employment date of 8/17/17. The file contained a printed document from the Kansas state board of nursing website to verify the employee had a current registered nurse license. The document lacked a print date as evidence licensure was confirmed prior to employment by the facility. At 5:10 p.m. operator/CMA B stated and confirmed no documentation to show licensure was verified prior to employment. Operator/CMA B failed to provide evidence of ensuring licensed nurse C was licensed as a registered nurse prior to employment. - Review of the employee file for certified staff F revealed a hire date of 4/17/17 with a request for a criminal background check dated 1/13/17. The file lacked the results of the criminal background check. Review of the employee file for certified staff H revealed a hire date of 4/10/18 and a request for a criminal background check dated 4/4/18. The file lacked the results of the criminal background check. Review of the employee file for certified staff E	S5258		

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S5258	Continued From page 39 revealed a hire date of 6/25/18 and a request for a criminal background check 6/28/18. The file lacked the results of the criminal background check. At 5:10 p.m. on 10/2/18, operator/CMA B confirmed the file for each certified employee lacked the results of a criminal background check. Operator/CMA B failed to ensure the file for each certified staff contained supporting documentation of a criminal background check. - Review of the employee file of certified staff F hired 4/17/17 revealed the lack of documentation that operator/CMA B obtained a check of the Kansas nurse aide registry prior to employing certified staff F to ensure there was not a finding that the person had abused, neglected, or exploited a resident in an adult care home. The employee file for certified staff E, hired 6/25/18 lacked a print out of the Kansas nurse aide registry document. Operator/CMAB stated he/she was unable to get the form to come up on the computer screen and to print the form. Operator/CMA B failed to provide evidence that supporting documentation was obtained prior to employment that each individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home.	S5258		
S5316 SS=D	26-42-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of	S5316		

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S5316	Continued From page 40 all medications managed by the home in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(i)(1)(A)(B)(2) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 1 (#800) of 3 residents sampled, operator/certified medication aide (CMA) B failed to ensure deteriorated, outdated, or discontinued controlled medications were destroyed by two licensed nurses or a licensed nurse and a licensed pharmacist. Based on record review and interview for 1	S5316		

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S5316	Continued From page 41 (#800) of 3 residents sampled, operator/CMA B failed to ensure a record was maintained of the destruction of an outdated non-controlled medication and that a record was maintained of the destruction by two licensed nurses; a licensed nurse and a medication aide; a licensed nurse and a licensed pharmacist; or a medication aide and a licensed pharmacist according to standards of practice. Findings included: - Record review for resident #800 revealed an admission date of 2/20/17 with diagnoses of Alzheimer's disease and depression. Functional capacity screen dated 2/20/17 indicated resident was unable to perform medication management. Negotiated service agreement/health care service plan dated 2/20/17 documented medication administration by certified staff and licensed nurse. The August 2018 medication administration record (MAR) contained "outdated disposed of" in handwriting by the MAR entry of "Atropine 1% eye drops give 2 drops under the tongue every 2 hours as needed for excess secretions." During an interview at 3:16 p.m. on 10/2/18, licensed nurse C stated he/she wasted the resident's atropine drops and thought that certified staff F witnessed the destruction. Licensed nurse C stated he/she documented the destruction on the MAR but did not sign that he/she destroyed the medication and that a witness did not sign. Licensed nurse C stated liquid morphine for (resident #800) was wasted. Operator/CMA B provided a controlled substance record for resident #800's morphine sulfate (given	S5316		

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S5316	Continued From page 42 as needed for air hunger/pain) liquid 30 milliliters that expired 3/29/18. The controlled substance record contained the signature of licensed nurse G and operator/CMA B dated 4/6/18 at 7:19 p.m. that 30 milliliters of morphine sulfate liquid was wasted. Licensed nurse C and operator/CMA B each stated they were not aware that controlled medications were to be destroyed by two licensed nurses or by a licensed nurse and a pharmacist. For resident #800, operator/CMA B failed to ensure deteriorated, outdated, or discontinued controlled medications were destroyed by two licensed nurses or a licensed nurse and a licensed pharmacist.	S5316		