STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N074003	A. BUILDING: _____ B. WING _____	09/13/2018

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PHILLIPS COUNTY RETIREMENT CENTER	EAST HWY 36, PO BOX 628 PHILLIPSBURG, KS 67661

(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 Assisted Living Facility in Phillipsburg, Kansas on 9/10/18, 9/11/18, 9/12/18, and 9/13/18.	S 000		
S 230 SS=E	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(b)(c) The census equalled 11 the sample included three Residents. Based on interview and review of record, for one of three sampled (#187), the Administrator failed to ensure the development and implementation of policies and procedures	S 230		

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

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S 230	Continued From page 1	S 230		

related to advance medical directives in accordance with state statutes.

Findings included:

- Review of record revealed #187 admitted 8/01/17 with diagnoses of hypertension, heart failure, muscle weakness, macular degeneration right eye, blind left eye, and history of falling.

Current functional capacity screen dated 8/07/18 assessed #187 able to perform own activities of daily living with stand by bathing assistance, with no cognitive impairments and no communication impairments recorded.

Medical record contained an advance directive acknowledgment form dated 8/01/17, signed by Resident's family member. This form documented a DPOA (durable power of attorney) for health care, a DPOA for financial, a Living Will, and a Do Not Resuscitate (DNR) all dated 6/17/10.
The Resident's family member signed the facility policy "Description of the Law of Kansas Concerning Advanced Directives" 8/01/17. In review, this policy observed to describe only two of the three types of advanced directives in the state: Living Wills and Durable Power of Attorney for Health Care. This policy lacked information related to DNR's.

The medical record contained:
DPOA health care - 6/17/10
DPOA financial - 5/29/01
Living Will 10/10/08
DNR - no signed and witnessed document located.

On 9/11/18 at 11:42am facility nurse #B located a

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S 230	Continued From page 2 page titled "Nursing Home Orders" with "DNR" hand written at bottom of page, and physician's signature below. This page and signature not dated. This form indicated #187's mental and physical condition "good" and not incapacitated. No Resident signature, representative signature, and no witness signatures included. Administrator #A provided information given to Resident/their representative at time of admission. This facility policy (referenced above) and a small brochure "Choosing an Agent" each lacked information related to DNR. Administrator confirmed this the information given to all admissions. The negotiated service agreement lacked information related to DNR. The September 2018 medication administration record contained a DNR order with date 8/01/17 (admission date). The most recent physician order page contained a physician's signature (signature not dated), included the order DNR with the reference date 8/01/17. The Administrator failed to ensure the development and implementation of policies and procedures related to advance medical directives in accordance with state statutes.	S 230		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration	S3085		

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S3085	Continued From page 3 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 11 the sample included three Residents. Based on observations, interviews, and reviews of records, for two of three sampled (#185 and #189), the Administrator failed to ensure the negotiated service agreement (NSA) included a description of service the Resident would receive, identification of the provider of each service, and identification of each party responsible for payment if outside resources provide a service. Findings included: - Review of record revealed #185 admitted 5/09/18 with diagnoses of epilepsy, hypertension, gout, anxiety, depression, deep vein thrombosis, falls, and left humerus fracture. Current functional capacity screen dated 5/16/18 assessed #185 able to perform own bathing, toileting, transfers, mobility, eating; supervision	S3085		

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S3085	Continued From page 4	S3085		

with dressing; unable to perform medication and treatment management; with short term memory impairment.

The medical record contained a 5/14/18 physician's order for "OT (occupational therapy) evaluate and treat."

Current negotiated service agreement (negotiated service agreement) dated 5/16/18 documented meal preparation, weekly heath monitoring, as needed dressing assistance with socks, transportation, laundry, facility staff will administer all medications. The NSA lacked the ordered OT service, lacked the name of the outside provider, and lacked the payment source for the service.

The medical record contained a 6/01/18 written order to "Stop PT (physical therapy)" and complete self exercises by self.

On 9/11/18 at 11:30am facility nurse #B confirmed the NSA lacked the ordered outside service... stated no evaluation or other notes available to review... confirmed physician discontinued PT on 6/01/18, no reference to OT or PT, or the name of the outside provider, or the payment source on the NSA.

The Administrator failed to ensure the development of an NSA for #185 which included a description of services #185 to receive, the name of the outside provider of services, and the payment source of the outside provider.

- Review of record revealed #187 admitted 8/01/17 with diagnoses of hypertension, heart failure, muscle weakness, macular degeneration right eye, blind left eye, and history of falling.

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S3085	Continued From page 5 Current functional capacity screen dated 8/07/18 assessed #187 in need of physical assistance with bathing, independent with dressing, toileting, transfers, mobility, eating; unable to perform management of medications and treatments; with vision and hearing impairments and used a walker. Current negotiated service agreement (NSA) dated 8/07/18 documented meal preparation and meal reminders, treatment management to include oxygen tube and portable oxygen assistance as needed; as needed health monitoring and transportation, laundry, staff to administer medications and re-order medications. The medical record contained an 8/01/17 order for oxygen. On 9/11/18 at 10:10am in Resident's room, #187 used oxygen per nasal cannula and concentrator, with back up portable tank available. #187 stated I use it (oxygen) most all the time. The NSA lacked the provider of the oxygen service and the payment source. On 9/11/18 at 4:30pm Administrator #A stated our NSA includes a blanket statement on front page "Resident assumes responsibility for payment of all outside services... the NSA will outline all services to be provided, who will provide the service, and who the responsible party is for payment of the service." Administrator #A stated we don't get involved with whether Medicare or private insurance or out of pocket is the payment source, but Resident is responsible. The Administrator failed to ensure the development of an NSA for #187 which included	S3085		

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S3085	Continued From page 6 the name of the outside provider of services, and the payment source of the outside provider. - Review of record revealed #189 admitted 01/06/09 with diagnoses of delirium, angina, irritable bowel syndrome, constipation, polyneuropathy, nausea, atrial fibrillation, chronic kidney disease, coronary artery disease, and diabetes. Current functional capacity screen dated 8/08/18 assessed #189 unable to perform management of medications and treatments. Current negotiated service agreement (NSA) dated 8/07/18 documented facility staff to store all medications, re-order, administer... "nursing staff from attached nursing home will do #189's insulin injections as ordered." On 9/11/18 at 3:00pm certified medication aide #D stated we check #189's blood sugar and he/she administers own shot... we dial pen and hand it to him/her... is a sliding scale... #D stated there is no written process for preparation of insulin pen that I know of... confirmed process not on the NSA for Resident self injection and certified staff preparation. The Administrator failed to ensure the development of an NSA for #189 which included the name of the outside provider of services, and the payment source of the outside provider.	S3085		
S3105 SS=E	26-41-202 (j) Negotiated Service Agreement Outside Resource (j) If a resident's negotiated service agreement	S3105		

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S3105	Continued From page 7 includes the use of outside resources, the designated facility staff shall perform the following: (1) Provide the resident, 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, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice This REQUIREMENT is not met as evidenced by: KAR 26-41-202(j) The census equalled 11 the sample included three Residents. Based on interviews and reviews of records, for two of three sampled (#185 and #187), the Administrator failed to ensure designated facility staff monitored the services provided by outside resources and acted as an advocate for the Resident. Findings included: - Review of record revealed #185 admitted 5/09/18 with diagnoses of epilepsy, hypertension, gout, anxiety, depression, deep vein thrombosis, falls, and left humerus fracture. Current functional capacity screen dated 5/16/18 assessed #185 able to perform own bathing, toileting, transfers, mobility, eating; supervision with dressing; unable to perform medication and treatment management; with short term memory	S3105		

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S3105	Continued From page 8	S3105		

impairment.

The medical record contained a 5/14/18 physician's order for "OT (occupational therapy) evaluate and treat."
The medical record lacked notes of physical therapy visits attended by Resident. The record lacked notes of interventions, goals, progress or decline.

Current negotiated service agreement (negotiated service agreement) dated 5/16/18 documented meal preparation, weekly heath monitoring, as needed dressing assistance with socks, transportation, laundry, facility staff will administer all medications. The NSA lacked the ordered OT service, lacked the name of the outside provider, and lacked the payment source for the service.

The medical record contained a 6/01/18 written order to "Stop PT (physical therapy)" and complete self exercises by self.

On 9/11/18 at 11:30am facility nurse #B confirmed the NSA lacked the ordered outside service and lacked any notes or evaluations by the outside service... stated no evaluation or other notes available to review... confirmed physician discontinued PT on 6/01/18.

The record failed to demonstrate facility staff monitored the services of the outside providers for home health or for therapy.

The Administrator failed to ensure designated facility staff monitored the services provided #185 by an outside resource.

- Review of record revealed #187 admitted

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S3105	Continued From page 9	S3105		

8/01/17 with diagnoses of hypertension, heart failure, muscle weakness, macular degeneration right eye, blind left eye, and history of falling.

Current functional capacity screen dated 8/07/18 assessed #187 in need of physical assistance with bathing, independent with dressing, toileting, transfers, mobility, eating; unable to perform management of medications and treatments; with vision and hearing impairments and used a walker.

Current negotiated service agreement (NSA) dated 8/07/18 documented meal preparation and meal reminders, treatment management to include oxygen tube and portable oxygen assistance as needed; as needed health monitoring and transportation, laundry, staff to administer medications and re-order medications.

The medical record contained an 8/01/17 order for oxygen.
On 9/11/18 at 10:10am in Resident's room, #187 used oxygen per nasal cannula and concentrator, with back up portable tank available. #187 stated I use it (oxygen) most all the time.

The NSA lacked the provider of the oxygen service and the payment source.

The medical record lacked visits or services by the outside provider for the oxygen.
The record failed to demonstrate facility staff monitored the services of the outside provider for oxygen.

On 9/11/18 facility nurse #B confirmed no monitoring of the oxygen service for #187.

The Administrator failed to ensure designated

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S3105	Continued From page 10 facility staff monitored the services provided #187 by an outside resource.	S3105		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The census equalled 11 the sample included three Residents. The Resident roster identified four Residents who self administered medications. Based on interviews, and reviews of record, for two of two with facility managed medications who self-administered select medication (#187 and #189), the Administrator failed to ensure a licensed nurse performed an assessment of the Resident's ability to safely and	S3175		

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S3175	Continued From page 11	S3175		

accurately self-administer medications.

Findings included:

- Review of record revealed #187 admitted 8/01/17 with diagnoses of hypertension, heart failure, muscle weakness, macular degeneration right eye, blind left eye, and history of falling.

Current functional capacity screen dated 8/07/18 assessed #187 unable to perform management of medications and treatments.
Current negotiated service agreement (NSA) dated 8/07/18 documented management of medications and treatments by facility staff.

By observation on 9/11/18 at 10:10am in #187's room, a September MAR (medication administration record) and small empty white paper cups noted on kitchen counter.
The MAR contained staff initials signaling staff administration of medications.

By interview #187 identified these empty white cups as "pill cups." #187 stated when they (staff) bring my eyedrops in the evening they leave my two white pills in a pill cup and I take them when I go to bed. When asked what the pills were, #187 stated I have no idea what they are.

The medical record lacked a self-administration assessment completed by a licensed nurse.

On 9/11/18 at 3:08pm certified medication aide #D confirmed bed time pills self administered by #187. #D stated I do #187's eye drops at 8:00 or 8:30pm... I leave the pill cup with his/her bed time pills on the kitchen counter... that is usually the last time I am in the room for the night... night staff checks on him/her at about 11:30pm... if the

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S3175	Continued From page 12	S3175		

pills would be sitting on the counter at 11:30pm they would wake #187 and give them to him/her...

On 9/11/18 at 12:00pm facility nurse #B reviewed chart and confirmed he/she did not find a self administration assessment.

The Administrator failed to ensure a licensed nurse conducted a self-administration assessment of #187 prior to #187 self-administering medications.

- Review of record revealed #189 admitted 01/06/09 with diagnoses of delirium, angina, irritable bowel syndrome, constipation, polyneuropathy, nausea, atrial fibrillation, chronic kidney disease, coronary artery disease, and diabetes.

Current functional capacity screen dated 8/08/18 assessed #189 unable to perform management of medications and treatments.

Current negotiated service agreement (NSA) dated 8/07/18 documented facility staff to store all medications, re-order, administer... "nursing staff from attached nursing home will do #189's insulin injections as ordered."

The MAR contained an order for Vaniqua (facial hair reducer) 13.9% topical cream apply to affected area every day self-administer, scheduled at bedtime.

On 9/11/18 at 12:00pm facility nurse #B reviewed chart and confirmed he/she did not find a self administration assessment.

On 9/11/18 at 3:00pm certified medication aide

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S3175	Continued From page 13 #D confirmed #189 does self administer a cream at bed time in room. At 4:30pm Administrator #A confirmed no self administration forms located in overflow... provided a blank copy of the facility's self administration assessment... stated we do have these... must have missed doing it for #189... The Administrator failed to ensure a licensed nurse conducted a self-administration assessment of #189 prior to #189 self-administering medications.	S3175		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by:	S3200		

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S3200	Continued From page 14 KAR 26-41-205(d) The census equalled 11 the sample included three Residents. The facility identified seven Residents with facility managed medications. Based on interview and record review for two of three sampled (#187 and #189), the Administrator failed to ensure all medications and biological's administered to Residents in accordance with a medical care provider's written orders and in accordance with professional standards of practice. Findings included: - Review of record revealed #187 admitted 8/01/17 with diagnoses of hypertension, heart failure, muscle weakness, macular degeneration right eye, blind left eye, and history of falling. Current functional capacity screen dated 8/07/18 assessed #187 unable to perform management of medications and treatments. Current negotiated service agreement (NSA) dated 8/07/18 documented staff will administer #187's medication... staff will administer medications per physician's orders... a MAR (medication administration record) will be kept in the med room documenting all medication... staff will re-order medications from pharmacy... Comparison of the September 2018 MAR with written, signed, physician orders revealed discrepancies. MAR contained: Prednisolone Acetate 1% eye drops suspension one drop (Left) eye Diagnosis chronic redness Order date 8/01/17, Start date 8/01/17, scheduled	S3200		

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S3200	Continued From page 15 to be administered "AM" "NOON" "PM" "HS" Most recent written order page, signed by physician failed to specify how many times daily the one drop to Left eye to be administered. The physician's signature not dated, the nurse signature on the line below dated 6/22/18. The medical record lacked clarification by licensed nursing staff for the number of times daily. MAR contained: Lisinopril 20mg (milligrams) one tab PO (by mouth) every day, Order date 6/12/18, Start date 6/12/18, scheduled to be administered "AM" Most recent written order page, signed by physician, Lisinopril 30mg PO every day. The physician's signature not dated, the nurse signature on the line below dated 6/22/18. The medical record lacked clarification by licensed nursing staff for the correction of the Lisinopril dosage. The Administrator failed to ensure all medications administered to #187 in accordance with written medical care provider orders, and in accordance with professional standards of practice. - Review of record revealed #189 admitted 01/06/09 with diagnoses of delirium, angina, irritable bowel syndrome, constipation, polyneuropathy, nausea, atrial fibrillation, chronic kidney disease, coronary artery disease, and diabetes. Current functional capacity screen dated 8/08/18 assessed #189 unable to perform management of medications and treatments. Current negotiated service agreement (NSA) dated 8/07/18 documented facility staff to store all	S3200		

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S3200	Continued From page 16	S3200		

medications, re-order, administer... "nursing staff from attached nursing home will do #189's insulin injections as ordered."

Comparison of September 2018 MAR (medication administration record) with signed physician orders revealed discrepancies.

MAR contained:
Synthroid (thyroid replacement therapy) 50 mg (milligrams) PO (by mouth) every day.
The written signed order by physician dated 8/16/18: "Increase Levothyroxine (synthroid) 50 mcg (micrograms)". The medical record lacked clarification by licensed nursing staff for the correction of the Synthroid/Levothyroxine dosage.

Medical record contained an 8/31/18 written physician's order for Loratidine 10mg PO daily. MAR lacked this order for Loratidine and the medical record lacked an order to discontinue Loratidine.

On 9/10/18 at 4:22pm certified medication aide #D confirmed the Loratidine still in #189's medication bin, still being administered daily, and not on the current September 2018 MAR so not initialed by staff when given since 9/01/18.

On 9/11/18 at 11:55am facility nurse #B confirmed the Loratidine 10mg daily still a valid order, still being given, but not on the MAR for September 2018... stated "medical records staff" prints up the new or next month MAR's from the current month's MAR making any changes... then goes to licensed nursing staff to check before put in use in medication room on the first of the month... confirmed the order missed and staff not initialing in accordance with standards of practice.

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S3200	Continued From page 17 The Administrator failed to ensure all medications administered to #189 in accordance with written medical care provider orders, and in accordance with professional standards of practice.	S3200		
S3201 SS=D	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 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 11 the sample included three Residents. The Resident roster identified seven Residents with facility managed medications. Based on interviews and reviews of records For three of three sampled (#185, #187, and	S3201		

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S3201	Continued From page 18 #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: and, For one of two sampled (#187), the Administrator failed to ensure staff remained with the resident until the medication ingested or applied. Findings included: - Review of record revealed #185 admitted 5/09/18 with diagnoses of epilepsy, hypertension, gout, anxiety, depression, deep vein thrombosis, falls, and left humerus fracture. Current functional capacity screen dated 5/16/18 assessed #185 unable to perform medication and treatment management. Current negotiated service agreement dated 5/16/18 documented management of medications and treatments by facility staff. September 2018 medication administration records (MAR) documented facility staff administered: Lamictal (epilepsy) 200mg (milligrams) "AM" (morning) "NOON" "PM" (after noon) "HS" (bedtime) Topamax (epilepsy) 200mg (milligrams) "AM" "NOON" PM" "HS" Keppra (epilepsy) 200mg (milligrams) "AM" "NOON" PM" "HS" Welchol (cholesterol) 625mg "AM" "NOON" "PM" Celebrex (pain) 200mg "AM" Lexapro (depression) 10mg "AM" Atorvastatin (cholesterol) 10mg "PM" Coumadin (blood thinner) "PM" Allopurinol (gout) 300mg "HS" Prinivil (blood pressure) 5mg "HS"	S3201		

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S3201	Continued From page 19	S3201		

Further review revealed the MAR's recorded initials of staff administration as "AM" "NOON" "PM" "HS" but lacked documentation of the actual clock time these medications administered to #185.

On 9/11/18 at 11:30am facility nurse #B confirmed liberal time schedules used for all medications... confirmed medications scheduled at "AM" "NOON" "PM" and "HS" and the MAR's for all Residents lacked actual clock times of administration.

For #185 the Administrator failed to ensure an actual clock time documented for medications on the MAR.

- Review of record revealed #187 admitted 8/01/17 with diagnoses of hypertension, heart failure, muscle weakness, macular degeneration right eye, blind left eye, and history of falling.

Current functional capacity screen dated 8/07/18 assessed #187 unable to perform management of medications and treatments.
Current negotiated service agreement (NSA) dated 8/07/18 documented management of medications and treatments by facility staff.

September 2018 medication administration records (MAR) documented facility staff administered:
Prednisolone (anti-inflammatory) 1% eye drops "AM" (morning) "NOON" "PM" (after noon) "HS" (bedtime)
Amlodipine (blood pressure) 10mg (milligrams) "HS"
Atropine 15 eye drop "NOON"
Coenzyme Q10 (supplement) 200mg "AM" "PM"

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S3201	Continued From page 20	S3201		

Defrol (osteoporosis) 1mg "AM" "HS"
Imdur (vasodilator) 30mg "AM"
Amiodarone (blood pressure) 200mg "AM"
Aspirin (heart health) 81mg "AM"
Lisinopril (blood pressure) 20mg "AM"
Colace (stool softener) 100mg "AM"
Macrodantin (urinary tract infection) 100mg "AM"
Lasix (diuretic) 30mg "AM"

Further review revealed the MAR's recorded initials of staff administration as "AM" "NOON" "PM" "HS" but lacked documentation of the actual clock time these medications administered to #187.

By observation on 9/11/18 at 10:10am in #187's room, a September MAR and small empty white paper cups noted on kitchen counter. #187 identified these empty white cups as "pill cups" and stated when they (staff) bring my eyedrops in the evening they leave my two white pills in a pill cup and I take them when I go to bed.

On 9/11/18 at 3:08pm certified medication aide #D stated I do #187's eye drops at 8:00 or 8:30pm... I leave the pill cup with his/her two bed time pills on the kitchen counter... usually add requested PRN (as needed) Temazepam to the cup... he/she requests that almost every night... that is usually the last time I am in the room for the night... night staff checks on him/her at about 11:30pm... if the pills would be sitting on the counter at 11:30pm they would wake #187 and give them to him/her...

For #187 the Administrator failed to ensure staff remained with the Resident until the medication ingested or applied.
For #187 the Administrator failed to ensure an actual clock time documented for medications on

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S3201	Continued From page 21 the MAR. - Review of record revealed #189 admitted 01/06/09 with diagnoses of delirium, angina, irritable bowel syndrome, constipation, polyneuropathy, nausea, atrial fibrillation, chronic kidney disease, coronary artery disease, and diabetes. Current functional capacity screen dated 8/08/18 assessed #189 unable to perform management of medications and treatments. Current negotiated service agreement (NSA) dated 8/07/18 documented management of medications and treatments by facility staff. September 2018 medication administration records (MAR) documented facility staff administered: Prednisolone (anti-inflammatory) 1% eye drops "AM" (morning) "NOON" "PM" (after noon) "HS" (bedtime) Amlodipine (blood pressure) 10mg (milligrams) "HS" Atropine 15 eye drop "NOON" Coenzyme Q10 (supplement) 200mg "AM" "PM" Defrol (osteoporosis) 1mg "AM" "HS" Imdur (vasodilator) 30mg "AM" Amiodarone (blood pressure) 200mg "AM" Aspirin (heart health) 81mg "AM" Lisinopril (blood pressure) 20mg "AM" Colace (stool softener) 100mg "AM" Macrodantin (urinary tract infection) 100mg "AM" Lasix (diuretic) 30mg "AM" Further review revealed the MAR's recorded initials of staff administration as "AM" "NOON" "PM" "HS" but lacked documentation of the actual clock time these medications administered to	S3201		

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S3201	Continued From page 22 #189. For #189 the Administrator failed to ensure an actual clock time documented for medications on the MAR.	S3201		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(4) The census equalled 11 the sample included three Residents. The facility identified seven Residents with medication and treatment management, one who used insulin, and included in the sample. Based on interview and record review, for one of three sampled (#189) who used insulin, the Administrator failed to provide documentation that a licensed nurse delegated insulin pen preparation, a nursing procedure not included in the medication aide curriculum, to medication aides performing this procedure under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of record revealed #189 admitted 01/06/09 with diagnoses of delirium, angina, irritable bowel syndrome, constipation,	S3202		

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S3202	Continued From page 23	S3202		

polyneuropathy, nausea, atrial fibrillation, chronic kidney disease, coronary artery disease, and diabetes.

Current functional capacity screen dated 8/08/18 assessed #189 unable to perform management of medications and treatments.
A physician's order of 5/08/15 directed glucometer testing at bedtime, a 6/20/13 physician's order for glucometer testing before meals, an 02/13/13 physician's order for sliding scale Novolog insulin with meals three times daily, and a 4/06/18 physician's order for Lantus insulin daily at bedtime.

Current negotiated service agreement (NSA) dated 8/07/18 documented facility staff to store all medications, re-order, administer... "nursing staff from attached nursing home will do #189's insulin injections as ordered."

On 9/11/18 at 3:00pm certified medication aide #D stated we check #189's blood sugar and he/she administers own shot... we dial pen and hand it to him/her... is a sliding scale... #D stated there is no written process for preparation of insulin pen that I know of... I came about six years ago... I was showed how to do it... don't know about or remember a delegation process.

On 9/11/18 at 3:34pm Administrator #A stated I will look for nurse to medication aide delegation information. At 4:00pm Administrator #A confirmed no delegation documentation available for insulin pen preparation at times of ordered doses.

The Administrator failed to provide documentation that a licensed nurse delegated insulin pen preparation for self injection, to medication aides

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S3202	Continued From page 24 performing these tasks under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3202		
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 the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The census equalled 11 the sample included three Residents. The Resident roster identified seven Residents with facility managed medications. Based on observations and interview, For two of three sampled (#189 and #187) and for three non sampled (#172, #176, and #178), 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	S3211		

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S3211	Continued From page 25 administration. Findings included: - By observations on 9/10/18 at 4:15pm, in review of the medication storage room of facility, the following over the counter medications without the first and last name of Resident: #172- bottles of Tums (antacid), Senna (laxative), and Miralax (laxative) #176 - bottle of Colace (stool softener) #178 - bottles of Vitamin D 50mg (milligrams); Aspirin (heart health) 81mg tablets #187 - bottles of CoQ10 (supplement); Aspirin (heart health) 81mg; Stool Softener capsules #189 - bottles of Superior Joint (supplement); Tussin (cough syrup); Stool Softener capsules; Magnesium Oxide (supplement) 400mg tablets; Acetaminophen (analgesic) 500mg tablets; Loratidine (allergies) 10mg tablets; Debrox (ear cleaner) liquid; MacuHealth (supplement vitamin) tablets; Antacid (generic Maalox) liquid; Acidophilus (probiotic) capsules in the medication room refrigerator. In addition the wall cupboard on the right (south) end of the East wall of the medication room contained multiple packages of over the counter medications with no Resident names, identified as "Stock" medications. These included: Two bottles of mild of magnesia (laxative) liquid Rubbing Alcohol (topical antiseptic) Geri Tuss (cough syrup) liquid Anti Diarrheal capsules Stool Softener capsules	S3211		

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S3211	Continued From page 26 Tylenol (analgesic) 500mg tablets Acetaminophen (analgesic) 650mg tablets Acetaminophen 325mg tablets Hydrocortisone (topical steroid anti itch) tube of cream Epsom salt (topical soak granules) On 9/10/18 at 4:20pm certified medication aide #D confirmed none of the above containers included the Resident's first and last names... not aware that had to be on them... we keep them in a plastic bin for each... On 9/11/18 at 11:55am facility nurse #D confirmed the use of "stock" medications (one package used for multiple Residents) in facility, and confirmed over the counter medications not labeled with Resident first and last names. The Administrator failed to ensure the licensed nurse or licensed pharmacist placed the first and last names of #172, #176, #178, #187, and #189, on each accepted, original, unbroken manufacturer's package of OTC medication for Resident administration.	S3211		
S3228 SS=F	26-41-205 (l) (3) Medication Regimen Review Record (l) (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l)(3)	S3228		

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S3228	Continued From page 27 The census equalled 11 the sample included three Residents. Based on reviews of records and interviews, for three of three sampled (#189, #185, and #187), the Administrator failed to ensure the medication regimen reviews kept in each Resident's clinical record. Findings included: - Seven Residents received medication and treatment management services, four Residents self administered medications. - #189 admitted 01/06/09 with diagnoses of delirium, angina, irritable bowel syndrome, constipation, polyneuropathy, nausea, atrial fibrillation, chronic kidney disease, coronary artery disease, and diabetes. 8/08/18 functional capacity screen assessed #189 unable to perform management of medications and treatments. 8/07/18 negotiated service agreement documented #189 to receive these services from facility. - #187 admitted to facility 8/01/17 with diagnoses of hypertension, heart failure, muscle weakness, macular degeneration right eye, blind left eye, and history of falling. 8/07/18 functional capacity screen assessed #187 unable to perform medication and treatment management. 8/07/18 negotiated service agreement documented #187 to receive these services from facility. - #185 admitted 5/09/18 with diagnoses of epilepsy, hypertension, gout, anxiety, depression, deep vein thrombosis, falls, and left humerus	S3228		

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	N074003	A. BUILDING: _____ B. WING _____	09/13/2018

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PHILLIPS COUNTY RETIREMENT CENTER	EAST HWY 36, PO BOX 628 PHILLIPSBURG, KS 67661

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S3228	Continued From page 28 fracture. 5/16/18 functional capacity screen assessed #185 unable to perform medication and treatment management. 5/16/18 negotiated service agreement documented management of medications and treatments by facility staff. By review, each of these medical records lacked an individual drug regimen review. On 9/11/18 at 2:00pm Administrator #A stated I have pharmacy reviews in my office... he/she provided pharmacy review files dating back to 5/2017. These review files included quarterly lists of Resident names who were reviewed; psychotropic monitoring statistics; physical reviews/observations of the medication storage area; and individual irregularity recommendations for the physician if any irregularities noted in review. These files lacked Resident specific data/reviews to be included in individual Resident medical records. Individual reviews would log the dates individual reviews conducted, signature of the reviewer, reference of whether any findings, and who those findings referred to for consideration or correction. For #189, #187, and #185 the Administrator failed to ensure the individual medication regimen reviews kept in each Resident's clinical record.	S3228		
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	S3280		

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S3280	Continued From page 29 employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; 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 11 the sample included three Residents. The facility identified no new employees hired since the last Resurvey. Based on interview, 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: - On 9/10/18 during the entrance conference Surveyor requested quarterly disaster plan reviews and annual evacuation drills. Administrator #A stated we have completed fire drills and tornado drills... but we have not done quarterly reviews of the entire emergency plan... Administrator #A stated we completed an evacuation on 5/06/17 due to a fire... and we did an evacuation drill on 5/03/18... but nothing for	S3280		

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S3280	Continued From page 30 quarterly reviews of the plan. 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 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(b)(5-6)(c) The census equalled 11 the sample included three Residents, The facility identified no new employees hired since the last Resurvey. Based on interviews and reviews of records, for two of three sampled (#189 and #187), 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.	S3310		

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S3310	Continued From page 31 26-39-105. Findings included: - Review of records on 9/10/18 and 9/11/18 revealed the following: #189 - admitted 01/06/09 - TB symptom screen not completed at time of admission or within seven days of admission; TB symptom screen not completed annually; two step TB skin test not completed at time of admission or within seven days of admission, all as required. The medical record contained a first step skin test administered 6/22/19 (not within seven days of admission); no second step recorded. The record contained a TB symptom screen dated 02/25/10. This screen contained an affirmative answer for productive cough with no explanation documented. #187 - admitted 8/01/17 - TB symptom screen not completed at time of admission or within seven days of admission; TB symptom screen not completed annually; two step TB skin test not completed at time of admission, all as required. The medical record contained a first step skin test administered 8/01/17; no second step recorded. On 9/11/18 at 11:42am facility nurse #D confirmed no other testing in the medical record... stated the required two step skin test process and the TB symptom questionnaire is not in our facility policy for Residents or staff... we just do one skin test at admission and we are supposed to do an annual TB symptom screen. On 9/11/18 Administrator #A provided a copy of the facility policy titled admission criteria. On page 5 of this policy the statement: "Prior to, or at the	S3310		

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S3310	Continued From page 32 time of admission, the following information must be provided: 3. Two step (7 day) TB Skin Test." The Administrator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for Residents #189 and #187.	S3310		
S3335 SS=F	28-39-254 BUILDING EXTERIOR (f) General building exterior. (1) Each exterior pathway or access to the facility's common use areas and entrance or exit ways shall be: (A) made of hard smooth material; (B) barrier free; and (C) maintained in good repair. (2) There shall be a means of monitoring each exterior entry and exit for security purposes. (3) Outdoor recreation areas shall be provided and available to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(f)(2) The census equalled 11 the sample included three Residents. Based on observations and interview, for all Residents, employees, and visitors of facility, the Administrator failed to ensure a means of monitoring each exterior entry and exit for security purposes.	S3335		

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S3335	Continued From page 33 Findings included: - On 9/10/18 during the entrance conference at 11:45am, Administrator #A stated the usual staffing pattern for facility one certified staff per shift 24/7 with additional one person six hour shifts about three times per week. Administrator #A described the physical layout of facility included an addition added to the North hall area last year. Administrator #A stated there is a coded keypad on the inside of each exit door which required numeric code to exit the building... on the outside a single gray/silver button to push for entrance into the building. By observation during the entrance tour of facility on 9/10/18, the "North/Northwest" hall and exit out of visual field of main entrance, business office, medication room, kitchen, general living and dining areas. The exit contained a digital key pad on the inside and a silver button on the outside. Administrator #A stated if the silver button is not pushed and the door is opened for someone to come in, a signal goes to the pager worn by certified staff... that staff can then look to see who entered facility. Administrator #A stated if the silver button on the outside pushed, anyone could enter the facility with no signal to staff on duty. Administrator #A confirmed the one certified staff on duty in any other part of the building except this hallway would be unaware of anyone entering the facility if the silver button activated. Administrator #A stated the original design intention included a fence around the North/Northwest exit area, but not yet added... confirmed proximity of facility to well traveled highway and streets.	S3335		

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S3335	Continued From page 34 For all Residents, employees, and visitors of facility, the Administrator failed to ensure a means of monitoring each exterior entry for security purposes.	S3335		