STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087226	A. BUILDING: _____ B. WING _____	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE KOTTAGE #2	6412 E MARJORIE WICHITA, KS 67206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with investigation of complaints #129952 and #131375 of the above home plus facility on 8/21/18, 8/22/18, and 8/23/18.	S 000		
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, 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)(3) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 2 (#170 and #150) of 2 residents sampled receiving services from and outside resource, operator C 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	S5105		

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

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S5105	Continued From page 1	S5105		

resident or the resident's legal representative that included the identification of the party responsible for payment of services provided by an outside resource.

Findings included:

- Record review for resident #170 revealed an admission date of 1/15/18 with diagnoses of hypertension, neuropathy, and seizure disorder.

Functional capacity screen dated 1/15/18 indicated resident required physical assistance with bathing; supervision with dressing, toileting, transferring, walking with walker, and eating; and was at risk for falls.

NSA dated 1/15/18 documented staff to provide supervision with eating; physical assistance with bathing; and stand-by assistance with walking, dressing, and transferring. NSA listed the name of a home health provider for physical therapy and podiatry provider for nail care. The NSA did not list the name of the party responsible for the payment of these services.

During an interview at 2:24 p.m. on 8/22/18, licensed nurse B confirmed the NSA lacked the name of the party responsible for payment of services provided by an outside resource. At this time, licensed nurse B wrote the name of resident's family member as the person responsible to pay for the services.

Operator C failed to ensure the development of a written NSA for resident #170, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident's legal representative that included the identification of the party responsible

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S5105	Continued From page 2 for payment of services provided by an outside resource. - Record review for resident #150 revealed an admission date of 1/10/18 with diagnoses of dementia and epilepsy. Functional capacity screen dated 4/16/18 reveled resident required physical assistance with bathing, dressing, toileting, transferring, and mobility; supervision with eating; and was at risk for falls. NSA dated 1/10/18 documented staff to provide supervision with eating and one-person physical assistance with bathing, toileting, transfers and mobility. The NSA listed the name of a home health provider for physical therapy, occupational therapy, and speech therapy and a podiatry provider for nail care. The NSA did not list the name of the party responsible for the payment of these services. During an interview at 2:09 p.m. on 8/22/18, licensed nurse B confirmed the NSA did not list the name of the party responsible for payment of services provided by the outside resources. At this time, licensed nurse B wrote the name of resident's family member as the person responsible to pay for the services. Operator C failed to ensure the development of a written NSA for resident #150, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident's legal representative that included the identification of the party responsible for payment of services provided by an outside resource.	S5105		

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S5155	Continued From page 3	S5155		
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 review, interview, and observation for 2 (#170 and #150) of 2 residents sampled utilizing a bed mobility device, operator C 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 the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #170 revealed an admission date of 1/15/18 with diagnoses of hypertension, neuropathy, and seizure disorder. Functional capacity screen dated 1/15/18 indicated resident required supervision with transferring and was at risk for falls.	S5155		

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S5155	Continued From page 4	S5155		

Negotiated service agreement dated 1/15/18 documented staff to provide stand-by assistance with walker and gait belt to transfer resident.

Health care service plan dated 1/17/18 included same description of need for transfer assistance.

Resident's record contained a "Side-rail Use Assessment" completed by licensed nurse B dated 5/13/18. Licensed nurse B documented the device was used as an enabler to promote resident's independence.

Negotiated service agreement/health care service plan lacked a description of resident's use of a bed mobility device.

At 1:35 p.m. on 8/22/18, surveyor observed a curved metal rail on the side of resident's bed.

During an interview at 2:24 p.m. on 8/22/18, licensed nurse B stated a description of resident's use of a bed mobility device was not specified in the negotiated service agreement or the health care service plan. Licensed nurse B at this time wrote "Bed rail for mobility per family request." in the resident's health care service plan.

Operator C failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of resident #170 and were in accordance with the functional capacity screening and the negotiated service agreement.

- Record review for resident #150 revealed an admission date of 1/10/18 with diagnoses of dementia and epilepsy.

Functional capacity screen dated 4/16/18 reveled

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S5155	Continued From page 5	S5155		

resident required physical assistance with transferring and was at risk for falls.

Negotiated service agreement dated 1/10/18 documented one-person assistance to assist resident to stand, pivot, and transfer with use of walker and gait belt.

Health care service plan dated 4/16/18 documented same description of assistance needed for resident to transfer.

Resident's record contained a "Side-rail Use Assessment" dated 5/3/18 that side rail on bed served as an enabler to promote resident's independence.

Negotiated service agreement/health care service plan lacked a description of resident's use of a bed side-rail.

During tour of the facility at 1:52 p.m. on 8/21/18, surveyor observed the room of resident #150 and non-sampled resident #180. Two hospital beds were in the room with each bed with half side-rails attached to the bed.

During an interview at 2:09 p.m. on 8/22/18, licensed nurse B confirmed the negotiated service agreement/health care service plan lacked a description of resident's need for and use of a side-rail. At this time licensed nurse B added to the health care service plan that resident required the rail for bed mobility.

Operator C failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of resident #150 and were in accordance with the functional capacity screening and the

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S5155	Continued From page 6 negotiated service agreement.	S5155		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home 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 home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 2 (#170 and #150) of 3 residents sampled, operator C failed to ensure that all medications were administered to the residents in accordance with a medical care provider's written order and standards of practice. Findings included: - Record review for resident #170 revealed an	S5300		

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S5300	Continued From page 7	S5300		

admission date of 1/15/18 with diagnoses of hypertension, neuropathy, and seizure disorder.

Functional capacity screen dated 1/15/18 indicated resident was unable to perform medication management.

Negotiated service agreement and health care service plan each dated 1/15/18 documented staff to provide administration of medication to resident.

Comparison of medications listed for administration on the August 2018 medication administration record (MAR) with the current medical care provider's written orders revealed Tylenol 500 milligrams 1 tablet by mouth every 6 hours as needed for pain and TUMS take 1 to 2 tablets by mouth 3 times a day as needed for gastroesophageal reflux written on the MAR. Resident's record lacked a written medical care provider's order for these medications.

At 4:02 p.m. on 8/21/18, surveyor asked licensed nurse B for the medical care provider's written orders for Tylenol and TUMS as written on the August 2018 MAR. Licensed nurse B stated he/she could not locate the orders but showed surveyor an entry dated 1/16/18 in nurse's notes by licensed nurse B that an order was received for Tylenol and TUMS.

During an interview at 2:24 p.m. on 8/22/18, licensed nurse B provided a written verbal order he/she wrote, and medical care provider signed the evening of 8/21/18, but dated 1/16/18, for Tylenol and TUMS as written on the August 2018 MAR.

Operator C failed to ensure that all medications

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S5300	Continued From page 8 were administered to resident #170 in accordance with a medical care provider's written order and standards of practice. - Record review for resident #150 revealed an admission date of 1/10/18 with diagnoses of dementia and epilepsy. Functional capacity screen dated 4/16/18 reveled resident was unable to perform medication management. Negotiated service agreement dated 1/10/18 and health care service plan dated 4/16/18 each documented staff to provide medication administration to resident. Comparison of the resident's August 2018 medication administration record (MAR) and current written medical care provider's orders revealed the lack of an order for Tramadol 50 milligrams take 1/2 tablet by mouth every 8 hours as needed for pain and docusate 100 milligrams capsule take one capsule by mouth once a day as needed for constipation as written on the MAR. Resident returned to the facility on 4/17/18 from a hospital stay and these medications were not listed on the written medical care provider's re-admission orders. During an interview at 2:09 p.m. on 8/22/18, licensed nurse B confirmed the Tramadol and docusate were not current medication orders. Operator C failed to ensure that all medications were administered to resident #150 in accordance with a medical care provider's written order and standards of practice.	S5300		

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S5315	Continued From page 9	S5315		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1)	S5315		

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S5315	Continued From page 10 The facility reported a census of 5 residents. The sample included 3 residents. Based on observation, record review, and interview for all residents, certified medication aide (CMA) D failed to store non-controlled medications securely in a locked medication cart and failed to store controlled medications securely locked in a separately locked medication cart. Findings included: - At 1:48 p.m. on 8/21/18 surveyor observed an unlocked and unattended medication cart in the kitchen/dining room area. Surveyor opened the top 2 drawers of the cart and observed medications labeled for residents. A locked compartment was in the second drawer. Certified nurse aide E, present in the kitchen area, stated the CMA was currently assisting a resident to shower. Resident #160 was seated at the dining room table in the area. At 2:08 p.m. on 8/21/18 CMA D completed shower for a resident and was in the bathroom cleaning the shower. At 2:13 p.m. on 8/21/18, CMA D returned to the kitchen/dining room area and locked the medication cart. The resident roster indicated the facility provided medication management for each of the 5 residents. At 11:40 a.m. on 8/22/18, surveyor informed operator C and licensed nurse B that medication cart was unlocked and unattended from at least 1:48 p.m. until 2:13 p.m. on 8/21/18.	S5315		

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S5315	Continued From page 11 Surveyor observed the contents of the medication cart at 2:00 p.m. on 8/22/18 with CMA D. The locked compartment in the second drawer contained a controlled medication for resident #150 and a controlled medication for resident #170. For all residents, CMA D failed to store non-controlled medications securely in a locked medication cart and failed to store controlled medications securely locked in a separately locked medication cart.	S5315		