STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N021008	A. BUILDING: _____ B. WING _____	R 08/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABILENE PLACE SOUTH	1102 N VINE STREET ABILENE, KS 67410

(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 Revisit and Correction Order #18-112 visit at the above named Assisted Living Facility in Abilene, Kansas on 8/16/18, 8/20/18, and 8/21/18.	{S 000}		
S 110 SS=F	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: KAR 26-39-103(c)(2) The census equalled 31 the sample included three Residents. Based on interviews and reviews of records, for three of three sampled (#1089, #1088, and #1086) and all non-sampled	S 110		

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

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S 110	Continued From page 1 Residents, the Operator failed to ensure each Resident or Resident representative informed in writing of any changes in charges or services that occurred after admission, at least 30 days before the effective date of the change. Findings included: - Review of record revealed #1089 admitted to facility 12/22/17 with diagnosis of vascular dementia, diabetes, prior brain bleed, coronary artery disease, and gastroesophageal reflux disease. The 12/19/17 FCS (functional capacity screen) assessed #1089 in need of physical assistance with medication and treatment management. A new FCS completed this day (8/16/18) coded medication management the same way. The 8/15/18 NSA/HSP (negotiated service agreement/health service plan) documented #1089 to receive medication and treatment management. - Review of record revealed #1088 admitted to facility 8/15/18 with diagnoses of chronic obstructive pulmonary disease, hypertension, gastroesophageal reflux disease, anxiety, and history of falls. Current 8/15/18 functional capacity screen (FCS) assessed #1088 in need of physical assistance with medications and in need of supervision with treatment management. Current 8/15/18 negotiated service agreement (NSA) documented facility staff to manage medications and treatments. MAR's (medication administration records)	S 110		

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S 110	Continued From page 2	S 110		

recorded facility staff had administered medications.

- Review of record revealed #1086 admitted to facility 10/26/17 with diagnoses of atrial fibrillation, muscle weakness, syncope, congestive heart failure, anxiety, and kyphosis.

Current 7/11/18 functional capacity screen (FCS) assessed #1086 in need of physical assistance with medications and treatment management.

Current 02/05/18 negotiated service agreement (NSA) documented facility staff to manage medications and treatments. MAR's recorded facility staff had administered medications.

By observation in nursing staff desk area, a notice posted for staff to attend an 8/24/18 mandatory inservice regarding a "new pharmacy."

By interview on 8/16/18 at 1:30pm facility nurse #T confirmed this meeting to familiarize staff with a "new facility pharmacy."

On 8/16/18 at 4:00pm Operator #B and National Care Delivery Nurse #V confirmed facility recently decided to change pharmacies. Operator #B stated we didn't send out 30 day notices, but the corporate office notified Residents and Representatives about the upcoming change in pharmacy services.

Operator #B contacted the corporate office but not able to provide documentation of dated notification of the proposed change sent to Residents and/or their representatives. The notification form letter provided contained fill-able fields but lacked a date, name (who sent to), address, facility name, start date, or signature of

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S 110	Continued From page 3 facility or company representative. Operator #B provided the "pharmacy enrollment agreement" given to each Resident/representative for review and signature. By review this carbonless, multi-copy notice and signature form described payment and privacy policies, and notified the person reading and signing that the facility had arranged for services through this company. For the current census of 31, Operator #B provided eight consent forms with signatures at this point in time. Of these eight, one signed 7/26/18, one on 7/31/18, one on 8/01/18, one 8/03/18 (sampled Resident #1088), two on 8/08/18, and two on 8/15/18. These consent forms failed to corroborate a system that ensured 30 day written notice prior to the effective date of 8/24/18 for new pharmacy services in the facility. The Operator failed to ensure each Resident or Resident representative informed in writing of any changes in services that occurred after admission, at least 30 days before the effective date of the change.	S 110		
S 125 SS=F	26-39-103 (f) Resident Right Free Choice (f) Free choice. The administrator or operator shall ensure that each resident, or resident ' s legal representative on behalf of the resident, is afforded the right to perform the following: (1) Choose a personal attending physician; (2) participate in the development of an individual care plan or negotiated service agreement; (3) refuse treatment; (4) refuse to participate in experimental research; and	S 125		

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S 125	Continued From page 4 (5) choose the pharmacy where prescribed medications are purchased. If the adult care home uses a unit-dose or similar medication distribution system, the resident shall have the right to choose among pharmacies that offer or are willing to offer the same or a compatible system. This STANDARD is not met as evidenced by: KAR 26-39-103(f) The census equalled 31 the sample included three Residents. The Resident roster identified 20 Residents with facility managed medications, and 11 Residents who self administered one or more medications. Based on interviews and reviews of records, for three of three sampled (#1089, #1088, and #1086) and all non-sampled Residents, the Operator failed to ensure each Resident or Resident representative afforded the right to choose the pharmacy where prescribed medications were purchased. Findings included: - Review of record revealed #1089 admitted to facility 12/22/17 with diagnosis of vascular dementia, diabetes, prior brain bleed, coronary artery disease, and gastroesophageal reflux disease. The 12/19/17 FCS (functional capacity screen) assessed #1089 in need of physical assistance with medication and treatment management. A new FCS completed this day (8/16/18) coded medication management the same way. The 8/15/18 NSA/HSP (negotiated service	S 125		

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S 125	Continued From page 5	S 125		

agreement/health service plan) documented #1089 to receive medication and treatment management.

- Review of record revealed #1088 admitted to facility 8/15/18 with diagnoses of chronic obstructive pulmonary disease, hypertension, gastroesophageal reflux disease, anxiety, and history of falls.

Current 8/15/18 functional capacity screen (FCS) assessed #1088 in need of physical assistance with medications and in need of supervision with treatment management.

Current 8/15/18 negotiated service agreement (NSA) documented facility staff to manage medications and treatments.
MAR's (medication administration records) recorded facility staff had administered medications.

- Review of record revealed #1086 admitted to facility 10/26/17 with diagnoses of atrial fibrillation, muscle weakness, syncope, congestive heart failure, anxiety, and kyphosis.

Current 7/11/18 functional capacity screen (FCS) assessed #1086 in need of physical assistance with medications and treatment management.

Current 02/05/18 negotiated service agreement (NSA) documented facility staff to manage medications and treatments. MAR's recorded facility staff had administered medications.

By observation a notice posted for staff to attend an 8/24/18 inservice regarding a "new pharmacy."

By interview on 8/16/18 at 1:30pm facility staff

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S 125	Continued From page 6	S 125		

confirmed this meeting to familiarize staff with a "new facility pharmacy."

By interview on 8/16/18 at 4:00pm, Operator #B and National Care Delivery Nurse #V confirmed the facility recently decided to change pharmacies... the company is from Oklahoma City and the change to take effect on 8/24/18... the new company pharmacist to be here on the night shift to change all the medications/cart... #B and #V stated of course they (Residents) always have a choice of pharmacy... confirmed no documentation of that notice to Residents available... we are in the process of notifying Residents and their family members of the change... we have some consent forms signed and some we are waiting to talk with them regarding the changes... not all are signed yet...

Operator #B contacted the corporate office but not able to provide documentation of dated notification of the proposed change sent to Residents and/or their representatives. The notification form letter provided contained fill-able fields but lacked a date, name (who sent to), address, facility name, start date, or signature of facility or company representative.
Operator #B provided the "pharmacy enrollment agreement" given to each Resident/representative for review and signature. This agreement specified payment and privacy policies, and notified the person reading and signing that the facility had arranged for services through this company, but lacked notification of the right to choice of pharmacy.
Operator #B provided eight consent forms with signatures at this point in time. Of these eight, one signed 7/26/18, one on 7/31/18, one on 8/01/18, one 8/03/18 (sampled Resident #1088), two on 8/08/18, and two on 8/15/18.

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S 125	Continued From page 7 The Operator to ensure each Resident or Resident representative afforded the right to choose the pharmacy where prescribed medications were purchased.	S 125		
{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: KAR 26-41-205(d) The census equalled 31 the sample included three Residents. The facility identified 20 Residents with facility managed medications. Based on interview and record review for two of three sampled (#1088 and #1089), the Operator failed to ensure all medications and biological's	{S3200}		

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{S3200}	Continued From page 8 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 #1088 admitted to facility 8/15/18 with diagnoses of chronic obstructive pulmonary disease, hypertension, gastroesophageal reflux disease, anxiety, and history of falls. Current 8/15/18 functional capacity screen (FCS) assessed #1088 in need of physical assistance with medications and in need of supervision with treatment management. Current 8/15/18 negotiated service agreement (NSA) documented facility staff to manage medications and treatments. MAR's (medication administration records) recorded facility staff had administered medications. Comparison of August 2018 MAR (medication administration record) with physician orders revealed orders lacked a physician's signature, and the record lacked evidence of clarification prior to administration. August 2018 MAR contained: Omeprazole (acid reducer) 40m g(milligrams) one tab by mouth before breakfast for acid reflux Sertraline 50mg give one tablet by mouth daily for depression Losartan 50mg give one tablet by mouth daily for hypertension Simvastin 40mg give one tablet by mouth daily for cholesterol	{S3200}		

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{S3200}	Continued From page 9	{S3200}		

Miralax give 17gm (grams) in 8 ounces of liquid daily
Incruse Ellipta 62.5mcg (micrograms) inhale one puff daily
Albuterol Sulfate 0.63mg/3ml (milliliters) inhale every day by inhalation
Metoclopramide 10mg one tablet four times daily by mouth for gastroesophageal reflux disease
Ondansetron 4mg disintegrating dissolve one tab by mouth every 6 hours as needed for nausea
Ventolin HFA (bronchodilator with hydrofluoroalkane propellant) 90mcg inhale one puff as needed

The medical record contained a list of medications (dated 8/15/18 at 5:52pm) that lacked a physician signature or a physician's name.
The medical record contained a facility letter sent to #1088's physician on 8/15/18, alerting physician to the admission of #1088, and requesting orders for admission.
The faxed 5 page response from physician's office, received by facility 8/16/18 at 9:45am, included diet order, a blank medication page with notation "see attached", vaccine information, medical release, diagnosis and allergy information, and self administration notations.
These documents lacked an actual list of ordered medications signed by a physician, and lacked the referenced "attached list."
The August MAR with the above listed medications documented administration of the following medications on 8/16/18 by facility staff: Omeprazole (7:30am); Sertraline, Losartan, Simvastin, Miralax, and Incruse (at 8:00am).

On 8/16/18 12:45pm facility nurse #T confirmed the medication orders lacked a physician's name or signature... he/she stated the Resident brought

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{S3200}	Continued From page 10 in a bag of medications and that's what we used to make the MAR... faxed a clarification today for a couple of the orders (Senna, Ellipta and Oxygen)... waiting to hear back from the physician... confirmed staff administered medications this morning as documented on the MAR... The Operator failed to ensure all medications administered to #1088 in accordance with written medical care provider orders, and in accordance with professional standards of practice. - Review of record revealed #1089 admitted to facility 12/22/17 with diagnosis of vascular dementia, diabetes, prior brain bleed, coronary artery disease, and gastroesophageal reflux disease. The 12/19/17 FCS (functional capacity screen) assessed #1089 in need of physical assistance with medication and treatment management. A new FCS completed this day (8/16/18) coded medication management the same way. The 8/15/18 NSA/HSP (negotiated service agreement/health service plan) documented #1089 to receive medication and treatment management. Comparison of August 2018 MAR (medication administration record) with signed physician orders revealed discrepancies. The signed orders dated 7/20/18 included Nystatin 100,000 unit/gram topical twice daily. The MAR lacked this order and the medical record lacked an order to discontinue this medication.	{S3200}		

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{S3200}	Continued From page 11 The signed orders dated 7/20/18 included Folic acid oral one tab daily, but failed to specify a dosage. The medical record lacked documentation of dosage clarification by a licensed nurse, although the MAR specified "0.4mg (milligrams)." The signed orders dated 7/20/18 included Omega-3 one capsule daily, but failed to specify a dosage. The medical record lacked documentation of dosage clarification by a licensed nurse, although the MAR specified "1000mg." On 8/16/18 at 4:26pm, National Care Delivery Nurse #V confirmed the medical record lacked clarification for these discrepancies between the signed physician's orders and the current August 2018 MAR. The Operator failed to ensure all medications administered to #1089 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	{S3201}		

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{S3201}	Continued From page 12 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 31 the sample included three Residents. The Resident roster identified 20 Residents with facility managed medications. Based on reviews of records for one of three sampled (#1089), the Operator failed to ensure an actual clock time documented for medications on the MAR (medication administration record) with only time intervals or events for administration. Findings included: - Review of record revealed #1089 admitted 12/22/17 with diagnoses of diabetes mellitus, vascular dementia, prior brain bleed, coronary artery disease, and gastroesophageal reflux disease. The 12/19/17 FCS (functional capacity screen) assessed #1089 in need of physical assistance with medication and treatment management. A new FCS completed this day (8/16/18) coded medication management the same way. The 8/15/18 NSA/HSP (negotiated service agreement/health service plan) documented	{S3201}		

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{S3201}	Continued From page 13 #1089 to receive medication and treatment management. August 2018 medication administration records (MAR) documented certified medication aides tested Resident's blood sugar with a glucometer prior to breakfast and at "HS" (bedtime), and prepared his/her insulin pen for self injection prior to breakfast and at "HS." Further review revealed the MAR's lacked documentation of the time the medication (insulin) actually administered to #1089 as the time administered recorded as "HS" with no clock time recorded for the insulin administered at HS. For #1089 the Operator failed to ensure an actual clock time documented for medications on the MAR.	{S3201}		