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	N021008	A. BUILDING: _____ B. WING _____	C 07/18/2018

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

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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Assisted Living Facility in Abilene, Kansas on 7/10/18, 7/11/18, 7/12/18, 7/16/18, 7/17/18, and 7/18/18. Complaints #127831, #127950, #129476, and #130973 also investigated. Revised 2567 sent to facility 7/31/18.	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 30 the sample included three Residents. Based on interviews and reviews	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		

of records, for two of three sampled (#185 and #189), the Operator failed to ensure the development and implementation of policies and procedures related to advance medical directives, and further failed to maintain a copy of advanced directive each resident had in effect in the resident's medical record.

Findings included:

- Review of record revealed #185 admitted to facility 4/28/16 with diagnoses of dementia and hypothyroidism.

By further review:
A physician's order sheet (POS) signed 5/18/18 recorded "Do Not Resuscitate"

The medical record spine lacked any code designation and the face sheet (admission information) lacked any code designation.

The negotiated service agreement recorded "CPR" (cardiopulmonary resuscitation).

The medical record lacked a copy or documentation by resident #185 or Resident's representative to indicate DNR status requested or desired.

The medical record lacked licensed nurse clarification of the DNR order on the POS.

- Review of record revealed #189 admitted to facility with diagnoses of diabetes mellitus, vascular dementia, prior brain bleed, coronary artery disease, and gastroesophageal reflux disease.

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By further review:
A physician's fax order sheet 3/05/18 recorded "No Code Blue"

The medical record spine lacked any code designation and the face sheet (admission information) lacked any code designation

The negotiated service agreement recorded "CPR" (cardiopulmonary resuscitation)

The medical record lacked a copy or documentation by Resident or Resident's representative to indicate DNR or No Code Blue status requested or desired.

The medical record lacked licensed nurse clarification of the No Code Blue order on the POS.

By interview on 7/12/18 at 3:44pm certified staff #Q stated "I would look on the spine of the chart or the face page to find out whether a Resident was to get CPR or not."

By interview on 7/12/18 at 4;00pm, licensed nurse #N stated there is another place to look for CPR status... the disaster book with an evacuation roster... he/she displayed the page referenced and noted #185 and #189 identified as "CODE" although each record contained physician written No Code directives.

By interview on 7/12/18 at 5:00pm, Operator #B confirmed nothing on file in business office indicating no resuscitation for #185 or #189.

The Operator failed to ensure the development and implementation of policies and procedures related to advance medical directives, and failed

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S 230	Continued From page 3 to ensure if #185 and #189 had an advanced directive currently in effect, the facility maintained a copy in the medical record.	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 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 30 the sample included three Residents. Based on observations, interviews, and reviews of records, for two of three sampled (#187 and #189), the Operator failed to ensure the negotiated service agreement (NSA) included a description of service the Resident would receive, and identification of each party responsible for payment if outside	S3085		

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S3085	Continued From page 4	S3085		

resources provide a service.

Findings included:

- Review of record revealed #187 admitted to facility 3/02/16 with diagnoses of anemia, vertigo, colitis, cardiomyopathy, hypertension, gastroesophageal reflux disease, dementia, anxiety, and chronic kidney disease.

The current 11/06/17 FCS (functional capacity screen) assessed #187 in need of physical assistance with bathing, dressing, toileting, mobility, medication and treatment management; with short term memory and memory recall impairment; with falls/unsteadiness, with vision and hearing impairments, and used a walker for ambulation.

On 7/10/18 at 1:35pm during entrance conference, Operator #B reported we have an audible device in #187's room. Operator reported #187 a fall risk and we use a chair pressure alarm. The audible unit transmits sound to the front desk, so staff knows when the pressure pad alarm goes off to indicate Resident standing without assistance.

By observation on 7/10/18 at 11:11am in #187's room, a "V-Tech" unit plugged in and sitting on roll top desk near #187's recliner. #187 sound asleep in recliner with feet up and with pad alarm under him/her in recliner. Call light cord observed in Kleenex box on table next to recliner.

By observation on 7/10/18 at 3:00pm at main front desk, a yellow/orange/white "V-Tech" unit plugged in at desk with blinking red light on unit.

By review the medical record contained a fax to

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S3085	Continued From page 5	S3085		

physician dated 02/06/18: "May we have an order for chair and bed alarm to help prevent falls" with physician response "May have order for chair and bed alarm."

Medication administration record (MAR) documented staff initials beginning in February 2018 to indicate alarm in use.

By review the medical record contained a 3/08/18 order for therapy to evaluate and treat. The record contained an evaluation and visit notes up to 3/24/18.

The current 7/20/17 NSA (negotiated service agreement) and Health Care Service Plan lacked the addition of an outside provider service (therapy), the name of the provider, or the payment source, lacked use of pressure alarm to alert staff Resident getting up on own, lacked use of an audible transmitting unit that relayed all sound from room to front desk area and lacked acknowledgement by Resident or family of plan to use unit and consent to do so.

The Operator failed to ensure the development of an NSA for #187 which included a description of services #187 to receive, the name of the outside provider of services, and the payment source.

- Review of record revealed #189 admitted to facility 12/22/17 with diagnoses of vascular dementia, diabetes, prior brain bleed, coronary artery disease, hyperlipidemia, and gastroesophageal reflux disease.

Current functional capacity screen of 12/19/17 assessed #189 in need of physical assistance with bathing, dressing, medication and treatment

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S3085	Continued From page 6 management; with short term memory, long term memory, memory recall, and decision making impairments; used a walker. The medical record contained an order for PT/OT (physical therapy/occupational therapy) of 01/30/18 to evaluate and treat and the Resident Service Notes documented multiple visits by home health for PT, and discharge 02/28/18. The medical record contained an order for physical therapy dated 5/09/18. The record contained home health visit notes. The current 12/19/17 NSA (negotiated service agreement) and Health Care Service Plan lacked the addition of an outside provider service (physical therapy), the name of the provider, or the payment source. On 7/12/18 at 5:00pm, Operator #D confirmed the provider and payment source not added to NSA nor added as an addendum. The Operator failed to ensure the development of an NSA which included a description of services #189 to receive, the provider of the physical therapy, and the payment source for these services.	S3085		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility 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	S3155		

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S3155	Continued From page 7 capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (a) The facility census equalled 30 the sample included three Residents. Based on interview and reviews of record, for one of three sampled (#189), the Operator failed to ensure the 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 screen (FCS) and the negotiated service agreement (NSA). Findings included: - Review of record revealed #189 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 #189 in need of physical assistance with bathing, dressing, medication and treatment management; short term memory, long term memory, memory recall, and decision making impairments; used a walker. By interview on 7/12/18 at 3:25pm direct care staff #Q stated we prepare insulin pen for #189 by priming the pen, attaching the needle, dialing the correct dose, and carrying pen to #189 for self	S3155		

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S3155	Continued From page 8	S3155		

injection. #Q stated sometimes staff had to coax #189 to self inject, and confirmed staff also obtained blood sugar testing.

Medication administration records (MAR's) documented a 4/30/18 order for Lantus insulin, and documented administration initials recorded staff managed the medication.

The current NSA of 12/19/17 documented #189 as non-insulin dependent diabetic, and lacked any interventions related to insulin administration.

Medical record Resident Service Notes (RSN) documented Resident identified with "sun-downing" (late day escalation of confusion and agitation) 12/22/17 at time of admission and documented confusion and active exit seeking on 3/28/18, 3/30/18, 4/07/18 (got out the front was redirected back inside... still exit seeking), 4/09/18, 5/23/18, and 6/01/18.

By interview on 7/12/18 at 3:25pm, direct care staff #Q stated #189 still does exit seeking and attempts to leave. We redirect him/her and that usually works.

The current NSA of 12/19/17 lacked any interventions to address sundowning and exit seeking.

Medical record Resident Service Notes (RSN) documented incidents of suspected fall on 01/30/18 and 01/31/18.

The current NSA of 12/19/17 lacked specific fall prevention interventions.

The Operator failed to ensure the licensed nurse provided or coordinated services to address the

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S3155	Continued From page 9 insulin usage by this Resident in need of medication management, failed to provide or coordinate fall prevention interventions, and failed to provide or coordinate services to address Resident's sundowning and exit seeking behaviors.	S3155		
S3165 SS=F	26-41-204 (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 26-41-204(d) The census equalled 30 the sample included three Residents. Based on interviews and reviews of records, for three of three sampled (#185, #187, and #189), the Operator failed to ensure the negotiated service agreement (NSA) contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan (HSP). Findings included: - Review of record revealed #185 admitted to facility 4/28/16 with diagnoses of dementia and hypothyroidism. The current 02/05/18 FCS (functional capacity screen) assessed #185 in need of physical assistance with bathing, dressing, toileting,	S3165		

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S3165	Continued From page 10	S3165		

medication and treatment management; with bladder incontinence, with short term memory, long term memory, decision making and memory recall impairments, with impaired vision and hearing, used a walker and cane.

The current 02/05/18 NSA (negotiated service agreement) health care service plan (HSP)contained the signature of a nurse no longer at the facility.

The NSA lacked the designation of the name of the current nurse responsible for the implementation and supervision of the HSP.

- Review of record revealed #187 admitted to facility 3/02/16 with diagnoses of anemia, vertigo, colitis, cardiomyopathy, hypertension, gastroesophageal reflux disease, dementia, anxiety, and chronic kidney disease.

The current 11/06/17 FCS (functional capacity screen) assessed #187 in need of physical assistance with bathing, dressing, toileting, mobility, medication and treatment management; with short term memory and memory recall impairment; with falls/unsteadiness, with vision and hearing impairments, and used a walker for ambulation.

The current 7/20/17 NSA /HSP contained the signature of a nurse no longer at the facility.

The NSA lacked the designation of the name of the nurse responsible for the implementation and supervision of the HSP.

- Review of record revealed #189 admitted to facility 12/22/17 with diagnoses of vascular

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S3165	Continued From page 11 dementia, diabetes, prior brain bleed, coronary artery disease, hyperlipidemia, and gastroesophageal reflux disease. Current functional capacity screen of 12/19/17 assessed #189 in need of physical assistance with bathing, dressing, medication and treatment management; with short term memory, long term memory, memory recall, and decision making impairment; with falls/unsteadiness; used a walker. The current 12/19/17 NSA/HSP) contained the signature of a nurse no longer at the facility. The NSA lacked the designation of the name of the nurse responsible for the implementation and supervision of the HSP. On 7/12/18 at 11:10am licensed nurse #D confirmed the NSA's all lacked a statement that designated the name of the nurse responsible for implementation and supervision of the health care services. The Operator failed to ensure the NSA's for #185, #187, and #189 contained the name of the licensed nurse responsible for the implementation and supervision of the HSP.	S3165		
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	S3200		

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S3200	Continued From page 12 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 30 the sample included three Residents. The facility identified 18 Residents with facility managed medications. Based on interview and record review for two of three sampled (#187 and #189), the Operator 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 to facility 3/02/16 with diagnoses of anemia, vertigo, colitis, gastroesophageal reflux disease, hypertension, cardiomyopathy, dementia, anxiety, and chronic kidney disease. Current 11/06/17 functional capacity screen (FCS) assessed #187 in need of physical assistance with medications and treatment	S3200		

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S3200	Continued From page 13 management. Current 7/20/18 negotiated service agreement (NSA) documented facility staff to manage medications and treatments. MAR's (medication administration records) recorded facility staff management of medications. Comparison of July 2018 MAR (medication administration record) with signed physician orders revealed the following discrepancies. MAR contained the following medications not included on the 7/4/18 physician orders: Organ-I NR (expectorant) 200mg (milligrams) one tablet by mouth every 4 hours as needed for cold/cough; Acetaminophen 500mg two tabs (1000mg) by mouth every 4 hours as needed for pain; MAR lacked entry for physician's order dated 7/05/18 "Use Fleet enema every 8 hours as needed for constipation"; MAR lacked entry for physician's order dated 3/22/18 "Offer Boost three times daily"; On 7/12/18 at 3:44pm certified staff #Q confirmed the MAR contained orders not listed in the signed physician orders... #Q stated he/she had never given any Boost and was not aware of an order to offer three times daily. The Operator failed to ensure all medications administered to #187 in accordance with written medical care provider orders, and in accordance with professional standards of practice.	S3200		

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S3200	Continued From page 14 - Review of record revealed #189 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 #189 in need of physical assistance with medication and treatment management. The 12/19/17 NSA/HSP (negotiated service agreement/health service plan) documented #189 to receive medication and treatment management. Comparison of July 2018 MAR (medication administration record) with signed physician orders dated 5/9/18revealed discrepancies. MAR contained order Lantus 100 units/milliliter inject 20 units subcutaneously twice daily am/bedtime; signed physician order dated 5/09/18 "Lantus 100 units/milliliter inject 20 units every day by subcutaneous route for 30 days." The record lacked licensed nurse clarification or an order to discontinue or change the Lantus order. MAR contained an orders for: Folic Acid 0.4mg tab 1/2 tablet by mouth every day; physician order for Folic acid 0.8mg 1/2 tablet by mouth every HS (bedtime) Oyster shell calcium 500 (1250) one tablet by mouth every day; physician order for Oyster shell Calcium 500 one tablet by mouth every evening Aspirin orange 81mg chew one tab by mouth every day; physician order forAspirin 81mg delayed release one tablet by mouth every evening	S3200		

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S3200	Continued From page 15 Acetaminophen 325mg two tabs by mouth every four hours as needed for pain; physician orders lacked this order MAR lacked items included in the signed 5/09/18 physician orders: Triple antibiotic ointment apply twice daily Fluconazole 100mg every day by mouth Complete 50+ (vitamin) daily The medical record lacked licensed nurse clarification of these orders on or before new MAR's prepared for use on the medication carts. The MAR (medication administration record included an order for "PRN" (as needed) Lorazepam (narcotic anti-anxiety) 0.5mg (milligrams) one tab by mouth every 4 hours as needed for severe agitation. On 7/12/18 at 3:25pm certified staff #Q stated he/she resident #189 received Ativan (Lorazepam) for agitation and continues exit seeking behavior as recently as Monday or Tuesday (7/09/17 or 7/10/18). Certified medication aide gave the medication after he/she called the spouse to ask if OK to give. Certified staff #Q further stated "we don't call the nurse for PRN's." By review the MAR of June and July 2018 lacked documentation of Ativan PRN. By review the controlled substance count sheets recorded Ativan administered on 5/24/18 at 2:32pm and on 7/09/28 at 5:10pm. The record lacked documentation of interventions attempted prior to administration of PRN Ativan,	S3200		

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S3200	Continued From page 16 and lacked documentation of contact with a licensed nurse for further instructions and assessment purposes. On 7/12/18 at 5:00pm Operator #B confirmed not able to locate a policy and procedure in regard to licensed nurse contact for PRN administration and further instructions for symptoms, The Operator 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	S3201		

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S3201	Continued From page 17 by: KAR 26-41-205(d)(3) The census equalled 30 the sample included three Residents. The Resident roster identified 18 Residents with facility managed medications. Based on reviews of records for one of three sampled (#189), 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 #189 admitted 12/22/17 with diagnoses of diabetes mellitus, vascular dementia, prior brain bleed, coronary artery disease, and gastroesophageal reflux disease. Current functional capacity screen dated 12/19/17 assessed #189 in need of physical assistance with management of medications and treatments. Current negotiated service agreement (NSA) dated 12/19/17 documented "no treatments right now" and staff to administer medications. The NSA lacked any information regarding the use of insulin. June and July 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 #189 as the time	S3201		

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S3201	Continued From page 18 administered recorded as "HS" with no clock time recorded for the insulin administered at HS. For #189 the Operator 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 30 the sample included three Residents. The facility identified 18 Residents with medication and treatment management, five who used insulin, with one included in the sample. Based on interview and record review, for one of three sampled (#189) who used insulin, the Operator failed to provide documentation that a licensed nurse delegated blood sugar monitoring using a glucometer, and insulin pen preparation, nursing procedures not included in the medication aide curriculum, to medication aides performing these procedures test under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of record revealed #189 admitted	S3202		

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S3202	Continued From page 19 12/22/17 with diagnoses of diabetes mellitus, vascular dementia, prior brain bleed, coronary artery disease, and gastroesophageal reflux disease. Current functional capacity screen dated 12/19/17 assessed #189 in need of physical assistance with management of medications and treatments. A physician's order of 01/29/18 directed glucometer testing twice daily, and a 4/30/18 physician's order directed insulin injections twice daily. Current negotiated service agreement (NSA) dated 12/19/17 documented "no treatments right now" and staff to administer medications. The NSA lacked any information regarding the use of insulin. June and July 2018 medication administration records (MAR) documented certified medication aides tested Resident's blood sugar with a glucometer prior to breakfast and at bedtime, and prepared his/her insulin pen for self injection prior to breakfast and at bed time. Operator unable to provide documentation that the licensed nurse delegated blood sugar testing with a glucometer and insulin pen preparation to certified medication aides. On 7/12/18 at 3:25pm certified staff #Q stated when I started the certified medication aide who oriented me to the shift showed me how to do these... did not have an inservice or licensed nurse instruction. On 7/12/18 at 5:00pm Operator #B confirmed no	S3202		

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S3202	Continued From page 20 documentation available for delegation process by licensed nurse to certified medication aides. The Operator failed to provide documentation that a licensed nurse delegated blood sugar monitoring using a glucometer, and insulin pen preparation for self injection, to medication aides performing these tasks under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3202		
S3215 SS=D	26-41-205 (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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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	S3215		

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S3215	Continued From page 21 provider may request that the medication be stored by the facility. (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 26-41-205(h) The census equalled 30 the sample included three Residents. Based on observations, interviews, and review of record, licensed nurses and medication aides failed to ensure tuberculosis (TB) solution stored in accordance with manufacturer's recommendations to discarded 30 days after open and in use with at least 1 resident (#170) tested with outdated TB solution. Findings included: By observation on 7/10/18 at 2:48pm, in the medication storage room of facility, the current in use vial of TB solution lacked a recorded "date opened." The pharmacy label attached to the package recorded the deliver date of 5/09/18. By interview on 7/10/18 at 2:48pm, medication aide #P confirmed vial opened with no date recorded... confirmed he/she aware nursing staff administered TB tests in facility, but not aware of when this vial initially opened... confirmed no way to determine if vial in used beyond the recommended 30 days after opened. By review the TB package included manufacture's directive to discard 30 days after initial use of vial.	S3215		

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S3215	Continued From page 22 On 7/12/18 Operator #B confirmed the facility practice of administering admission TB skin testing. On 7/16/18 Operator #B provided dates of recent admissions to facility: #172 - 5/22/18 #174 - 5/25/18 #178 - 5/31/18 #176 - 5/31/18 #170 - 6/30/18 No documentation available to demonstrate an additional vial of TB solution used for these skin tests. The time span of these most recent tests more than 30 days. The licensed nurses failed to store the TB solution used for Residents and Employee TB skin tests in accordance with manufacturer's recommendations to discard after 30 days in use.	S3215		
S3225 SS=E	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition.	S3225		

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S3225	Continued From page 23 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l) The census equalled 30 the sample included three Residents. The facility identified 18 Residents with facility managed medications. Based on reviews of records and interviews, for one of three sampled (#187) and for all non-sampled Residents with facility managed medications, the Operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each Resident whose medications were managed by the facility. Findings included: - Reviews of records revealed #187 admitted to facility 3/02/16 with diagnoses of vertigo, anemia, colitis, dementia, anxiety, hypertension, cardiomyopathy, gastroesophageal reflux disease, and chronic kidney disease. Current 11/06/17 functional capacity screen (FCS) assessed #187 in need of physical assistance with medications and treatment management. Current 7/20/18 negotiated service agreement (NSA) documented facility staff to manage medications and treatments. MAR's (medication administration records) recorded facility staff management of medications. The medical record contained medication	S3225		

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S3225	Continued From page 24 regimen reviews dated 8/09/17, 11/10/17, and 02/05/18. The record lacked evidence of a drug regimen review since February 2018. On 7/12/18 Operator #B contacted licensed nursing staff to inquire if documentation available. Operator #B provided a notebook of available consultation reports from the pharmacist. By review these also lacked a quarterly (May 2018) review for #187. Operator #B confirmed no other documentation for #187 available. The Operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for #187 and for each Resident whose medications were managed by the facility.	S3225		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f) The census equalled 30 the sample included three Residents. Based on interviews and record reviews for two of three sampled (#185 and #189)	S3261		

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S3261	Continued From page 25	S3261		

the Operator failed to ensure each Resident record contained documentation of all incidents, symptoms and other indications of illness or injury, including the date, time of occurrence, action taken, and results of the action.

Findings included:

- Review of record revealed #189 admitted to facility 12/22/17 with diagnoses of vascular dementia, diabetes, prior brain bleed, coronary artery disease, hyperlipidemia, and gastroesophageal reflux disease.

Current functional capacity screen of 12/19/17 assessed #189 in need of physical assistance with bathing, dressing, medication and treatment management; with short term memory, long term memory, memory recall, and decision making impairment; with falls/unsteadiness; used a walker.

The current 12/19/17 Negotiated Service Agreement (NSA) documented facility to provide services to meet the needs identified in the FCS.

By review of assignment information, a resident experienced an episode of low blood sugar on 5/12/18, with family intervention required in the absence of a licensed nurse.

By review of glucometer readings, #189 recorded with blood sugar of "68" on 5/12/18.

Facility communication notebook documented "6am to 2pm - had to call spouse in he/she refused to get up blood sugar was low"

The medical record lacked documentation of the incident on 5/12/18 to include date, time,

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S3261	Continued From page 26	S3261		

symptoms of illness, actions taken, and response to the actions taken. The medical record lacked assessment by a licensed nurse, or evidence of contact with a licensed nurse to report the Resident's change in condition.

On 7/11/18 at 4:25pm Operator #B confirmed #189 did experience a low blood sugar reading on 5/12/18 and the record lacked documentation of the incident or staff's response.

The Operator failed to ensure #189's record contained documentation of all incidents, symptoms and other indications of illness or injury, including the date, time of occurrence, action taken, and results of the action.

- Review of record revealed #185 admitted to facility 4/28/16 with diagnoses of dementia and hypothyroidism.

The current 02/05/18 FCS (functional capacity screen) assessed #185 in need of physical assistance with bathing, dressing, toileting, medication and treatment management; with bladder incontinence, with short term memory, long term memory, decision making and memory recall impairments, with impaired vision and hearing, used a walker and cane.

The current 02/05/18 NSA (negotiated service agreement) and Health Care Service Plan documented #185 to receive services to address needs identified on 9/06/17 FCS.

By review, a "First Responder Worksheet" recorded #185 experienced a fall on 6/25/18 at 1:30am. This work sheet documented "#185 found sitting on bottom... didn't know what

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S3261	Continued From page 27 happened... and was not hurt... vitals were taken and Resident was helped up... Operator #B, licensed nurse #F, and family member notified. By review, the medical record Resident Service Notes lacked documentation of the incident, to include time, date, a licensed nurse assessment of #185, actions taken, and results of the actions taken. The Operator failed to ensure #185's record contained documentation of all incidents, symptoms and other indications of illness or injury, including the date, time of occurrence, action taken, and results of the action.	S3261		
S3290 SS=D	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet,	S3290		

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S3290	Continued From page 28 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 26-41-206(b)(2) The census equalled 30 the sample included three Residents. All Residents received meal service. Based on interviews and reviews of records, for one of three sampled (#185), the Operator failed to ensure the provision or coordination of dietary services to the Resident, and, failed to ensure physician ordered therapeutic diets prepared according to instructions from a medical care provider or licensed dietician. Findings included: - Review of record revealed #185 admitted to facility 4/28/16 with diagnoses of dementia and hypothyroidism. The current 02/05/18 FCS (functional capacity screen) assessed #185 in need of physical assistance with bathing, dressing, toileting, medication and treatment management; with bladder incontinence, with short term memory, long term memory, decision making and memory recall impairments, with impaired vision and hearing, used a walker and cane. The current 02/05/18 NSA (negotiated service	S3290		

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(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
S3290	Continued From page 29 agreement) and Health Care Service Plan documented #185 to receive a "Regular" diet. Signed physician order from 12/2017 to 5/18/18 recorded the order of "Carb Controlled Diet." Dietary consult notes from 3/01/17 to 3/02/18 documented #185 receiving a "Carb Controlled Diet." By interview on 7/10/18 at 3:30pm, dietary staff #N stated we do not have any therapeutic diets or specialty diets... we just serve a liberalized diet to all Residents. The Operator failed to ensure the provision or coordination of dietary services to #185, and, failed to ensure physician ordered therapeutic diets prepared according to instructions from a medical care provider or licensed dietician.	S3290		
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	S3310		

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 _____	C 07/18/2018

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S3310	Continued From page 30 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(b)(5-6)(c) The census equalled 30 the sample included three Residents, The facility identified 14 employees hired since the last Resurvey. Based on interviews and reviews of records, for three of three sampled (#189, #187, and #185), and for five of five employees reviewed (#P, #Q, #S, #R, and #V), the Operator failed to ensure the facility's compliance with the Departments' tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of employee records on 7/10/18 with Operator #B revealed the following: #S - CNA (certified nurse aide) hired 5/21/18 - TB testing not completed within seven days of hire as required (first step skin test administered 6/26/18); required TB symptom screen not completed at time of hire #R - CNA hired 12/22/17 - TB testing not completed within seven days of hire as required (first step skin test administered 6/26/18): required TB symptom screen not completed at time of hire #V - CNA hired 4/16/18 - required TB symptom screen not completed at time of hire #P - CMA (certified medication aide) - hired 12/26/17 - required TB symptom screen not completed at time of hire	S3310		

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S3310	Continued From page 31 #Q - CMA - hired 5/01/18 - required TB symptom screen not completed at time of hire #189 - admitted 12/22/17 - required TB symptom screen not completed at time of admission #187 - last annual TB symptom screen completed 01/06/17. #185 - last annual TB symptom screen completed 01/06/17. On 7/10/18 at 5:15pm Operator #B confirmed the health questionnaire used by facility at time of admission and at time of hire did not include required symptom screen questions. Operator #B further stated we use this questionnaire at time of hire/admission, and then use the required questionnaire when the annual symptom screens are completed. On 7/12/18 at 5:00pm Operator #B confirmed no documentation available for a more recent TB symptom screen for #187 and #185. The Operator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for residents #189, #187, and #185, and for employees #P, #Q, #S, #R, and #V.	S3310		
S3420 SS=E	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems.	S3420		

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S3420	Continued From page 32 (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by:	S3420		

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S3420	Continued From page 33 KAR 28-39-256 The census equalled 30 the sample included three Residents. Based on observations and interviews for one of five accessible hand wash sinks (main laundry room sink), the Operator failed to ensure the water remained between 98 degrees Fahrenheit (F.) and 120 degrees F. at all times. Findings included: - On 7/10/18 at 2:30pm, Surveyor entered the unlocked laundry room and obtained a water temperature of 127.2 degrees F. in the main laundry room hand wash sink. Surveyor re-checked this water temperature on 7/11/18 at 11:15am. At this time, temperature registered at 127.9 degrees F. Surveyor notified Operator #B and maintenance staff #W on 7/12/18. Thermometer calibrated with facility thermometer for accuracy during re-check of water at this time. Surveyor and maintenance staff obtained readings of 134.7 and 134.9 degrees. On 7/12/18 at 10:20am maintenance staff #W stated there are a total of three water heaters for the building... this sink connected to the same water heater for the kitchen... have to have hot water to melt the grease off dishes in the dish washer... have never obtained a water temperature in here at that level during routine checks... will add a mixer valve to this sink... it will be in place by tomorrow. Operator #B confirmed the mixer valve to be added, and confirmed even though the laundry	S3420		

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S3420	Continued From page 34 room door always unlocked and accessible, no current Residents routinely did own laundry. The Operator failed to ensure the water remained between 98 degrees F. and 120 degrees F. at all times in all hand wash sinks accessible to Residents. The laundry room hand sink determined to be accessible to Residents of facility.	S3420		