STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B019004	A. BUILDING: _____ B. WING _____	06/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES OF PITTSBURG, LLC COLEI	704 LAKEVIEW DRIVE PITTSBURG, KS 66762

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigation 124092 at the above named home plus facility in Pittsburg, KS conducted on 6-6-18, 6-7-18, 6-11-18 and 6-12-18.	S 000		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d) The facility reported a census of 11 residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#121) of 3 sampled residents, the operator failed to ensure the review and revision of the negotiated service agreement following any significant change in condition. Findings included:	S5116		

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

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- Record review for Resident #121 revealed admission on 1-15-18 with diagnoses Gout, Hypertension, Glaucoma, Hyperlipidemia, Right Torn Rotator Cuff, and Dementia with Behaviors.

The Functional Capacity Screens (FCS) dated 2-5-18 (no reason documented) recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility; independent with eating; and unable to perform management of medications and treatments. Frequently incontinent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks included falls and impaired hearing.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 2-5-18 stated:
Bathing: complete/total assistance three times per week and as needed. Maintain safety. Since left hip fracture. Still unsteady.
Dressing and Undressing: Currently needs help putting on clothing.
Toileting: assist of one staff, but assist of two staff for peri-care. Resident wears briefs. Will need assist with peri-care.
Ambulation: Walker is used to table and bathroom. Wheelchair is rolled behind resident, when he/she tires and cannot go further. Give him/her a rest time and then can continue on.

The NSA/HCSP lacked documentation for resident's use of wheelchair pushed by staff for mobility.

Observation of resident on 6-6-18 and 6-7-18 revealed resident to be alert and oriented to person and place. Sat in recliner in the front living room most of the time with a visitor. Two staff

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S5116	Continued From page 2 transferred resident to wheelchair for meals and pushed resident to table in dining room. Resident able to feed self and talk with other residents and staff. Resident taken to bathroom and transferred per two staff onto toilet then 1 staff back into wheelchair. Resident was able to stand for staff to provide peri-care then pivot into wheelchair. Observed two staff assist resident from wheelchair into recliner. Resident was able to stand with a walker in front and ambulate a few steps to the recliner. Interview on 6-6-18 at 1:55 pm with Certified Staff J stated resident had been able to ambulate with a walker, but now has days when he/she feels weak and requires the wheelchair. Staff pushes the wheelchair to transport to meals and bathroom. Interview on 6-6-18 around 4:00 pm with Licensed Staff C stated he/she was not aware staff had been using the wheelchair as much as they had with resident. Confirmed the NSA/HCSP lacked documentation for transfers and toileting with one to two staff members and staff to transport resident to meals and toilet per wheelchair. Stated resident experienced a left hip fracture with surgery and returned to the facility with physical and occupational therapy. He/she had been ambulating with staff after the therapy. For Resident #121, the operator failed to ensure revision of the negotiated service agreement following significant change in care.	S5116		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home	S5155		

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S5155	Continued From page 3	S5155		

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 11 residents. The sample included 3 residents and one closed record review. Based on record review and interview for 1 (#123) of 3 sampled residents and 1 (#124) of 1 closed record review, the operator failed to ensure the licensed nurse provides or coordinates the provision of health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.

Findings included:

- Record review for Resident #123 revealed admission on 8-1-13 with diagnoses Diabetes, Alzheimer's Dementia, Coronary artery Disease, Hyperlipidemia, Hypothyroidism, and Idiopathic Hypertrophied Subaortic Stenosis.

The Functional Capacity Screen (FCS) dated 5-18-18 recorded resident unable to perform eating.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 5-18-18 stated:

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S5155	Continued From page 4	S5155		

Food Services: three (3) nutritionally balanced meals a day and snacks between meals. Good Appetite, Likes snacks, no food allergies. Complete assistance. Diet remains regular, portion controlled...thicken liquids.

The NSA/HCSP lacked documentation of the pureed diet, nectar consistency for the liquids and aspiration precautions.

Nurse's Notes:
5-2-18 at 8:15 am: "Resident up and out to breakfast eating pureed breakfast well, drinking without difficulty..." Signed by Licensed Staff C.
5-15-18 at 9:20 am: "Notified physician regarding resident's choking on liquids. New order thicken liquids to nectar consistency." Signed by Licensed Staff C.
5-22-18 at 9:30 am: "...Diet pureed, use thickener for nectar consistency liquids, aspiration precautions." Signed by Licensed Staff C.

Physician order dated 5-15-18:
Thicken liquids - keep from choking - nectar consistency.

Hospice Plan of Care dated 5-18-18:
Nutrition: Diet Pureed, use Thick It for nectar consistency liquids, aspiration precautions.

Observation of lunch preparation for resident on 6-6-18 at 12:30 pm revealed staff plating pureed roast beef, mashed potatoes with gravy and mixed vegetables (cauliflower, broccoli, carrots). Certified Staff J stated the staff was instructed by Licensed Staff C on how to prepare the diet.

Observation on 6-7-18 of breakfast. Staff feeding resident scrambled eggs, thickened juice and water. The eggs were not pureed per staff

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S5155	Continued From page 5	S5155		

because they were considered soft enough to eat.

Interview on 6-6-18 at 2:40 pm with Certified Staff G stated liquids are thickened according to directions on the label of the thickener. Provided written instructions for a "Soft mechanical diet" which lacked signature from a medical care provider or licensed dietitian. The instructions failed to include how to prepare a pureed diet which was ordered for the resident.

Licensed staff C stated aspiration precautions would include having staff provide oral care after every meal and check for pocketed food, have resident sit upright for 45 minutes to an hour after meals and feed small bites with sips of liquid. Confirmed these precautions were not added to the health care service plan.

For Resident #123, the operator failed to ensure the licensed nurse provided or coordinated the provision of health care services to address the resident's issues with swallowing/eating and risk for aspiration.

- Record review for Resident #124 revealed admission on 6-1-15 with diagnoses Dementia, Gastroesophageal Reflux Disease, Peptic Ulcer Disease, Depression, Alzheimer's Disease, Arthritis, Colon Polyps, Macular Degeneration, Anxiety and Renal Disease.

The Functional Capacity Screen (FCS) dated 7-7-17 recorded resident unable to perform bathing, dressing, toileting, transfers, walking/mobility and management of medications/treatments; and required physical assistance with eating. Incontinent of urine.

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S5155	Continued From page 6	S5155		

Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Communication: limited understanding and very little ability to understand communication.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 7-7-17 recorded services for:
Bathing: total assist of 1 when showering but 1-2 person transfer to the shower and out.
Toileting: Total assist of 1-2 persons.
Dressing/Undressing: total assist of 1-2.
Ambulation: total assist. transfer into wheelchair and staff of one pushes. Non-weight bearing to right leg related to non-healing fracture.
Medication Management: (facility) staff to administer medications and document as ordered. Crushed and given in small bites followed with liquids.
Hospice services to provide briefs, pads and oxygen.
The NSA/HCSP lacked signature of the responsible party. The NSA/HCSP further lacked documentation of interventions to address resident's potential for and actual skin breakdown.

The Braden Risk Skin Assessment performed on 7-7-17 recorded total score of 13. (12 or above indicated high risk for skin breakdown).

Nurse's Notes:
8-30-17 at 4:00 pm: "(Medical care provider) here to do face-to-face for hospital bed. Resident has stage II coccyx pressure sore. Cannot treat and rotate in bed. Unable to ambulate or change position in bed, requires hospital bed for frequent positioning." Signed by Licensed Staff C.
10-3-17 at unknown time: "Spoke with resident's

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S5155	Continued From page 7	S5155		

(family member) apologized for not notifying him/her concerning the open area on resident's coccyx. Area being treated with skin integrity silver alginate..." Signed by Licensed Staff C.
10-13-17 at unknown time: "(Medical care provider) here to see resident, looked at area on coccyx. Area is closing, currently using skin integrity and island dressing. He/She wants to try Butt Paste mixture of ingredients. Called (family member) to notify of the new treatment..." Signed by Licensed Staff C.
10-27-17 at unknown time: "(Medical Care provider) here to see resident. Reviewed chart and looked at area on bottom 3 centimeters Stage II closed to less that 0.2 centimeters doing well. Expects total healing in 2 weeks." Signed by Licensed Staff C.
11-15-17 at 10:15 am: "..removed dressing to bottom, more skin is almost healed, applying Silver Alginate to wound bed and covering with island dressing." Signed by Licensed Staff C.
11-13-17 4:30 pm: Late Entry: (medical care provider) called and stated change current treatment to buttock right side to Dakins soak in the am and silver alginate to area in the evening. Notified (family member), he/she doesn't want Dakins, the silver alginate would be okay." Signed by Licensed Staff C.

Interview on 6-7-18 at 11:03 am with Licensed Staff C confirmed Resident #124 was at high risk for skin breakdown stating the resident had an open area once before. Further confirmed the NSA/HCSP lacked interventions to address the resident's potential for skin impairment and once the resident had a stage II area on coccyx, the HCSP further lacked interventions to address resident's actual skin impairment. Stated hospice provided a gel pad and facility provided a low air loss mattress. Confirmed use of this equipment

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S5155	Continued From page 8 was not included on the NSA. For Resident #124, the operator failed to ensure the licensed nurse provided or coordinated the provision of interventions to address resident's potential for then actual skin impairment.	S5155		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(c) The facility reported a census of 11 residents. The sample included 3 residents and one closed record review. Based on record review and interview for 1 (#123) of 3 sampled residents with an order for a mechanically altered diet, the operator failed to ensure the diet shall be prepared according to instructions from a medical care provider or license dietitian.	S5185		

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S5185	Continued From page 9 Findings included: - Record review for Resident #123 revealed admission on 8-1-13 with diagnoses Diabetes, Alzheimer's Dementia, Coronary artery Disease, Hyperlipidemia, Hypothyroidism, and Idiopathic Hypertrophied Subaortic Stenosis. The Functional Capacity Screen (FCS) dated 5-18-18 recorded resident unable to perform eating. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 5-18-18 stated: Food Services: three (3) nutritionally balanced meals a day and snacks between meals. Good Appetite, Likes snacks, no food allergies. Complete assistance. Diet remains regular, portion controlled...thicken liquids. (Note: The HCSP lacked documentation of the pureed diet, nectar consistency for the liquids and aspiration precautions.) Nurse's Notes: 5-2-18 at 8:15 am: "Resident up and out to breakfast eating pureed breakfast well, drinking without difficulty..." Signed by Licensed Staff C. 5-15-18 at 9:20 am: "Notified physician regarding resident's choking on liquids. New order thicken liquids to nectar consistency." Signed by Licensed Staff C. 5-22-18 at 9:30 am: "...Diet pureed, use thickener for nectar consistency liquids, aspiration precautions." Signed by Licensed Staff C. Physician order dated 5-15-18: Thicken liquids - keep from choking - nectar consistency.	S5185		

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S5185	Continued From page 10 Hospice Plan of Care dated 5-18-18 electronically signed by physician: Nutrition: Diet Pureed, use Thick It for nectar consistency liquids, aspiration precautions. Observation of lunch preparation for resident on 6-6-18 at 12:30 pm revealed staff plating pureed roast beef, mashed potatoes with gravy and mixed vegetables (cauliflower, broccoli, carrots). Certified Staff J stated the staff was instructed by Licensed Staff C on how to prepare the diet. Observation on 6-7-18 of breakfast. Staff feeding resident scrambled eggs, thickened juice and water. The eggs were not pureed per staff because they were considered soft enough to eat. Interview on 6-6-18 at 2:40 pm with Certified Staff G stated liquids are thickened according to directions on the label of the thickener (no written instructions from a medical care provider). Provided written instructions which were hung in the pantry for a "Soft mechanical diet" which lacked signature from a medical care provider or licensed dietitian. The instructions failed to include how to prepare a pureed diet which was ordered for the resident. Interview on 6-6-18 at 4:19 pm with Licensed Staff C confirmed the facility lacked written instructions on how to puree the resident's diet. Upon review of the "Soft mechanical diet" instructions further confirmed the instructions failed to differentiate between a mechanical soft diet and a pureed diet. Licensed Staff C further confirmed that scrambled eggs were not considered to be pureed. For residents #123, the operator failed to ensure	S5185		

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S5185	Continued From page 11 the mechanically altered diet was prepared according to instructions from a medical care provider or licensed dietitian.	S5185		
S5300 SS=J	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)(2) The facility reported a census of 11 residents. The sample included 3 residents and one closed record review. Based on observation, record review and interview for 1 (Resident #122) of 1 sampled resident receiving insulin, the operator failed to ensure medication aides (CMAs) did not administer medication through the parenteral route. This failure placed resident #122 in immediate jeopardy for harm, injury or death.	S5300		

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Findings included:

- Record review for Resident #122 revealed admission on 1-10-17 with diagnoses Insulin Dependent Diabetes Mellitus, Dementia, Hyperlipidemia and Weakness.

The Functional Capacity Screen dated 12-21-17 and since admission recorded resident unable to perform management of medications and treatments.

The Negotiated Service Agreement/Health Care Service Plan dated 12-21-17 recorded stated (facility) staff will administer and document all prescription and over-the-counter medications as ordered by physician. Medication Administration: "Currently not on any medications except Levemir Insulin." Accuchecks (blood glucose monitoring) twice a day and as needed, Levemir (insulin) 15 units in am.

The record contained the following document titled "Friends of (Resident #122)":
The following persons are friends of our family and I (power of attorney) give the following people that I know, the ability to administer insulin via his/her insulin pen to him (Resident #122). List included Certified Staff E, F, G, D, I, J, K and Administrative Staff A and B. The document was signed by the resident's responsible party and a family member; and signed as witnessed by Certified Staff K, Licensed Staff C and Administrative Staff A.

Observation of Resident #122 on 6-6-18 and 6-7-18 during survey resident to be primarily sitting in a recliner in the television room and repetitively hollered out loudly. Resident #122

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S5300	Continued From page 13	S5300		

answered simple questions appropriately and gave eye contact to staff and visitors. He/she was non-weight bearing with transfers which required two staff. Resident #122 was fed all meals by staff in recliner. Resident was alert and oriented to person only. Resident would be physically and cognitively unable to self-inject insulin.

Review of Medication Administration Record (MAR) for June 2018 revealed:
Levemir insulin 100u/ml (milliliter) administer 12 units at 5:00 pm for Diabetes Mellitus II. Initialed as given by Certified Medication Aides D, and K.

Review of MARs from date of admission through May 2018 revealed the following:
January 2017, Licensed Staff C confirmed he/she administered 6 of 22 days. (Note: On days, the nurse did not administer, Certified Medication Aides (CMAs) administered the remaining doses.)
February 2017, Licensed Staff C confirmed he/she administered insulin 6 of 28 days.
March 2017, Licensed Staff C confirmed he/she administered insulin 2 of 31 days.
April 2017, Licensed Staff C confirmed he/she did not administer the insulin this month.
May 2017, Licensed Staff C confirmed he/she administered insulin on 3 of 31 days.
June 2017, Licensed Staff C confirmed he/she did not administer the insulin this month.
July 2017, Licensed Staff C confirmed he/she administered insulin 1 of 31 days.
August 2017, Licensed Staff C confirmed he/she did not administer the insulin this month.
September 2017, Licensed Staff C stated he/she administered insulin every day of this month. Did not remember why he/she took over the administration of insulin for the entire month.

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S5300	Continued From page 14 October 2017, Licensed Staff C stated he/she did not administer the insulin this month. November 2017, Licensed Staff C confirmed he/she administered insulin 2 of 30 days. December 2017, Licensed Staff C confirmed he/she administered insulin 3 of 23 days that resident was in the facility. January 2018, Licensed Staff C confirmed he/she administered did not administer the insulin for 27 of 27 days that resident was in the facility. February 2018, Licensed Staff C stated he/she did not administer the insulin this month. March 2018, Licensed Staff C stated he/she did not administer the insulin this month. April 2018, Licensed Staff C stated he/she did not administer the insulin this month. May 2018, Licensed Staff C stated he/she did not administer the insulin this month. Interview on 6-6-18 at 2:10 pm with Administrative Staff A confirmed list of resident's "friends" are all staff CMAs. Stated he/she had been given approval by the department for staff who are friends of the resident to administer insulin as friends, "but they had to clock out first, they can't do it while on the clock." Interview on 6-6-18 at 2:20 pm with Certified Medication Aide J stated he/she had not known the resident before he/she moved into the facility. Confirmed CMAs administered the resident's. Stated he/she had not had to give it very often. Interview on 6-11-18 at 8:57 am with Licensed Staff A confirmed the names on the list of resident's friends dated 1-25-18 were all staff members and these staff members did not know the resident prior to moving into facility. Further confirmed the names associated with the initials on the medication administration records.	S5300		

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S5300	Continued From page 15 Confirmed the certified medication aides were administering insulin to Resident #122. Interview on 6-11-18 at 1:15 pm with Certified Staff F (a certified medication aide) confirmed he/she had administered insulin injections to the resident. Stated resident's family member worked at an automotive repair shop and worked on his/her car "a few times." Stated "we spoke/communicated and visited ...he/she was at (the car repair shop) a few times; had met Resident #122 about 1 ½ years prior to his/her move-in. Further stated he/she knew the resident from another facility where he/she worked as a caregiver when he/she was a resident there. Interview on 6-11-18 at 3:35 pm with Licensed Staff C confirmed the certified staff administered the insulin gratuitously. Stated he/she provided verbal instruction and demonstrations to the certified medication aides on how to give the insulin including how to change the needle, prime the pen and inject the insulin. Confirmed he/she failed to document the CMAs competency. Further confirmed the facility did not have a policy which allowed certified staff to administer insulin injections. Upon additional review of the personnel files for Certified Staff D and Certified Staff L, confirmed the records lacked documentation of instruction for dialing the insulin pens. Review of facility policy regarding "Medication Management" stated "Other than a licensed nurse or Certified Medication Aide, non-licensed personnel are not to administer medications for any resident served by (facility). Medication Aides shall not administer medication through the parenteral (Intravenous, Intramuscular, Subcutaneous) route."	S5300		

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S5300	Continued From page 16 The facility failed to follow it's policy. For Resident #122, the operator failed to ensure medication aides did not administer medication through the parenteral route when CMAs administered insulin to the resident when certified medication aides who had no knowledge or relationship with the resident prior to caring for him at the facility were identified as 'friends' of the resident and administered insulin since the resident was admitted in January 2017. This failure placed resident #122 in immediate jeopardy for harm, injury or death. The jeopardy was removed on 6-11-18 at 3:35 p.m. when licensed staff C provided a written statement that included: "1. Nurse will administer insulin in the evening prior to leaving for home and on weekends. 2. Will add a log of administration to the Medication Administration Record. 3. Will put into play updated step-by-step policy and procedure to include the following: A. accuchecks (blood glucose monitoring) and B. Dialing Pens/Prime 2 milliliter on Levemir/Novolog prior to each use."	S5300		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (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	S5313		

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S5313	Continued From page 17 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 26-42-204(g)(3) The facility reported a census of 11 residents. The sample included 3 residents and one closed record review. Based on observation and interview, the operator failed to ensure over the counter medications shall be labeled with the resident's full name by a licensed nurse or licensed pharmacist. Findings included: - Observation on 6-6-18 at 10:15 am of medication cart revealed the following open over-the-counter medications which lacked the full name of a resident on the package: Ferrous Sulfate and Aspirin 81 mg (milligrams) which Certified Medication Aide J stated belonged to Resident #121. 1 bottle each of Ibuprofen 200 mg and Acetaminophen 500 mg both labeled as "stock". Interview on 6-6-18 at 10:15 am with certified medication aide J confirmed the over the counter medications lacked resident names on the containers. Interview on 6-6-18 at 10:20 am with Licensed Staff C confirmed the bottles lacked the full name of a resident and removed the bottles of Ibuprofen and Acetaminophen from the cart.	S5313		

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S5313	Continued From page 18 Facility policy for Medication Management stated: 4. Over the counter medications: c. Nursing/Home Supervisor shall place the full name of the resident on both the container and package. The policy lacked requirement for only a licensed pharmacist or licensed nurse to place the full name of the resident on the medication package and container. The operator failed to ensure all over the counter medications shall be labeled with the resident's full name by a licensed nurse or licensed pharmacist.	S5313		
S5325 SS=F	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l) The facility reported a census of 11 residents. The sample included 3 residents and one closed record review. The operator failed to ensure a licensed pharmacist or licensed nurse shall	S5325		

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S5325	Continued From page 19	S5325		

conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition as evidenced by record review and interview for 3 (#121, #122, #123) of 3 sampled residents with the potential to affect all residents.

Findings included:

- Record review for Resident #121 revealed admission on 1-15-18 with diagnoses Gout, Hypertension, Glaucoma, Hyperlipidemia, Right Torn Rotator Cuff, and Dementia with Behaviors.

The Functional Capacity Screens (FCS) dated 1-15-18 (admission) and 2-5-18 (no reason documented) recorded resident unable to perform management of medications and treatments.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 2-5-18 stated: Medication Management: (facility) staff will administer and document all prescription and over-the-counter medications as ordered by a physician or primary care practitioner. Medication Administration: Takes medication willingly; usually take medication whole. If they are large, may need to crush or stick a pin in fish oil and drain out.

The record lacked documentation of a medication regimen review.

- Record review for Resident #122 revealed admission on 1-10-17 with diagnoses Insulin Dependent Diabetes Mellitus, Hyperlipidemia, Dementia and Weakness.

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S5325	Continued From page 20	S5325		

The Functional Capacity Screen (FCS) dated 12-21-17 recorded resident required physical assistance with management of medications and treatments.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 12-21-17 stated: Medication Management: (facility) staff will administer and document all prescription and over-the-counter medications as ordered by a physician or primary care practitioner. Medication Administration: "Currently not on any medications except Levemir Insulin." Accuchecks (blood glucose monitoring) twice a day and as needed, Levemir (insulin) 15 units in am.

The record contained a facility drug regimen reviews dated 3-28-17 (with recommendation to post valproic acid levels) and 8-26-17 (with no recommendations).

The record lacked further documentation of medication regimen review. On 6-6-17 at 4:07 pm, the pharmacy delivered a medication regimen review performed on 3-30-18 with recommendation for Hemoglobin A1C every three months (for Diabetes monitoring). The record lacked documentation of a medication regimen review conducted at least quarterly and further lacked documentation of physician notification of the pharmacist's recommendation.

- Record review for Resident #123 revealed admission on 8-1-13 with diagnoses Diabetes, Alzheimer's Dementia, Coronary artery Disease, Hyperlipidemia, Hypothyroidism, and Idiopathic Hypertrophied Subaortic Stenosis.

The Functional Capacity Screen (FCS) dated

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S5325	Continued From page 21 5-18-18 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 5-18-18 stated: Medication Management: (facility) staff will administer and document all prescription and over-the-counter medications as ordered by a physician or primary care practitioner. Medication Administration: Takes medications willingly. Crush medications. Resident at time of this assessment is not opening mouth to take medications. If he/she does, he/she pockets them Takes if awake. Review of facility "Medication Management Policy" revealed the policy lacked documentation of procedures for quarterly medication regimen review. Interviews on 6-6-18 at 2:00 pm and 6-7-18 at 9:37 am with Licensed Staff C confirmed the records lacked documentation of routine quarterly medication regimen reviews and called the pharmacy consultant to request a copy of the last medication regimen review performed. At 4:07 pm on 6-6-18, a pharmacy representative brought the documents to the facility. The facility medication regimen reviews for all residents were dated 3-30-18. The facility failed to provide additional medication regimen reviews for Resident #123. Licensed Staff C stated he/she had called the pharmacy to request timely reviews and the pharmacy had scheduled to do them but then canceled and sometimes failed to set another time. Was unable to provide documentation of these conversations. For Residents #121, #122, #123 and affecting all residents, the operator failed to ensure a licensed	S5325		

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S5325	Continued From page 22 pharmacist or licensed nurse conducted a medication regimen review at least quarterly for each resident whose medication is managed by the home.	S5325		