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	B085009	A. BUILDING: _____ B. WING _____	05/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCALL MANOR	626 S 3RD ST SALINA, KS 67401

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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Home Plus Facility in Salina, Kansas on 5/23/18, 5/24/18, 5/29/18, 5/30/18 and 5/31/18.	S 000		
S 140 SS=D	26-39-103 (i) Resident Right Privacy and Confidentiality (i) Privacy and confidentiality. The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records. (1) The administrator or operator shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. (2) The administrator or operator shall ensure that the personal and clinical records of the resident are maintained in a confidential manner. (3) The administrator or operator shall ensure that a release signed by the resident or the resident's legal representative is obtained before records are released to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law. This STANDARD is not met as evidenced by: KAR 26-39-103(i) The census equalled nine the sample included three Residents. Based on observation, interviews, and reviews of record, for one of three sampled (#187), the Operator failed to develop and implement policy and procedure to ensure Residents afforded the right to privacy and	S 140		

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

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S 140	Continued From page 1	S 140		

confidentiality during medical and nursing treatment, personal care, visits, and meetings of family, related to the use of a visual monitor in Resident's room that provided video transmission of all room activity to the open nurse desk, dining area, and TV/sitting area of facility.

Findings included:

- By observation on 5/23/18 at 2:30pm, in general living room/dining room of facility, a visual monitor positioned on open window ledge of nursing desk room, with live feed video screen facing out into the living room area.

- By interview on 5/23/18 at 2:30pm, registered nurse #C and operator #B stated one end of monitor in here at the nurse desk area, and the other end of monitor is in the Resident room of #187 in his/her living room area... the family requested a camera in the room... confirmed anyone in the living room or dining room would be able to see the video screen with live feed of Resident's room... stated no policy and procedure for this process... confirmed video monitor not included in the Resident's care plan or negotiated service agreement (NSA).

Review of record revealed #187 admitted 01/30/18 with diagnoses of hypertension, Parkinson's, gastroesophageal reflux disease, mild cognitive impairment, arteriosclerotic heart disease, arthropathy, and malignant neoplasm of prostrate.

The current functional capacity screen (FCS) of 01/30/18 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility: supervision with eating, unable to perform medication and treatment

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S 140	Continued From page 2 management; with bladder incontinence; with decision making impairment; with falls/unsteadiness, vision impairment, hearing impairment; used walker and electric wheelchair. The NSA documented facility to provide services to meet the identified needs of #187, but failed to include this visual monitoring device positioned in Resident's room with live feed to the public areas of facility. The Operator failed to develop and implement policy and procedure to ensure #187 afforded the right to privacy and confidentiality during medical and nursing treatment, personal care, visits, and meetings of family, related to the use of a video monitor in a Resident's room that provided visual transmission of all room activity to the open nurse's desk area, living room and dining area of facility.	S 140		
S 225 SS=F	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the	S 225		

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S 225	Continued From page 3 admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(1)(C)(2)(3) The census equalled nine the sample included three Residents. Based on interview and reviews of records, for three of three sampled (#185, #187, and #189), and for all non-sampled Residents, the Operator failed to notify in writing or obtain a written agreement with Resident or	S 225		

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S 225	Continued From page 4 Resident representative detailing rates and charges and payment obligations, on or before their admission to the facility. Findings included: - Review of record revealed #185 admitted 10/05/17 with diagnoses of anxiety, hypertension, chronic obstructive pulmonary disease, gastroesophageal reflux disease, osteoporosis, glaucoma, and depressive disorder. - Review of record revealed #187 admitted 01/30/18 with diagnoses of hypertension, Parkinson's, gastroesophageal reflux disease, mild cognitive impairment, arteriosclerotic heart disease, arthropathy, and malignant neoplasm of prostrate. - Review of record revealed #189 admitted 4/24/18 with diagnoses of hypertension, chronic obstructive pulmonary disease, acute and chronic respiratory failure with hypoxia and hypercapnia. Each medical record lacked an admission agreement. On 5/24/18 at 11:40am operator #B stated we don't have admission agreements... thought we only had to have functional capacity screens and negotiated service agreements. The Operator failed to notify in writing or obtain a written agreement with Resident or Resident representative detailing rates and charges and payment obligations of all Residents, on or before their admission to the facility.	S 225		

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S5020	Continued From page 5	S5020		
S5020 SS=F	26-42-101 (d) Resident Rights (d) Resident rights. Each administrator or operator shall ensure the development and implementation of written policies and procedures that incorporate the principles of individuality, autonomy, dignity, choice, privacy, and a home environment for each resident. The following provisions shall be included in the policies and procedures: (1) The recognition of each resident's rights, responsibilities, needs, and preferences; (2) the freedom of each resident or the resident's legal representative to select or refuse a service and to accept responsibility for the consequences; (3) the development and maintenance of social ties for each resident by providing opportunities for meaningful interaction and involvement within the home and the community; (4) furnishing and decorating each resident's personal space; (5) the recognition of each resident ' s personal space as private and the sharing of a bedroom only when agreed to by the resident; (6) the maintenance of each resident's lifestyle if there are not adverse effects on the rights and safety of other residents; and (7) the resolution of grievances through a specific process that includes a written response to each written grievance within 30 days. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(d) The census equalled nine the sample included three Residents. Based on review of record and interview, for three of three sampled Residents	S5020		

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S5020	Continued From page 6 (#189, #187, and #185) and non-sampled Residents, the Operator failed to ensure the implementation of policies and procedures that ensure the recognition of each Resident's rights. Findings included: - Review of record revealed #185 admitted 10/05/17 with diagnoses of anxiety, hypertension, chronic obstructive pulmonary disease, gastroesophageal reflux disease, osteoporosis, glaucoma, and depressive disorder. - Review of record revealed #187 admitted 01/30/18 with diagnoses of hypertension, Parkinson's, gastroesophageal reflux disease, mild cognitive impairment, arteriosclerotic heart disease, arthropathy, and malignant neoplasm of prostrate. - Review of record revealed #189 admitted 4/24/18 with diagnoses of hypertension, chronic obstructive pulmonary disease, acute and chronic respiratory failure with hypoxia and hypercapnia. Each medical record lacked an admission agreement. On 5/24/18 at 11:40am operator #B confirmed no admission agreements completed by facility upon admission. On 5/24/18 at 3:33pm operator #B stated I did not provide or review Resident rights at time of admission... I do have a little pamphlet for Rights... but since they all came over from Independent Living didn't do Rights with them since they would have had over there at some point... The Operator failed to ensure the implementation	S5020		

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S5020	Continued From page 7 of policies and procedures that ensure the recognition of each Resident's rights.	S5020		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1) The census equalled nine the sample included three Residents. Based on observations, interviews, and reviews of records, for three of three sampled (#189, #187, and #185), the Operator failed to ensure the Negotiated Service Agreement (NSA) contained a description of the services the Resident to receive, identification of the provider of each service, and the payment source if service by and outside provider. Findings included:	S5105		

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S5105	Continued From page 8 - Review of record revealed #189 admitted 4/24/18 with diagnoses of hypertension, chronic obstructive pulmonary disease, acute and chronic respiratory failure with hypoxia and hypercapnia. The current functional capacity screen (FCS) of 4/24/18 assessed #189 in need of physical assistance with bathing, dressing, toileting, medication and treatment management; in need of supervision with transfers and mobility; with bladder incontinence; used a four wheel walker for ambulation. Although the current negotiated service agreement (NSA) of 4/24/18 documented #189 to receive services to meet identified needs, the NSA lacked a service for treatment management. NSA included Oxygen services, and named the outside provider. NSA lacked the payment source for the Oxygen. On 5/24/18 at 2:20pm registered nurse #C confirmed the NSA lacked treatment management and the payment source for Oxygen. The Operator failed to ensure the NSA contained a description of the services #189 to receive, in regard to payment source for an outside provider, and treatment management. - Review of record revealed #187 admitted 01/30/18 with diagnoses of hypertension, Parkinson's, gastroesophageal reflux disease, mild cognitive impairment, arteriosclerotic heart disease, arthropathy, and malignant neoplasm of prostrate.	S5105		

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S5105	Continued From page 9 The current FCS of 01/30/18 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; unable to perform medication and treatment management; with bladder incontinence, falls/unsteadiness, vision and hearing impairment, used a walker and electric wheel chair. The current negotiated service agreement (NSA) of 01/30/18 documented #187 to receive services to meet identified needs. The NSA lacked a service for treatment management. By observation on 5/23/18 at 2:30pm, a video monitor in the general living room/dining room area of facility displayed a live video feed from #187's room. The NSA lacked the purpose of, use of, and monitoring of this video feed. The NSA included "therapy", and named the outside provider. The NSA lacked the designation of what type of therapy provided, and lacked a payment source for the therapy service. On 5/24/18 at 3:30pm registered nurse #C confirmed services for treatment management, the video monitor, and payment source for the therapy services not on the NSA. The Operator failed to ensure the NSA contained a description of the services #187 to receive, in regard to treatment management, video monitoring of Resident room, type of therapy received, and payment source of outside provider. - Review of record revealed #185 admitted 10/05/17 with diagnoses of anxiety, hypertension, chronic obstructive pulmonary disease, gastroesophageal reflux disease, osteoporosis,	S5105		

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S5105	Continued From page 10 glaucoma, and depressive disorder. The functional capacity screen (FCS) of 10/05/17 assessed #185 in need of physical assistance with bathing; in need of supervision with toileting; with bladder incontinence, with short term memory, memory recall, and decision making impairments; with falls/unsteadiness, impaired vision, impaired decision making, used walker. A newer FCS of 01/29/18 assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; in need of supervision with eating; unable to perform medication and treatment management; with short term memory, memory recall, and decision making impairments; with falls/unsteadiness, impaired vision, impaired hearing, used walker and wheelchair. The current negotiated service agreement (NSA) of 10/05/17 lacked services to address dressing, transfers, mobility, and treatments. On 5/24/18 at 11:51am registered nurse #C confirmed the NSA lacked needed services identified in the 01/29/18 FCS... #C stated #185 did require more assistance with needs but we did not complete a new NSA. The Operator failed to ensure the NSA contained a description of the services #185 to receive, in regard to treatment management, video monitoring of Resident room, type of therapy received, and payment source of outside provider.	S5105		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure	S5116		

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S5116	Continued From page 11 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 census equalled nine the sample included three Residents. Based on review of record and interview, for one of three sampled (#185), the Operator failed to ensure the review and if necessary revision of each negotiated service agreement (NSA) following a significant change. Findings included: - Review of record revealed #185 admitted 10/05/17 with diagnoses of anxiety, hypertension, chronic obstructive pulmonary disease, gastroesophageal reflux disease, osteoporosis, glaucoma, and depressive disorder. The functional capacity screen (FCS) of 10/05/17 assessed #185 in need of physical assistance with bathing; in need of supervision with toileting; with bladder incontinence, with short term memory, memory recall, and decision making	S5116		

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S5116	Continued From page 12 impairments; with falls/unsteadiness, impaired vision, impaired decision making, used walker. A newer FCS of 01/29/18 assessed #185 in need of the above services and additionally: physical assistance with dressing, toileting, transfers, mobility, medication and treatment management, impaired hearing, walker and wheelchair use. The medical record contained one negotiated service agreement (NSA) of 10/05/17. This NSA lacked services to address dressing, toileting, transfers, mobility, medication management and treatments. On 5/24/18 at 11:51am registered nurse #F confirmed #185 experienced a significant change in January 2018... stated a new functional capacity screen was completed but the NSA was not revised to show the changes... stated the NSA was accurate in October when admitted, but no addendum completed to update the NSA to match the changes of the FCS... the NSA lacked needed services identified in the 01/29/18 FCS... On 5/24/18 at 11:51am registered nurse #C stated #185 did require more assistance with needs but we did not complete a new NSA... On 5/24/18 at 11:51am operator #B stated we do have an addendum form, but we did not complete an NSA or an addendum when #185 changed. The Operator failed to ensure the review and if necessary revision of #185's NSA as required.	S5116		
S5117 SS=D	26-42-202 (e) NSA Nurse Participation (e) A licensed nurse shall participate in the development, review, and revision of the negotiated service agreement if the resident's	S5117		

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S5117	Continued From page 13 functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(e) The census equalled nine the sample included three Residents. Based on review of record and interview, for one of three sampled (#185) the Operator failed to ensure licensed nurse participation in the development of the negotiated service agreement (NSA) if the Resident's functional capacity screen indicated the need for health care services. Findings included: - Review of record revealed #185 admitted 10/05/17 with diagnoses of anxiety, hypertension, chronic obstructive pulmonary disease, gastroesophageal reflux disease, osteoporosis, glaucoma, and depressive disorder. The functional capacity screen (FCS) of 10/05/17 assessed #185 in need of physical assistance with bathing; in need of supervision with toileting; with bladder incontinence, with short term memory, memory recall, and decision making impairments; with falls/unsteadiness, impaired vision, impaired decision making, used walker. A newer FCS of 01/29/18 assessed #185 in need of all the above services and additionally needed services of physical assistance with dressing, toileting, transfers, mobility, medication and treatment management.	S5117		

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S5117	Continued From page 14 The medical record contained one negotiated service agreement (NSA) of 10/05/17. This NSA lacked any signatures. On 5/24/18 at 11:45am, operator #B stated I have been doing the NSA's... operator class instructed ok for me to complete the NSA... confirmed no signatures on the NSA... confirmed #185 required health services... stated I do the NSA the nurse does the FCS and the care plan... Operator #B returned to office and retrieved NSA from his/her email. By review this copy of the 10/07/17 NSA included signature of Resident's family member/durable power of attorney. Operator #B presented NSA... operator #B stated I start the NSA questions... nurse and I are in the same room... the nurse is working on the FCS while I am working on the NSA... stated signatures of operator #B and registered nurse #C added to this printed email copy today... The Operator failed to ensure licensed nurse participation in the development of #185's NSA when the Resident's functional capacity screen indicated the need for health care services.	S5117		
S5185 SS=E	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	S5185		

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S5185	Continued From page 15 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 census equalled nine the sample included three Residents. All Residents received meal service. Based on interview and record review, for two of two sampled with a therapeutic diet order (#185 and #187) the Operator failed to ensure the diet prepared according to written instructions from a medical care provider or licensed dietician in accordance with the NSA. Findings included: - Review of record revealed #187 admitted 01/30/18 with diagnoses of hypertension, Parkinson's, gastroesophageal reflux disease, mild cognitive impairment, arteriosclerotic heart disease, arthropathy, and malignant neoplasm of prostrate. The current FCS of 01/30/18 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; in need of supervision with eating; unable to perform medication and treatment management. The current NSA of 01/30/18 documented #187 to receive personal services to meet the identified needs.	S5185		

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S5185	Continued From page 16 The NSA documented #187 to have a Mechanical Soft diet. The medical record lacked a physician's order for a Mechanical Soft diet. On 5/24/18 at 3:20pm registered nurse #C and operator #B stated there may not be an order for mechanical soft... #187 had experienced difficulty with swallowing at a previous facility... perhaps the family requested the special diet on NSA... confirmed no written directions by physician or dietitian for preparation of a Mechanical Soft diet... The Operator failed to ensure #187's medical record included an order for Mechanical Soft diet, and failed to ensure #187's diet prepared according to written instructions from a medical care provider or licensed dietitian. - Review of record revealed #185 admitted 10/05/17 with diagnoses of anxiety, hypertension, chronic obstructive pulmonary disease, gastroesophageal reflux disease, osteoporosis, glaucoma, and depressive disorder. The current FCS of 01/29/18 assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; in need of supervision with eating; unable to perform medication and treatment management. The current NSA of 10/05/17 documented #185 to receive personal services to meet the identified needs. The NSA documented #187 to have a Mechanical Soft diet. The medical record included a 11/29/17 physician's order for "Soft Food" diet.	S5185		

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S5185	Continued From page 17 On 5/24/18 at 12:34pm registered nurse #C and operator #B stated the order is in the chart but not aware of directions for preparation signed by physician or dietitian. The Operator failed to ensure #185's therapeutic diet prepared according to written directions by a physician or a dietitian, and in accordance with the NSA.	S5185		
S5210 SS=F	26-42-104 (b) Written Emergency Plan b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(b) The census equalled nine the sample included three Residents. Based on reviews of records and interview, for all Residents and all employees, the Operator failed to ensure the development of a detailed written emergency management plan that included flood, explosion,	S5210		

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S5210	Continued From page 18 and natural gas leak. Findings included: - By observation on 5/24/18 at 4:45pm, contents of the facility emergency manual lacked written plans for flood, explosion, and natural gas leak. By interview on 5/24//18 at 4:45pm, operator #B confirmed the emergency manual lacked required topics. For all Residents and employees, the Operator failed to ensure the development of a detailed written emergency management plan that included flood, explosion, and natural gas leak.	S5210		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced	S5215		

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S5215	Continued From page 19 by: KAR 26-42-104(d) The census equalled nine the sample included three Residents. Based on reviews of records and interviews, for all Residents and all employees, the Operator failed to ensure a quarterly review of the home's emergency management plan with Residents and staff. Findings included: - On 5/24/18 at 4:45pm operator #B stated we have not completed any quarterly reviews of the emergency book with Residents and staff... our maintenance staff coordinates tornado and fire drills... was not aware of the need to do quarterly reviews of the whole plan... For the preparation of all Residents and staff, the Operator failed to ensure quarterly review of the entire emergency management plan with employees and residents.	S5215		
S5300 SS=F	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	S5300		

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S5300	Continued From page 20 which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The census equalled nine the sample included three Residents. The Resident roster identified one Resident who self administered medications. Based on interviews and reviews of records for three of three sampled (#185, #187, and #189), the Operator failed to ensure all medications and biologicals administered in accordance with a medical care provider's written order and professional standards of practice. Findings include: - Review of record revealed #189 admitted 4/24/18 with diagnoses of hypertension, chronic obstructive pulmonary disease, acute and chronic respiratory failure with hypoxia and hypercapnia. The current functional capacity screen (FCS) of 4/24/18 assessed #189 in need of physical assistance with medication and treatment management. The current negotiated service agreement (NSA) of 4/24/18 documented #189 to receive medication management by facility staff, treatment management not included on the NSA. Current May 2018 MAR (medication administration record) documented staff administration of medications.	S5300		

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S5300	Continued From page 21 Medical record contained 4/23/18 fax to physician with facility note requesting orders to admit #189 to facility, current medication list, history and physical, immunizations, and labs. This form returned with signature, hand written note "OK to admit", and attached copy of 6/06/17 Home Health Certification Plan of Care, signed by a physician 4/23/18. The following four medications on signed admit order, yet not administered since admission, no orders to discontinue. Miconazole (antifungal) 2% twice per day external Prednisone (corticosteroid for inflammation) 10mg taper down dose daily oral Alendronate (osteoporosis) 70mg tablet weekly on Friday Duoneb (bronchodilator for breathing) 0.5-2.5 mg/ml (milligrams per milliliter) four times per day inhalation Admission Orders documented: Calcium +D3 1200-1000mg unit two tabs daily Physician appointment directions from pharmacist recorded Calcium + Vitamin to one cap by mouth AM and PM MAR recorded Calcium 1200+D3 600-40-500 mg-mg-unit two capsules in the evening Admission Orders documented: Colace (stool softener) 100mg twice per day MAR recorded Colace 100mg give 2 capsules in the morning Admission Orders documented: Symbicort (asthma) 160-4.5 mcg/actuation (micrograms per actuation) twice per day inhalation MAR recorded Symbicort 160-4.5 mcg/actuation two puffs inhale orally two times a day	S5300		

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S5300	Continued From page 22 The record lacked evidence of licensed nurse attempt to obtain clarification of these orders. MAR recorded administration of Otezla (psoriasis) 30mg in the evening This medication not on admission orders; located on fax time change instruction sheet, signed by pharmacist 5/04/18 Written physician's order for this medication not located. MAR recorded order for Tylenol 8 hour Arthritis Pain Tablet 650mg - give two tablet by mouth every six hours as needed for pain Four doses (5200mg) of this medication exceeded the manufacturer's recommended maximum (3000mg) for 24 hours. The record lacked evidence of licensed nurse attempt to obtain clarification of this order for placement on MAR. MAR recorded order for "Barrier cream" to peri area with toileting every shift for moisture associated skin damage. The record lacked a physician's order for this biological, and lacked clarification attempt by licensed nurse for placement on MAR. MAR recorded administration of Albuterol nebulizer every six hours as needed for shortness of breath. The record lacked a physician's order for this medication, and lacked clarification attempt by licensed nurse for placement on MAR. On 5/24/18 at 2:00pm and 2:09pm registered nurse #C stated it was a hot mess... #189 arrived with bag of meds... we used bag of meds, home health orders signed by physician at time of	S5300		

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S5300	Continued From page 23 admit, a pharmacy listing of recently filled medications, and a 5/04/18 medication instruction sheet, signed by a pharmacist... put the orders on MAR as "pending"... didn't administer any on first day but after that put on MAR best we could until #189 saw physician on 5/04/18... confirmed no clarification of orders for preparation of and placement on May MAR... The Operator failed to ensure all medications and biologicals administered to #189 in accordance with written medical care provider orders, in accordance with manufacturers recommendations, and in accordance with professional standards of practice. - Review of record revealed #187 admitted 01/30/18 with diagnoses of hypertension, Parkinson's, gastroesophageal reflux disease, mild cognitive impairment, arteriosclerotic heart disease, arthropathy, and malignant neoplasm of prostrate. The current FCS of 01/30/18 assessed #187 unable to perform medication and treatment management. The current NSA of 01/30/18 documented #187 to receive medication management by facility staff, treatment management not included on the NSA. The current May 2018 MAR (medication administration record) documented staff administration of physician ordered medications. MAR contained order Flonase 50 mcg/act (micrograms per actuation) one spray in both nostrils in the morning for allergies. Written order for this medication directed one to two sprays in each nostril once daily as needed Medical record lacked clarification attempt by	S5300		

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S5300	Continued From page 24 licensed nurse for placement on MAR. MAR contained order Tylenol (analgesic) 325mg tablet give 650mg by mouth one time a day for chronic knee pain Written order for this medication directed Tylenol 325mg two tabs every four hours prn (as needed) for pain/fever MAR contained order Xanax (anti-anxiety) 0.25mg by mouth every 12 hours as needed for anxiety/agitation. Written order to discontinue this medication dated 4/03/18, order not discontinued from MAR until 5/10/18. MAR contained order for "butt butter" to red areas in peri area every shift for redness. Medical record lacked a written order for this biological. On 5/24/18 at 4:09pm registered nurse #C confirmed MAR did not match written orders... stated family accompanied #187 to physician appointment... provided 4/03/18 written order to discontinue Xanax to facility on 5/10/18... confirmed Xanax order included order to discontinue Klonopin, but that mediation discontinued on 3/05/18 and not sure why physician ordered again on 4/03/18 to discontinue... The Operator failed to ensure all medications and biologicals administered to #187 in accordance with written medical care provider orders and in accordance with professional standards of practice. - Review of record revealed #185 admitted	S5300		

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S5300	Continued From page 25 10/05/17 with diagnoses of anxiety, hypertension, chronic obstructive pulmonary disease, gastroesophageal reflux disease, osteoporosis, glaucoma, and depressive disorder. The current FCS of 01/29/18 assessed #185 unable to perform medication and treatment management. The current NSA of 10/05/17 documented #185 to receive medication management by facility staff, treatment management not included on the NSA. MAR contained Voltaren (anti-inflammatory) gel 1% apply two gram transdermally every six hours as needed for shoulder/back pain apply four grams using dosing card to affected area every six hours as needed. Medical record lacked clarification of order directions by licensed nurse for placement on MAR. (Pharmacist review of 10/2017 also suggested clarification of dosages, frequency, and placement of medication). Signed physician's orders of 11/29/17 included: Combigan (glaucoma) 0.2-0.5% opthalmic drops one drop both eyes every 12 hours Travatan Z (glaucoma) 0.004% one drop in affected eye daily in evening These medications not on the MAR and record lacked an order to discontinue these eye drops. Medical record lacked licensed nurse attempt to clarify absence from MAR with physician. On 5/24/18 at 1:15pm registered nurse #C confirmed not able to find a discontinue order for Combigan and Travatan... stated maybe #185 had a hospital return and these got left off the orders and nobody clarified from one month to the next...	S5300		

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S5300	Continued From page 26 The Operator failed to ensure all medications and biologicals administered to #185 in accordance with written medical care provider orders and in accordance with professional standards of practice.	S5300		
S5301 SS=F	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)(3)(D) The census equalled nine the sample included three Residents. The facility identified all Residents with medication management. Based on interview and reviews of records, for three of three sampled (#189, #187, and #185) and all	S5301		

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non-sampled with medication management, the licensed nurses and medication aides failed to document the actual clock time the medications administered when the MAR (medication administration record) identified only time intervals or events.

Findings included:

- Review of record revealed #189 admitted 4/24/18 with diagnoses of hypertension, chronic obstructive pulmonary disease, acute and chronic respiratory failure with hypoxia and hypercapnia.

The current functional capacity screen (FCS) of 4/24/18 assessed #189 in need of physical assistance with medication and treatment management.
The current negotiated service agreement (NSA) of 4/24/18 documented #189 to receive medication management by facility staff, treatment management not included on the NSA.

- Review of record revealed #187 admitted 01/30/18 with diagnoses of hypertension, Parkinson's, gastroesophageal reflux disease, mild cognitive impairment, arteriosclerotic heart disease, arthropathy, and malignant neoplasm of prostrate.

The current FCS of 01/30/18 assessed #187 unable to perform medication and treatment management.
The current NSA of 01/30/18 documented #187 to receive medication management by facility staff, treatment management not included on the NSA.

- Review of record revealed #185 admitted 10/05/17 with diagnoses of anxiety, hypertension,

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chronic obstructive pulmonary disease, gastroesophageal reflux disease, osteoporosis, glaucoma, and depressive disorder.

The current FCS of 01/29/18 assessed #185 unable to perform medication and treatment management.
The current NSA of 10/05/17 documented #185 to receive medication management by facility staff, treatment management not included on the NSA.

The May 2018 MAR's for each Resident documented "AM" (before midday), "PM" (after midday), "HS" (bedtime), "Evening", and "Noon", as the administration events for all ordered medications.
The MAR's lacked specific designated administration times.
The MAR lacked documentation of the clock time the medications administered to the Residents by staff.

On 5/23/18 at 3:34pm, registered nurse #C confirmed the MAR's lacked specific administration times... stated the certified medication aide or the person administering medications can access the time of the last dose if needed... but the MAR does not automatically display the time meds given... on 5/24/18 #C confirmed he/she called computer technician and as of today still not able to display time of medication administration.

The Operator failed to ensure licensed nurses and medication aides documented the actual clock time of medications administered to #189, #187, #185, and all non-sampled Residents, when the MAR identified only time intervals or events.

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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
S5313 SS=F	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 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 26-42-205(g)(3) The census equalled nine the sample included three Residents. Eight Residents identified as receiving medication management. Based on observation and interview, the Operator failed to ensure a Licensed Pharmacist or Licensed Nurse placed the full name of the Resident on each over the counter (OTC) package of medication. Findings included: - Observation of medication cart on 5/23/18 at 4:00pm revealed a variety of OTC medications and biologicals that lacked the first and last name of a Resident. Registered nurse #C and certified medication aide #E stated we have a few stock medications in case people run out... "Stock" medications with no name on containers	S5313		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B085009	A. BUILDING: _____ B. WING _____	05/31/2018

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S5313	Continued From page 30 included: Large bottle of blue Tylenol PM capsules 500mg (milligrams) Bottle Tussin DM (cough/expectorant) liquid Bottle Tussin DM liquid Kroger brand Diphenhydramine (allergy/sleep) 25mg tablets Aspirin (anti inflammatory) 81mg tablets Acetaminophen (analgesic) 500mg tablets Ibuprofen (analgesic) tablets 200mg Sennosides natural laxative tablets Anti diarrheal tablets Tylenol 325mg tablets Milk of Magnesia (laxative) Immodium AD (anti diarrheal) capsules Bottle of Tussin DM liquid (cough) The following containers lacked the first and last name of the Resident they belonged to: #184 - bottle of Tylenol (analgesic) tablets, One a Day vitamin tablets, #180 - bottle of Fish oil (supplement) capsules, bottle of adult multi-vitamins, bottle of Preservision (eye supplement) vitamins, bottle of Folic acid (supplement) #187 - Calcium (supplement) 500mg (milligrams) with vitamin D3 #182 - Fero Sol (iron supplement) 325mg, Allergy relief (fexofenadine tablets), Aspirin 81mg #190 - Acetaminophen 500mg, Miralax (laxative), Tylenol arthritis strength, citracal (calcium supplement), melatonin (sleep #188 - Caltrate (calcium supplement) 600 +D3 On 5/23/18 at 4:00pm registered nurse #C and certified medication aide #E stated we were not aware of the need to have the Resident's first and last name on the packages brought in by family and other over the counter medications... stated we were not aware "stock" medications (single package used for multiple Residents'	S5313		

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	B085009	A. BUILDING: _____ B. WING _____	05/31/2018

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S5313	Continued From page 31 administration) not to be used for multiple unidentified Residents. For all Residents with medication management, the Operator failed to ensure that a Licensed Pharmacist or Licensed Nurse labeled the OTC medications and biologicals with Resident's first and last name.	S5313		
S5327 SS=D	26-42-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l)(2) The census equalled nine the sample included three Residents. The Resident Roster identified one Resident who self administered medications. Based on interview and review of record for one of three sampled with facility managed medications (#185), the licensed nurse failed to	S5327		

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	B085009	A. BUILDING: _____ B. WING _____	05/31/2018

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S5327	Continued From page 32	S5327		

seek a response from the medical care provider within five working days of the medical care provider's notification of a variance.

Findings included:

- Review of record revealed #185 admitted 10/05/17 with diagnoses of anxiety, hypertension, chronic obstructive pulmonary disease, gastroesophageal reflux disease, osteoporosis, glaucoma, and depressive disorder.

The current FCS of 01/29/18 assessed #185 unable to perform medication and treatment management.
The current NSA of 10/05/17 documented #185 to receive medication management by facility staff, treatment management not included on the NSA.

The medical record contained a drug regimen review page with reviews documented on the following dates: 01/18/18 and 10/12/17.

10/24/17 - pharmacist note recommended dosing guidance in regard to Voltaren gel be added to include the maximum daily amount and the area to be applied to on the order.

The variance report not located in the medial record. Operator #B provided a notebook from office with pharmacy review information. This notebook contained a variance report dated 10/24/17. This variance report lacked evidence the recommendation sent to the physician, with physician section still blank.

On 5/24/18 at 11:51am registered nurse #C, registered nurse #F, and operator #B confirmed the variance report lacked evidence of physician

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S5327	Continued From page 33 notification or action... confirmed the Voltaren order on the MAR remained without suggested corrections added. The licensed nurse failed to seek a response from the medical care provider for #185, within five working days of the medical care provider's notification of a variance.	S5327		