STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B059012	A. BUILDING: _____ B. WING _____	04/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HAVEN HOME PLUS	1345 CHEROKEE ROAD INMAN, KS 67546

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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 Inman, Kansas on 4/10/18, 4/11/18, 4/12/18, 4/16/18, and 4/17/18.	S 000		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a)(b) The census equalled 10 the sample included three Residents. Based on reviews of records and interviews, for one of three sampled Residents admitted since the last resurvey, the Operator failed to ensure a functional capacity screen (FCS) conducted on or before a Resident's admission to the facility.	S5080		

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

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S5080	Continued From page 1 Findings included: - Record review revealed #189 admitted to facility 02/27/18 with diagnoses of alcoholic hepatitis, chronic obstructive pulmonary disease, anxiety, hallucinations, alcohol abuse, and heart failure. The 02/27/18 negotiated service agreement documented #189 to receive health care services of medication and treatment management, and home health Physical Therapy services. The medical record lacked an admission FCS. On 4/10/18 at 5:00pm, Operator #G and facility nurse #F confirmed unable to find an FCS for #189... stated we have looked through all Resident charts and the "items to be filed"... sure it was done but since unable to find it will complete one now. The Operator failed to ensure an FCS conducted on or before #189's admission to the facility.	S5080		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information:	S5105		

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S5105	Continued From page 2 (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 10 the sample included three Residents. Based on observations, interviews, and reviews of records, for two of three sampled (#189 and #187), 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: - Record review revealed #189 admitted to facility 02/27/18 with diagnoses of alcoholic hepatitis, chronic obstructive pulmonary disease, anxiety, hallucinations, alcohol abuse, and heart failure. The record lacked an admission functional capacity screen (FCS). A new FCS completed 4/11/18 assessed #189 unable to perform medication and treatment management; with falls/unsteadiness, used a walker and a cane. The current 02/27/18 negotiated service agreement (NSA) and health service plan (HSP) documented "low salt" diet, bathing assistance	S5105		

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S5105	Continued From page 3 three times weekly, assist with dressing, toileting, mobility, transfers; all medications managed by certified medication aide and facility nurse; home health for nurse assessment. The medical record lacked a physician's order for a "low salt" diet. The outside provider service by home health lacked a payment source. The NSA and HSP lacked a fall prevention plan, although #189 identified with history of significant falls. On 4/11/18 at 3:50pm Operator #G confirmed the NSA lacked a payment source for the home health... confirmed no physician's order for a low salt diet, and confirmed #189 with a history of falls but no fall plan recorded on the NSA and HSP. The Operator failed to ensure the NSA contained a description of the services #189 to receive, in regard to physician ordered diet, payment source for an outside provider, and a fall prevention plan to address significant fall history. - Review of record revealed #187 admitted 4/16/17 with diagnoses of dementia, anxiety, and hypertension. The current functional capacity screen (FCS) of 6/09/17 recorded #187 in need of physical assistance with bathing and dressing; in need of supervision with toileting and eating; independent with transfers, mobility; unable to perform medication and treatment management; usually understandable and usually understood for communication; with short term memory, memory recall, and decision making impairments; with falls/unsteadiness.	S5105		

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S5105	Continued From page 4 The current 6/09/17 negotiated service agreement (NSA) and health service plan (HSP) documented: Three meals daily, staff will offer and provide Ensure three times a day..., Medication and treatment management provided by facility staff, Dressing assistance, personal hygiene, and cognitive support by facility staff, and Home health to provide on call nursing, physical therapy and skilled services if physician ordered. In further review: The medical record contained a physician's order for Ensure twice daily instead of three times daily (located an order change in December 2017); The NSA lacked bathing assistance by facility staff; The NSA lacked a fall prevention plan; and, The outside provider service by home health lacked a payment source. On 4/11/18 at 3:20pm Operator #G confirmed the order change for Ensure not reflected on the NSA, and confirmed bathing, fall prevention, and a payment source for home health not recorded on the NSA. The Operator failed to ensure the NSA contained a description of the services #187 to receive, in regard to dietary supplement, bathing assistance, fall prevention, and payment source of outside provider.	S5105		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides	S5155		

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S5155	Continued From page 5 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 census equalled ten the sample included three Residents. Based on interview and review of record, for one of three sampled (#187), the Operator failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services related to bed rail use and safety. Findings included: - Review of record revealed #187 admitted 4/16/17 with diagnoses of dementia, anxiety, and hypertension. The current functional capacity screen (FCS) of 6/09/17 recorded #187 in need of physical assistance with bathing and dressing; in need of supervision with toileting and eating; independent with transfers, mobility; unable to perform medication and treatment management; usually understandable and usually understood for communication; with short term memory, memory recall, and decision making impairments; with falls/unsteadiness. The 6/09/17 NSA and HSP (health service plan)	S5155		

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S5155	Continued From page 6	S5155		

recorded services to be provided to meet the Resident's needs, but lacked documentation of interventions to address potential for falls/unsteadiness.

Review of incidents experienced by #189 revealed #189 slid from chair on 3/26/18 at 1730. The Nurse Call Out Assessment recorded Resident on floor and assisted by two staff to get up after nurse assessment for injury (no injuries noted).

By review of the medical record progress notes, this incident not documented in the medical record.

On 4/11/18 at 3:20pm Operator #G confirmed this incident not recorded in the medical record to include date, time, actions taken and results of actions.

Review of progress notes of record revealed additional falls 02/21/18 and 01/31/18.
Nurse Assessment Form of 01/31/18 recorded "Resident was found on floor... had got self out of bed and fell on side... no apparent injury... Resident commented "it just happened"... instructions to staff recorded as "staff is going to bring him/her out of room during afternoon."

Nurse Assessment Form of 02/20/18 recorded "Resident sitting in laundry basket... no injury noted... assisted to standing position and assisted to bathroom... Resident commented "I have to pee"... instructions to staff recorded as "Monitor patient."

Observation on 4/11/18 at 10:00am, in Resident's room, pressure pad alarm on un-made bed... #187 observed in dining room of facility at table.

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S5155	Continued From page 7 NSA and HSP lacked documentation of a pressure pad alarm used for #187. By interview on 4/11/18 #187 not able to specify how long he/she had lived in the facility, how he/she usually spent time during the day, and whether or not facility staff assisted him/her when walking. By interview on 4/11/18 at 2:50pm, certified staff #J stated #187 has dementia, lot of behaviors... we have to walk with him/her when using walker for safety... difficult for #187 to follow directions such as getting on and off toilet... does try to get up unassisted... we use an alarm on his/her bed mainly... when #187 out in the main area with us we usually just watch without the alarm because gets more restless and frustrated when the alarm does go off... we do pretty much everything for him/her... On 4/11/18 at 3:20pm, Operator #G confirmed #187 required staff assistance with transfers, mobility, and toileting... confirmed the NSA and HSP lacked any interventions for fall prevention including nurse assessment instructions to staff and any reference to pressure pad alarm including how or when it would be used... Operator #G stated staff discussed the use of alarm with the family member but failed to include that intervention or any fall interventions in the NSA and HSP. The Operator failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services for #187 related to the need for interventions to address falls and unsteadiness, and the use of a pressure pad alarm to alert staff when #187 attempting transfers and mobility unassisted.	S5155		

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S5251 SS=D	26-42-105 (f) (11) Resident Records 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 26-42-105(f)(11) The census equalled ten the sample included three Residents. Based on interview and review of record, for one of three sampled (#187), the Operator failed to ensure the 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 #187 admitted 4/16/17 with diagnoses of dementia, anxiety, and hypertension. The current functional capacity screen (FCS) of 6/09/17 recorded #187 in need of physical assistance with bathing and dressing; in need of supervision with toileting and eating; independent with transfers, mobility; unable to perform medication and treatment management; usually understandable and usually understood for communication; with short term memory, memory recall, and decision making impairments; with falls/unsteadiness.	S5251		

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S5251	Continued From page 9 The 6/09/17 NSA and HSP (health service plan) recorded services to be provided to meet the Resident's needs. Review of incidents experienced by #189 revealed #189 slid from chair on 3/26/18 at 1730. The Nurse Call Out Assessment recorded Resident on floor and assisted by two staff to get up after nurse assessment for injury (no injuries noted). By review of the medical record progress notes, this incident not documented in the medical record. On 4/11/18 at 3:20pm Operator #G confirmed this incident not recorded in the medical record to include date, time, actions taken and results of actions. The Operator failed to ensure for #187 the documentation of all incidents, symptoms, the date, time of occurrence, action taken, and results of the action.	S5251		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the	S5265		

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S5265	Continued From page 10 resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(a) The census equalled ten the sample included three Residents. The Resident roster identified all Residents as receiving medication management. Based on record reviews and interviews, for one of three sampled (#189), the Operator failed to ensure a licensed nurse performed an assessment to determine the Resident could safely and accurately administer a medication without staff assistance. Findings included: - Record review revealed #189 admitted to facility 02/27/18 with diagnoses of alcoholic hepatitis, chronic obstructive pulmonary disease, anxiety, hallucinations, alcohol abuse, and heart failure. The record lacked an admission functional capacity screen (FCS). A new FCS completed 4/11/18 assessed #189 unable to perform medication and treatment management. The current 02/27/18 negotiated service agreement (NSA) and health service plan (HSP)	S5265		

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S5265	Continued From page 11 documented all medications managed by certified medication aide and facility nurse. The current April 2018 MAR (medication administration record) documented staff administration of physician ordered medications. By observation on 4/11/18 in #189's room, a nebulizer breathing treatment unit on small table next to recliner in living room. By interview, #189 confirmed that is my nebulizer machine... I do my own breathing treatments... staff gives me my other meds. By interview on 4/11/18 at 3:45pm Operator #G stated #189 is very cognitive... no doubt able to do the process but we don't have an assessment... staff does all his/her medications, brings the nebulizer medication to #189 and dumps it in the machine and then #189 does it from there... Operator #G confirmed this process not recorded on the NSA. The Operator failed to ensure a licensed nurse performed an assessment of #189's ability to safely and accurately self administer medication.	S5265		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator	S5300		

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S5300	Continued From page 12 shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The census equalled 10 the sample included three Residents. The Resident roster identified all Residents as receiving medication management. 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: - Record review revealed #189 admitted to facility 02/27/18 with diagnoses of alcoholic hepatitis, chronic obstructive pulmonary disease, anxiety, hallucinations, alcohol abuse, and heart failure. The record lacked an admission functional capacity screen (FCS). A new FCS completed 4/11/18 assessed #189 unable to perform medication and treatment management. The current 02/27/18 negotiated service agreement (NSA) and health service plan (HSP) and a new one developed 4/11/18 documented all	S5300		

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S5300	Continued From page 13 medications managed by certified medication aide and facility nurse. The current April 2018 MAR (medication administration record) documented staff administration of physician ordered medications. The medical record lacked signed physician's orders for medications at the time of admission on 02/27/18. On 4/11/18 at 3:45pm Operator #G confirmed no signed orders in record for time of admission... he/she located a fax to physician dated 02/27/18 that requested written medication orders from the physician for #189's admission to facility on 02/27/18. Operator #G contacted physician's office to inquire if signed orders remained at the physician's office. Operator #G received fax from physician's office. By review this fax was the 02/27/18 request by facility nurse, signed by the physician on 3/05/18. The facility medical record lacked documentation of any attempts to confirm orders available or signed by physician after 02/27/18, although staff administered medications daily beginning 02/27/18. Administration of medications in the absence of signed medical care provider orders not according to professional standards of practice. On 4/11/18 at 4:30pm, facility nurse confirmed the signed copy of orders not sent back to facility... stated we administered medications according to home health records for #189 provided before recent hospitalization and admission to facility. The Operator failed to ensure all medications and biologicals administered to #189 in accordance with written medical care provider orders and in accordance with professional standards of	S5300		

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S5300	Continued From page 14 practice. - Record review revealed #185 admitted to facility 11/27/17 with diagnoses of hypertension, anxiety, heart failure, back pain, Alzheimer's, gastroesophageal reflux disease, muscle weakness, and dementia. The current functional capacity screen (FCS) of 11/27/17 assessed #185 unable to perform medication and treatment management. The current 11/27/18 negotiated service agreement (NSA) and health service plan (HSP) documented all medications managed by certified medication aide and facility nurse. The current April 2018 MAR (medication administration record) documented staff administration of physician ordered medications. By review, although the NSA/HSP recorded facility management of medications. the medical record lacked a MAR for the month of November 2017. In closer review with Operator #G, the record contained a MAR from Resident's previous facility. Initials added to this MAR from another facility were suspected to be initials of staff in this facility. The MAR and the medical record lacked a means of identification of the initials on the November 2017 MAR for 11/27/17, 11/28/17, 11/29/17, and 11/30/17. The practice of using another facility's MAR, and the failure to identify initials of those administering medications not in accordance with professional standards of practice. On 4/11/18 at 12:00pm Operator #G and facility nurse #F confirmed no facility MAR available for	S5300		

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S5300	Continued From page 15 admission time period 11/27/17 to 11/30/17... confirmed no identification of administrators' initials available. 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. - By review, the medication orders documented on the April 2018 MARs (medication administration record) lacked various components for medication orders according to professional standards of practice: #185 Centrum Silver (multivitamin) daily - lacked form (tablet), number (one), and route (PO or by mouth) Aspirin (cardiac protection) enteric coated 81mg (milligrams) daily - lacked form, number, and route Levothyroxine (replacement therapy) 75mcg (micrograms) daily - lacked form, number, route Metoprolol (blood pressure) 25mg one tab BID (twice daily) - lacked route Cymbalta (anti depressant) 30mg daily - lacked form, number, route #187 Levothyroxine 50mcg one tab daily Monday-Thursday; 2 tabs Friday, Saturday, Sunday - lacked route Irbesartan (blood pressure) 300mg one PO daily - lacked form Citrical (calcium supplement) one tab PO daily - lacked dose in milligrams or micrograms Aspirin 81mg one PO daily - lacked form	S5300		

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S5300	Continued From page 16 Metoprolol 150mg on PO BID - lacked form Xanax (antianxiety) 0.25mg one PO every HS (bedtime) - lacked form Ensure (nutritional supplement) BID - lacked amount (ounces, milliliters, containers, etc.) #189 Furosemide (diuretic) 40mg two tabs BID - lacked route Trazadone (antidepressant) 50mg one tab daily - lacked route Morphine (narcotic pain medication) extended release 100mg one tab TID (three times daily) - lacked route Carisoprodol (muscle relaxant) 350mg one tab TID - lacked route Sertraline (anti depression) 100mg two tabs daily - lacked route Vitamin B12 1000mcg one tab daily - lacked route Mirtazapine (anti depressant) 45mg one tab daily - lacked route Diltiazem (blood pressure) ER 360mg one capsule daily - lacked route Thiamine 100mg one tab daily - lacked route On 4/11/18 Operator #G confirmed some medication orders lacked all components of a written medication order in accordance with professional standards of practice. The Operator failed to ensure all medications and biologicals administered to #185, #187, and #189 in accordance with professional standards of practice.	S5300		
S5325 SS=E	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed	S5325		

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S5325	Continued From page 17 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 census equalled 10 the sample included three Residents. The Resident Roster identified all Residents with facility managed medications. Based on record review and interview for two of three sampled with facility managed medications (#185 and #187), the Operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for each Resident whose medication was managed by the facility. Findings included: - Record review revealed #185 admitted to facility 11/27/17 with diagnoses of hypertension, anxiety, heart failure, back pain, Alzheimer's, gastroesophageal reflux disease, muscle weakness, and dementia. The current functional capacity screen (FCS) of 11/27/17 assessed #185 unable to perform medication and treatment management. The current 11/27/18 negotiated service agreement (NSA) and health service plan (HSP) documented all medications managed by certified	S5325		

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S5325	Continued From page 18 medication aide and facility nurse. The current April 2018 MAR (medication administration record) documented staff administration of physician ordered medications. The medical record contained a medication regime review of December 2017, but lacked any since that time, as required quarterly. - Review of record revealed #187 admitted 4/16/17 with diagnoses of dementia, anxiety, and hypertension. The current functional capacity screen (FCS) of 6/09/17 assessed #187 unable to perform medication and treatment management. The current 6/09/17 negotiated service agreement (NSA) and health service plan (HSP) documented medication and treatment management provided by facility staff. The current April 2018 MAR (medication administration record) documented staff administration of physician ordered medications. The medical record contained a medication regime review of December 2017, but lacked any since that time as required quarterly. On 4/11/18 at 10:30am Operator #G and facility nurse #F confirmed no drug regime reviews completed for #187 and #185 since December 2017. For #187 and #185, the Operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly.	S5325		

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S5326 SS=E	26-42-205 (l) (1) Medication Regimen Review Contents (l) (1) The medication regimen review shall identify any potential or current medication-related problems, including the following: (A) Lack of clinical indication for use of medication; (B) the use of a subtherapeutic dose of any medication; (C) failure of the resident to receive an ordered medication; (D) medications administered in excessive dosage, including duplicate therapy; (E) medications administered in excessive duration; (F) adverse medication reactions; (G) medication interactions; and (H) lack of adequate monitoring. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l)(1) The census equalled 10 the sample included three Residents. The Resident roster identified all Residents as receiving medication management. Based on interview and review of records, for three of three sampled (#185, #187, and #189), the Operator failed to ensure the medication regimen reviews included surveillance for clinical indication for use of medication, the use of subtherapeutic doses, the failure of Residents to receive an ordered medication, surveillance for excessive dosage and duplicate therapy, medications administered in excessive duration, and lack of adequate monitoring.	S5326		

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S5326	Continued From page 20 Findings included: - By review of Resident record "Quarterly Drug Reviews" required components and surveillance lacking: - #185 admitted to facility 11/27/17 with functional capacity screen (FCS) of 11/27/17 that assessed #185 unable to perform medication and treatment management and an 11/27/18 negotiated service agreement (NSA) and health service plan (HSP) that documented all medications managed by certified medication aide and facility nurse. The medical record contained a "Quarterly Drug Review" dated "December 2017." This review consisted of medication combinations listed down the left side of table, and potential interactions to observe for in the right side of the table. This review failed to include surveillance for: Lack of clinical indication for use of medication; The use of a subtherapeutic dose of any medication; Failure of the Resident to receive an ordered medication; Medications administered in excessive dosage, including duplicate therapy; Medications administered in excessive duration; and, Lack of adequate monitoring. - #187 admitted to facility 4/16/17 with FCS of 6/09/17 that assessed #187 unable to perform medication and treatment management and a 6/09/17 NSA and HSP that documented all medications managed by certified medication aide and facility nurse. The medical record contained "Quarterly Drug Reviews" dated 9/01/17 and "December 2017."	S5326		

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S5326	Continued From page 21 These review consisted of medication combinations, and potential interactions or adverse reactions to observe for. This review failed to include surveillance for: Lack of clinical indication for use of medication; The use of a subtherapeutic dose of any medication; Failure of the Resident to receive an ordered medication; Medications administered in excessive dosage, including duplicate therapy; Medications administered in excessive duration; and, Lack of adequate monitoring. - #189 admitted to facility 02/27/18 with FCS completed 4/11/18 that assessed #189 unable to perform medication and treatment and a 02/27/18 NSA and HSP that documented all medications managed by facility staff. The medical record lacked a drug regime review. Facility nurse #F searched record and printed a medication review dated 3/30/18. By review this documented "No Pharmacy information" in the section titled "Pharmacy"; No known allergies in the section titles "Allergy Profile"; and medication orders with start dates in the section titled "Current Medications." By review this list of medication orders contained discrepancies in comparison to the April 2018 medication administration record (MAR). This review form included section marked "not applicable" for physician contact regarding medication discrepancies and interactions, and an overall statement of review acknowledgement. By review this format failed to include surveillance for: The use of a subtherapeutic dose of any medication;	S5326		

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S5326	Continued From page 22 Medications administered in excessive dosage; Medications administered in excessive duration; and, Lack of adequate monitoring. On 4/11/18 at 10:30am, facility nurse #F and Operator #G reported prior facility nurse signed the medication reviews last completed in December 2017... confirmed review for #189 on 3/30/18 completed by facility nurse #F. Facility nurse #F stated I am looking for a format to use that meets all the requirements. The Operator failed to ensure the medication regimen reviews included all components of surveillance as required for #185, #187, and #189.	S5326		