STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N014005	A. BUILDING: _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF CLAY CENTER	722 LIBERTY STREET CLAY CENTER, KS 67432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Assisted Living Facility in Clay Center, Kansas on 3/28/18, 4/04/18, 4/09/18, and 4/10/18.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a) The census equalled 15 the sample included three Residents. Based on interviews and reviews of records, for two of three sampled (#185 and #187), the Operator failed to ensure the negotiated service agreement (NSA) included a description of service the Resident would receive, and for one of three (#185) the Operator failed to	S3085		

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

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S3085	Continued From page 1 ensure the NSA included identification of each party responsible for payment if outside resources provide a service. Findings included: - Review of record revealed #185 admitted to facility 6/08/17 with diagnoses of hypertension, osteoporosis, anemia, sacral fracture, and hypothyroidism. The current 6/08/17 functional capacity screen (FCS) assessed #185 in need of physical assistance with bathing, toileting; in need of supervision with mobility; unable to perform medication and treatment management; with short term memory and memory recall impairment; with falls/unsteadiness, and used walker. The record contained a "Fall Risk Assessment" dated 6/08/17 and 6/29/17 with scores of "13" each (total score of 10 or above represents "high risk"). The current 6/08/17 negotiated service agreement (NSA)/health service plan (HSP) documented: "preparation needed of bath water and/or bathing articles... can wash self... physical assistance for safety reasons or unsteadiness... assistance into and out of shower..." "physical assistance with toileting... assistance required to assure the task is performed safely" "requires cuing, oversight or encouragement to ambulate safely... staff to observe any signs or symptoms of instability, potential risk for falls, bruising, swelling, deformity and report any concerns to nurse" "facility management of medications."	S3085		

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S3085	Continued From page 2 "supervision needed; mild impairment - short term memory loss - may need some initial guidance" The NSA/HSP lacked documentation of a fall prevention plan. Addendum dated 6/13/17 recorded physical assistance of one for shower, dressing, ambulation, transfer. Addendum dated 6/15/17 added physical therapy through a home health company. This addendum named the service to be provided, identified the outside provider, but lacked the payment source for the outside provider. Addendum dated 7/08/17 recorded speech therapy, occupation therapy, and physical therapy. The addendum named the services to be provided, identified the outside provider, but lacked the payment source for the outside provider. Addendum dated 8/09/17 added assistance with ambulation and transfers. Addendum dated 8/14/17 recorded the discharge of #185 from occupational therapy. On 4/04/18 at 11:05am, facility nurse #C stated #185 no longer on therapy services... stated I completed addendums to add services, may not have completed one to discharge from services... I know the NSA/HSP has a statement about payment sources but I didn't think about putting the payment source on the addendums... The Operator failed to ensure the NSA for #185 included a description of services the Resident would receive, and identification of each party responsible for payment if outside resources provide a service. - Review of record revealed #187 admitted to	S3085		

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S3085	Continued From page 3 facility 9/20/17 with diagnoses of hypertension, atrial fibrillation, urinary tract infection, dehydration, and reconditioning. The current 9/20/17 functional capacity screen (FCS) assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; unable to perform medication and treatment management; with short term memory, long term memory, decision making, and memory recall impairments; with falls/unsteadiness, vision and hearing impairments, and used walker or wheelchair. The current 9/20/17 negotiated service agreement (NSA)/health service plan (HSP) documented: "physical assistance for safety reasons or unsteadiness... assistance into and out of shower..." "moderate assistance - puts clothing on or off, needs help with, buttons, zippers" "physical assistance with toileting... assistance required to assure the task is performed safely" "physical assistance needed although Resident involved in the process of transferring, help provided such as guided maneuvering of limbs or weight bearing" "physical assistance needed - requires the physical assistance of one person to walk safely" "facility management of medications." The NSA/HSP lacked documentation of a fall prevention plan. On 4/04/18 observed #187 ambulating independently with walker to dining room table at lunch time, to Bingo activity at 1:00pm, and to go from living room area to own room for bathroom after reading newspaper in the living room.	S3085		

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S3085	Continued From page 4 On 4/04/18 at 12:50pm facility nurse #C stated fall plan is "use your walker (#187's name)... that is the number one thing... he/she is 100 years old and does what he/she wants to... sometimes does things independently... although mobility says physical assistance... I should have probably done an addendum... walks all over the facility on own... goes to bathroom on own On 4/04/18 at 2:25pm facility nurse #C confirmed no written fall prevention plan recorded. The Operator failed to ensure the NSA for #187 included a description of services the Resident would receive.	S3085		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The census equalled 15 the sample included three Residents. The Resident roster identified 4 Residents who self administered medications. Based on review of records and interviews, for three of three sampled (#185, #187, and #189) the Operator failed to ensure all health care services provided by qualified staff in accordance with acceptable standards of practice. Findings included:	S3171		

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S3171	Continued From page 5 - Review of record revealed #185 admitted to facility 6/08/17 with diagnoses of hypertension, osteoporosis, anemia, sacral fracture, and hypothyroidism. The current 6/08/17 functional capacity screen (FCS) assessed #185 unable to perform medication and treatment management. The current 6/08/17 negotiated service agreement (NSA) documented "facility management of medications." By review the MAR (medication administration record) of March 2018 contained: Miralax (laxative) powder 17 grams po (by mouth) give dose daily PRN (as needed). This order lacked the indication or need for the medication. This order lacked parameters or circumstances for administration of the medication. Miralax documented administered 4/01, 4/02, 4/04, 4/12, and 4/13/18. No documentation of circumstances for administration, or results of medication. Norco (narcotic pain medication) 5/325mg (milligrams) one tablet every six hours PRN. This order lacked the indication or need for the medication. This order lacked parameters or circumstances for administration of the medication. Norco documented administered 3/19/18 at 0330 for "complaint of rib and back pain" with "some relief" Norco documented administered 3/20/18 at 0005 for "complaint of pain and unable to sleep" and ""resting"	S3171		

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S3171	Continued From page 6 The record lacked evidence of licensed nurse assessment or input regarding the use of these PRN medications in accordance with standards of practice. - Review of record revealed #187 admitted to facility 9/20/17 with diagnoses of hypertension, atrial fibrillation, urinary tract infection, dehydration, and reconditioning. The current 9/20/17 functional capacity screen (FCS) assessed #187 unable to perform medication and treatment management. The current 9/20/17 negotiated service agreement (NSA) documented "facility management of medications." By review the MAR (medication administration record) of March 2018 contained: Acetaminophen (analgesic) 500mg tab 1-2 tabs po PRN every 6 hours Miralax (laxative) 17 grams po daily PRN Tums (antacid) 1-2 every 4 hours PRN Loperimide (anti diarrheal) 2mg po follow instructions on label Ibuprofen (anti inflammatory) 600mg TID PRN These orders lacked parameters or circumstances for administration of the medications, in accordance with standards of practice. 27 administrations of Acetaminophen, and one administration of Tums lacked evidence of licensed nurse assessment or input regarding the use of these PRN medications. The record failed to specify who determined or how determination made to administer "one" or "two" tablets.	S3171		

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S3171	Continued From page 7 - Review of record revealed #189 admitted to facility 9/01/17 with diagnoses of hypertension, cardiovascular disease, atrial fibrillation, osteopenia, gastritis, and hyperlipidemia. The current 9/20/17 functional capacity screen (FCS) assessed #189 unable to perform medication and treatment management. The current 9/20/17 negotiated service agreement (NSA) documented "facility management of medications." By review the MAR's (medication administration record) of September 2017 and March 2018 contained: Acetaminophen (analgesic) 500mg two tabs po TID (three times daily) PRN Nitrostat 0.4mg sublingual every 5 minutes PRN These orders lacked parameters or circumstances for administration of the medications, in accordance with standards of practice. On 4/04/18 at 12:50pm, facility nurse #C stated "I've never been asked about one tablet versus two tablets... if certified medication aide would call and ask about Resident's pain I would come in and assess... if a Resident asks for a "PRN" certified medication aide will give it... I would then review and see how often medication being used and if more than previously and if physician would need to be contacted about use... I have not been called about PRN medications for a long time... I look at report sheets and follow up if need be... The Operator failed to ensure all health care services, including licensed nurse assessment	S3171		

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S3171	Continued From page 8 and "PRN" order implementation for Residents #185, #187, and #189 provided by qualified staff in accordance with acceptable standards of practice.	S3171		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (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 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 26-41-205(a)(1) The census equalled 15 the sample included three Residents. The Resident roster identified 4 Residents who self administered medications. Based on interviews, and reviews of record, for one of two sampled who self-administered medication (#185), the Operator failed to ensure a licensed nurse performed an assessment of the	S3175		

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S3175	Continued From page 9 Resident's ability to safely and accurately self-administer medications. Findings included: - Review of record revealed #185 admitted to facility 6/08/17 with diagnoses of hypertension, osteoporosis, anemia, sacral fracture, and hypothyroidism. The current 6/08/17 functional capacity screen (FCS) assessed #185 unable to perform medication and treatment management. The current 6/08/17 negotiated service agreement (NSA) documented "facility management of medications." The MAR contained: Vagisil Cream (anti itch cream) PRN - "self administer" Luvena vaginal moisturizer apply daily - "self administer" The medical record lacked a self-administration assessment completed by a licensed nurse. On 4/04/18 at 11:05am facility nurse #C stated I need to do that on him/her... I noticed couple weeks ago and put on my list to do... we do all his/her oral medications, but he/she self administers those two topical's... not specified on the NSA. The Operator failed to ensure a licensed nurse conducted a self-administration assessment of #185 prior to #185 self-administering medications.	S3175		

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S3200	Continued From page 10	S3200		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(1-2) The census equalled 15 the sample included three Residents. The Resident roster identified 4 Residents who self administered medications. Based on interview, and review of records, for two of three sampled Residents (#189 and #185), the Operator failed to ensure all medications and biological's administered to each Resident in accordance with professional standards, in accordance with each manufacturer's recommendations, and in accordance with written medical care provider orders. Findings included:	S3200		

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S3200	Continued From page 11 - Review of record revealed #189 admitted to facility 9/01/17 with diagnoses of hypertension, cardiovascular disease, atrial fibrillation, osteopenia, gastritis, and hyperlipidemia. The current 9/20/17 functional capacity screen (FCS) assessed #189 unable to perform medication and treatment management. The current 9/20/17 negotiated service agreement (NSA) documented "facility management of medications." Comparison of the March 2018 MAR (medication administration record) with written, signed, physician's orders revealed discrepancies. The MAR contained: Pravastatin (cholesterol) 20mg (milligrams) po (by mouth) daily - "AM"; written physician's order of 9/21/17 documented "Pravastatin 20mg once a day at bedtime" In addition, signed orders not found on the March 2018 MAR, and the record lacked written orders to discontinue: 11/11/17 - Tylenol (analgesic) 650mg po every 6 to 8 hours PRN (as needed) for pain, headache, fever 11/11/17 - Delsym (cough) 10ml (milliliters) po every 12 hours PRN for cough 9/18/17 - Tums as directed PRN 9/01/17 - Moisture barrier cream to coccyx daily PRN On 4/04/18 at 2:45pm, facility nurse #C stated I take the current MAR and go through it to prepare the new monthly MAR... I put new orders in to update for the new month... at 3:05pm #C stated that must be a computer thing... all that stuff has been on the MAR and just kind of disappeared...	S3200		

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S3200	Continued From page 12 that's odd... The Operator failed to ensure all medications administered to #189 in accordance with professional standards of practice and in accordance with written physician's orders. - Review of record revealed #185 admitted to facility 6/08/17 with diagnoses of hypertension, osteoporosis, anemia, sacral fracture, and hypothyroidism. The current 6/08/17 functional capacity screen (FCS) assessed #185 unable to perform medication and treatment management. The current 6/08/17 negotiated service agreement (NSA) documented "facility management of medications." Comparison of the March 2018 MAR (medication administration record) with written, signed, physician's orders of 3/27/18 revealed discrepancies. The MAR contained: Miralax (laxative) 17gm (grams) po daily Melatonin (sleep hormone) 5mg po daily Tylenol (analgesic) 1000mg (milligrams) po (by mouth) TID (three times daily) PRN (as needed) PCN (antibiotic) 2 grams prior to dental visits Tylenol (analgesic) 350mg po BID (twice daily) Systane (eye lubricant) ointment ribbon to each eye at hs (bedtime) Vagisil Cream (anti itch cream) PRN Luvena vaginal moisturizer apply daily 3/27/18 signed physician's orders (hospital return) lacked each of these. The record lacked documentation of licensed nurse clarification to continue these non-listed medications.	S3200		

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S3200	Continued From page 13 Comparison of the April 2018 MAR with written, signed, physician's orders revealed discrepancies. Signed order of 4/02/18 recorded Luvena vaginal moisturizer "PRN" - the MAR recorded order as "daily" Signed orders of 3/27/18 included Norco (narcotic pain medication) 5/325 one every six hours PRN - the MAR lacked this order, and no written order provided to discontinue the Norco April MAR contained PCN (antibiotic) 2 grams prior to dental visits - signed orders of 3/27/18 lacked this order, and no clarification from physician or dentist to continue this order On 4/04/18 at 12:05pm, facility nurse #C confirmed discrepancies on the March 2018 MAR... stated #185 returned from the hospital on 3/27/18... no clarification of orders at that time... when doing the MAR's on the 31st noticed some not matching... needed to be reconciled... called physician's office on 4/02/18... signed orders processed on 4/03/18... The Operator failed to ensure all medications administered to #185 in accordance with professional standards of practice and in accordance with written physician's orders.	S3200		
S3201 SS=E	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is	S3201		

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S3201	Continued From page 14 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 26-41-205(d)(3) The census equalled 15 the sample included three Residents. The Resident roster identified 4 Residents who self administered medications. Based on reviews of records and interview, for two of three sampled (#185 and #189), the Operator failed to ensure an actual clock time documented for medications on the MAR (medication administration record) with only time intervals or events for administration. Findings included: - Review of record revealed #185 admitted to facility 6/08/17 with diagnoses of hypertension, osteoporosis, anemia, sacral fracture, and hypothyroidism. The current 6/08/17 functional capacity screen (FCS) assessed #185 unable to perform medication and treatment management.	S3201		

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	N014005	A. BUILDING: _____ B. WING _____	04/10/2018

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S3201	Continued From page 15 The current 6/08/17 negotiated service agreement (NSA) documented "facility management of medications." Review of the March 2018 MAR revealed the MAR lacked documentation of the time the medications actually administered to #185 as required. The MAR contained the following medications: March 2018 Tylenol 1000mg (milligrams) po (by mouth) every 8 hours x 2 weeks - 0700, 1200, and "HS (bedtime)" Escitalopram 10mg take one tablet po daily at bedtime - "HS" Melatonin 5mg po daily - "HS" Tylenol 350mg po BID - 0700, 1400, "HS" Systane ointment ribbon to each eye at hs - "HS" Systane eye drops 0.03-0.04% place one drop each eye TID (three times a day) and PRN (as needed) - 0700, 1300, "HS", and "PRN" Miralax 17gm (grams) po daily - "AM" Colace 100mg po at HS - "HS" April 2018 Tylenol 325mg po TID - 0700, 1400, "HS" Melatonin 5mg po at hs - "HS" Colace 100mg po at hs - "HS" Systane ointment ribbon to each eye at hs - "HS" Escitalopram 10mg po daily at hs - "HS" The MAR lacked documentation of the clock time of administration for the "HS" doses and the "AM" doses. - Review of record revealed #189 admitted to facility 9/01/17 with diagnoses of hypertension, cardiovascular disease, atrial fibrillation, osteopenia, gastritis, and hyperlipidemia.	S3201		

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S3201	Continued From page 16 The current 9/20/17 functional capacity screen (FCS) assessed #189 unable to perform medication and treatment management. The current 9/20/17 negotiated service agreement (NSA) documented "facility management of medications." Review of the March 2018 MAR revealed the MAR lacked documentation of the time the medications actually administered to #189 as required. The MAR contained the following medications: Atenolol 25mg (milligrams) po daily - "AM" Spironolactone 25mg po daily - "AM" Losartin 100mg po daily - :AM" Magnesium oxide 400mg po daily - "AM" Vitamin D 1000 international units po daily - "AM" Amiodarone 100mg po daily - "AM" Pravastatin 20mg po daily - "AM" HCTZ 12.5mg po Mon.Wed.Fri. - no time listed for administration Triple antibiotic ointment to lesion on foot daily - "AM" Tylenol 500mg po at hs - "HS" Tylenol 500mg po TID (three times daily) - 0800, 1400, "HS" On 4/04/18 at 3:00 and at 3:05pm, facility nurse #C confirmed the MAR's lacked specific times the medications administered... confirmed no notations on the medications marked "AM" or "HS" as clock time of administration... now aware that had to be on the MAR... For #185 and #189 the Operator failed to ensure an actual clock time documented for medications on the MAR.	S3201		

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S3227 SS=E	26-41-205 (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 26-41-205(l)(2) The census equalled 15 the sample included three Residents. The Resident roster identified 4 Residents who self administered medications. Based on reviews of records and interview, for two of three sampled Residents (#189 and #185), the Operator failed to ensure the licensed nurse sought a response from the medical care provider as the result of the pharmacist' variance reports, within five working days. Findings included: - Review of record revealed #189 admitted to facility 9/01/17 with diagnoses of hypertension, cardiovascular disease, atrial fibrillation,	S3227		

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S3227	Continued From page 18 osteopenia, gastritis, and hyperlipidemia. The current 9/20/17 functional capacity screen (FCS) assessed #189 unable to perform medication and treatment management. The current 9/20/17 negotiated service agreement (NSA) documented "facility management of medications." Review of the March and April 2018 MAR's revealed facility administration of medications. The record contained drug regime reviews completed by the pharmacist on 10/31/17 and 01/28/18. The review of 10/31/17 recorded "would recommend giving Pravastatin at HS (bedtime) and not in the am (morning)..." The MAR's of March and April 2018 recorded Pravastatin at "AM". This recommendation lacked acknowledgement or response by a licensed nurse or Resident's physician. The record lacked documentation of a response to the pharmacy recommendation, or an explanation for leaving the medication scheduled in the morning. On 4/04/18 at 2:45pm, facility nurse #C stated we just forgot to switch that to HS... By observation on 4/04/18 at 2:45pm, confirmed with licensed nurse #E the Pravastatin still being administered with the morning medications... The Operator failed to ensure the licensed nurse sought a response from the medical care provider as the result of the pharmacist' variance report for #189, within five working days. - Review of record revealed #185 admitted to	S3227		

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S3227	Continued From page 19 facility 6/08/17 with diagnoses of hypertension, osteoporosis, anemia, sacral fracture, and hypothyroidism. The current 6/08/17 functional capacity screen (FCS) assessed #185 unable to perform medication and treatment management. The current 6/08/17 negotiated service agreement (NSA) documented "facility management of medications." The medical record contained drug regime reviews completed by the pharmacist on 7/31/17, 10/31/17 and 01/23/18. The review of 10/31/17 recorded a recommendation to check the thyroxin dose. The 01/23/18 review recommended the use of Ambien for short term duration. These recommendation notes lacked acknowledgement or response by a licensed nurse or Resident's physician. The April 2018 MAR still included the medication Ambien with doses administered daily. On 4/04/18 at 11:05am, facility nurse #C stated I don't remember a paper getting left here for these reviews... the thyroxin dose was changed by the PA (physician assistant) in January... maybe due to a lab... I don't recall seeing a form for the PA from the pharmacist... same with Ambien... I will call the pharmacist and see if he/she has the variance forms... sometimes I think they send them directly to the physician... The Operator failed to ensure the licensed nurse sought a response from the medical care provider as the result of the pharmacist' variance report for #185, within five working days.	S3227		

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S3250	Continued From page 20	S3250		
S3250 SS=D	26-41-105 (a) Resident Records a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices. (1) Designated staff shall maintain the record of each discharged resident who is 18 years of age or older for at least five years after the discharge of the resident. (2) Designated staff shall maintain the record of each discharged resident who is less than 18 years of age for at least five years after the resident reaches 18 years of age or at least five years after the date of discharge, whichever time period is longer. This REQUIREMENT is not met as evidenced by: KAR 26-41-105(a) The census equalled 15 the sample included three Residents. Based on interview and review of record, for one of three sampled (#185), the Operator failed to ensure the maintenance of a record for each Resident in accordance with accepted professional standards and practices. Findings included: - Review of record revealed #185 admitted to facility 6/08/17 with diagnoses of hypertension, osteoporosis, anemia, sacral fracture, and hypothyroidism.	S3250		

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S3250	Continued From page 21 The current 6/08/17 functional capacity screen (FCS) assessed #185 in need of physical assistance with bathing, toileting; in need of supervision with mobility; unable to perform medication and treatment management; with short term memory and memory recall impairment; with falls/unsteadiness, and used walker. The current 6/08/17 negotiated service agreement (NSA)/health service plan (HSP) documented services provided by facility to meet these identified needs. The medical record Resident Progress Notes documented symptoms of illness and the admission of #185 to the hospital on 3/21/18. The medical record contained physician's hospital discharge orders dated 3/27/18. On 3/28/18 between 9:30am and 6:00pm #185 observed in the facility. The medical record lacked documentation of #185's return to facility. The record lacked a licensed nurse assessment of #185's status at the time of re-admission to facility, and lacked licensed nurse clarification of discrepancies between written orders and medication administration record. On 4/04/18 at 12:35pm, facility nurse #C stated I wasn't here when #185 got here on 3/27/18 but I did see him/her the next morning... I didn't put any assessment in the chart... although I spoke with the hospital and daughter before he/she came back, I did not chart anything in the record... i had notes when you came but had not put them in the chart...	S3250		

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S3250	Continued From page 22 The Operator failed to ensure the maintenance of a record for #185 in accordance with accepted professional standards and practices.	S3250		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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 by: KAR 26-41-104(d) The census equalled 15 the sample included three Residents. The facility identified nine employees hired since the last Resurvey. Based on interviews and reviews of records for all Residents and for all employees, the Operator failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's emergency management plan with	S3280		

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S3280	Continued From page 23 employees and Residents. Findings included: - On 03/28/18 at 1:55pm, Operator #B stated the quarterly reviews are in the Resident Council minutes for Residents... for staff it is all online now... it's too hard to get every one here for meetings... On 3/28/18 Operator #B provided the inservice notebook and Resident council minutes for review. The Resident council minutes contained statements at intervals such as "reminded of evacuation plan if we ever need to leave the building"... but lacked documentation that all topics of the facility emergency management plan reviewed with Residents on a quarterly basis. The employee inservice notebook for 2017 included 12 monthly meeting contents and signature pages. The month of July 2017 included signatures for a complete review of the entire plan. Remaining months lacked documentation the full plan reviewed, and focused on fire drills (January), fire watch (March), fire prevention and safety (May and September), and fire extinguisher (November). The inservice documentation for 2018 included two signatures on the January review "Infection Control and Fire Drills"; two signatures on the March review "Accident Fall Prevention/Fire Watch Policy"; four signatures on the July review "Emergency Disaster"; and three signatures on the September review "Elopement and Fire Prevention." For all Residents and employees, the Operator	S3280		

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S3280	Continued From page 24 failed to ensure reviews of the facility's emergency management plan completed quarterly with both employees and Residents.	S3280		