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	B023018	A. BUILDING: _____ B. WING _____	03/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAR LIVING, LLC	3911 W 13TH STREET LAWRENCE, KS 66049

(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 represent the findings of an initial survey at the above named home plus facility conducted on 3-26-18, 3-27-18 and 3-28-18.	S 000		
S5028 SS=D	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by:	S5028		

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

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S5028	Continued From page 1 KAR 26-42-101(f)(3) The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. Based on record review and interview for 1 (#701) of 3 sampled residents, the Operator/CMA (certified medication aide) failed to ensure each allegation of abuse or neglect shall be reported to the department within 24 hours when the cognitively impaired resident left the facility without staff knowledge. Findings included: - Record review for resident #701 revealed admission on 9-3-17 with diagnoses Dementia, Hyperlipidemia, Osteoporosis, Osteoarthritis, and Peptic Ulcer Disease. The Functional Capacity Screen (FCS) dated 9-3-17 recorded resident unable to perform bathing, dressing, management of medications and treatments; supervision with toileting, transfers, walking/mobility and eating. Usually continent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks: falls/unsteadiness, impaired vision, impaired hearing, impaired decision-making. The Negotiated Service Agreement (NSA) dated 9-3-17 recorded boxes checked for medication management, bathing, AM and PM preparation, and personal hygiene. Record review revealed the following: 9-15-17: "Staff called this writer at 2:00 PM voice mail recorded. This writer prompt to call (back).	S5028		

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S5028	Continued From page 2	S5028		

Staff voiced that resident was no where to be found. Writer called on call (nurse). (nurse) instructed this writer to follow (facility) protocol. Family member called and voice mail recorded. 2 family members informed. Resident returned in the company of family member at about 2:25 PM. Met with this writer. Family member voiced that someone found the resident walking close to facility and resident gave the person his/her old address. The person took him/her to the old home and daughter brought him/her back to facility...Resident in his/her apartment at this time in great mood." Signed by Operator/CMA.

9-19-17 at 9:40 AM: "Resident ok at this time. Voice no concerns. Resident interacting with other residents. Alarm on all exits for safety. Staff educated of safety mats on each exit. Resident's family informed of safety measures taken for resident's safety. Will continue to monitor." Signed by Operator/CMA.

10-5-17 at 6:00 PM: "Resident increased anxiety noted. Pacing increased and seeking for exit to old home. Staff will continue to monitor for any other changes." Signed by Operator/CMA.

Facility Incident Report dated 9-15-17: "After lunch (resident) went back to his/her room to rest. We then took care of the rest of the residents. After everyone was settled, I decided to check on (Resident #701) in his/her room and noticed he/she was not in his/her room. So we looked for him/her in every room and did not find him/her. Called (Operator/CMA) to inform him/her about the situation." Signed by Certified Staff E.

Interview on 3-26-18 at 3:12 PM with Operator/CMA stated Resident #701 was "very

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S5028	Continued From page 3 new" and the staff went to care for another resident. Resident #701 "got out without anyone knowing." Resident was standing in front of facility and a neighbor saw him/her. Resident #701 gave the neighbor the address to another facility he/she lived at prior. Resident's family member was there cleaning out his/her old room and brought him/her back to the facility. Confirmed the elopement was not reported to the department and no interventions put in place to manage elopement risk. Facility Policy for "Elopement/Missing Resident": 5. Missing Person- If Resident is Found. a. Notify all searching parties. B. Licensed nurse to conduct assessment to identify possible injuries. c. Transfer to hospital for further medical evaluation if needed. d. Notify physician. e. Notify the resident's responsible party. f. Complete an incident report and notify licensing agency per licensing requirement. The facility failed to follow its policy for reporting elopements. For resident #701, the Operator/CMA failed to ensure each allegation of abuse or neglect was reported to the department within 24 hours when the cognitively impaired resident left the facility without staff knowledge.	S5028		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives	S5029		

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S5029	Continued From page 4 of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(g) The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. The Operator/CMA (Certified Medication Aide) failed to post a notice of availability of policies and procedures in a place readily accessible to residents as evidenced by observation and interview and affecting all residents, legal representative of residents, case managers and families. Findings included: - Observation during entrance tour of facility on 3-26-18 from 11:20 AM to 12:45 PM revealed the facility lacked a posted notice of availability of policies and procedures in a place readily accessible to residents. Interviews on 3-26-18 at 1:46 PM and 5:55 PM with Operator/CMA and Co-owner confirmed no notice of availability of policies and procedures posted. For all residents, the Operator/CMA failed to post a notice of availability of policies and procedures in a place readily accessible to residents.	S5029		
S5080 SS=E	26-42-201 (a) (b) Functional Capacity Screen on Admission	S5080		

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S5080	Continued From page 5 (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) The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. Based on record review and interview for 2 (#702, #703) of 2 sampled resident and 1 (#704) of 1 respite-stay resident, the Operator/CMA (certified medication aide) failed to ensure on or before the resident's admission a licensed nurse shall conduct a screening to determine the resident's functional capacity; and a licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. Findings included: - Record review for Resident #702 revealed	S5080		

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S5080	Continued From page 6 admission on 1-30-18 with diagnoses Hemiplegia following Cerebral Infarction, Chronic Obstructive Pulmonary Disease, Hypertension and Diabetes Mellitus II. The Functional Capacity Screening with unknown date recorded resident unable to perform bathing, dressing, toileting, transfers, walking/mobility, eating and management of medications/treatments. Incontinent of bladder. Cognition left blank. Current problems/risks: falls/unsteadiness and impaired vision. Uses wheelchair. The FCS was signed by Administrative Staff G on 1-27-18. The FCS lacked documentation of assessment by a licensed nurse for the resident who required health care services. Interview on 3-2-6-18 at 4:10 PM stated resident would require a shower chair and need for staff to bathe him/her; would require total assistance with dressing; physical assist of 2 staff with transfers; and would require staff to propel him/her in a wheelchair. Stated the resident received hospice services. Confirmed the resident required health care services and the FCS lacked documentation of assessment by the licensed nurse. - Record review for Resident #703 revealed unknown admission date with diagnoses Parkinson's Disease, Dementia, Depressive Disorder, and Anorexia. The Functional Capacity Screen (FCS) dated 9-5-17 recorded resident unable to perform bathing, dressing,toileting, transfers, walking/mobility, eating and management of medications and treatments. Incontinent of	S5080		

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S5080	Continued From page 7	S5080		

bladder. Communication rarely or never understandable or understands. Cognition left blank. Current problems/risks: Falls/unsteadiness, impaired vision, impaired hearing, impaired decision-making. Uses wheelchair. The form was not signed.

The FCS lacked documentation of assessment by a licensed nurse for the resident who required health care services.

- Record review for resident #704 revealed admission on 3-22-18 with unknown diagnoses.

The record lacked documentation of a functional capacity screening (FCS) on or before date of admission.

Interview on 3-26-18 at 4:40 PM and 5:10 PM Operator/CMA confirmed the record lacked documentation of a screening to determine the resident's functional capacity on or before resident's admission to the facility.

Interview on 3-26-18 around 4:50 PM with Administrative Staff G and Operator/CMA confirmed the above functional capacity screenings lacked signature of a licensed nurse to indicate a licensed nurse participated in the assessment; and Resident #704 lacked a functional capacity screening.

For residents #702, #703, #704, the Operator/CMA failed to ensure on or before admission, a licensed nurse conducted a screening to determine the functional capacity for residents who required health care services.

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S5105	Continued From page 8	S5105		
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 26-42-202(a)(1)(2)(3) The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. The Operator/CMA failed to 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; and further failed to ensure the negotiated service agreements provide a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service as evidenced by observations,	S5105		

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S5105	Continued From page 9 record review and interview for 3 (#701, #702, #703) of 3 sampled residents and affecting all residents. Findings included: - Record review for resident #701 revealed admission on 9-3-17 with diagnoses Dementia, Hyperlipidemia, Osteoporosis, Osteoarthritis, and Peptic Ulcer Disease. The Functional Capacity Screen (FCS) dated 9-3-17 recorded resident unable to perform bathing, dressing, management of medications and treatments; and supervision with dressing, toileting, transfers, walking/mobility and eating. Usually continent of bladder. Cognition: problems with short term memory, long term memory, memory/recalls and decision-making. Communication: usually understandable and usually understands. Current Problems/risks: Falls/unsteadiness, Impaired vision, Impaired hearing and impaired decision-making. Does not use assistive devices. The Negotiated Service Agreement (NSA) dated 9-3-17 recorded Food Services (3 meals daily); box checked for Medication Management. Personal Care: boxes checked for Bathing (cueing three times/week) and AM Preparation (sequencing for dressing)/PM Preparation (prompting). Toileting (not usually). Box checked for Supplies. The NSA lacked a description of services for bathing, toileting and medication management including identification of pharmacy and each party responsible for payment of the pharmacy. The NSA further lacked a description of services for fall management as indicated on resident's FCS.	S5105		

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S5105	Continued From page 10	S5105		

Interview on 3-26-18 around 3:35 PM with Operator/CMA and Administrative Staff B stated Resident #701 used a shower chair at times to shower, but could also stand. He/she required staff to bathe, shampoo hair, dry and apply lotion. Stated resident wears a brief, is sometimes incontinent though he/she sometimes will go to the bathroom on his/her own. Requires physical assistance with toileting, changing brief and pericare. Family provides briefs. Facility CMAs administer, store, order and manage medications. Confirmed these services were not listed on the NSA and the pharmacy was not identified including who pays for the pharmacy services. Also confirmed the resident was designated as a fall risk on the FCS with no interventions in place to manage the risk.

- Record review for resident #702 revealed admission on 1-30-18 with diagnoses Hemiplegia following Cerebral Infarction, Chronic Obstructive Pulmonary Disease, Hypertension, and Diabetes Mellitus II.

The Functional Capacity Screen (FCS) with unknown date (signed on 1-27-18) recorded resident unable to perform bathing, dressing, toileting, transfers, walking/mobility, eating and management of medications/treatments. Incontinent of bladder. Communication: sometimes understandable and sometimes understands. Current problems/risks: Falls/unsteadiness, Impaired vision. Uses Wheelchair.

The Negotiated Service Agreement (NSA) dated 1-27-18 recorded Food Services (3 meals daily); box checked for Medication Management. Personal Care: boxes checked for Bathing, AM

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S5105	Continued From page 11 Preparation/PM Preparation, Personal Hygiene, Ambulation/Transfer Toileting and Supplies. The NSA lacked a description of services for bathing, dressing, toileting, transfers, mobility (including fall management), what supplies are provided and by whom. The NSA further lacked a description of services for management of medications including identification of the pharmacy and each party responsible for payment of the pharmacy. The NSA also lacked documentation of hospice services. Interview on 3-26-18 at 4:10 PM with Administrative Staff G stated Resident #702 required use of a shower chair and staff to bathe him/her. Also required physical assistance of two staff with all transfers, and to propel wheelchair. Stated resident was "total assist" with dressing, toileting, changing briefs and pericare. Stated family provided briefs. Confirmed resident received hospice services and the the name of the hospice including a description of the services the hospice provided was not on the NSA, nor identification of each party responsible for payment of the hospice. - Record review for resident #703 revealed admission on unknown date with diagnoses Parkinson's Disease, Dementia, Depressive Disorder and Anorexia. The Functional Capacity Screen (FCS) dated 9-5-17 recorded resident unable to perform bathing, dressing, toileting, transfer, walking/mobility, eating, and management of medications/treatments. Incontinent of bladder. Cognition left blank. Communication: rarely or never understandable/understands. Current problems/risks: Falls/unsteadiness, impaired	S5105		

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S5105	Continued From page 12	S5105		

vision, impaired hearing, impaired decision-making. Uses wheelchair.

The Negotiated Service Agreement (NSA) dated 9-8-17 recorded Food Services (3 meals daily); box checked for Personal Care, Medication Management and Management of Behavioral Symptoms. Personal Care: boxes checked for Bathing, AM Preparation/PM Preparation, Personal Hygiene, Ambulation/Transfer Toileting and Supplies. The NSA lacked a description of services for bathing, dressing, toileting, transfers, mobility (including fall management), what supplies are provided and by whom. The NSA lacked a description of services for management of medications including identification of the pharmacy and each party responsible for payment of the pharmacy. The NSA also lacked documentation of hospice services including party responsible for paying the hospice.

Observation of room on 3-26-18 at 4:32 PM revealed fall mat at bedside, hospital bed with bolstered mattress and bed alarm in use. Hospice aide at bedside stated he/she "helps with activities of daily living" including feeding, changing briefs and bathing. Observed 2 staff transfer resident into a high back wheelchair with bolsters on armrest for positioning. Total care with transfers, toileting/pericare, skin care and changing clothing. Resident had recent fall (3-14-18) with laceration to left cheek beneath left eye. Resident's left lower eye lid is stretched downward and reddened as a result. Mild scarring to left upper cheek.

Interview on 3-26-18 at 4:58 PM with Administrative Staff G and Operator/CMA confirmed the NSA lacked fall interventions, skin care interventions, hospice provider (description

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S5105	Continued From page 13 of services and payor). Further confirmed the NSA lacked a description of diet (pureed) per resident and family choice. Additionally, confirmed the NSA lacked a description of services for management of medications including identification of the pharmacy and each party responsible for payment of the pharmacy. Operator/CMA stated during cares stated resident's skin is susceptible to breakdown due to his/her bony prominences and requires careful padding and handling. Confirmed instructions to staff regarding this are not included on the NSA. The Operator/CMA confirmed all NSAs were completed in the same manner with no description of services and all lacked documentation of collaboration with a licensed nurse. For residents #701, #702, #703, and affecting all residents, the Operator/CMA failed to 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 negotiated service agreement shall provide a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service.	S5105		
S5115 SS=D	26-42-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission.	S5115		

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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
S5115	Continued From page 14 This REQUIREMENT is not met as evidenced by: KAR 26-42-202(c) The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. Based on record review and interview for 1 (#704) of 1 respite-stay resident, the Operator/CMA (certified medication aide) failed to ensure development of an initial negotiated services agreement at admission. Findings included: - Record review for Resident #704 revealed admission on 3-22-18 with unknown diagnoses. The record lacked documentation of a functional capacity screening. The record lacked documentation of a written Negotiated Service Agreement (NSA) on or before admission to the facility. Interview on 3-26-18 around 5:10 PM with Operator/CMA confirmed the record lacked documentation of an initial NSA at admission. For Resident #704, the Operator/CMA failed to ensure the development of an initial negotiated service agreement at admission.	S5115		
S5161 SS=F	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and	S5161		

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	B023018	A. BUILDING: _____ B. WING _____	03/28/2018

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S5161	Continued From page 15 supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. The Operator/CMA (certified medication aide) failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health care services plan as evidenced by record review and interview for 3 (#701, #702, #703) of 3 sampled residents and affecting all residents. Findings included: - Record review for resident #701 revealed admission on 9-3-17 with diagnoses Dementia, Hyperlipidemia, Osteoporosis, Osteoarthritis, and Peptic Ulcer Disease. The Functional Capacity Screen (FCS) dated 9-3-17 recorded resident unable to perform bathing, dressing, management of medications and treatments; and supervision with dressing, toileting, transfers, walking/mobility and eating. The Negotiated Service Agreement (NSA) dated 9-3-17 recorded services for food services (3 meals daily); medication management. Personal Care: assistance with bathing and AM/PM preparation. The NSA failed to designate the name of the licensed nurse responsible for the implementation and supervision of health care services.	S5161		

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S5161	Continued From page 16 - Record review for resident #702 revealed admission on 1-30-18 with diagnoses Hemiplegia following Cerebral Infarction, Chronic Obstructive Pulmonary Disease, Hypertension, and Diabetes Mellitus II. The Functional Capacity Screen (FCS) with unknown date recorded resident unable to perform bathing, dressing, toileting, transfers, walking/mobility, eating and management of medications and treatments. The Negotiated Service Agreement (NSA) dated 1-27-18 recorded services for food services (3 meals daily) and medication management. Personal Care: assistance with bathing, AM/PM preparation, personal hygiene, ambulation/transfer and toileting. The NSA failed to designate the name of the licensed nurse responsible for the implementation and supervision of health care services. - Record review for resident #703 revealed admission on unknown date with diagnoses Parkinson's Disease, Dementia, Depressive Disorder and Anorexia. The Functional Capacity Screen (FCS) dated 9-6-17 recorded resident unable to perform bathing, dressing, toileting, transfer, walking/mobility, eating, and management of medications and treatments. The Negotiated Service Agreement (NSA) dated 9-8-17 recorded services for Food Services (3 meals daily). Personal Care: assistance with	S5161		

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S5161	Continued From page 17 bathing, AM/PM preparation, personal hygiene, ambulation/transfer and toileting. The NSA failed to designate the name of the licensed nurse responsible for the implementation and supervision of health care services. Interview on 3-26-18 at 4:10 PM with Administrative Staff G confirmed the NSAs failed to designate the name of the licensed nurse responsible for the implementation and supervision of the plan and no licensed nurse signed the NSAs; it was the same for all NSAs. For all residents, the Operator/CMA failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health care services plan.	S5161		
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.	S5215		

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S5215	Continued From page 18 This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3)(4) The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. The Operator/CMA (Certified Medication Aide) failed to ensure disaster and emergency preparedness by ensuring quarterly review of the home's emergency management plan with employees and residents; and performance of an emergency evacuation drill to a secure location as evidenced by record review and interview and affecting all residents and staff. Findings included: - Review of facility emergency management plan on 3-26-18 at 1:46 PM with Administrative Staff G and Operator/CMA revealed the plan lacked documentation of quarterly review with residents and staff; and documentation of an emergency evacuation drill to a secure location. Facility policy for "Emergency Preparedness" stated the following: "4. Provide instruction and training (to) employees on how to handle environmental disasters/emergencies during orientation and annually in compliance to state regulations thereafter. 1. Training records shall include date when training was given; summary on what training was given; names/credentials of person providing the training; and names...or people attending the training..." The policy lacked documentation of requirement	S5215		

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S5215	Continued From page 19 for quarterly review of the emergency management plan with employees and residents and performance of an emergency evacuation drill to a secure location. Interview on 3-26-18 at 1:46 PM with Administrative Staff G and Operator/CMA confirmed the plan lacked documentation of quarterly review with residents and staff and stated no evacuation of the residents had been performed yet. For all residents and staff, the Operator/CMA failed to ensure disaster and emergency preparedness by ensuring quarterly review of the home's emergency management plan with employees and residents and performance of an evacuation drill to a secure location.	S5215		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced	S5230		

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S5230	Continued From page 20 by: KAR 26-41-207(c) The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. The Operator/CMA (certified medication aide) failed to ensure the home's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, as evidenced by record review and interview for 3 (#701, #702, #703) of 3 sampled residents and 4 (B, C, D, E) of 5 sampled staff and affecting all residents. Findings included: - Personnel record review on 3-26-18 around 2:15 PM with Administrative Staff G revealed the following: Non-Certified Staff C with date of hire 3-7-18: The record lacked documentation of TB skin testing. Licensed Staff B with date of hire 2-29-18: TB skin testing performed on 3-4-16 with result 3.5 mm (millimeters of induration). Follow up chest x-ray dated 3-7-16 results "normal". The record lacked documentation of a TB symptom screening questionnaire on or within seven days of date of hire and name/address of where chest x-ray took place and printed or typed name of interpreter of the chest x-ray. Certified Staff D with date of hire 10-15-17: The record lacked documentation of TB skin testing. Certified Staff E with date of hire 8-14-17: The record contained a TB symptom questionnaire dated 1-4-17 from another facility. A one-view	S5230		

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S5230	Continued From page 21 chest x-ray dated 5-7-08 with result "no active disease". The record lacked documentation of a TB symptom screening questionnaire on or within seven days of date of hire and name/address of where chest x-ray took place, and printed or typed name of interpreter of the chest x-ray. Interview on 3-26-18 around 2:15 PM during personnel record review with Administrative Staff G confirmed the above personnel files lacked documentation of a TB symptom screening questionnaire completed on of within seven days of date of hire, TB skin testing completed within seven days of date of hire or additional information for the chest x-rays. - Record reviews revealed the following: Resident #701 with date of admission 9-3-17: the record lacked documentation of tuberculosis (TB) skin testing. Resident #702 with date of admission 1-30-18: the record lacked documentation of TB skin testing. Resident #703 with unknown date of admission: the record lacked documentation of TB skin testing. Interviews on 3-26-18 at 3:18 PM (Resident #701), 4:04 PM (Residents #702 and #703) with Administrative Staff G confirmed the records lacked documentation of TB skin testing and stated no TB testing had been performed yet on residents or staff. They are planning to do it for everyone this coming weekend. Facility "Tuberculosis Control" policy stated: "A. Symptom Screen: Each new resident and new	S5230		

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S5230	Continued From page 22 employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within seven days of residency or employment...B. TB Infection Testing (i) Each new resident and new employee shall receive a two-step TB Skin Test...within seven days of residency or employment...5. Required documentation in Resident's Clinical Record of Employee's File:...E. Chest Radiography i. Name and address of entity where chest radiography took place. ii. date chest x-ray performed. iii. interpretation of chest x-ray. iv. printed or typed name of interpreter of the chest x-ray." The facility failed to follow it's policies and procedures. For Residents #701, #702, #703 and Staff B, C, D, and E and affecting all residents, the Operator/CMA failed to ensure the home's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5250 SS=D	26-42-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency;	S5250		

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S5250	Continued From page 23 (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(2)(3)(4)(5)(6)(7)(8)(10) The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. Based on observation, record review and interview for 1 (#704) of 1 respite stay resident, the Operator/CMA (certified medication aide) failed to ensure the resident record shall contain the admission agreement and any amendments; the date of admission; the functional capacity screening; the health care service plan; negotiated service agreement and any revisions; the name, address and telephone number of the physician and the dentist to be notified in an emergency; the name, address and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; records of medications, biologicals and treatments administered and each medical care provider's order if the facility is managing the resident's medication and medical treatments. Findings included:	S5250		

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S5250	Continued From page 24 - Review on 3-26-18 around 4:40 PM and 5:10 PM with Operator/CMA, Administrative Staff G for Resident #704 revealed a copy of a recent hospitalization which was kept in a file in the office. The hospital record contained documentation of hospital course and a medication list. The cover sheet, dated 3-22-18, stated (resident) discharge date 3-22-18 and "home health for physical therapy/occupational therapy orders have been faxed to (the home health agency)." The facility lacked a resident record which documented the resident's admission date, an admission agreement, a functional capacity screening (FCS), the health care service plan (HCSP), the negotiated service agreement (NSA), the name, address and phone number of the physician which would be overseeing resident's care while in the facility; the name, address and phone number of resident's legal representative or family member and records of medications, biologicals and treatments administered and the physician's order for the facility to administer those medications. Observations of Resident #704 during survey revealed him/her to be ambulatory with a walker, alert and oriented to person, place. Resident able to feed self. Observed home health agency therapist working with resident's ability to go up and down a staircase with gaitbelt and hands on assist for safety. Interviews on 3-26-18 around 4:40 PM and 5:10 PM with Operator/CMA stated resident's had been discharged from the hospital and was going to stay at facility on a "week by week" basis. It was family's hope resident would be able to return home. Confirmed there was no signed	S5250		

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S5250	Continued From page 25 admission agreement, no FCS or NSA/HCSP. Operator/CMA brought out a bag of 5 bottles of oral medications the resident takes. Stated the family usually came to administer every morning but admitted he/she had given the medications "a couple of times." Confirmed there was no Medication Administration Record to document administration of the medications, and no signed admission orders which included the medications to be administered by facility staff. Operator/CMA, Administrative Staff G and Licensed Staff A confirmed they had not established with the resident or family which physician would oversee his/her care while he/she was at the facility. For Resident #704, the Operator/CMA failed to ensure the resident had a record which contained the admission agreement and admission date, the functional capacity screening, the negotiated service agreement/health care service plan, the name and contact information of the physician who would be overseeing resident's care while at the facility, the name and contact information for the resident's legal representative/family member and a physician's orders for admission and medication to be administered by the facility including a medication administration record.	S5250		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training;	S5258		

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S5258	Continued From page 26 (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2) The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. The facility identified 19 employees hired since opening of home, with 1 non-certified staff, 2 certified staff and 2 licensed staff reviewed. The Operator/CMA (certified medication aide) failed to ensure the employee records contained evidence of licensure or certification for each employee performing a function that required specialized education or training; and further failed to ensure the employee records contained supporting documentation for criminal background checks pursuant to K.S.A. 39-970 and amendments thereto before providing care to residents as evidenced by record review and interview for 1 (C) of 1 non-certified staff, 2 (D,E) of 2 certified staff and 1 (B) of 2 licensed staff reviewed.	S5258		

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S5258	Continued From page 27 Findings included: - Record review on 3-26-18 around 2:15 PM of employee records with Administrative Staff G revealed the following: Non-certified Staff C with date of hire 3-7-18: the record lacked documentation of a criminal background check. Licensed Staff B with date of hire 2-29-18: the record lacked documentation of evidence of licensure. Certified Staff D with date of hire 10-15-17: the record lacked documentation of certification and a criminal background check. Certified Staff E with date of hire 8-14-17: the record lacked documentation of certification. Facility lacked a policy for staff qualifications and screening. Interview on 3-26-18 around 2:15 PM with Administrative Staff G confirmed the above personnel files lacked documentation of certification and criminal background checks. The Operator/CMA failed to ensure the employee records contained documentation that the registry was checked before providing care to residents for certified and licensed staff and further failed to ensure a criminal background check was performed and documented on all non-certified and certified staff.	S5258		

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S5315	Continued From page 28	S5315		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1)(4)	S5315		

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	B023018	A. BUILDING: _____ B. WING _____	03/28/2018

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S5315	Continued From page 29 The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. Based on observation and interview, the Operator/CMA failed to ensure that all medications and biologicals managed by the facility in a locked medication room, cabinet or cart were securely stored; and that only licensed nurses and medication aides had access to the stored medications and biologicals. Findings included: - Observation on 3-26-18 between 11:20 AM and 12:45 PM during tour of facility accompanied by Operator/ CMA, surveyor observed the following: Storm Shelter room with no locking mechanism contained a medication refrigerator which contained Bisacodyl and Acetaminophen suppositories for Resident #703; Lantanoprost eye drops for Resident # 702. and two bottles of unopened Tuberculosis skin testing solution. Interview on 3-26-18 during tour with Operator/CMA confirmed the medications were not stored so only licensed nurses and medication aides had access to them. The Operator/CMA failed to ensure all medications and biologicals were stored in a locked medication room, cabinet or medication cart accessible to only licensed nurses and medication aides.	S5315		
S5325 SS=F	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a	S5325		

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S5325	Continued From page 30 medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l) The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. The Operator/CMA (certified medication aide) failed to ensure a licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition as evidenced by record review and interview for 3 (#701, #702, #703) of 3 sampled residents with the potential to affect all residents. Findings included: - Record review for Resident #701 revealed admission on 9-3-17 with diagnoses Dementia, Hyperlipidemia, Osteoporosis, Osteoarthritis and Peptic Ulcer Disease. The Functional Capacity Screen (FCS) dated 9-3-17 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 9-3-17 recorded resident to have medication management. (Note:	S5325		

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S5325	Continued From page 31 The NSA lacked identification of the pharmacy provider and who is to pay the pharmacy.) The record lacked documentation of a medication regimen review. - Record review for Resident #702 revealed admission on 1-30-18 with diagnoses Hemiplegia following Cerebral Infarction, Chronic Obstructive Pulmonary Disease, Hypertension and Diabetes Mellitus II. The Functional Capacity Screen (FCS) of unknown date recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 1-27-18 recorded resident to have medication management (Note: The NSA lacked identification of the pharmacy provider and who is to pay the pharmacy.) The record lacked documentation of a medication regimen review. - Record review for Resident #703 revealed admission on unknown date with diagnoses Parkinson's Disease, Dementia, Depressive Disorder, and Anorexia. The Functional Capacity Screen (FCS) dated 9-6-17 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 9-8-17 lacked	S5325		

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S5325	Continued From page 32 indication for facility to perform management of medications. The record lacked documentation of a medication regimen review. Interview on 3-26-18 around 5:20 PM with Operator/CMA confirmed facility managed medications for Residents #701, #702, #703 and all residents living at the facility. Stated the facility did not have a consulting pharmacist to perform medication regimen reviews and confirmed all resident records lacked documentation of medication regimen reviews. For Residents #701, #702, #703 and affecting all residents, the Operator/CMA failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for each resident whose medication is managed by the home.	S5325		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a)	S5335		

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S5335	Continued From page 33 The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. Based on observation and interview for all residents, the Operator/CMA failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured throughout the facility. Findings included: - Observation on 3-26-18 during entrance tour from 11:20 AM to 12:45 PM accompanied by Operator/CMA revealed the following: Unsecured cabinets underneath sink in kitchen: Spray bottle of sanitizer, can of Bar Keepers Friend Cleanser and Polisher, 3 bottles of Weimer Cook Top Cleanser. Unsecured laundry room, unsecured cabinet underneath sink: 1 gallon of bleach, 1 bottle of Windex, 1 can of disinfecting spray, 1 can of Glade room spray, 1 bottle of OxySteam Carpet Cleaner. Unsecured storage room at end of hall: a cart with multiple containers of chemicals. On the of cart an opened bottle of nail polish remover and several bottles of nail polish. On bottom of cart: gallons of multipurpose cleaner, 1 bottle of Murphy's Oil Soap, 1 bottle of Windex cleaner and several other bottles of cleaning chemicals. Upstairs area of facility with unsecured closet containing a gallon of Multisurface Cleaner and a restroom with a bottle of Multisurface Cleaner under the sink. The roster identified 9 of 10 residents with impaired cognition.	S5335		

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S5335	Continued From page 34 Interview on 3-26-18 from 11:20 AM to 12:45 PM with Operator/CMA during tour, confirmed the above chemicals were unsecured. For all residents, the Operator/CMA failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured throughout the facility.	S5335		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2) The facility reported a census of 10 residents. The sample included 3 residents and 1 respite-stay resident. Based on observation and interview for all residents, the Operator/CMA failed to ensure the temperature of hot water shall range between 98 degrees Fahrenheit and 120 degrees Fahrenheit at showers, tubs and lavatories accessible to residents. Findings included: - Observation on 3-26-18 from 11:20 AM to 12:45	S5380		

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S5380	Continued From page 35 PM, during entrance tour of facility, revealed the following: Large restroom in hallway with roll-in shower. Hot water temperature at sink was 134.4 Degrees F (Fahrenheit). Kitchen sink hot water temperature was 137.4 degrees F. Resident #704's restroom hot water temperature: 132.2 degrees F. Upstairs restroom in hallway: 127.5 degrees F. Interview on 3-26-18 at 12:25 PM with Administrative Staff G the hot water for the above rooms came from the same hot water tank in the basement and would adjust the tank. Confirmed he/she had not been keeping a record of the hot water temperatures. Facility did not provide a policy for regular monitoring and documentation of hot water temperatures. Recheck of the hot water faucet on 3-26-18 at 6:00 PM revealed Kitchen sink at 97.8 degrees F and large restroom with roll-in shower to be 96.4 degrees F. Administrative Staff G stated he/she would readjust hot water tank. For all residents, the Operator/CMA failed to ensure the temperature of hot water shall range between 98 degrees Fahrenheit and 120 degrees Fahrenheit at showers, tubs and lavatories accessible to residents.	S5380		