STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N054005	A. BUILDING: _____ B. WING _____	02/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCIES AT PLEASANTON	706 W 15TH STREET PLEASANTON, KS 66075

(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 a resurvey conducted at the above named facility on 2-7-18, 2-8-18, 2-12-18, and 2-13-18.	S 000		
S3165 SS=F	26-41-204 (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 supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility identified a census of 20 residents. The sample included 3 residents. For all residents, the operator/certified medication aide failed to ensure the Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) contained the name of the licensed nurse responsible for the implementation and supervision of the plan as evidenced by record review, interviews, and observations for 3 of 3 (#222, #333, #400) residents. Findings included: - Record review on 2-7-18 at 2:15 p.m. for resident #222 revealed an admit date of 6-2-15 with diagnoses of dementia, depression and parkinson's disease. The functional capacity screen dated 2-25-17 recorded resident required physical assistance with toileting, transfer and unable to assist with	S3165		

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

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S3165	Continued From page 1	S3165		

bathing, dressing, walking/mobility, management of medications/treatments, experienced short term memory loss, memory recall, decision making and experienced impaired decision making.

The negotiated service agreement/health care service plan (NSA/HSP) dated 2-25-17 included services required for eating, walking, transfer, incontinent care, dressing, bathing, cognition, and medication/treatment administration.

The NSA/HSP lacked the signature of the licensed nurse responsible for implementation and supervision of the plan.

- Record review on 2-8-18 at 10:15 a.m. for resident #333 revealed an admit date of 9-4-14 with diagnoses of depression, anxiety, spinal stenosis and history of falls.

The functional capacity screen dated 4-14-17 recorded resident required physical assistance with bathing, dressing, management of medications/treatments, bladder incontinence, decision making, and falls/unsteadiness.

The negotiated service agreement/health care service plan dated 4-14-17 included services required for bathing, management of medications/treatments, bladder incontinence, decision making, and falls/unsteadiness.

The NSA/HSP lacked the signature of the licensed nurse responsible for implementation and supervision of the plan.

- Record review for resident #400 revealed an admit date of 10-16-17 with diagnoses for

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THE RESIDENCIES AT PLEASANTON	706 W 15TH STREET PLEASANTON, KS 66075

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S3165	Continued From page 2 congestive heart failure, falls, syncope, anemia, and anxiety. The functional capacity screen dated 10-16-17 recorded resident required physical assistance for bathing; unable to manage medications/treatments, experienced decision making, and falls/unsteadiness. The negotiated service agreement/health care service plan dated 10-16-17 included services for bathing, administration of medications and treatments, decision making, and falls/unsteadiness. The NSA/HSP lacked the signature of the licensed nurse responsible for implementation and supervision of the plan. Interview on 2-8-18 at 2:00 p.m. with licensed nurse A stated had not signed anything in the negotiated service agreement/health care service plan that identified name of the licensed nurse responsible for supervision and implementation of health care services to be provided. For all residents, the operator/certified medication aide failed to ensure the Negotiated Service Agreement/Health Care Service Plan contained the name of the licensed nurse responsible for the implementation and supervision of the plan.	S3165		
S3290 SS=D	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each	S3290		

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S3290	Continued From page 3 resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(a)(b)(2) The facility identified a census of 20 residents. The sample included 3 residents. Based on observation, record review, and interview for 1 (#222) of 3 residents sampled, the operator failed to ensure the mechanically altered diet (pureed with nectar thick liquids) shall be prepared according to instructions from a medical care provider or licensed dietitian.	S3290		

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S3290	Continued From page 4 Findings included: - Record review on 2-7-18 at 2:15 p.m. for resident #222 revealed an admit date of 6-2-15 with diagnoses of dementia, depression and parkinson's disease. The functional capacity screen dated 4-7-16 and 2-25-17 recorded resident unable to assist with eating. The negotiated service agreement/health care service plan dated 4-7-16 and 2-25-17 recorded resident on mechanical soft ground meat diet with thicken liquids. On 8-17-17 the negotiated service agreement/health care service plan amended to change diet to pureed meat with thickened liquids. The signed physician orders dated 1-29-18 recorded resident on pureed diet with nectar thick liquids. Interview on 2-7-18 at 12:20 p.m. with staff D stated there were no written instructions available on how to prepare a mechanically altered diet but he/she knew how to fix pureed diet. Staff D further stated he/she followed the instructions on container to prepare for resident on thickened liquids.	S3290		

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S3290	Continued From page 5 On 2-7-17 at 12:25 p.m. observed certified staff B feeding resident #222 a pureed diet with nectar thickened liquids. The meal contained pureed roast, potatoes, carrots, and thickened water. Interview on 2-8-17 at 1:20 p.m. with operator/certified medication aide E and licensed nurse A both stated were not aware a mechanical altered diet and or thickened liquids had to have written instructions from a licensed dietitian or medical care provider and confirmed signed written instructions were not available for resident #222 ' s diet. For resident #222, the operator failed to ensure the mechanically altered diet (pureed with nectar thick liquids) prepared according to instructions from a medical care provider or licensed dietitian.	S3290		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards;	S3305		

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S3305	Continued From page 6 (4) providing sanitary conditions for food service; (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; and (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: KAR 26-41-207(a) The facility identified a census of 20 residents. The sample included 3 residents. Based on observations and interview for all residents, the operator failed to ensure the provision of a safe, sanitary, and comfortable environment for residents. Findings included: - During tour of facility kitchen on 2-7-18 at 10:30 a.m. with staff D observed an ice scoop lying on the ice in the ice machine. The refrigerator contained four plastic wrapped packages of raw	S3305		

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S3305	Continued From page 7	S3305		

bacon without date or label, four raw sausage patties wrapped in plastic without date or label, and a package that contained three thawed out chicken breast dated use by 2-5-18. Staff D stated the chicken was thawed out and was planned to cook today but menu changed and took the thawed chicken and placed in the freezer. Surveyor asked staff D to notify dietary manager or operator to determine what should be done with the chicken.

The freezer contained frozen ham, bacon, and sausage all wrapped in clear plastic without date repackaged and a baggie that contained a frozen sweet potato per staff D. The baggie lacked a date. The pantry contained a plastic bag with what staff D stated was corn flakes cereal. The plastic bag was open and not secured. Tour of dining room revealed clean coffee cups on top of beige cart that was soiled with dark sticky substance. Next to the cart was a large grey chest of drawers where coffee and beverage station sat on top of chest. The drawers of the chest contained numerous mice droppings.

On 2-7-18 at 11:10 a.m. observed laundry room with certified staff B. The laundry room contained built in shelves across the laundry room wall. The shelves contained clean linens, cloth incontinent pads, towels, wash cloths, blankets and table cloths. Observed a used mattress lying next to clean linens and a rolled up used carpet leaning on clean linen shelves. The laundry room also contained a bare mattress with a pile of linens at one end and a used egg crate cushion at the other end. Certified staff B stated and confirmed mattress and carpet was from a previous resident's room.

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S3305	Continued From page 8 Interview on 2-7-18 at 1:00 p.m. with operator stated he/she took mattress and rolled up carpet out of clean linen room and took raw chicken out of facility. On 2-7-17 at 1:35 p.m. observed spilled dark liquid under dining room table where residents eat. Operator asked staff D to mop the floor and he/she stated, "I do not know how to mop a floor." The operator then stated he/she would show him/her how to mop a floor. For all residents, the operator failed to ensure the provision of a safe, sanitary, and comfortable environment for residents.	S3305		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care 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. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities	S3320		

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S3320	Continued From page 9 act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 26-42-254(a) The facility identified a census of 20 residents. The sample included 3 residents. Based on observations and interview for all residents, the operator failed to ensure the facility maintained to protect the health and safety of residents, personnel and the public. Findings included: - Tour of kitchen on 2-7-18 at 10:30 a.m. with staff C revealed five wooden chairs in the dining room that had loose arm rests. The wooden chairs were chairs the residents sat in during meals. On 2-7-18 at 11:55 a.m. observed exit door in dining room with licensed nurse A. The exit door lacked weather stripping around the door and daylight was visible through a crack in the door. The door was cracked at the base with ragged edges and had a crack sideways across the door handle. When the door was opened had to slam door to shut it as the cracked areas at the base would catch on bottom and around the door	S3320		

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S3320	Continued From page 10 handle. Licensed nurse A confirmed the door broken and needed a new door. For all residents, the operator failed to ensure the facility maintained to protect the health and safety of residents, personnel and the public.	S3320		