STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087220	A. BUILDING: _____ B. WING _____	11/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ULTRA CARE HOME PLUS	11537 E. HARRY STREET WICHITA, KS 67207

(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 the initial survey at the above named facility on 10-19-17, 10-23-17, 10-25-17, 10-26-17, 10-30-17, 10-31-17 and 11-1-17.	S 000		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility identified a census of 4 residents. The sample included 3 residents. Based on record review, interview, and observation for 1 (#100) of 3 residents sampled, the Operator/Registered Nurse (RN) A failed to ensure that a licensed nurse provided or coordinated the provision of necessary heath care services that meet the needs of cognitive impaired resident who required a two person transfer, use of hoyer lift, and experienced falls/unsteadiness. Findings included: - Record review for resident #100 revealed an admit date of 9-1-17 with diagnoses of metastatic	S5155		

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

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S5155	Continued From page 1 renal cell cancer with progression of intra-abdominal masses, bladder cancer, diabetes, glaucoma, hypertension, and osteoarthritis. The admission Functional Capacity Screen (FCS) dated 9-1-17 recorded resident required physical assistance with walking/mobility, eating, experienced bladder incontinence and unable to assist with bathing, dressing, toileting, transfer, experienced impaired decision making, impaired vision, and falls/unsteadiness. The significant change FCS dated 9-27-17 recorded resident required physical assistance with eating, had Foley catheter, and unable to assist with bathing, dressing, toileting, transfer, walking/mobility, experienced impaired decision making, impaired vision, and falls/unsteadiness. The admission Negotiated Service Agreement dated 9-1-17 and 9-27-17 recorded hospice providing bathing to resident three times a week, resident required complete assistance for bathing, physical assistance with feeding, staff assist with incontinent care daily, and reorient due to forgetfulness and anxiety. The NSA lacked documentation of services for transfers, walking/mobility, or falls/unsteadiness. The resident Health Care Service Plan (HCSP) dated 9-1-17 with revision on 9-27-17 recorded resident was getting hospice care services, staff to assist with feeding, facility staff to manage medications as ordered, hospice staff to assist with bathing two times a week and as needed, resident required complete assistance with dressing, assist with incontinent care for bowel and bladder, and assist with transfers to	S5155		

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S5155	Continued From page 2 wheelchair. The HCSP lacked interventions to address resident's inability to bear weight or assist with transfers, the need for the assist of two persons for transfer, the use of a Hoyer lift with two person transfer, and interventions to address the resident's risk for falls. The nurses notes recorded the following on: 9-5-17 at 8:00 p.m. "Staff stated resident was gently lowered to floor due to resident's inability to move legs during transfer. Denied pain and assisted up." 9-6-17 at 5:00 p.m., "Aide stated resident was lowered to the floor assisted times two. Resident voices weakness. Denied pain or discomfort. Witness stated resident was lowered to floor and did not fall. On call nurse for hospice notified of two episodes where resident was lowered to floor due to inability to help with transfer." Signed licensed nurse B. 9-19-17 at 4:00 p.m. " . . . resident required two staff assist." Interview on 10-23-17 at 12:10 p.m. with resident #100 stated can't do anything for self and unable to stand or walk. Staff have to feed him/her. Resident stated had fallen a couple of times. 10-23-17 at 1:55 p.m., observed Operator/RN A and Licensed nurse B transferred resident #100 from bed to wheelchair using hoyer lift with sling. Resident taken to living room by wheel chair and	S5155		

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S5155	Continued From page 3 transferred to recliner using the hoyer lift with sling. The Foley catheter placed in proper position. Resident stated did not like the lift. Telephone interview on 10-25-17 at 4:10 p.m. with certified staff E stated (resident #100) is a two person transfer and do not get him/her up at night time. Telephone interview on 10-25-17 at 4:20 p.m. with certified staff D stated worked at facility on Tuesday's, Wednesday's, and Saturday's and has worked at facility almost three weeks. Certified staff D stated (resident #100) is a two person transfer and he/she did not get resident up during the night shift. For resident #100, the Operator/RN A failed to ensure that a licensed nurse provided or coordinated the provision of necessary heath care services that meet the needs of cognitive impaired resident who required a two person transfer, use of hoyer lift, unable to ambulate, and experienced falls/unsteadiness.	S5155		
S5185 SS=E	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened 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	S5185		

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S5185	Continued From page 4 prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(a)(b)(c) The facility identified a census of 4 residents. The sample included 3 residents. Based on record review, interview, and observation, for 1 (#200) of 3 residents sampled, the Operator/Registered Nurse (RN) A failed to ensure the provision or coordination of dietary services to resident as identified in the Negotiated Service Agreement (NSA), failed to assign to one employee supervisory responsibility for dietetic services, and failed to ensure the order for 1,800 calorie diet prepared according to instructions from a medical care provider or licensed dietitian. Findings included: - Record review for resident #200 revealed an admit date of 6-7-17 with diagnoses of down's syndrome, Type 2 diabetic and dementia. The admission Functional Capacity Screen dated 6-7-17 recorded resident required supervision with eating The admission Negotiated Service Agreement dated 6-7-17 recorded resident required supervision with eating. The resident Health Care Service Plan dated 6-7-17 recorded resident required supervision with eating.	S5185		

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S5185	Continued From page 5 The admission orders dated 6-7-17 from medical care provider ordered a 1,800 calorie diet. The record lacked written instructions from a medical care provider or licensed dietitian how to prepare a 1,800 calorie diet. On 10-23-17 at 12:40 p.m. observed resident #200 eating a turkey/cheese sandwich, French fries, fruit, and a sugar free popsicle. Interview on 10-23-17 at 1:10 p.m. with Operator/RN A stated did not have written instructions on how to prepare a 1,800 calorie diet from the medical care provider or licensed dietitian and had not assigned supervisory responsibility for dietetic services. For resident #200, the Operator/RN A failed to ensure the provision or coordination of dietary services to resident as identified in the NSA, failed to assign to one employee supervisory responsibility for dietetic services, and failed to ensure the order for 1,800 calorie diet prepared according to instructions from a medical care provider or licensed dietitian.	S5185		
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	S5215		

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S5215	Continued From page 6 procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d) The facility identified a census of 4 residents. The sample included 3 residents. Based on record reviews and interview for all residents, the Operator/Registered Nurse (RN) failed to ensure a quarterly review of the home's emergency management plan with employees and residents. Findings included: Review of emergency management plan on 10-23-17 at 11:00 a.m. lacked documentation of quarterly record review. Interview on 10-23-17 at 11:05 a.m. with Operator/RN A stated and had not conducted a quarterly review of the emergency management plan with employees or residents. For all residents and employees, the Operator/RN A failed to ensure a quarterly review of the home's emergency management plan with employees and residents.	S5215		
S5230 SS=E	26-42-207 (b)(5)(6) (c) Infection Control Policies	S5230		

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S5230	Continued From page 7 (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 by: KAR 26-42-207(b)(c) The facility identified a census of 4 residents. The sample included 3 residents. Based on record reviews and interviews for 2 (#200 and #300) of 3 residents sampled, the Operator/Registered Nurse (RN) A failed to ensure the home's compliance with the department's Tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Record review on 10-23-17 at 12:30 p.m. for resident #200 revealed an admit date of 6-7-17 with diagnoses of down's syndrome, Type 2 diabetic and dementia. The initial TB skin test administered on 6-7-17 and read on 6-11-17 as negative.	S5230		

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S5230	Continued From page 8 Documentation of the TB skin test was not read with-in seventy-two hours of administration. The record lacked the second step of the two step TB skin test. - Record review on 10-23-17 at 1:45 p.m. for resident #300 revealed an admit date of 6-1-17 with diagnoses of alzheimer's disease and dementia. The initial TB skin test administered on 6-9-17 and read on 6-12-17 as negative. The record lacked the second step of the two step TB skin test. Interview on 10-23-17 at 5:35 p.m. with Operator/RN A stated the second step of TB skin test was not administered. For residents #200 and #300, the Operator/RN A failed to ensure the home's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by:	S5251		

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S5251	Continued From page 9 KAR 26-42-105(f)(11) The facility identified a census of 4 residents. The sample included 3 residents. Based on record review, interview, and observation for 1 (#100) of 3 residents sampled, the Operator/Registered Nurse (RN) A failed to ensure the record contained documentation of actions taken and results of actions taken for falls. Findings included: - Record review for resident #100 revealed an admit date of 9-1-17 with diagnoses of metastatic renal cell cancer with progression of intra-abdominal masses, bladder cancer, diabetes, glaucoma, hypertension, and osteoarthritis. The admission Functional Capacity Screen (FCS) dated 9-1-17 recorded resident required physical assistance with walking/mobility, eating, experienced bladder incontinence and unable to assist with bathing, dressing, toileting, transfer, experienced impaired decision making, impaired vision, and falls/unsteadiness. The significant change FCS dated 9-27-17 recorded resident required physical assistance with eating, had Foley catheter, and unable to assist with bathing, dressing, toileting, transfer, walking/mobility, experienced impaired decision making, impaired vision, and falls/unsteadiness. The admission Negotiated Service Agreement dated 9-1-17 and 9-27-17 recorded hospice providing bathing to resident three times a week, resident required complete assistance for	S5251		

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S5251	Continued From page 10	S5251		

bathing, physical assistance with feeding, staff assist with incontinent care daily, and reorient due to forgetfulness and anxiety.

The resident Health Care Service Plan (HCSP) dated 9-1-17 with revision on 9-27-17 recorded resident was getting hospice care services, staff to assist with feeding, facility staff to manage medications as ordered, hospice staff to assist with bathing two times a week and as needed, resident required complete assistance with dressing, assist with incontinent care for bowel and bladder, and assist with transfers to wheelchair.

The nurses notes recorded the following on:

9-5-17 at 8:00 p.m. "Staff stated resident was gently lowered to floor due to resident's inability to move legs during transfer. Denied pain and assisted up."

9-6-17 at 5:00 p.m., "Aide stated resident was lowered to the floor assisted times two. Resident voices weakness. Denied pain or discomfort. Witness stated resident was lowered to floor and did not fall. On call nurse for hospice notified of two episodes where resident was lowered to floor due to inability to help with transfer." Signed licensed nurse B.

The record lacked documentation of follow up assessment following falls and complaint of weakness.

9-19-17 at 4:00 p.m. " . . . resident required two staff assist."

Interview on 10-23-17 at 12:10 p.m. with resident #100 stated can't do anything for self and unable

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S5251	Continued From page 11 to stand or walk. Staff have to feed him/her. Resident stated had fallen a couple of times. 10-23-17 at 1:55 p.m., observed Operator/RN A and Licensed nurse B transferred resident #100 from bed to wheelchair using hoyer lift with sling. Resident taken to living room by wheel chair and transferred to recliner using the hoyer lift with sling. The Foley catheter placed in proper position. Resident stated did not like the lift. For resident #100, the Operator/RN A failed to ensure the record contained documentation of actions taken and results of actions taken for falls.	S5251		
S5255 SS=L	26-42-102 (a) Staff Qualifications Sufficent Staff (a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of qualified personnel to provide each resident with services and care in accordance with that resident ' s functional capacity screening, health care service plan, and negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(a) The facility identified a census of 3 residents. The sample included 3 residents. Based on record review, interview and observation for 1 (#100) of 3 residents sampled, the Operator/Registered Nurse (RN) failed to ensure the provision of sufficient number of qualified staff to provide this resident with services and care in	S5255		

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S5255	Continued From page 12	S5255		

accordance with the resident's functional capacity screen, negotiated service agreement and health care service plan. Resident #100 required 2 person assist with transfers. The only staff member on duty when surveyor arrived was not a licensed or certified staff and operator/registered nurse A was unable to provide a schedule or payroll records to show all residents had been cared for by qualified staff and a sufficient number of qualified staff were available to provide care to resident #100. These failures placed resident #100 and all other residents in the facility in immediate jeopardy for harm or injury.

Findings included:

- Record review for resident #100 revealed an admit date of 9-1-17 with diagnoses of metastatic renal cell cancer with progression of intra-abdominal masses, bladder cancer, diabetes, glaucoma, hypertension, and osteoarthritis.

The admission Functional Capacity Screen (FCS) dated 9-1-17 recorded resident required physical assistance with walking/mobility, eating, experienced bladder incontinence and unable to assist with bathing, dressing, toileting, transfer, experienced impaired decision making, impaired vision, and falls/unsteadiness.

The significant change FCS dated 9-27-17 recorded resident required physical assistance with eating, had foley catheter, and unable to assist with bathing, dressing, toileting, transfer, walking/mobility, experienced impaired decision making, impaired vision, and falls/unsteadiness.

The admission Negotiated Service Agreement dated 9-1-17 and 9-27-17 recorded hospice

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S5255	Continued From page 13	S5255		

providing bathing to resident three times a week, resident required complete assistance for bathing, physical assistance with feeding, staff assist with incontinent care daily, and reorient due to forgetfulness and anxiety.

The NSA lacked documentation of services for transfers, walking/mobility, or falls/unsteadiness.

The resident Health Care Service Plan (HCSP) dated 9-1-17 with revision on 9-27-17 recorded resident was getting hospice care services, staff to assist with feeding, facility staff to manage medications as ordered, hospice staff to assist with bathing two times a week and as needed, resident required complete assistance with dressing, assist with incontinent care for bowel and bladder, and assist with transfers to wheelchair.

The HCSP lacked interventions to address resident's inability to bear weight or assist with transfers, the need for the assist of two persons for transfer, the use of a Hoyer lift with two person transfer, and interventions to address the resident's risk for falls.

The nurses notes recorded the following on:

9-5-17 at 8:00 p.m. "Staff stated resident was gently lowered to floor due to resident's inability to move legs during transfer. Denied pain and assisted up."

9-6-17 at 5:00 p.m., "Aide stated resident was lowered to the floor assisted times two. Resident voices weakness. Denied pain or discomfort. Witness stated resident was lowered to floor and did not fall. On call nurse for hospice notified of

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two episodes where resident was lowered to floor due to inability to help with transfer." Signed licensed nurse B.

9-19-17 at 4:00 p.m. " . . . resident required two staff assist."

Arrived at facility on 10-19-17 at 1:15 p.m. and met person staff C who identified self as "Certified Nurse Aide (CNA)" and who was working in facility alone. Staff C's name tag identified him/her as a CNA. Staff C stated (licensed nurse B) will be back shortly and (Operator/registered nurse A) was off today running errands. Surveyor provided daily meeting, IDR, to staff C and requested resident roster and personnel be completed. Staff C stated they had 4 residents. Resident #100 was calling for help and staff C went to room to assist resident with repositioning.

10-19-17 at 1:20 p.m. Licensed nurse B stated spouse is the Operator/Registered Nurse (operator/RN A) for facility. Requested resident roster and personnel to be completed.

10-19-17 at 1:35 p.m. Operator/RN A came to facility and stated resident #100 is a two person transfer and had a decline in condition.

Interview on 10-19-17 at 2:45 p.m. with Operator/RN A stated and confirmed two staff to be on duty at all times since 9-19-17 and further stated staff C or Licensed Nurse B is on duty twenty-four hours a day seven days a week.

Interview on 10-23-17 at 3:35 p.m. with operator/RN A and Licensed nurse B stated they did not have schedules, timesheets, or payroll

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ULTRA CARE HOME PLUS	11537 E. HARRY STREET WICHITA, KS 67207

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records for themselves or staff.

10-19-17 at 3:40 p.m. received a written statement that recorded: Two staff will be available to provide care for (resident #100) at all times due to decline and increased weakness."

10-23-17 at 9:30 a.m. arrived at facility and observed Licensed Nurse B and staff C on duty. Licensed Nurse B stated Operator/RN A left to go run errands.

Interview on 10-23-17 at 12:10 p.m. with resident #100 stated can't do anything for self and unable to stand or walk. Staff have to feed him/her. Resident stated had fallen a couple of times.

10-23-17 at 1:55 p.m., observed Operator/RN A and Licensed nurse B transferred resident #100 from bed to wheelchair using hoyer lift with sling. Resident taken to living room by wheel chair and transferred to recliner using the hoyer lift with sling. The foley catheter placed in proper position. Resident stated did not like the lift.

10-23-17 at 3:35 p.m. reviewed personnel with Operator/RN A identified certified staff C as an "Aide" on personnel record review. During the review Operator/RN A stated staff C had taken the CNA test but had not received the certificate yet. "We are waiting for it to come in the mail." Operator/RN A unable to provide or identify any records for staff C that indicated he/she took CNA course and confirmed he/she was identified as an CNA during survey process. Operator/RN A identified staff C as family member. Informed Operator/RN A that the person identified as staff C could not work providing care to residents and had to ensure the facility provided two certified staff or licensed staff on duty twenty-four hours a

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day seven days a week. (Note: on 10-24-17 operator/RN A provided a letter related to CNA training for staff C that stated he/she started a course on 9-9-17 and would not complete the clinical requirements until 10-30-17).

Telephone interview on 10-25-17 at 4:10 p.m. with certified staff E stated, Worked at facility beginning 10-11-17 from 10:00 p.m. to 7:00 a.m. two to three nights a week for two weeks. Certified staff E stated either (Licensed Nurse B or Operator/RN A) would relieve him/her in the mornings he/she worked. Certified staff E stated (staff C) would arrive prior to certified staff E leaving. Certified staff E stated (resident #100) is a two person transfer and do not get him/her up at night time.

Telephone interview on 10-25-17 at 4:20 p.m. with certified staff D stated worked at facility on Tuesday's, Wednesday's, and Saturday's and has worked at facility almost three weeks. Certified staff D stated worked the night shift from 10:00 p.m. to 7:00 a.m. and had worked one week alone on the night shift until surveyor came to facility then (Operator/RN A) had two staff start working night shift. Certified staff D stated (resident #100) is a two person transfer and he/she did not get resident up during the night shift. I remember one time when (staff C) came to work with (Licensed Nurse B) to relieve him/her.

On 10-30-17 requested a statement from Operator/RN A to clarrify staff involved in lowereing resident to floor on 9-6-17.

10-30-17 at 9:40 a.m. received a written statement from (Operator/RN A) that recorded: "9-6-17 at 5:00 p.m., (I) attempted to transfer

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resident from recliner to wheel chair but mid-way during transfer, resident refused to move legs, (staff C) came to staff assistance and resident was lowered to the floor gently in order to prevent fall. (Licensed Nurse B) was assisting another resident in their room and was notified. (Licensed Nurse B) and I transferred resident from wheel chair to bed."

10-30-17 at 10:47 a.m. received a written statement from (Licensed Nurse B) that recorded the following: "On 9-6-17 at 5:00 p.m. staff (Operator/RN A) alerted this RN while this RN was caring for another resident that resident was gently lowered to the floor by (Operator/RN A) and (staff C); when resident refused to move legs during transfer. (Licensed nurse B) and (Operator/RN A) assisted with transfer of resident to wheel chair.

For all residents, operator/licensed nurse failed to ensure the provision of sufficient number of qualified staff to provide this resident with services and care in accordance with the resident's functional capacity screen, negotiated service agreement and health care service plan when he/she allowed unqualified staff to provide care for residents and failed to ensure sufficient staff were available to care for Resident #100 who required 2 person assist with transfers. These failures placed all residents in immediate jeopardy for harm or injury.

The jeopardy was removed on 10-25-17 at 12:40 p.m. when arrived at facility and observed both operator/RN A and licensed nurse B on duty. Written statement on 10-25-17 recorded both operator/RN A and licensed nurse B will work 7 a.m. to 10 p.m. Sunday through Saturday and certified staff D and certified staff E will work 10

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S5255	Continued From page 18 p.m. to 7 a.m. Sunday through Saturday until more certified staff is hired.	S5255		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility identified a census of 4 residents. The sample included 3 residents. Based on record review, interview, and observation for 1 (#300) of 3 residents sampled, the Operator/Registered Nurse (RN) A failed to ensure all medications administered to resident #300 as ordered by medical care provider. Findings included:	S5300		

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S5300	Continued From page 19 - Record review on 10-23-17 at 1:45 p.m. for resident #300 revealed an admit date of 6-1-17 with diagnoses of alzheimer's disease and dementia. The admission Functional Capacity Screen dated 6-7-17 recorded resident unable to manage medications/treatments. The admission Negotiated Service Agreement dated 6-7-17 recorded facility staff to administer medications as ordered by medical care provider. The admission Health Care Service Plan dated 6-7-17 recorded facility staff to administer medications as ordered by medical care provider. The record contained a written order from medical care provider to discontinue chlorthalidone 50 Milligrams (MG) daily (for hypertension) dated 10-5-17at 8:00 a.m.. The Medication Administration Record (MAR) dated 9-21-17 through 10-18-17 recorded chlorthalidone 50 MG discontinued on 10-5-17. The MAR dated 10-19-17 thru 11-15-17 recorded chlorthalidone 50 MG administered 10-20-17 through 10-23-17 at 8:00a.m. Interview on 10-23-17 at 2:35 p.m. with Operator/RN A stated he/she passed medications and would circle medication if not administered. Surveyor asked Operator/RN A if medication in the medication cart and he/she stated no. Review of medication cart revealed a blister pack filled on 10-19-17 with 29 tablets. Observation of the blister pack labeled with medication chlorthalidone 50 MG, identified 4 doses missing. Operator/RN then stated and confirmed he/she	S5300		

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S5300	Continued From page 20 administered the medication. For resident #300, the Operator/RN A failed to ensure all medications administered to resident #300 as ordered by medical care provider.	S5300		
S5325 SS=F	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. 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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l) The facility identified 4 residents. The sample included 3 residents. For all residents, the Operator/Registered Nurse (RN) 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 facility and each time the resident experienced any significant change as evidenced by record reviews, and interviews for 3 (#100, #200, #300) of 3 sampled residents. Findings included: Resident roster identified all residents' medications were managed by the facility.'	S5325		

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S5325	Continued From page 21 - Record review for resident #100 revealed an admit date of 9-1-17 and documentation of a significant change on 9-27-17. The record lacked a review of medications when significant change conducted on 9-27-17. - Record review for resident #200 revealed an admit date of 6-7-17. Interview on 10-23-17 at 1:15 p.m. with resident #200 stated (Operator/RN A or Registered Nurse B) administered medications. The record lacked a quarterly review of medications by a licensed pharmacist or licensed nurse. - Record review for resident #300 revealed an admit date of 6-1-17. Interview on 10-23-17 with resident #300 stated (Operator/RN A or Registered Nurse B) administered medications. The record lacked a quarterly review of medications by a licensed pharmacist or licensed nurse. Interview on 10-23-17 at 2:35 p.m. with Registered Nurse B stated a pharmacist or a licensed nurse had not conducted a medication regimen review quarterly or with significant change. The nurse administered all medications. For all residents, the Operator/RN A failed to	S5325		

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S5325	Continued From page 22 ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experienced any significant change.	S5325		
S5380 SS=J	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 26-42-437(i)(2) The facility identified a census of 4 residents. The sample included 3 residents. Based on observations and interviews for all residents, the operator failed to ensure hot water ranged between 98 degrees Fahrenheit (F) and 120 degrees F at showers, tubs, and lavatories accessible to residents. On 10-10-17 at 1:15 p.m. hot water temperatures were found ranging from 147 to 154.3 degrees Fahrenheit (F) in sinks accessible to residents. This failure placed all residents in immediate jeopardy for harm or injury Findings included: - On 10-10-17 at 1:15 p.m. Environmental Specialist arrived to inspect addition of rooms to	S5380		

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S5380	Continued From page 23 facility and checked hot water temperature in newly installed bathroom. The shower was 141 degrees F and sink was 154.3 degrees F. Operator/Registered Nurse (RN) immediately notified of the unsafe water temperatures and was at immediate jeopardy levels. The Operator/RN went down stairs and stated he/she turned the hot water temperature down. Water temperatures at resident bathroom sink was 147 degrees F and the kitchen sink was 148.8 degrees F. The Operator/RN reported he/she must of turned the controls the wrong way and (turned it hotter), and went back down stairs to adjust the water heater. On 10-10-17 at 1:45 p.m., The water temperatures were: New bathroom sink 104 degrees F, kitchen sink 106.5 degrees F, bathroom sink 98.4 degrees F. On 10-10-17 at 3:35 p.m. notified Operator/RN by phone to send records of monitoring water temperatures, existing water temperature policies, and a plan to ensure safe water temperatures to avoid reoccurrence . A written plan was received on 10-11-17 On 10-19-17 at 1:33 p.m. hot water temperature in old bathroom sink was105 degrees F, at 1:35 p.m. it was 105.7 degrees F in kitchen, and at 1:38 p.m. hot water in new bathroom 104.7 degrees F. Interview on 10-23-17 at 10:10 a.m. with Operator/RN stated and confirmed weekly temperature log completed through 10-22-17. Observed temperature log and it identified water temperatures between 98 degrees F and 120 degrees F.	S5380		

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S5380	Continued From page 24 For all residents, the operator failed to ensure hot water ranged between 98 degrees F and 120 degrees F at showers, tubs, and lavatories accessible to residents. On 10-10-17 at 1:15 p.m. hot water temperatures were found ranging from 147 to 154.3 degrees Fahrenheit (F) in sinks accessible to residents. This failure placed all residents in immediate jeopardy for harm or injury The immediate jeopardy was corrected on 10-11-17 when a written plan was submitted that included: "Will check the water temperature in each bathroom and kitchen right after plumbing work and continue to monitor closely several times a day for a week after each plumbing work or any work/repair that interrupts the central heater. Will make sure the hot water is provided at outlets at all times and the range shall be between 98 degrees F to 120 degrees F. We will make sure resident are not using bathroom sinks, kitchen sinks, and showers while repair is ongoing until water temperature is with-in the required limit. Will continue to ensure weekly monitoring and keeping log of water temperature at our facility."	S5380		