STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023022	A. BUILDING: _____ B. WING _____	11/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY VILLAGE	3901 PETERSON ROAD 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 are the result of a licensure survey conducted at the above named assisted living facility in Lawrence, Ks on 10/31/17, 11/1/17 and 11/2/17.	S 000		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility 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 26-41-204(a) The facility reported a census of 18 residents. The sample included 3 residents. Based on record review, observation and interview for 3 sampled residents (#101, #102, #103) , the administrator failed to 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. Findings included: - Record review for resident #101 recorded	S3155		

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

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S3155	Continued From page 1	S3155		

admission date of 2/16/17 with diagnoses including: rash, cystoid macular degeneration, herpes Zoster, hypertension, pain, hypothyroidism, low back pain, Arteriosclerotic heart disease and diabetes mellitus.

Functional Capacity Screen (FCS) dated 9/25/17 recorded resident required assistance with bathing and supervision with dressing toileting and walk/mobility.

Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 2/16/17 recorded resident to receive staff assistance with bathing, dressing, toileting and walk/mobility.

Nurses notes dated 6/29/17 at 10:16pm recorded " ... resident found sitting on the floor in the bathroom ..."

Nurses notes dated 4/4/17 at 9:55pm recorded , " Resident page this nurse and upon entering resident's room observed him/her sitting on floor by bed ....."

HCSP lacked entries for interventions for falls.

Interview on 11/1/17 at 10:30am with licensed nurse #B confirmed HCSP lacked entries for interventions for falls.

Record review for resident #102 recorded admission date of 3/23/17 with diagnoses of: abdominal aortic aneurysm, attention deficit disorder, anemia, Cerebral Vascular accident with hemiplegia and hemiparesis (right), elevated blood pressure, constipation and overactive bladder.

FCS dated 3/23/17 recorded resident required

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S3155	Continued From page 2 assistance with toileting and is independent with transfers. NSA/HCSP dated 3/23/17 recorded resident is independent with toileting and independent with transfers. Observation during interview with resident on 11/1/17 at 10:05am revealed resident wears a leg brace to right lower leg and has a band to secure right (paralyzed) arm to wheelchair. Observation on 11/1/17 at 10:20am in resident's room revealed a bed can attached to the right side of a full size bed. HCSP lacked entries for resident use of bed cane, leg brace and arm band. Interview on 10/31/17 at 4:00pm with licensed nurse #B confirmed facility does not do assessments for use and safety of side rails/bed canes. Interview on 11/1/17 at 11:20am with licensed nurse #B confirmed HCSP lacked entries for resident use of a bed cane and leg brace. Record review for resident #103 recorded admission date of 10/30/17 with diagnoses including: acute pain, wheezing, dementia, hypercholesterolemia, hypertension, hypothyroidism and depression. FCS dated 10/30/17 recorded resident independent with walk/mobility. Resident has problems with short term memory, memory recall and decision making. Resident is at risk for falls/unsteadiness, and wandering.	S3155		

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S3155	Continued From page 3 NSA/HCSP dated 10/30/17 recorded resident to receive night time safety checks, resident walks freely around community and sometimes needs cueing/assistance to locate his/her room. Informed Elopement Risk-signed. Informed fall risk-signed. Observation on 10/31/17 at 10:45am revealed resident in his/her room located approximately 15 foot from exit at end of hallway. Interview on 10/31/17 at 3:45pm with administrator #A stated resident was at another larger facility prior to admission at this facility and had trouble finding his/her room there. If he/she has trouble the agreement is to move him/her immediately to memory care. HCSP lacked interventions for wandering behavior. For residents #101,102 and 103 the administrator failed to 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.	S3155		
S3201 SS=F	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered;	S3201		

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S3201	Continued From page 4 (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(3)(D) The facility reported a census of 18 residents. The sample included 3 residents. Based on record review and interview for all residents with facility managed medications, the administrator failed to ensure the licensed nurse or medication aide documented actual clock times medications were administered, when the medication administration record identified only time intervals. Findings included: - Review of facility's resident roster revealed all 18 residents received facility medication management.	S3201		

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S3201	Continued From page 5 Review of residents' medication administration records for residents #101, #102 and #103 recorded AM, PM, Noon, HS or PRN for medication administration times. Interview on 11/1/17 at 11:20am with licensed nurse #B confirmed all facility residents receive medication administration assistance, facility uses liberalized time parameters on MAR/TARs (medication administration and treatment administration records) and that no record of specific medication administration times are recorded for the liberalized time entries. Interview on 11/1/17 at 11:55pm with administrator #A stated facility does not have a policy for administration of medications and treatments using liberalized time parameters. For all residents of the facility the administrator failed to ensure the licensed nurse or medication aide documented actual clock times medications were administered, when the medication administration record identified only time intervals.	S3201		
S3261 SS=E	26-41-105 (f) (11) Resident Record 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	S3261		

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S3261	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 18 residents. The sample included 3 residents. Based on record review and interview for 2 sampled residents (#101,102), the administrator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident #101 recorded admission date of 2/16/17 with diagnoses including: rash, cystoid macular degeneration, herpes Zoster, hypertension, pain, hypothyroidism, low back pain, Arteriosclerotic heart disease and diabetes mellitus. Functional Capacity Screen (FCS) dated 9/25/17 recorded resident required assistance with bathing and supervision with dressing toileting and walk/mobility. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 2/16/17 recorded resident to receive staff assistance with bathing, dressing, toileting and walk/mobility. October Medication administration record (MAR)	S3261		

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S3261	Continued From page 7 recorded the following PRN (as needed) medication: Oxycodone HCL (hydrochloride) (narcotic for pain) tablet 5 milligram, give 1 tablet by mouth every 4 hours as needed for pain- moderate pain. Recorded as administered on: 10/12/17 at 8:40am reason: pain, by certified staff #C 10/17/17 at 8:40am, reason: pain, by certified staff #C 10/27/17 at 8:30am, reason: pain, by certified staff #D Review of Nurses notes lacked documentation by licensed nurse for nurse consultation regarding PRN pain medication prior to administration by certified staff. Interview on 11/1/17 at 10:30am with licensed nurse #B confirmed lack of documentation for consultation of PRN medications. Interview on 11/1/17 at 11:55pm with administrator #A, stated facility does not have a policy on PRN medications. Record review for resident #102 recorded admission date of 3/23/17 with diagnoses of: abdominal aortic aneurysm, attention deficit disorder, anemia, Cerebral Vascular accident with hemiplegia and hemiparesis (right), elevated blood pressure, constipation and overactive bladder. FCS dated 3/23/17 recorded resident required assistance with toileting and is independent with transfers.	S3261		

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S3261	Continued From page 8	S3261		

NSA/HCSP dated 3/23/17 recorded resident is independent with toileting and independent with transfers.

Review of nurses notes first entry, dated 3/27/17 at 2:16pm recorded: "Resident arrived to [facility] accompanied by ex-[spouse]. Resident is alert and oriented and able to make needs known. Admit on 3/23/17. Signed by licensed nurse #E. Next nurses note entry recorded on 4/27/17.

Record lacked documentation of resident condition, notification of physician and confirmation of orders at time of admission.

Interview on 11/1/17 at 11:20am with licensed nurse #B confirmed admission note was written 4 days after admission and lacked confirmation of orders with physician.

Nurses note dated 6/15/17 at 10:23am recorded "Resident is scheduled for a colonoscopy on 7/7/17"

Record lacked nurse note of colonoscopy prep instructions completed, date colonoscopy completed, resident condition on date of colonoscopy and follow up post colonoscopy. Record lacked results/findings of the colonoscopy.

Interview on 11/1/17 at 10:30am with licensed nurse #B confirmed actual date of colonoscopy and results of test are unknown. Confirmed record lacked documentation.

For residents #101 and 102, the administrator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of

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S3261	Continued From page 9 the action.	S3261		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-4-104(d)(3) The census equaled 18 residents, the sample included 3 residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with employees and residents.	S3280		

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S3280	Continued From page 10 Findings included: - On 10/31/17 reviewed facility's disaster plan. Record contained quarterly reviews with staff on 3/2/17, 6/9/17 and 9/1/17. Record review contained fire drills (only) conducted on 5/3/17 and 9/15/17. Interview on 10/31/17 at 11:35am with administrator #A stated "We have only done fire drills with the residents and have not done an evacuation yet." For all residents, the operator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with employees and residents.	S3280		