STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B078029	A. BUILDING: _____ B. WING _____	08/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVEN HOUSE	410 NORTH RENO AVENUE HAVEN, KS 67543

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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Home Plus Facility in Haven, Kansas on 8/21/17, 8/22/17, 8/23/17, and 8/24/17.	S 000		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) The census equalled eight the sample included three Residents. The Resident Roster identified three Residents with outside providers and two included in the sample. Based on interview, and reviews of records, for one of three sampled (#187), the Operator failed to ensure that each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. Findings included: - Review of record revealed #187 admitted to facility 4/27/15 with diagnoses of Alzheimer's, Diabetes mellitus, Hypertension, Hypothyroid, Manic depression, Osteoporosis, Hypercholestrolemia, and History of bipolar. The current FCS (functional capacity screen) of 3/16/17 assessed #187 in need of physical	S5126		

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

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S5126	Continued From page 1	S5126		

assistance bathing, dressing, toileting, transfers, mobility; independent with eating; unable to perform medication and treatment management; occasionally incontinent of bladder; understood and understands for communication; with short term memory, long term memory, memory recall, and decision making impairments; with falls/unsteadiness, impaired vision, impaired hearing, and used walker.

The 3/16/17 NSA (negotiated service agreement) recorded services to be provided for food services, bathing, dressing, grooming, toileting, transferring, ambulation, laundry, housekeeping, transportation, health care services, medication administration, behavior management, cognitive care, and, outside resources.
The NSA recorded PT/OT (physical therapy/occupational therapy) services added 8/02/17.

The medical record lacked documentation of collaboration with the Resident or the legal representative in regard to the addition of PT/OT.
The NSA lacked a signature of the Resident or the legal representative in regard to the addition of the PT/OT.
The NSA lacked a signature of the Resident or the legal representative to acknowledge the addition of the PT/OT.

By interview on 8/22/17 at 3:45pm, Operator/LPN (licensed practical nurse) #C confirmed the addition of PT/OT services not acknowledged with signature of the Resident or the legal representative.

The Operator failed to ensure that each individual involved in the development of the NSA and all amendments to the NSA for #187, signed the

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S5126	Continued From page 2 agreement.	S5126		
S5130 SS=D	26-42-202 (j) NSA Outside Resources (j) If a resident's negotiated service agreement includes the use of outside resources, the designated staff shall perform the following: (1) Provide the resident, the resident's legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(j) The census equalled eight the sample included three Residents. The Resident Roster identified three Residents with outside providers and two included in the sample. Based on interview, and reviews of records, for one of two sampled with an outside provider (#187), the Operator failed to ensure designated facility staff monitored the services provided by outside resources and acted as an advocate for the Resident. Findings included: - Review of record revealed #187 admitted to facility 4/27/15 with diagnoses of Alzheimer's, Diabetes mellitus, Hypertension, Hypothyroid, Manic depression, Osteoporosis,	S5130		

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S5130	Continued From page 3 Hypercholestrolemia, and History of bipolar. The current FCS (functional capacity screen) of 3/16/17 assessed #187 in need of physical assistance bathing, dressing, toileting, transfers, mobility; independent with eating; unable to perform medication and treatment management; occasionally incontinent of bladder; understood and understands for communication; with short term memory, long term memory, memory recall, and decision making impairments; with falls/unsteadiness, impaired vision, impaired hearing, and used walker. The 3/16/17 NSA (negotiated service agreement) recorded services to be provided for food services, bathing, dressing, grooming, toileting, transferring, ambulation, laundry, housekeeping, transportation, health care services, medication administration, behavior management, cognitive care, and, outside resources. The NSA recorded PT/OT (physical therapy/occupational therapy) services added 8/02/17. The medical record lacked information regarding the services added on 8/02/17. The medical record lacked documentation by the outside provider. The medical record lacked evidence the facility monitored the services of the outside provider. By interview on 8/22/17 at 3:40pm, Operator/LPN (licensed practical nurse) #C stated there are no notes of visits or information from outside provider... supposed to have a folder with notes but nothing there... I know the nurse was here to assess the incision, but not sure if they have started PT and OT yet... a lot of times they come later in the afternoon...	S5130		

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S5130	Continued From page 4 The Operator failed to ensure designated facility staff monitored the services provided to #187 by an outside resource.	S5130		
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 census equalled eight the sample included three Residents. Based on observation, interviews, and reviews of record, for one of three sampled (#185), the Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services that met the needs of each Resident, in accordance with the functional capacity screening (FCS) and the negotiated service agreement/health service plan (NSA/HSP), in regard to modification of foods and liquids, and in regard to bathing services by outside provider. Findings included: - By review of record, #185 admitted to facility 5/12/11 with diagnoses of Dementia, Alzheimer's,	S5155		

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S5155	Continued From page 5 Hypertension, History of urinary tract infection, Gout, History of hip fracture with open reduction and internal fixation. Functional capacity screen (FCS) of 8/17/17 assessed #185 unable to perform bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with bladder incontinence; with impaired short term and long term memory, with impaired memory recall and decision making; not able to understand, not understood for communication; with falls/unsteadiness, used wheel chair and mechanical lift. The 8/17/17 NSA (negotiated service agreement), documented facility staff to provide the following services: Therapeutic diet, total staff assistance eating - "Regular diet - may ground meat as needed - may add thick it to liquids PRN (as needed) Provide snacks twice daily;" Total assistance by one to two staff with bathing, dressing, grooming, toileting, Incontinence, transferring, mobility, escort/transportation; Resident not to be left unsupervised while in wheel chair; Both wheels locked while at dining table; Laundry, housekeeping, bed-making; Hospice provider; Health monitoring, medication administration, wound care, sleep cycle support, range of motion, management of behavioral symptoms; and, Coordination of services The Care Plan/HSP (health service plan), no date, recorded: Poor mental health status, Regular diet, wheel chair, 1-2 person transfers with Velcro gait belt, sit to stand lift PRN (as needed);	S5155		

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S5155	Continued From page 6 Assist with bathing Tuesday, Friday at 8:00pm Preventative Skin Care 8:00am and 8:00pm Total dependence grooming, oral care, toileting, dressing General housekeeping, laundry, bed making, Pressure relief cushion in wheel chair or recliner, and/or offload while in bed to prevent pressure Total assist with eating Transfer assist 1-2 person assist... sit to stand PRN, Hoyer lift PRN Thrombo embolic deterrent hose on in morning off at bedtime Fall risk, lock both wheels on wheelchair while at dining room table, do not leave unsupervised while in wheelchair Provide supplement due to weight loss Low air loss mattress, reposition every two hours while in bed The record contained a 5/30/17 diet order: "Add thick it to liquids for honey-nectar consistency due to difficulty swallowing thin liquids PRN (as needed). Regular diet-may ground meat as needed. Provide healthshakes twice daily as needed" The NSA/HSP identified needs related to ground meat and thickened liquids "PRN." The NSA/HSP failed to identify when supplements were "needed" and who to make the decision. The NSA/HSP failed to define the "PRN" criteria necessitating ground meat or thickened liquids. The NSA/HSP failed to define who was to make the decision and when the decision to be made, to modify #185's food and drink. The NSA/HSP failed to define when honey consistency used, and when nectar consistency, and who was to make the decision. The NSA/HSP failed to define the correct days	S5155		

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S5155	Continued From page 7	S5155		

and time of bathing for #185, and failed to define who was actually completing the bathing services.

By observation on 8/22/17 from 3:15pm to 3:40pm, Hospice staff and facility staff completed the bathing of #185 together.
On 8/22/17 at 3:40pm, the wound care and bandage change completed by Operator/LPN (licensed practical nurse) #C

The NSA/HSP failed to define a combined effort by Hospice staff and facility to provide bathing service.
The NSA/HSP failed to record the correct days and times for #185's bathing to be provided.
Although Operator/LPN #C completed the bandage change at 3:40pm, the August 2017 MAR (medication administration record) documented Certified Medication Aide #H completed wound care and a bandage change to #185's coccyx area at 8:00am on 8/22/17.

On 8/22/17 at 10:40am Operator/LPN #C confirmed the NSA/HSP does not specify honey or nectar and according to the "Thick-it" container these are definitely two different consistencies requiring different amounts of thickening product to be added to a liquid... Operator/LPN #C stated the certified staff on duty at time of the meal would decide whether the liquid was thickened or not, would decide honey thick or nectar thick, and would prepare the thickened liquid... they would also decide whether to grind or not grind the meat items of the meal being served...

On 8/22/17 at 4:00pm, Operator/LPN #C confirmed the MAR incorrect, and the treatment not completed at 8:00am but at 3:40pm, confirmed the NSA/HSP failed to define the date, time, and who to provide bathing services.

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S5155	Continued From page 8 The Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services that met the needs of #185, in regard to individualized interventions to address appropriate and specific modification of foods, and accurate details of the bathing services provided to #185.	S5155		
S5185 SS=F	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 prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (c) The census equalled eight the sample included three Residents. All Residents received meal service. Based on observations, interview, and record review, for two of three sampled (#185 and #187) and for one non-sampled (#180) with a therapeutic diet order, the Operator failed to	S5185		

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S5185	Continued From page 9	S5185		

ensure the diet prepared according to written instructions from a medical care provider or licensed dietician in accordance with the NSA.

Findings included:

- Review of record revealed #180 admitted to facility 3/23/15 with diagnoses of Colon cancer, Colitis, Encephalopathy, Gout, Confusion/Dementia, Benign prostatic hypertrophy, Hypertension, Diarrhea, Gastroesophageal reflux disease, Electrolyte imbalance, and Hyperkalemia.

The current functional capacity screen (FCS) of 3/21/17 assessed #180 in need of physical assistance with bathing, toileting, and eating; independent with dressing, transfers, mobility; unable to perform medication and treatment management; occasionally incontinent of bladder; with decision making and memory recall impairments; understood and understandable for communication; with falls/unsteadiness.

The negotiated service agreement (NSA) dated 3/21/17 recorded facility staff to provide services to address these identified needs. The NSA documented #180 to receive: a "Low Potassium diet."

The Operator/LPN (licensed practical nurse) #C provided a photocopy page with three columns of food listings under the headings: No Potassium (limit 4 per day), Medium Potassium (limit 2 per day), High Potassium (limit 1 per day), and Very High Potassium (avoid). Operator/LPN #C stated this is what we are to follow for #180. By review, this paper lacked identifying information to include a title, the source, a Resident name, or the signature of a Dietician or Medical care

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S5185	Continued From page 10 provider. - Review of record revealed #185 admitted to facility 5/12/11 with diagnoses of Dementia, Alzheimer's, Hypertension, Urinary tract infection history, Gout, History of hip fracture, and History of open reduction and internal fixation repair of hip fracture. The current 8/17/17 functional capacity screen (FCS) assessed #185 unable to perform bathing, dressing, toileting, transfers, mobility, medication and treatment management; incontinent of bladder; with short term memory, long term memory, decision making, and memory recall impairments; impaired communication; with falls/unsteadiness, used wheelchair and mechanical lifts. The negotiated service agreement (NSA) signed 8/17/17, recorded facility staff to provide services to address these identified needs. The NSA documented #185 to receive: a "Therapeutic diet" - Regular - may ground meat as needed - may add thickit to liquids PRN (as needed) Requires total assist eating Provide snacks twice daily. The medical record contained physician's order dated 9/11/15: "Add thick it to liquids for honey-nectar consistency due to difficulty swallowing thin liquids (PRN) Regular diet-may ground meat as needed Provide healthshakes twice daily as needed." - Review of record revealed #187 admitted to facility 4/25/15 with diagnoses of Alzheimer's, Diabetes mellitus, Hypertension, Hypothyroid, Manic depression, Osteoporosis,	S5185		

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S5185	Continued From page 11 Hypercholestrolemia, and History of Bipolar. The current 3/16/17 functional capacity screen (FCS) assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; independent with eating; unable to perform medication and treatment management; incontinent of bladder; with short term memory, long term memory, decision making, and memory recall impairments; with falls/unsteadiness, impaired vision, impaired hearing, used walker and wheelchair. The negotiated service agreement (NSA) signed 3/16/17 recorded facility staff to provide services to address these identified needs. The NSA documented #185 to receive: a "Therapeutic diet" - ADA (American Diabetes Association)." The medical record contained physician's order dated 8/03/17 "Consistent Carbohydrate" diet. On 8/22/17 at noon meal Residents all received chicken fried steak, cooked carrots, mashed potatoes and gravy, apple pie. On 8/22/17 at 10:00am Operator/LPN (licensed practical nurse) #C confirmed the NSA for #187 specified ADA, the physician's order specified Consistent Carbohydrate... Operator/LPN #C confirmed the facility dietary manual included menus and directions to prepare, but lacked the signature of either a licensed Dietician or a Medical care provider for any therapeutic diet. On 8/22/17 at 10:40am Operator/LPN #C stated #185 had the order for thick liquids prior to me coming... it is not a new order... confirmed it does not specify honey or nectar and according to the	S5185		

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S5185	Continued From page 12 "Thick-it" container are definitely two different consistencies and require different amounts of thickening product to be added to a liquid... Operator/LPN #C stated the certified staff on duty at time of the meal would prepare the thickened liquid... they would also decide whether the liquid was thickened or not, and would decide whether to grind or not grind the meat items of the meal being served. By review, on 8/22/17 at 10:00am, the provided dietary menu manual included many diet types, but lacked the signature of a Dietician or a medical care provider... Operator/LPN #C confirmed none of the diets signed by physician or dietician. By review, the facility policy and procedure titled "Dietary Services" included: "2. If the Resident's negotiated service agreement includes the provision of a therapeutic diet, the diet served shall be based on written instructions from a physician or licensed dietitian. (Either the personal physician or his designated dietician.)" The Operator failed to ensure the diets for #180, #185 and #187 prepared according to written instructions from a medical care provider or licensed dietician.	S5185		
S5300 SS=F	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	S5300		

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S5300	Continued From page 13 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 census equalled eight the sample included three Residents. All Residents identified on Resident Roster with facility managed medications. Based on observations, interviews, and reviews of records, for three of three sampled (#189, #187, and #185), the Operator failed to ensure all medications and biologicals were administered to each Resident in accordance with professional standards of practice. Findings included: - By review of record, #189 admitted to facility 6/29/17 with diagnoses of Alzheimer's, Diarrhea, and, Dementia with behavioral disturbances. The current FCS (functional capacity screen) of 6/29/17 assessed #189 unable to perform medication and treatment management. The most recent 6/29/17 NSA (negotiated service agreement) recorded facility staff managed Resident's medications.	S5300		

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HAVEN HOUSE	410 NORTH RENO AVENUE HAVEN, KS 67543

(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
S5300	Continued From page 14 - By review of record, #187 admitted to facility 4/27/15 with diagnoses of Alzheimer's, Diabetes mellitus, Hypertension, Hypothyroid, Manic depression, Osteoporosis, Hypercholestrolemia, and History of bipolar. The current FCS (functional capacity screen) of 3/16/17 assessed #187 unable to perform medication and treatment management. The most recent 3/16/17 NSA (negotiated service agreement) recorded facility staff managed Resident's medications. - By review of record, #185 admitted to facility 5/12/11 with diagnoses of Dementia, Alzheimer's, Hypertension, History of urinary tract infection, Gout, History of hip fracture with open reduction and internal fixation. The current FCS (functional capacity screen) of 8/17/17 assessed #185 unable to perform medication and treatment management. The most recent 8/17/17 NSA (negotiated service agreement) recorded facility staff managed Resident's medications. By observation and reviews of records on 8/21/17 and 8/22/17, medical records contained a list of "Standing Orders" signed by the medical care provider 7/29/15. These lists lacked a Resident name, or date of implementation. This list included orders for pain, fever, constipation, diarrhea, treatment of skin tears, tuberculosis testing, crushing of medications, topical treatment for perineal irritation, muscle mass testing, and ear irrigation. By interview on 8/22/17 at 9:45am, Operator/LPN (licensed practical nurse) #C stated: "Standing Orders" are added as they need them... we put them on the MAR (medication administration	S5300		

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S5300	Continued From page 15 record) with phone orders, take them back of if don't use a lot... Operator/LPN #C confirmed all our Residents use the same medical care provider... confirmed the last time these orders reviewed/signed by the medical care provider 7/29/15... confirmed no facility policy and procedure to address "Standing Orders." By review of the facility policy and procedure titled "Medication Management", standing orders not addressed. The Operator failed to ensure medications administered to all Residents in accordance with professional standards, in regard to the failure to have "Standing Orders" reviewed and signed at least annually by the Resident's medical care provider.	S5300		
S5314 SS=D	26-42-205 (g) (4) Sample & Indigent Medication Program Meds (g) (4) Licensed nurses and medication aides may administer sample medications and medications from indigent medication programs if the administrator or operator ensures the development of policies and implementation of procedures for receiving and identifying sample medications and medications from indigent medication programs that include all of the following conditions: (A) The medication is not a controlled medication. (B) A medical care provider ' s written order accompanies the medication, stating the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. (C) A licensed nurse or medication aide receives the medication in its original, unbroken	S5314		

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S5314	Continued From page 16 manufacturer ' s package. (D) A licensed nurse documents receipt of the medication by entering the resident ' s name and the medication name, strength, and quantity into a log. (E) A licensed nurse places identification information on the medication or package containing the medication that includes the medical care provider ' s name; the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions as documented on the medical care provider ' s order. Staff consisting of either two licensed nurses or a licensed nurse and a medication aide shall verify that the information on the medication matches the information on the medical care provider ' s order. (F) A licensed nurse informs the resident or the resident ' s legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident ' s clinical record shall contain documentation that the resident or resident ' s legal representative has received the information and accepted the risk of potential adverse consequences. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(4) The census equalled eight the sample included three Residents. All Residents identified on Resident Roster with facility managed medications. Based on observation, interview, and review of records, for one non-sampled	S5314		

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S5314	Continued From page 17 Resident with a sample medication in use (#180), the Operator failed to ensure the development of policies and the implementation of procedures for receiving and identifying sample medications that included the following conditions as required: Licensed nurse documentation into a log, of receipt of the medication in its original, unbroken manufacturer's package by a licensed nurse or medications aide; Identification information placed on the medication or package by a licensed nurse and verified by staff; and, Licensed nurse informed the Resident or representative that the medication did not go through the usual pharmacy labeling and review process, identified potential risks, and obtained documentation the Resident or representative accepted the potential risks. Findings included: - By interview on 8/21/17 at 1:30pm, Operator/LPN (licensed practical nurse) #C confirmed we do have one Resident utilizing a sample medication at this time, #170 with the medication Veltessa (a potassium lowering formula)... we do not have policies and procedures that specify the handling of sampled medications. Observation on 8/22/17 at 4:20pm in kitchen of facility, revealed the Veltessa on the unlocked refrigerator shelf in the kitchen. The medication box contained the name of Resident #170. On 8/22/17 at 4:20pm, Operator/LPN (licensed practical nurse) #C confirmed the Veltessa not stored in a locked area as required... #C confirmed the medication package lacked the	S5314		

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S5314	Continued From page 18 required information: Medical care provider's name; the medication dosage, route, and frequency of administration; and any cautionary instructions as documented on the medical care provider's order. Operator #C confirmed the receipt of the medication not documented on a log, the receipt of the medication not confirmed by two staff as required, and Resident or representative informed consent and acceptance of risks not obtained. The Operator failed to ensure the development of policies and the implementation of procedures for the use of sample medications that included required steps of receipt, logging, labeling, and obtaining consent with pertinent information provided.	S5314		
S5315 SS=D	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	S5315		

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S5315	Continued From page 19 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) The census equalled eight the sample included three Residents. All Residents identified on Resident Roster with facility managed medications. Based on observations, interviews, and reviews of records; For one of one medication observation, Licensed nurses and certified Medication aides (CMA) failed to ensure all non-controlled medications stored in a locked medication room, cabinet, or medication cart, in regard to a prescription medication for #180 stored in the unlocked kitchen refrigerator. Findings included: - Observation on 8/22/17 at 4:20pm in kitchen of facility, revealed a prescription labeled box of medication (a potassium lowering formula) on the fully accessible shelf of the unlocked refrigerator in the kitchen. This unlocked refrigerator	S5315		

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S5315	Continued From page 20 contained general facility groceries accessible to and used for meal preparations by all facility staff. On 8/22/17 at 4:20pm, Operator/LPN (licensed practical nurse) #C confirmed the prescription medication not stored as required in a locked cabinet, cart, or area as required... confirmed the medication accessible to persons not authorized to administer medications. The Licensed nurses and CMA's failed to ensure a prescription medication belonging to #180 stored in a locked medication room, cabinet, or medication cart as required.	S5315		