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	B005001	A. BUILDING: _____ B. WING _____	07/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLINWOOD COUNTRY LIVING	302 N MAIN STREET ELLINWOOD, KS 67526

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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 Ellinwood, Kansas on 7/19/17, 7/20/17, 7/21/17, 7/24/17, 7/25/17, 7/26/17, 7/27/17, and, 7/28/17.	S 000		
S 225 SS=E	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the	S 225		

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

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S 225	Continued From page 1	S 225		

administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.
(4) An admission agreement shall not include a general waiver of liability for the health and safety of residents.
(5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger.

This REQUIREMENT is not met as evidenced by:
KAR 26-39-102(a)(1)(C)(2)(3)

The census equalled four the sample included three Residents. Based on interview and record review, for two of three sampled, (#189 and #187), the Operator failed to execute a written agreement at the time of admission that described in detail the services and goods the Resident to receive and specified obligations of the Resident to the facility.

Findings included:

- Review of record revealed #189 admitted to facility 05/15/17 with diagnoses of Diabetes, Depression, Hypertension, Unsteadiness, Prostrate cancer, and Macular degeneration.

The current 5/15/17 functional capacity screen (FCS) assessed #189 unable to perform bathing, dressing, medication and treatment management; in need of physical assistance with toileting,

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transfers, mobility; independent with eating; continent of bladder; short term, decision making, and memory recall impairment; with falls/unsteadiness, used a walker and wheelchair.

The negotiated service agreement (NSA) signed 5/17/17, documented facility staff to provide assistance with these identified needs.

The NSA and the Admission agreement each completed 5/17/17, two days after #189 admitted to facility.

The medical record lacked evidence any written information given to Resident prior to admission or at time of admission, to inform of rates, charges, services offered, and Resident payment obligations.

- Review of record revealed #187 admitted to facility 5/05/17 with diagnoses of Acute congestive heart failure, Chronic obstructive pulmonary disease, Chronic kidney disease, and Hypertension.

The current FCS of 5/05/17 assessed #187 unable to perform bathing, dressing, toileting, transfers, medication and treatment management; in need of physical assistance with mobility; in need of supervision with eating; incontinent of bladder; with short term, long term memory, and memory recall impairments; unable to understand and not understood for communication; with falls/unsteadiness, impaired vision and hearing; with inappropriate behaviors, and used a walker and a wheelchair.

The negotiated service agreement (NSA) signed 5/08/17, documented facility staff to provide

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S 225	Continued From page 3 assistance with these identified needs. The NSA completed three days after #187 admitted, and the Admission agreement completed one day after #187 admitted to facility. The medical record lacked evidence any written information given to Resident prior to admission or at time of admission, to inform of rates, charges, services offered, and Resident payment obligations. On 7/20/17 at 10:12am and at 9:38am, Operator/CMA (certified medication aide) #H and Facility RN (registered nurse) #I confirmed the admission agreements for #189 and #187 not completed on or before Resident admission to facility. The Operator failed to notify in writing or obtain a written agreement with Resident or Resident representative detailing rates and charges and payment obligations of #189 and #187, on or before their admission to the facility.	S 225		
S5026 SS=E	26-42-101 (f) (1) Staff Treatment of residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation.	S5026		

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S5026	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-42-101(f)(1) The census equalled four the sample included three Residents. Based on interviews and reviews of record: For one of three sampled (#187), the Operator failed to ensure the Resident not subjected to abuse, in regard to #187 physically restrained to receive medication; and, For one of three sampled (#185), the Operator failed to ensure the Resident not subjected to exploitation, in regard to #185's medication given to #187, and in regard to #185 given medication belonging to another unknown Resident. Findings included: - By review of record #187 admitted to facility 5/05/17 with diagnoses of Acute congestive heart failure, Chronic obstructive pulmonary disease, Chronic kidney disease, and Hypertension. The current FCS of 5/05/17 assessed #187 unable to perform bathing, dressing, toileting, transfers, medication and treatment management; in need of physical assistance with mobility; in need of supervision with eating; incontinent of bladder; with short term, long term memory, and memory recall impairments; unable to understand and not understood for communication; with falls/unsteadiness, impaired vision and hearing; with inappropriate behaviors, and used a walker and a wheelchair. The 5/08/17 NSA documented facility staff to	S5026		

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provide services to meet these identified needs:
Total bathing assistance,
Total assistance with hygiene and grooming, makes no effort in own care,
Fully dependent dressing, stiff with arms to body, knees clamped together,
Total toileting assistance, wears briefs,
Poor range of motion, one person assist for transfer with gait belt,
Staff assist to walk short distances,
Can and will feed self,
Unable to perform medication and treatment management, facility staff to administer,
Assistance with oxygen,
Outside provider for treatments to skin open areas,
Cognitive impairment, supervision needed, socially inappropriate behavior at times but is manageable, (no interventions to address behaviors recorded)
Very hard of hearing, wears hearing aide and uses writing board to read, is legally blind uses magnifying glass,
Resistance to activities of daily living at times (no interventions to address resistance documented)

Resident Progress Notes (RPN) of medical record included:
5/05/17 - 7:45pm - arrived via family member car... belligerent... softly punching staff, slapped staff with newspaper... yelled "get me out of here"... same behavior with family member... threw milkshake... refused to keep oxygen on
5/05/17 - 8:09pm - staff on duty called Operator/CMA (certified medication aide) #H... #H back to facility... then this writer (Facility nurse #P) called hospital... orders given by RN (registered nurse) then by PA, RN (physician's assistant) - 0.25mg IM (intramuscular) Lorazepam - given in right deltoid as family held

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S5026	Continued From page 6 left arm and staff right arm for shot to be given. 5/05/17 - 2120 - with family member for a drive... returned remains combative calling staff names... two assist with gait belt and placed in wheelchair... fought throughout care... 5/05/17 - 2150 - in recliner, oxygen on, feet elevated, resting quietly with eyes closed... 5/06/17 - was difficult to care for throughout the night, was uncooperative and non-compliant All NN entries signed by Facility nurse #P. The record lacked an NSA or health service plan in place at that time, for staff to refer to and follow in response to #187's anxiety and combativeness. The record lacked documentation of interventions to alleviate Resident's anxiety, lacked documentation of attempts to respond to refusals of staff assistance. The record lacked documentation medication offered orally to Resident prior to Resident being physically restrained for administration of medication. The record failed to demonstrate no abuse experienced by #187. RPN of medical record included: 5/23/17 - 0900 - getting up by self from chair... angry with staff... refused all medications except Cipro... responded negatively to write on board... needs one on one care... 5/23/17 - 1130 - walked with staff... ambulated well with stand by assistance of walker and gait belt, satisfied him/her at that time... 5/23/17 - 1210 - ...at table, appetite poor... stated I am in prison... 5/23/17 - 1530 - very argumentative, non-compliant, made many attempts at getting up... 5/23/17 - 1700 - refused TEDs (Thrombo-Embolic Deterrent stockings) with multiple attempts...	S5026		

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yelling... had family in tears
5/23/17 - 1850 - received orders from ER (emergency room) RN, by PA, RN to give Ativan (Lorazepam)... 1mg by mouth or IM given left thigh with staff assisting me so he/she will not fight back...

The record contained an NSA/HSP (health service plan), but the NSA/HSP lacked interventions for staff to refer to and follow in response to #187's anxiety and combativeness.
The record lacked documentation medication offered orally to Resident prior to Resident being physically restrained for administration of medication.
The record failed to demonstrate no abuse experienced by #187.

By interview on 7/20/17 at 9:38am, Operator/CMA #H stated I wasn't here when admitted... nurse was on duty, assessed #187... injections were later on when Resident out with family all day to doctor appointment... #H then stated (after recalling he/she did come back to facility) I don't know how injections came about... the nurse does his/her thing...

The Operator failed to ensure #187 not subjected to abuse, in regard to #187 physically restrained to receive medication by injection, with no evidence of alternative interventions attempted.

- By review of record, #185 admitted to facility 8/17/15 with diagnoses of Dementia and Hypertension.

The current FCS (functional capacity screen) of 6/30/17 assessed #185 unable to perform medication and treatment management.

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S5026	Continued From page 8 The most recent 7/13/16 NSA (negotiated service agreement) recorded facility staff managed Resident's medications. The medical record contained a 7/13/16 physician's order for Lorazepam IM (intramuscular) as needed for anxiety/agitation if patient refuses oral. By observation on 7/18/17 at 11:48am, a prescription package of Lorazepam in facility medication room refrigerator. This package labeled with #185's name, dated 7/14/16, and according to Controlled Drug Use Record and package label, contained ten cartridges/vials of Lorazepam (2mg in each vial) at time of arrival. The Controlled Drug Use Record blank, with no counting or reconciliation since arrival in facility. By observation on 7/18/17 the box contained nine vials. Review of 7/2016 to 7/2017 MAR's (medication administration records) and Controlled Drug Use Record, revealed no documented doses of Lorazepam administered to #185. By review, medical record of #187 revealed two doses of Lorazepam (Ativan) administered to #187: 0.25mg IM on 5/05/17, and 1.0mg on 5/23/17. The record contained a 5/08/17 fax to physician from Facility nurse #P "Borrowed a 2mg/ml vial from another. By interview on 7/20/17 at 10:32am, Operator/CMA #H and Facility nurse #I confirmed the records indicated #185's medication administered to #187 by Facility nurse #P (no longer employed by facility).	S5026		

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S5026	Continued From page 9 The Operator failed to ensure #185 not subjected to exploitation, in regard to #185's personal prescription medication given to #187 on two occasions. - By review, the medical record Nurses' Notes (NN) of #185 revealed: 8/31/16 - 3:50am - called to facility... blood pressure creeping up... pale, sweaty... cough... called hospital for on call person... 8/31/16 - 4:10pm - PA (physician assistant) called back... order given as follows "25mg Cozaar now - continue every two hour vitals, call results to clinic at 9:00am"... The medical record contained physician phone order: "8/31/16 - 0300 orders to give 25mg Cozaar for elevated blood pressure (20mg on hand and given)" By review of Resident's 8/2016 MAR, order transcribed onto MAR: "Cozaar 25mg now" with dose initialed as given on 8/31/17. No documentation of 20mg Cozaar administered. NN, phone order, and MAR documented and signed by Facility nurse #P. The medical record documented #185 received Cozaar 100mg daily (original order date 5/18/16), but did not have 25mg or 20mg doses. Sampled record reviews revealed #187 and #189 admitted after 8/31/17, no other records reviewed for source or origin of 20mg dose. Although the phone order recorded 20mg dose on hand, the Resident this medication belonged to not determined in the course of this visit.	S5026		

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S5026	Continued From page 10 By interview on 7/20/17 at 12:00pm Operator/CMA #H and Facility nurse #I stated Facility nurse #P no longer employed at facility... confirmed not aware of source of Cozaar 20mg "on hand" and given in place or ordered Cozaar 25mg. The Operator failed to ensure an unknown source or Resident not subjected to exploitation, in regard to #185 receiving a 20mg dose of Cozaar "on hand" when 25mg Cozaar ordered.	S5026		
S5028 SS=E	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or	S5028		

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S5028	Continued From page 11 exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(f)(3)(C) The census equalled four the sample included three Residents. Based on observation, interview and reviews of record, for one of three sampled (#185), a cognitively impaired Resident who demonstrated multiple attempts to leave facility, and who left the facility unknown to staff at 10:00pm on 6/08/16, the Operator failed to ensure the incident thoroughly investigated to rule out potential neglect, failed to report as required, and failed to maintain a written record of a thorough investigations. Findings included: - Review of record revealed #185 admitted to facility 8/17/15 with diagnoses of Dementia and Hypertension. Current functional capacity screen of 6/30/17 assessed #185 unable to perform bathing, dressing, medication and treatment management; in need of physical assistance with toileting, transfers, mobility; independent with eating; with impaired short term and long term memory, with impaired memory recall and decision making; with falls/unsteadiness, impaired vision, impaired hearing, used walker, wheelchair, and mechanical lift. The 01/26/16 NSA/HSP (negotiated service agreement/health service plan), and subsequent	S5028		

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addendums, documented facility staff to provide services to meet these identified needs:
Full bathing assistance by staff
Total assistance provided with hygiene and grooming
Moderate assistance with dressing and undressing
Toileting supervision by staff with assistance changing brief
Resident independent with transfers, mobility, and eating
Medications and treatments managed by facility staff
Supervision needed, cognitive impairment in all areas, has been known to call family his/her grandparents, risk elopement
Rarely understandable, wears glasses, belligerent to staff, known to become violent, agitates easily.

The NSA/HSP identified needs related to agitation, violence, and elopement risk, but lacked individualized interventions to address these needs.

By observation on 4/18/17 at 1:30pm, in dining room, #185 required staff assistance to stand from chair and use walker to ambulate.
By interview on 4/18/17 at 1:30pm, #185 stated not sure how long lived in facility... not sure if staff helped with shower... not sure how much help he/she required... stated able to feed self...

Resident Progress Notes (RPN) included:
01/12/16 - 2:45pm - Resident saw an opportunity to leave facility and walked out the door... was coaxed back in with diversion to get coat...
01/14/16 - no time - family in for visit, Resident made attempt to leave with them
3/22/16 - 1510 - walked into Room 8... escorted out to own room, required care then locked self in

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room... agitated earlier and pulled upon front door 3/29/16 - no time - combative and resistant upon wanting to go home
4/28/16 - 1522 - wants to go out to chicken house...
5/16/16 - 1800 - tried to leave facility, persistent, agreed to let me show him/her where room is to wait for family...
5/29/16 - "2-10" - late entry for 5/25/16 - reported tried leaving facility - opening bedroom window and taking screen off...
6/08/16 - 10:00pm - RN (registered nurse) called by staff to come and examine resident who had pushed put screen in room window and crawled out... then came to front door and knocked wanting back in... assessed... no complaint of pain... Resident has no recollection of incident... RN spoke to Operator/CMA #H about Resident... was decided to leave in recliner for night for his/her safety... family notified...

The record lacked evidence of additional, individualized interventions to address the displayed attempts to leave facility.
The record lacked evidence of a thorough investigation to rule out neglect.

On 7/20/17 at 11:20am Operator/CMA #H stated no investigation completed... we ordered a bed alarm after the first incident (with window screen) but alarm didn't arrive until after the second screen incident... for prevention we told staff to check every 30 minutes or more frequently but not on NSA/HSP... no mechanism to assure it was done... staff saw attempt on 5/25/16... was surprised on second one (6/08/16)... was laying down, next thing they knew at front door... was on the 2-10pm shift... Operator/CMA #H stated I wasn't told about it until next morning... was told in report... (reviewed RPN of 6/08/16) #H stated I

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S5028	Continued From page 14 probably did tell them to leave him/her in recliner... no new interventions added - the bed alarm arrived after that and was put on... By review, the facility policy titled "Incident Investigation and Follow-up" included: "All incidents that occur in facility require thorough investigation and accurate documentation so the facility can evaluate why incidents are occurring, and take corrective measures to curtail the number of incidents. The Investigation is conducted under the following circumstances: 1. Any event that is not consistent with the routine operation of the facility 2. Any time an event occurs that is potentially harmful to the welfare and safety of the Resident. 3. When it is identified that an incident may have occurred. 4. Immediately after any staff person becomes knowledgeable of an alleged event, incident or injury to a Resident. 5. Immediately following any allegation of an event, incident or injury to a Resident by a Resident, visitor or family member. 6. When in question as to whether to conduct an investigation, it is best to do so. Additional sub headings of this policy included: Documentation in the Clinical Record Notification of Physician and Family Investigation Process Data Collection Data Analysis Extended Investigation Corrective Action Required Following the Investigation Documentation of Initial and Extended Investigation Preservation of Information and Evidence	S5028		

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S5028	Continued From page 15 The Operator failed to ensure the incidents of #185 treated as a potential allegation of neglect due to prior demonstrations of intent and attempts to leave facility with lacking interventions to prevent him/her leaving; the Operator failed to thoroughly investigate the incidents to rule out neglect, failed to report as required, and failed to maintain documentation of each thorough investigation to rule out neglect.	S5028		
S5115 SS=D	26-42-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(c) The census equalled four the sample included three Residents. Based on interviews and reviews of record, for two of three sampled (#187 and #189), the Operator failed to ensure the development of an initial negotiated service agreement (NSA) at admission. Findings included: - Review of record revealed #189 admitted to facility 05/15/17 with diagnoses of Diabetes, Depression, Hypertension, Unsteadiness, Prostrate cancer, and Macular degeneration. The current 5/15/17 functional capacity screen (FCS) assessed #189 unable to perform bathing, dressing, medication and treatment management;	S5115		

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S5115	Continued From page 16	S5115		

in need of physical assistance with toileting, transfers, mobility; independent with eating; continent of bladder; short term, decision making, and memory recall impairment; with falls/unsteadiness, used a walker and wheelchair.

By review the admission NSA completed 05/17/17.

On 7/20/17 at 10:12am, Operator/CMA (certified medication aide) #H and Facility nurse #I confirmed the admission NSA not completed on or before #189's admission to facility.

The Operator failed to ensure the development of an initial NSA for #189 at admission.

- Review of record revealed #187 admitted to facility 5/05/17 with diagnoses of Acute congestive heart failure, Chronic obstructive pulmonary disease, Chronic kidney disease, and Hypertension.

The current FCS of 5/05/17 assessed #187 unable to perform bathing, dressing, toileting, transfers, medication and treatment management; in need of physical assistance with mobility; in need of supervision with eating; incontinent of bladder; with short term, long term memory, and memory recall impairments; unable to understand and not understood for communication; with falls/unsteadiness, impaired vision and hearing; with inappropriate behaviors, and used a walker and a wheelchair.

By review the admission NSA completed 05/08/17.

On 7/20/17 at 9:38am, Operator/CMA (certified

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S5115	Continued From page 17 medication aide) #H confirmed the admission NSA not completed on or before #187's admission to facility. The Operator failed to ensure the development of an initial NSA for #187 at admission.	S5115		
S5155 SS=E	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 four the sample included three Residents. Based on observations, interviews, and reviews of record, for two of three sampled (#187 and #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). Findings included: - Review of record revealed #185 admitted to	S5155		

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S5155	Continued From page 18 facility 8/17/15 with diagnoses of Dementia and Hypertension. Functional capacity screen (FCS) of 7/13/16 assessed #185 unable to perform bathing, medication and treatment management; in need of physical assistance with dressing, toileting; in need of supervision for transfers, mobility; independent with eating; with bladder incontinence; with impaired short term and long term memory, with impaired memory recall and decision making; with impaired communication; with falls/unsteadiness, and impaired vision. The 01/26/16 NSA/HSP (negotiated service agreement/health service plan), documented facility staff to provide the following services: Full bathing assistance by staff Total assistance provided with hygiene and grooming Moderate assistance with dressing and undressing Toileting supervision by staff with assistance changing brief Resident independent with transfers, mobility, and eating Medications and treatments managed by facility staff Supervision needed, cognitive impairment in all areas, has been known to call family his/her grandparents, risk elopement Rarely understandable, wears glasses, belligerent to staff, known to become violent, agitates easily. The NSA/HSP identified needs related to agitation, violence, and elopement risk, but lacked individualized interventions to address these needs. Review of Resident Progress Notes (RPN)	S5155		

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S5155	Continued From page 19	S5155		

revealed #185 demonstrated intent and attempts to leave facility before and after the NSA/HSP, on the following occasions:
01/12/16 - 2:45pm - Resident saw an opportunity to leave facility and walked out the door... was coaxed back in with diversion to get coat...
01/14/16 - no time - family in for visit, Resident made attempt to leave with them
3/22/16 - 1510 - walked into Room 8... escorted out to own room, required care then locked self in room... agitated earlier and pulled upon front door
3/29/16 - no time - combative and resistant upon wanting to go home
4/28/16 - 1522 - wants to go out to chicken house...
(no revision of NSA/HSP to address these intended attempts to leave)
5/16/16 - 1800 - tried to leave facility, persistent, agreed to let me show him/her where room is to wait for family...

5/26/16 - Addendum to NSA/HSP recorded:
"1. Ok to call spouse and offer phone to #185 when #185 is persistent, can be aggressive... so that maybe that will help with behavior; 2. If #185 leaves facility when door opened by visitor/worker... and cannot coax back... when in aggressive state... police can be called."

5/29/16 - "2-10" - late entry for 5/25/16 - reported tried leaving facility - opening bedroom window and taking screen off...
(no revision of NSA/HSP to address this escalated attempt to leave)

6/08/16 - 10:00pm - RN (registered nurse) called by staff to come and examine resident who had pushed put screen in room window and crawled out... then came to front door and knocked wanting back in... assessed... no complaint of

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S5155	Continued From page 20 pain... Resident has no recollection of incident... RN spoke to Operator/CMA #H about Resident... was decided to leave in recliner for night for his/her safety... family notified... (no revision of NSA/HSP to address this successful elopement) By observation on 4/18/17 at 1:30pm, in dining room, #185 required staff assistance to stand from chair and use walker to ambulate. By interview on 4/18/17 at 1:30pm, #185 stated not sure how long lived in facility... not sure if staff helped with shower... not sure how much help he/she required... stated able to feed self... Current functional capacity screen of 6/30/17 assessed #185 unable to perform bathing, dressing, medication and treatment management; in need of physical assistance with toileting, transfers, mobility; independent with eating; with impaired short term and long term memory, with impaired memory recall and decision making; with falls/unsteadiness, impaired vision, impaired hearing, used walker, wheelchair, and mechanical lift. Current NSA/HSP of 7/13/16 recorded the same interventions as the 01/26/16 NSA/HSP for bathing, dressing, toileting, eating, medications and treatments, needed supervision for cognitive impairment in all areas; Resident still known to call family his/her grandparents, Resident still a risk for elopement, rarely understandable, wears glasses, still belligerent to staff, known to become violent, agitates easily. Resident now supervised and with stand by assistant for transfer and mobility 8/31/16 - Addendum documented change in condition, with respiratory treatments... "use of	S5155		

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S5155	Continued From page 21 walker ordered" and "use of protection alarms ordered" (no interventions noted to address agitation, belligerence, and exit seeking until alarms arrive) 9/01/16 - Addendum documented "If #185 was to be down on hands and knees on floor, staff not able to get him/her up, we are allowed three times per month to have two EMT's (emergency medical technicians) to assist with this situation" 9/27/16 - Addendum documented "received bed alarm will receive chair alarm soon for patient protection to prevent falls and staff to be aware of being up per self" 01/20/17 - Addendum documented "becoming weaker and unable to ambulate... use of lift on a frequent basis - if able to stand will transfer per wheelchair - to/from-cooperative with care - allows brief changes" 5/18/17 - Addendum documented "at times non-compliant with tornado warning, depending how Resident is, can take over 10 minutes to get to place of shelter - may have to place in the closest shower room and taken per lift" By interview on 7/20/17 at 11:20am Operator/CMA #H stated for an intervention we ordered a bed alarm after the first incident (with window screen 5/29/16)... but alarm didn't arrive until after the second screen incident... for prevention (after the first window screen incident) we told staff to check every 30 minutes or more frequently but was not put on the NSA/HSP... no mechanism to assure it was done... for the second one (6/08/16)... I may have told them to leave him/her in recliner... not sure... confirmed NSA/HSP not modified or added to after this event to prevent further elopements... since then condition has declined, not really able to get up on own...	S5155		

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S5155	Continued From page 22 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 activities or interests to dissuade from agitation, combativeness, and exit seeking. - By review of record #187 admitted to facility 5/05/17 with diagnoses of Acute congestive heart failure, Chronic obstructive pulmonary disease, Chronic kidney disease, and Hypertension. The current FCS of 5/05/17 assessed #187 unable to perform bathing, dressing, toileting, transfers, medication and treatment management; in need of physical assistance with mobility; in need of supervision with eating; incontinent of bladder; with short term, long term memory, and memory recall impairments; unable to understand and not understood for communication; with falls/unsteadiness, impaired vision and hearing; with inappropriate behaviors, and used a walker and a wheelchair. Resident Progress Notes (RPN) of medical record included: 5/05/17 - 7:45pm - arrived via family member car... belligerent... softly punching staff, slapped staff with newspaper... yelled "get me out of here"... same behavior with family member... threw milkshake... refused to keep oxygen on 5/05/17 - 8:09pm - staff on duty called Operator/CMA (certified medication aide) #H... #H back to facility... then this writer (Facility nurse #P) called hospital... orders given by RN (registered nurse) then by PA, RN (physician's assistant) - 0.25mg IM (intramuscular) Lorazepam - given in right deltoid as family held left arm and staff right arm for shot to be given.	S5155		

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S5155	Continued From page 23 The record lacked an NSA/HSP for staff to refer to and follow in response to #187's anxiety and combativeness. 5/05/17 - 2120 - with family member for a drive... returned remains combative calling staff names... two assist with gait belt and placed in wheelchair... fought throughout care... 5/05/17 - 2150 - in recliner, oxygen on, feet elevated, resting quietly with eyes closed... 5/06/17 - was difficult to care for throughout the night, was uncooperative and non-compliant The record lacked an NSA/HSP for staff to refer to and follow in response to #187's behaviors. The NSA/HSP developed 5/08/17 documented facility staff to provide the following services: Total bathing assistance, Total assistance with hygiene and grooming, makes no effort in own care, Fully dependent dressing, stiff with arms to body, knees clamped together, Total toileting assistance, wears briefs, Poor range of motion, one person assist for transfer with gait belt, Staff assist to walk short distances, Can and will feed self, Unable to perform medication and treatment management, facility staff to administer, Assistance with oxygen, Outside provider for treatments to skin open areas, Cognitive impairment, supervision needed, socially inappropriate behavior at times but is manageable Very hard of hearing, wears hearing aide and uses writing board to read, is legally blind uses magnifying glass,	S5155		

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S5155	Continued From page 24 Resistance to activities of daily living at times The NSA/HSP lacked interventions to address skin care and open area treatment and prevention by facility, interventions to alleviate Resident's anxiety and behaviors, lacked interventions to respond to resistance of staff assistance, and lacked interventions to offer medications orally prior to injections. RPN of medical record included: 5/23/17 - 0900 - getting up by self from chair... angry with staff... refused all medications except Cipro... responded negatively to write on board... needs one on one care... 5/23/17 - 1130 - walked with staff... ambulated well with stand by assistance of walker and gait belt, satisfied him/her at that time... 5/23/17 - 1210 - ...at table, appetite poor... stated I am in prison... 5/23/17 - 1530 - very argumentative, non-compliant, made many attempts at getting up... 5/23/17 - 1700 - refused TEDs (Thrombo-Embolic Deterrent stockings) with multiple attempts... yelling... had family in tears 5/23/17 - 1850 - received orders from ER (emergency room) RN, by PA, RN to give Ativan (Lorazepam)... 1mg by mouth or IM given left thigh with staff assisting me so he/she will not fight back... The NSA/HSP lacked interventions to address skin care and open area treatment and prevention by facility, and lacked interventions for staff to refer to and follow in response to #187's anxiety, resistance, and combativeness. 5/25/17 Fax to physician "open areas on lower left leg healed, skilled nursing to PRN (as	S5155		

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S5155	Continued From page 25 needed)" RPN: 5/27/17 - non-compliant getting out of car from outing... eventually two assist, toileted... noted small opening on coccyx area - looks like a skin tear, aloe vesta applied... will notify physician 5/28/17 - no time - informed per staff #187 up all night... cried... uncooperative... refused breathing treatment...removing oxygen... fighting with care givers... The NSA/HSP lacked interventions to address skin care and open area treatment and prevention by facility, and lacked interventions for staff to refer to and follow in response to #187's anxiety, resistance, and combativeness. 6/02/17 - 1930 - has refused oral medications 5/29 to 6/02... staff and family multiple attempts... 6/08/17 Fax to physician "pressure sore to right buttock, approx 0.5 x 0.4cm (centimeters)... cleaned... would you consider Duoderm to sit change every three days"; physician response "Duoderm as above" The NSA/HSP continued to lack interventions to address skin care, open area treatment, and prevention of additional areas. The NSA/HSP continued to lack interventions address #187's refusals, anxiety, resistance, and combativeness. Observations on 7/18/17 from 11:00am to 5:00pm, and on 7/19/17 between 9:30am and 11:30am, revealed #187 quiet, soft spoken, very hard of hearing, assisted by staff with transfers and personal care. #187 displaced oxygen from nose to top of head multiple times, and staff responded by repositioning correctly. #187	S5155		

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S5155	Continued From page 26 reported "I think I have lived here 30 or 40 years... I don't know what they help me with..." By interview on 7/20/17 at 9:38am, Operator/CMA #H stated I wasn't here when admitted... nurse was on duty... the nurse does his/her thing... the nurse does the NSA/HSP... the area on bottom is healed now as of 6/26/17... The Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services that met the needs of #187, in regard to individualized interventions to address skin open areas and prevention of new areas, and interventions to address refusals, agitation, and non-compliant behaviors.	S5155		
S5161 SS=F	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The census equalled four the sample included three Residents. Based on interview and reviews of records, for three of three sampled (#189, #187, and #185), the Operator failed to ensure the negotiated service agreement (NSA) contained the name of the licensed nurse responsible for the implementation and supervision of the plan.	S5161		

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S5161	Continued From page 27 Findings included: - Review of record revealed #189 admitted to facility 05/15/17 with diagnoses of Diabetes, Depression, Hypertension, Unsteadiness, Prostrate cancer, and Macular degeneration. The current 5/15/17 functional capacity screen (FCS) assessed #189 unable to perform bathing, dressing, medication and treatment management; in need of physical assistance with toileting, transfers, mobility; independent with eating; continent of bladder; short term, decision making, and memory recall impairment; with falls/unsteadiness, used a walker and wheelchair. The 5/17/17 NSA documented facility staff to provide services to meet these identified needs. The NSA failed to identify the individual licensed nurse responsible for the implementation and supervision of the plan. - Review of record revealed #187 admitted to facility 5/05/17 with diagnoses of Acute congestive heart failure, Chronic obstructive pulmonary disease, Chronic kidney disease, and Hypertension. The current FCS of 5/05/17 assessed #187 unable to perform bathing, dressing, toileting, transfers, medication and treatment management; in need of physical assistance with mobility; in need of supervision with eating; incontinent of bladder; with short term, long term memory, and memory recall impairments; unable to understand and not understood for communication; with falls/unsteadiness, impaired vision and hearing; with inappropriate behaviors, and used a walker and a wheelchair.	S5161		

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S5161	Continued From page 28 The 5/08/17 NSA documented facility staff to provide services to meet these identified needs. The NSA failed to identify the individual licensed nurse responsible for the implementation and supervision of the plan. - Review of record revealed #185 admitted to facility 8/17/15 with diagnoses of Dementia and Hypertension. Current functional capacity screen of 6/30/17 assessed #185 unable to perform bathing, dressing, medication and treatment management; in need of physical assistance with toileting, transfers, mobility; independent with eating; with impaired short term and long term memory, with impaired memory recall and decision making; with falls/unsteadiness, impaired vision, impaired hearing, used walker, wheelchair, and mechanical lift. The 7/13/16 NSA, and subsequent addendums, documented facility staff to provide services to meet these identified needs. The NSA failed to identify the individual licensed nurse responsible for the implementation and supervision of the plan. On 7/18/17 at 3:27pm, Facility Nurse #I confirmed he/she is now in charge of health services at the facility, as of 6/01/17... confirmed his/her name not specified an any Resident NSA as the Licensed nurse responsible... was not aware my name and responsibility to be specified on the NSA... The Operator failed to ensure the NSA's for #189, #187, and #185 contained the name of the licensed nurse responsible for the implementation	S5161		

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S5161	Continued From page 29 and supervision of the plan.	S5161		
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 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 four the sample included three Residents. All Residents received meal service. Based on observations, interview, and record review, for two of three sampled with a therapeutic diet order (#189 and #187), the Operator failed to 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 #187 admitted to	S5185		

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S5185	Continued From page 30 facility 5/05/17 with diagnoses of Acute congestive heart failure, Chronic obstructive pulmonary disease, Chronic kidney disease, and Hypertension. The current FCS of 5/05/17 assessed #187 unable to perform bathing, dressing, toileting, transfers, medication and treatment management; in need of physical assistance with mobility; in need of supervision with eating; incontinent of bladder; with short term, long term memory, and memory recall impairments; unable to understand and not understood for communication; with falls/unsteadiness, impaired vision and hearing; with inappropriate behaviors, and used a walker and a wheelchair. The negotiated service agreement (NSA) signed 5/08/17, documented facility staff to provide assistance with these identified needs. The NSA documented #187 to receive: a "Low Na+ (low sodium) diet." - Review of record revealed #189 admitted to facility 05/15/17 with diagnoses of Diabetes, Depression, Hypertension, Unsteadiness, Prostrate cancer, and Macular degeneration. The current 5/15/17 functional capacity screen (FCS) assessed #189 unable to perform bathing, dressing, medication and treatment management; in need of physical assistance with toileting, transfers, mobility; independent with eating; continent of bladder; short term, decision making, and memory recall impairment; with falls/unsteadiness, used a walker and wheelchair. The negotiated service agreement (NSA) signed 5/17/17, documented facility staff to provide	S5185		

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S5185	Continued From page 31 assistance with these identified needs. The NSA documented #189 to receive: a "Diabetic Diet - No Sugars." On 7/18/17 at noon meal Residents received pork roast with gravy, garbanzo beans, candied carrots, potato salad, apple crisp. On 7/19/17 at noon meal Residents received fish, asparagus, rice pilaf, apple crisp, #189 out of facility for appointment and lunch. On 7/20/17 at 10:18 Operator/CMA (certified medication aide) #H confirmed the NSA for #189 specified Diabetic No Sugars diet... stated we don't serve a Diabetic No Sugars diet... we serve a liberalized LCS (low concentrated sweets) diet... we don't have a dietician... if we had a dietary question, we would just contact another facility... we have a book that shows different diets... By review, on 7/20/17 at 10:18am, the provided manual included many diet types, but lacked the signature of a Dietician or a medical care provider. The Operator failed to ensure the diets for #187 and #189 prepared according to written instructions from a medical care provider or licensed dietician.	S5185		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.	S5195		

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S5195	Continued From page 32 (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f)(g) The census equalled four the sample included three Residents. The facility identified all Residents as receiving meals prepared by facility staff in facility. Based on observation and interview for three of three sampled, (#189, #185, and #187) and one non-sampled (#182), the Operator failed to ensure all food stored under safe and sanitary conditions in regard to covering, labeling, and dating of foods. Findings included: - On 7/18/17 at 11:13am, during entrance tour of facility, Surveyors observed staff #J in kitchen in process of marking containers in the refrigerator with a permanent marker. Observation of kitchen refrigerator contents at this time revealed the following without label and/or date of contents: Turkey slices Cheese slices Deli shaved turkey Basil Pesto (jar expired April 2017) Caesar, Ranch, Dorothy Lynch dressings Whipped cream spray can Chocolate syrup Tartar sauce Sour cream Sliced peaches Maraschino cherries Orange preserves	S5195		

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S5195	Continued From page 33 Soy sauce Garlic Bread and butter pickles Cranberry juice half gallon Grape juice half gallon Half and Half quart Milk gallon Orange juice Tomato juice Cottage cheese Mayonnaise Root Beer Lime juice On 7/18/17 at 11:13am Operator/CMA (certified medication aide) #H stated our facility policy is to mark items when opened, and when cooked to label and date. Operator/CMA #H confirmed the contents of the refrigerator not marked and labeled as required. A sign posted on the door of refrigerator/freezer documented "All items in refrigerator should be marked with date opened..." By review, facility policy titled "Dietary Services" documented: "5. ...all perishable food is stored in the refrigerator in covered, dated in containers and discarded within 72 hours. Marked with the date to be consumed by or discarded by." The Operator failed to ensure all food stored under safe and sanitary conditions in regard to dating and labeling of foods in the refrigerator.	S5195		
S5205 SS=F	26-42-104 (a) Disaster and Emergency Preparedness	S5205		

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S5205	Continued From page 34 a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(a) The census equalled four the sample included three Residents. Based on interviews and reviews of records, for all Residents and employees, the Operator failed to ensure the provision of a sufficient number of staff members to evacuate Residents to a secure location in an emergency or disaster, by completing drills with one staff person, due to routine staffing of one person. Findings included: - Completion of the Facility Entrance Checklist on 7/19/17 at 11:05am, with the Operator/CMA (certified medication aide) #H and Facility Nurse #I revealed: The facility self-identified as a memory care provider. The Resident roster documented three of four Residents with cognitive impairment. One staff member scheduled for each complete shift, with an extra person on duty approximately four hours "a couple days a week" and the Facility Nurse #I on duty Monday through Friday two hours each day. Review of Resident records for #187 and #185 revealed instances of Residents needing two staff to assist with transfers.	S5205		

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S5205	Continued From page 35 #185 - 5/23/17, 5/18/17, 5/22/17, 5/06/17, 5/17/17, 4/24/17, 4/28/17, 4/29/17, 4/30/17, 8/31/16 #187 - 5/27/17, 5/15/17, Observations of transfers of these Residents on 7/18/17, 7/19/17, and 7/20/17 revealed one person transfers. On 7/20/17 Operator/CMA #H supplied the requested two most recent facility evacuations for review. #H stated we do an evacuation every time we have a fire drill. The Fire/Evacuation Drills completed 6/20/17 and 3/06/17 documented "all staff on duty" participated. The drills lacked signatures of those who participated. The drill forms lacked evidence these evacuation practices carried out with one person, to represent the usual or least amount of staff on duty at one time On 7/24/17 at 2:48pm, Operator/CMA #H stated all staff here at the inservice or drill participate if they are here... we do not sign the drill forms to show who participated... we have not done a full evacuation drill with just one person. For all Residents and employees of facility, the Operator failed to ensure the provision of a sufficient number of staff members to evacuate Residents to a secure location in an emergency or disaster, by carrying out evacuation drills with one person, as routinely scheduled.	S5205		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education	S5215		

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S5215	Continued From page 36 (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The census equalled four the sample included three Residents. The facility identified 5 new employees hired since the previous resurvey. Based on reviews of records and interviews, for all Residents and staff, the Operator failed to ensure a quarterly review of the home's emergency management plan with Residents and staff. Findings included: - On 7/18/16 at 1:00pm, Surveyor requested information regarding quarterly disaster reviews with Residents and staff. On 7/18/17 at 2:45pm, Operator/CMA (certified medication aide) #H reported the last review of the emergency plan with staff was in December	S5215		

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S5215	Continued From page 37 2016, none since then... the Resident emergency reviews are located in their charts. By review of individual charts: #189 - orientation reviews of emergency procedures for "Fire Procedures, Storms, and Bomb threats" completed with Durable Power of Attorney of #189 on 5/17/17. No other review topics or dates provided. This orientation emergency review lacked Flood, Natural gas leak, Lack of electricity, Explosion, and Missing Residents. #187 - orientation reviews of emergency procedures for "Fire Procedures, Storm, Bomb threats, Missing Residents" completed with Resident and Durable Power of Attorney of #187 on 5/06/17. No other review topics or dates provided. This review lacked Flood, Natural gas leak, Lack of electricity, and Explosion. #185 - review dates in the record included 01/18/17, 11/29/16, 7/13/16, 01/28/16, 3/09/15. These reviews all included the topics "Fire, Storm, Bomb threat, Missing Resident. Reviews all lacked Flood, Explosion, Natural gas leak, Lack of electricity. The Operator failed to ensure reviews of the entire facility emergency management plan completed with Residents and staff at least quarterly.	S5215		
S5258 SS=E	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration,	S5258		

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S5258	Continued From page 38 certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d) The census equalled four the sample included three Residents. The facility identified four certified employees hired since the last Resurvey with four reviewed. Based on interviews and reviews of records, for two of four certified staff hired (#A and #E), the Operator failed to ensure the employee record contained evidence of no findings on the Kansas nurse aide registry, prior to employee providing care to Residents. Findings included: - Review of personnel records on 7/19/15 at 4:00pm, revealed:	S5258		

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S5258	Continued From page 39 CMA (certified medication aide) #A - hired 01/26/16 - record lacked documentation of Kansas nurse aide registry verification of no findings of abuse, neglect, exploitation as required, at or before time employee provided care to Residents. Verification not documented until 8/12/16. CNA (certified nurse aide) #E - hired 9/06/16 - record lacked documentation of Kansas nurse aide registry verification of no findings of abuse, neglect, exploitation as required, at or before time employee provided care to Residents. Verification not documented until 02/02/17. By interview on 7/19/17 at 4:28pm, Operator/CMA #H confirmed documentation failed to verify no findings prior to employees providing care to Residents... stated I may have looked at them at time of hire but didn't print or run a copy... first I check certification number to see if on the Registry, then if I hire them I print (registry verification)... did not print at time of hire for these. By review, facility policy titled "Hiring Staff" documented "employee records shall contain evidence of licensure, registration, or certification..." The Operator failed to ensure the employee records of #A and #E contained Kansas nurse aide verification prior to employee providing care to Residents.	S5258		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications	S5300		

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S5300	Continued From page 40 (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 current census equalled four the sample included three Residents. The facility identified all Residents as receiving medication management by facility. Based on observations, interviews, and reviews of records: For two of three sampled (#187 and #185) the Operator failed to ensure medication administered in accordance with professional standards, in regard to controlled medication belonging to one Resident administered to another Resident; For three of three sampled (#189, #187 and #185) the Operator failed to ensure medication administered in accordance with professional standards, in regard to "Stock" containers maintained and used for administration to	S5300		

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S5300	Continued From page 41 multiple Residents; For one of three sampled (#189) the Operator failed to ensure medication administered in accordance with manufacturer recommendation, in regard to Lantus insulin pre-drawn in syringes weekly for daily administrations For two of three sampled (#189 and #187) the Operator failed to ensure medications administered in accordance with current written medical care provider orders, in regard to signed recapitulations of orders not including all medications previously ordered. Findings included: - Observation on 7/18/17 at 11:48am, in medication room with Facility nurse #I, revealed package of injectable Lorazepam (controlled substance) on refrigerator shelf with other non-controlled medications. The Lorazepam prescription label documented 10 cartridges (one milliliter vials) delivered to facility 7/14/16 for Resident #185. The box currently contained nine cartridges. By review of record, #185 admitted to facility 8/17/15 with diagnoses of Dementia and Hypertension. The current FCS (functional capacity screen) of 6/30/17 assessed #185 unable to perform medication and treatment management. The most recent 7/13/16 NSA (negotiated service agreement) recorded facility staff managed Resident's medications. By review of #185's MAR's (medication administration records) from July 2016 to July 2017, no documentation of Lorazepam injections located. By review of Controlled Drug Use Record, page headings filled out for #185 upon arrival 7/14/16,	S5300		

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S5300	Continued From page 42 remainder of page blank and also lacked documentation of the unaccounted for tenth cartridge. By review of record #187 admitted to facility 5/05/17 with diagnoses of Acute congestive heart failure, Chronic obstructive pulmonary disease, Chronic kidney disease, and Hypertension. The current FCS of 5/05/17 assessed #187 unable to perform medication and treatment management. The current 5/08/17 NSA (negotiated service agreement) recorded facility staff managed Resident's medications. Telephone physician's order 5/05/17 at 2020 recorded "IM (intramuscularly) Lorazepam 0.25 to be given now" (This order determined to be incomplete and not in accordance with professional standards, as it failed to identify the dose amount 0.25 milligrams or 0.25cc (cubic centimeters)). By review of #187's MAR's (medication administration records) an order for IM Lorazepam written on MAR 5/05/17 (also an incomplete order without specific dose), but no initials, time, or date of Lorazepam injection administered. An additional page of MAR with this order written, and initials Facility nurse #P administration on 5/05/17 5/08/17 Fax to physician from Facility nurse #P documented "Borrowed a 2mg/ml vial from another" Resident Progress Notes (RPN) for #187 of 5/05/17 recorded "0.25mg (milligram) IM Lorazepam given in right deltoid" (note signed by Facility nurse #P) Telephone physician's order 5/23/17 at 1855 recorded "1 mg Ativan (Lorazepam) PO (by mouth) or IM X one"	S5300		

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S5300	Continued From page 43 By review of #187's MAR's an order for Ativan 1mg PO or IM 1 x only written on MAR 5/23/17, but no initials, time, or date of Ativan injection administered. NN for #187 of 5/23/17 recorded "Ativan 1mg... given IM left thigh" (note signed by Facility nurse #P) Review of policy titled "Facility Management of Medications" revealed: 5. "...the dose administered to the Resident is recorded on the Resident's individual drug record by the person administering the drug" 4. "Medications authorized for one Resident will not be used for another Resident or staff" By interview on 7/19/17 at 9:30am Operator/CMA #H stated not aware of #185 ever receiving IM Lorazepam. By interview on 7/19/17 at 10:40am, Facility nurse #I stated no method of accounting for #185's missing Lorazepam cartridge. By interview on 7/20/17 at 10:32am, Operator/CMA #H and Facility nurse #I confirmed the Lorazepam mystery solved... stated Facility nurse #P left 6/01/17... documentation of #185's and #187's records, indicated Facility nurse #P administered #185's controlled medication to #185... confirmed this did not follow facility policy or professional standards of practice. The Operator failed to ensure medication administered in accordance with professional standards, in regard to controlled medication belonging to #185 administered to #187, and doses not documented on #187's MAR. - Observations of medication cart on 7/18/17 at 12:10pm in dining area of facility revealed a	S5300		

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S5300	Continued From page 44 variety of medications marked as "Stock" supply, to be used for multiple Residents as needed: "Miralax" - partially full, name of deceased Resident name scratched out "Gaviscon" - partially empty bottle of liquid "Generic Tums" - prescription label removed "Acetaminophen tablets 325mg (milligrams)" - two bottles open and partially empty "Ibuprofen" "Stool Softener" "Loratidine" "Zinc Oxide ointment" - label torn off "Acetaminophen suppositories" - label torn off "Naproxen" "Aspirin 81mg" "Debrox Ear System" "Polysporin ointment" "Metoclopramide tablets" - label with deceased Resident name On 7/18/17 at 12:10pm Facility nurse #I confirmed "Stock" medications, and medications belonging to individuals, not appropriately designated or used in accordance with professional standards of practice for medication administration. On 7/19/17 at 9:30am, Operator/CMA (certified medication aide) #H acknowledged Lorazepam stored incorrectly... provided policy titled "Facility Management of Medications": 4. Medications authorized for one Resident will not be used for another Resident or staff 7. Any discontinued,deteriorated, outdated, recalled or unused medications that were administered by staff will be destroyed and recorded by an RN (registered nurse) or and LPN (licensed practical nurse)...medications will be locked in a secure place and only those	S5300		

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S5300	Continued From page 45 authorized will have a key... The Operator failed to ensure medication administered in accordance with professional standards, in regard to "Stock" containers maintained and used for administration to multiple Residents. - Observation on 7/18/17 at 11:40am, in medication room with Facility nurse #I, revealed six pre-filled syringes on refrigerator shelf. According to tape labels on each syringe, the contents of syringes 18 units Lantus insulin belonging to #189. Review of record revealed #189 admitted to facility 05/15/17 with diagnoses of Diabetes, Depression, Hypertension, Unsteadiness, Prostrate cancer, and Macular degeneration. The current 5/15/17 functional capacity screen (FCS) assessed #189 unable to perform medication and treatment management. Negotiated service agreement (NSA) of 5/17/17 recorded medication management by facility. NSA addendum of 5/28/17 recorded: "Insulin now 18 units at bedtime... Certified medication aide can hand insulin to Resident, give a little instructions and he can inject and push the insulin in" By interview on 7/18/17 at 11:40am, Facility nurse #I stated I pre-fill Lantus insulin syringes weekly on Monday... store them in refrigerator... CMA's (certified medication aides) carry the syringes to #189 for self injection daily... Facility nurse #I stated I was not aware Lantus is not to be pre-drawn... According to Diabetesjournals.org "Aventis	S5300		

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S5300	Continued From page 46 Pharmaceuticals does not recommend pre-filling syringes with Lantus and storing for any period longer than needed for application. In addition BD (company name) states the following (9): "BD does not recommend that any of our syringes be pre-filled more than a few minutes in advance of the injection. There are no conclusive studies to determine the safety or risks associated with this practice." The Operator failed to ensure medication administered in accordance with manufacturer recommendation, in regard to Lantus insulin pre-drawn in syringes weekly for daily administrations. - Review of record revealed #189 admitted to facility 05/15/17 with diagnoses of Diabetes, Depression, Hypertension, Unsteadiness, Prostrate cancer, and Macular degeneration. The current 5/15/17 functional capacity screen (FCS) assessed #189 unable to perform medication and treatment management. Negotiated service agreement (NSA) of 5/17/17 recorded medication management by facility. Comparison of the July 2017 MAR (medication administration record) with written medical care provider orders revealed the following: July 2017 MAR contained order for Thera Tears one drop both eyes PRN (as needed) dry eyes July 2017 MAR contained order for Cerovite Adv Form 18 mg (milligrams) - 0.4mg one tablet by mouth every day (supplement) July 2017 MAR contained order for Ocuvite Lutein 60mg-6mg one capsule by mouth every day for	S5300		

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S5300	Continued From page 47 macular degeneration (supplement) The most recent signed recapitulation of physician orders dated 7/05/17 lacked the above three orders. - Review of record revealed #187 admitted to facility 5/05/17 with diagnoses of Acute congestive heart failure, Chronic obstructive pulmonary disease, Chronic kidney disease, and Hypertension. The current FCS of 5/05/17 assessed #187 unable to perform medication and treatment management. Negotiated service agreement (NSA) of 5/08/17 recorded medication management by facility. Comparison of the July 2017 MAR (medication administration record) with written medical care provider orders revealed the following: July 2017 MAR contained order for Tylenol 650mg PO (by mouth) every 4-6 hours for Headache/Fever/Pain/Earache July 2017 MAR contained order for Miralax for constipation 17 grams PO 1-2 times daily The most recent signed recapitulation of physician orders dated 7/05/17 lacked the above two orders. On 7/20/17 at 9:50am Facility nurse #I stated the consultant pharmacy picks up our PO (physician order) sheets around the 15th/16th of the month... comes back before the first of the month... nurse gets the PO sheet and MAR... compare to see orders correct... we have original	S5300		

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S5300	Continued From page 48 signed orders, but didn't get added to MAR... The Operator failed to ensure all medications and biologicals administered to #187 in accordance with written medical care provider orders and in accordance with professional standards of practice.	S5300		
S5301 SS=D	26-42-205 (d) (3) Facility Administration of Medications (d) (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; (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 26-42-205(d)(3) The census equalled four the sample included three Residents. The Resident roster identified all Residents as receiving medication management. Based on observation, interview, and review of	S5301		

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S5301	Continued From page 49 record, for one of three sampled (#189), the Operator failed to ensure a licensed nurse or medication aide administered only the medication they personally prepared. Findings included: - Observation on 7/18/17 at 11:40am, in medication room with Facility nurse #I, revealed six pre-filled syringes on refrigerator shelf. According to tape labels on each syringe, the contents of syringes 18 units Lantus insulin belonging to #189. Review of record revealed #189 admitted to facility 05/15/17 with diagnoses of Diabetes, Depression, Hypertension, Unsteadiness, Prostrate cancer, and Macular degeneration. The current 5/15/17 functional capacity screen (FCS) assessed #189 unable to perform medication and treatment management. Negotiated service agreement (NSA) of 5/17/17 recorded medication management by facility. NSA addendum of 5/28/17 recorded: "Insulin now 18 units at bedtime... Certified medication aide can hand insulin to Resident, give a little instructions and he can inject and push the insulin in" By interview on 7/18/17 at 11:40am, Facility nurse #I stated I pre-fill Lantus insulin syringes weekly on Monday... store them in refrigerator... CMA's (certified medication aides) carry the syringes to #189 for self injection daily... Facility nurse #I stated I was not aware Lantus is not to be pre-drawn... confirmed person administering medication not the same person who prepared the dose.	S5301		

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S5301	Continued From page 50 The Operator failed to ensure a licensed nurse or Medication aide administered only the medication they personally prepared.	S5301		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The census equalled four the sampled included three Residents. The Resident roster identified all Residents as receiving medication management. Based on observations and interviews, for two of three sampled (#189 and #187) and one non-sampled (#182), the Operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of Resident on full packages of over-the-counter medications. Findings included:	S5313		

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S5313	Continued From page 51 - On 7/18/17 at 12:10pm, observations of medication cart positioned in the dining area of facility revealed over-the-counter medications lacked the name of the Resident to whom the medication belonged: Sampled Resident #189 - Complete Multi-vitamins Sampled Resident #187 - Debrox ear treatment, Calcium Magnesium Zinc, Aspirin 81mg, Acetaminophen, Miralax Non-sampled Resident #182 - Complete Vitamins, Ayr nasal solution, Benadryl, Loratidine On 7/18/17 at 12:10pm, Facility Nurse #I confirmed the medication packages lacked the first and last name as required... most had only a room number written on packages... The Operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of Resident on full packages of over-the-counter medications for #189, #187, and #182.	S5313		
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	S5315		

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S5315	Continued From page 52 nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1)(4) The census equalled four 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 of one medication room observation, Licensed nurses and certified Medication aides (CMA) failed to ensure all controlled medications stored in a separately locked compartment within a locked storage area, in regard to a controlled medication stored in a single lock room and unlocked refrigerator, and,	S5315		

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S5315	Continued From page 53 For one of one medication cart observation, Licensed nurses and certified Medication aides (CMA) failed to ensure medications not administered beyond the recommended date of expiration. Findings included: - Observations on 7/18/17 at 11:48am in medication storage room of facility revealed a prescription labeled box of injectable Lorazepam (a controlled substance) on the shelf of unlocked refrigerator in the medication room. This refrigerator contained other non-controlled medications: Lantus insulin vials, Lantus insulin pens, TB (tuberculosis) testing solution, Humalog insulin pens. Facility nurse #I confirmed the medication room door with a single lock, and the refrigerator unlocked... confirmed the Lorazepam a controlled substance, stored with other non-controlled medications, and not separate and double locked as required. On 7/19/17 at 9:30am, Operator/CMA (certified medication aide) #H acknowledged Lorazepam stored incorrectly... provided policy titled "Facility Management of Medications": 10. Narcotic/controlled medications... will be kept under double lock in the medication room in a locked cabinet." The Licensed nurses and CMA's failed to ensure any controlled medications used by Residents with facility managed medications, stored in a separately locked compartment within a locked cabinet, or room as required.	S5315		

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S5315	Continued From page 54 - Observations of medication cart on 7/18/17 at 12:10pm in dining area of facility revealed a variety of medications with expiration dates passed: "Stool Softener" capsules - expiration date 02/2016 (no name of Resident on bottle) "Naproxen" (analgesic) - expiration date 9/2014 (no name of Resident on bottle) "Debrox ear system" - expiration date 11/2016 (no name of Resident on bottle) "Polysporin Ointment" - expiration date 8/2016 (no name of Resident on bottle) "Metoclopramide tablets" - expiration date 9/04/15 (name of a deceased Resident on bottle) On 7/18/17 Facility nurse #I confirmed expired medications not in accordance with standards of practice for medication administration. On 7/19/17 at 9:30am, Operator/CMA (certified medication aide) #H acknowledged Lorazepam stored incorrectly... provided policy titled "Facility Management of Medications": 7. ... any discontinued, deteriorated, outdated, recalled or unused medications that were administered by staff will be destroyed and recorded by an RN (registered nurse) or an LPN (licensed practical nurse)... until destroyed... will be locked in a secure place and only those authorized will have a key... Licensed nurses and certified Medication aides (CMA) failed to ensure medications not administered beyond the recommended date of expiration.	S5315		

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S5316	Continued From page 55	S5316		
S5316 SS=D	26-42-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(i) The census equalled four the sample included three Residents. The Resident Roster identified all Residents with facility managed medications. Based on observation, interview, and review of record, for one of one injectable controlled	S5316		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B005001	A. BUILDING: _____ B. WING _____	07/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLINWOOD COUNTRY LIVING	302 N MAIN STREET ELLINWOOD, KS 67526

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S5316	Continued From page 56 medication, and for one of three sampled Residents (#185), Licensed nurses and Medication aide failed to develop and implement facility policy and procedure and standards of practice to ensure an accurate accounting of controlled medications. Findings included: - Observation on 7/18/17 at 11:48am, in medication room with Facility nurse #I, revealed a package of injectable Lorazepam (controlled substance) on refrigerator shelf with non-controlled medications, not separately locked as required. Lorazepam package label documented capacity/delivered amount as 10 cartridges (one milliliter vials). The box currently contained nine cartridges. By interview on 7/19/17 at 10:40am, Facility nurse #I provided the Lorazepam "Controlled Drug Use Record." By review, Controlled Drug use Record headings filled out upon arrival of Lorazepam at facility 7/14/16. Amount received documented as 10 vials, remainder of the page still blank. This count record lacked documentation to identify use of one cartridge, including date, time, amount given, amount left, and signature of person administering. On 7/19/17 at 10:40am Facility nurse #I confirmed no method taking place to account for Lorazepam since arrival in facility. On 7/19/17 Operator/CMA provided "Facility Management of Medications" policy:	S5316		

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S5316	Continued From page 57 10. Narcotic/controlled medications are to signed out on a narcotic sheet. These drugs are to be counted/accounted for on each shift... The Licensed nurses and Medication aides for #185 failed to develop and implement facility policy and procedure and standards of practice to ensure an accurate accounting of controlled medications.	S5316		
S5327 SS=D	26-42-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l)(2) The census equalled four the sample included three Residents. The Resident Roster identified all Residents as receiving medication management. Based on interview and review of	S5327		

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S5327	Continued From page 58 record for one of three sampled with facility managed medications (#185), the licensed nurse failed to seek a response from the medical care provider within five working days of the medical care provider's notification of a variance. Findings included: - By review of record, #185 admitted to facility 8/17/15 with diagnoses of Dementia and Hypertension. The current FCS (functional capacity screen) of 6/30/17 assessed #185 unable to perform medication and treatment management. The most recent 7/13/16 NSA (negotiated service agreement) recorded facility staff managed Resident's medications. Medical record contained a drug regimen review page with reviews documented on the following dates: 6/02/17, 3/31/17, 12/06/16, and 9/13/16. 6/02/17 - pharmacist note to see report for any noted irregularities and/or recommendations - "discontinue Zocor due to recent study findings for patients > 80 years of age" The record lacked the variance report completed by the pharmacist. The record lacked evidence the recommendation sent to the physician. On 7/20/17 Operator/CMA (certified medication aide) #H and Facility nurse #I contacted the Pharmacist consultant... reported he/she stated left the report in facility on 6/02/17... faxed an additional copy of the variance report. This variance report not yet provided to physician and	S5327		

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S5327	Continued From page 59 remained blank. The licensed nurse failed to seek a response from the medical care provider for #185, within five working days of the medical care provider's notification of a variance.	S5327		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2) The census equalled four the sample included three Residents. The facility identified two water heaters. Based on observations and interviews, for three of seven accessible sinks tested (Kitchen sink, Resident room #1, and Resident room #5), the Operator failed to ensure the water remained between 98 degrees Fahrenheit (F) and 120 degrees F at all times. Findings included: - By observations during the entrance tour of facility, on 7/18/17 beginning at 11:13am, the following water temperatures obtained:	S5380		

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S5380	Continued From page 60 Kitchen sink - 93 degrees F. (Fahrenheit) Resident bathroom #1 - 93.7 degrees F. East shower room sink - 108.8 degrees F. Resident bathroom #5 - 122.7 degrees F. West shower room sink - 118 degrees F. Resident bathroom #6 - 113.7 degrees F. Resident bathroom #8 - 117.3 degrees F. Kitchen sink - re-tested at 11:36am: 95 degrees and 95.9 degrees F. On 7/18/17 at 11:36am Surveyor thermometer calibrated for accuracy in ice water with results 32 degrees F. Facility thermometer calibrated for accuracy in ice water with results at 35.6 degrees F. On 7/18/17 at 11:38am, Operator/CMA (certified medication aide) #H stated I check the water temperatures because night shift hasn't been doing it... check main building temperatures weekly and Resident room temperatures bi-monthly... I do keep logs... confirmed nothing written on logs May, June, and July 2017. By review of 2016 and 2017 water temperature logs provided, the following noted: No temperatures recorded since April 2017 Each Resident room temperature recorded every four months Each shower room and kitchen recorded monthly February 2017 - Shower #1 - 95.7; Kitchen - 91.4 degrees F. January 2017 - Kitchen 92.6 degrees F. December 2016 - Kitchen 95 degrees F. The Operator failed to ensure the water remained between 98 degrees F and 120 degrees F. at Resident accessible outlets at all times.	S5380		