STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	07/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey conducted at the above named home plus facility in Highland, KS on 6/29/17, 7/3/17, 7/5/17 and 7/10/17.	S 000		
S5028 SS=D	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 exploitation. This REQUIREMENT is not met as evidenced by:	S5028		

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

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S5028	Continued From page 1 KAR 26-42-101 (f) (3) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 1(#630) sampled resident, the operator failed to ensure that allegation of abuse and neglect was reported to the department within 24 hours, an investigation was started when the operator was notified of an alleged violation, each allegation was thoroughly investigated, appropriate corrective action taken, and the department's complaint investigation report was completed and submitted to the department within five working days of the initial report. Findings included: - Record review for resident #630 recorded an admission date of 2/27/15 with diagnoses of: avulsion of fingertip, dental infection, cognitive impairment, anxiety, high cholesterol and constipation. FCS dated 11/5/16 recorded resident is unable to perform bathing, dressing, toileting, walk/mobility and management of medications and treatments. Resident requires assistance with transfers. Resident has problems with long term memory, short term memory, memory recall and decision making. Resident has problems with communication: expressing information (2). NSA dated 2/27/15 recorded resident to receive assistance with bathing, dressing, toileting and ambulation/transfer. HSP dated 6/28/17 recorded staff to assist resident with bathing, dressing, toileting,	S5028		

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S5028	Continued From page 2 transfers, walking/mobility and management of medications. Fax to physician dated 5/1/17 recorded "[resident] fell on Saturday April 29th at 2:30pm, no injuries found ..." Nurse's notes lacked record of resident fall on April 29th. Interview on 7/3/17 at 2:08pm with operator/licensed nurse #A confirmed resident had an unwitnessed fall. Stated resident fell out of bed at night around 9:45pm, licensed nurse #C was working. Confirmed record lacked entry for nursing assessment and physician/family notification. He/she stated facility records lacked an incident report on the fall, an investigation was not conducted and the fall was not reported to the department. For resident #630 the operator failed to ensure that allegation of abuse and neglect was reported to the department within 24 hours, an investigation was started when the operator was notified of an alleged violation, each allegation was thoroughly investigated, appropriate corrective action taken, and the department's complaint investigation report was completed and submitted to the department within five working days of the initial report.	S5028		
S5029 SS=E	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are	S5029		

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S5029	Continued From page 3 available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: K.A.R. 26-4-101 (g) The facility reported a census of 12 residents. The sample included 3 residents. Based on observation and interview the operator failed to ensure a notice of availability of policies and procedures related to resident services was posted in a place readily accessible to residents. Findings included: - Observation 6/29/17 at approximately 9:50am, revealed no notice of policies and procedures availability in the public areas of the facility. Interview on 6/29/17 at 11:17 am with operator/licensed staff #A stated "It's on the hutch - No, it's not there, we took the hutch out, I don't have a new one." Observation on 6/29/17 at 3:25pm revealed the policy and procedure manual was located on a shelf behind the desk in the office/medication room. For all residents the operator failed to ensure a notice of availability of policies and procedures related to resident services was posted in a place readily accessible to residents.	S5029		

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S5055	Continued From page 4	S5055		
S5055 SS=E	26-42-101 (l) Survey Report l) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a common area to residents and any other individuals wishing to examine survey results. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(l) The facility reported a census of 12 residents. The sample included 3 residents. Based on observation and interview the operator failed to ensure that a copy of the most recent survey report is available in a common area to residents and any other individuals wishing to examine survey results. Findings included: - Observation 6/29/17 at approximately 9:50am, revealed no copy of the most recent survey in the public areas of the facility. Interview on 6/29/17 at 11:17 am with operator/licensed staff #A confirmed survey is not available in a common area and there is no sign providing information on how to access the survey results. He/she presented a file containing the 2016 survey from out of a file drawer in the office/medication room. Based on observation and interview the operator failed to ensure that a copy of the most recent survey report is available in a common area to residents and any other individuals wishing to examine survey results	S5055		

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S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (a) The census equaled 6 the sample included 3 residents. Based on reviews of facility records for 2 of 3 residents (#629 and #630), the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service. Findings included:	S5105		

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S5105	Continued From page 6 - Record review for resident #629 recorded an admission date of 12/15/15 with diagnoses of: heart murmur, diabetes mellitus, pulmonary hypertension, acute delirium, hypernatremia, hypoxia, thrombocytopenia, aortic stenosis and hip fracture. Functional Capacity Screen (FCS) dated 8/16/16 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility, has cognition problems, has a history of falls and is unable to perform management of medications and treatments. Negotiated Service Agreement (NSA) dated 12/22/15 recorded resident to receive assistance with bathing, dressing, toileting and ambulation/transfer. Health Care Services: skilled nursing services [home health agency] and 1/2/16 "PT/OT (physical therapy/occupational therapy) and speech evaluation". Health Service Plan (HSP) dated 8/16/16 recorded staff to assist resident with bathing, dressing, transfers, walk/mobility and medications. 2 staff to assist resident with toileting. June 2017 medication administration record recorded resident received oxygen at 2-4 LPM (liters per minute) per NC (nasal cannula) June 1-29th. Interview on 7/3/17 with operator/licensed nurse #A stated resident received PT/OT when he/she was admitted but no longer receives outside services. Confirmed NSA lacked documentation for discontinuation of outside services.	S5105		

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S5105	Continued From page 7 NSA lacked the name of the outside provider for oxygen services, name of the provider and party responsible for the services. NSA lacked documentation of services provided by outside provider upon admission, services provided and party responsible for payment of outside services. NSA lacked documentation of discontinuation of services by the outside providers. Record review for resident #630 recorded an admission date of 2/27/15 with diagnoses of: avulsion of fingertip, dental infection, cognitive impairment, anxiety, high cholesterol and constipation. FCS dated 11/5/16 recorded resident is unable to perform bathing, dressing, toileting, walk/mobility and management of medications and treatments. Resident requires assistance with transfers. NSA dated 2/27/15 recorded resident to receive assistance with bathing, dressing, toileting and ambulation/transfer. Health care services: skilled nursing services [name of home health agency]. HSP dated 6/28/17 recorded staff to assist resident with bathing, dressing, toileting, transfers, walking/mobility and management of medications. Progress notes dated 6/21/17 to 6/28/17 recorded outside provider service notes for a home health provider not listed on the NSA. NSA lacked the name of the current outside provider, services to be provided and party responsible for payment of the services. Interview on 7/3/17 with operator/licensed nurse #A confirmed outside services provider was	S5105		

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S5105	Continued From page 8 changed to a new provider when hospice started in February and NSA lacked documentation of these changes in services. For residents #629 and #630, the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service.	S5105		
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 facility reported a census of 12 residents. The sample included 3 residents. Based on record review, observation and interview for 2 sampled residents (#629 and #630), who required health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in	S5155		

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S5155	Continued From page 9	S5155		

accordance with the functional capacity screening and the negotiated service agreement.

Findings included:

- Record review for resident #629 recorded an admission date of 12/15/15 with diagnoses of: heart murmur, diabetes mellitus, pulmonary hypertension, acute delirium, hypernatremia, hypoxia, thrombocytopenia, aortic stenosis and hip fracture.

Functional Capacity Screen (FCS) dated 8/16/16 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility, has cognition problems, has a history of falls and is unable to perform management of medications and treatments.

Negotiated Service Agreement (NSA) dated 12/22/15 recorded resident to receive assistance with bathing, dressing, toileting and ambulation/transfer.

Health Service Plan (HSP) dated 8/16/16 recorded staff to assist resident with bathing, dressing, transfers, walk/mobility and medications. 2 staff to assist resident with toileting.

June 2017 Medication administration record recorded: accucheck and insulin 30 minutes before meals and oxygen 2-4 lpm (liters per minute) per NC (nasal cannula) to keep oxygen sat (SPO2 - blood oxygen saturation) greater than 90 percent. Both treatments recorded as completed by staff 6/1/17 through 6/29/17.

HSP lacked entry for staff administration of

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S5155	Continued From page 10 treatments. Record review for resident #630 recorded an admission date of 2/27/15 with diagnoses of: avulsion of fingertip, dental infection, cognitive impairment, anxiety, high cholesterol and constipation. FCS dated 11/5/16 recorded resident is unable to perform bathing, dressing, toileting, walk/mobility and management of medications and treatments. Resident requires assistance with transfers. NSA dated 2/27/15 recorded resident to receive assistance with bathing, dressing, toileting and ambulation/transfer. HSP dated 6/28/17 recorded staff to assist resident with bathing, dressing, toileting, transfers, walking/mobility and management of medications. Observation on 6/29/17 at 2:23pm in resident's room revealed a wheelchair with Pressure reduction cushion, a body alarm attached to resident's left shoulder, a winged air mattress on the bed. Interview on 7/3/17 at 2:08pm with operator/licensed nurse #A confirmed HSP lacked entries for pressure reduction cushion, body alarm and winged air mattress, he/she confirmed staff turn resident every 2 hours for the past week and resident is unable to exit the building unassisted and HSP does not address these interventions. HSP lacked entries for these assistive devices and interventions.	S5155		

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S5155	Continued From page 11 For residents #629 and #630, who required health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		
S5161 SS=E	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 facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview for 3 sampled residents (#629, #630 and #631) who required health care services, the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the plan. Findings included: - Record review for resident #629 recorded an admission date of 12/15/15 with diagnoses of: heart murmur, diabetes mellitus, pulmonary	S5161		

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S5161	Continued From page 12	S5161		

hypertension, acute delirium, hypernatremia, hypoxia, thrombocytopenia, aortic stenosis and hip fracture.

Functional Capacity Screen (FCS) dated 8/16/16 recorded resident required assistance with bathing, dressing, toileting, transfer, and walk/mobility, has cognition problems, has a history of falls and is unable to perform management of medications and treatments.

Negotiated Service Agreement (NSA) dated 12/22/15 recorded resident to receive assistance with bathing, dressing, toileting and ambulation/transfer.

Name of licensed nurse responsible for the nursing plan: [name of home health agency nurse]

Interview on 7/3/17 at 1:05pm with operator/licensed nurse #A stated resident no longer receives home health services.

Record review for resident #630 recorded an admission date of 2/27/15 with diagnoses of: avulsion of fingertip, dental infection, cognitive impairment, anxiety, high cholesterol and constipation.

FCS dated 11/5/16 recorded resident is unable to perform bathing, dressing, toileting, walk/mobility and management of medications and treatments. Resident requires assistance with transfers.

NSA dated 2/27/15 recorded resident to receive assistance with bathing, dressing, toileting and ambulation/transfer.

Name of licensed nurse responsible for the

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S5161	Continued From page 13 nursing plan: [blank] Interview on 7/3/17 at 2:08pm with operator/licensed nurse #A confirmed NSA lacked the name of the licensed nurse responsible for the health care plan. Record review for resident #631 recorded admission date of 2/28/17 with diagnoses of: hypertension, dyslipidemia, complete heart block, congestive heart failure, chronic kidney disease, paroxysmal atrial fibrillation, hypothyroidism, irritable bowel syndrome and pacemaker. FCS dated 2/28/17 recorded resident unable to perform management of medications and treatments. NSA dated 2/28/17 recorded resident to receive personal services of bathing, dressing, personal hygiene, toileting, ambulation/transfer and baths every other day and supervised nursing services of medications management. Name of licensed nurse responsible for the nursing plan: [two names listed: first names and last initials only]. For residents #629, #630 and #631who required health care services, the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the plan.	S5161		
S5220 SS=E	26-42-104 (e) Emergency Plan Available (e) Each administrator or operator shall make the emergency management plan available to the staff, residents, and visitors.	S5220		

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S5220	Continued From page 14 This REQUIREMENT is not met as evidenced by: KAR 26-42-104(e) The facility reported a census of 12 residents. The sample included 3 residents. Based on observation and interview the operator failed to ensure that a copy of the facility's emergency management plan was available to staff, residents and visitors. Findings included: - Observation 6/29/17 at approximately 9:50am, revealed no copy of the facility's emergency management plan in the public areas of the facility. Observation on 6/29/17 at 11:20am emergency management plan was requested, observed the operator/licensed nurse remove the facility's emergency management plan (a red binder labeled "Fire") from a locked closet in the office/medication room. For all residents, the operator failed to ensure that a copy of the facility's emergency management plan was available to staff, residents and visitors.	S5220		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.	S5251		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

(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
S5251	Continued From page 15 This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of 12 residents. The sample included 3 residents. Based on observation, record review and interview for 3 (#629, #630 and #631) , the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident #629 recorded an admission date of 12/15/15 with diagnoses of: heart murmer, diabetes mellitus, pulmonary hypertension, acute delirium, hypernatremia, hypoxia, thrombocytopenia, aortic stenosis and hip fracture. Functional Capacity Screen (FCS) dated 8/16/16 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility, has cognition problems, has a history of falls and is unable to perform management of medications and treatments. Negotiated Service Agreement (NSA) dated	S5251		

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S5251	Continued From page 16	S5251		

12/22/15 recorded resident to receive assistance with bathing, dressing, toileting and ambulation/transfer.

Health Service Plan (HSP) dated 8/16/16 recorded staff to assist resident with bathing, dressing, transfers, walk/mobility and medications. 2 staff to assist resident with toileting.

Nurse's notes recorded entries on the following dates: 8/23/16, 8/25/16, 10/14/16, 12/30/16 and 6/28/17. Entries lacked time of entry.

Nurse's notes recorded entry on 1/3/17 at 7:15pm, "Resident alert and oriented times one ...no signs/symptoms of distress or discomfort noted." signed by licensed nurse #B. Next entry recorded on 6/28/17 "Resident resting in recliner .....Will continue to monitor." signed by licensed nurse #B.

Resident record contained physician telephone orders on the following dates: 1/3/17, 1/4/17, 1/23/17, 1/23/17, 1/27/17, 1/27/17, 1/30/17, 2/16/17, 3/2/17, 3/7/17, and 6/2/17.

Resident record contained faxes to physicians on the following dates:

1/3/17 "Resident has extreme anxiety at night ..... has been very hateful and increased depression for past few weeks."
1/20/17 "Resident has swelling on right leg from knee to thigh ... please advise.
3/2/17"Resident's family would like a UA (urine analysis) done, states he/she has not been his/herself ...."
3/7/17 "Resident is taking Miralax BID (twice a day)(laxative) ... ...has sharp pains in abdomen at

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S5251	Continued From page 17 times." 4/27/17 "[resident] has skin tear on his/her left wrist ....." 5/25/17 "[resident] has a skin tear to top right hand ....." 6/1/17 "[resident] has been complaining of burning when urinating ....." Record contained a radiology report for x ray to right femur and right knee on 1/23/17. Record lacked nursing documentation of changes in resident condition including incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action. Interview on 7/3/17 at 1:00pm with operator/licensed nurse #A confirmed record lacked entries for resident changes in condition. Record review for resident #630 recorded an admission date of 2/27/15 with diagnoses of: avulsion of fingertip, dental infection, cognitive impairment, anxiety, high cholesterol and constipation. FCS dated 11/5/16 recorded resident is unable to perform bathing, dressing, toileting, walk/mobility and management of medications and treatments. Resident requires assistance with transfers. NSA dated 2/27/15 recorded resident to receive assistance with bathing, dressing, toileting and ambulation/transfer. HSP dated 6/28/17 recorded staff to assist resident with bathing, dressing, toileting, transfers, walking/mobility and management of	S5251		

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S5251	Continued From page 18 medications. Nurse's notes recorded entries on the following: 1/3/17 lacked time of entry and entry for 2:08am, lacked date of entry. Resident record contained faxes to physicians/ physician's orders on the following dates: 1/6/17 new order for an antibiotic. 1/31/17 request to discontinue resident's Myrbetriq (for overactive bladder). 2/3/17 orders for Xanax .25mg (milligram) (for anxiety) twice daily. 4/12/17 orders for 2 medications changes and 2 new medications. 5/1/17 "[resident] fell on Saturday April 29th ....." 5/18/17 "FYI concerning foley catheter .... Urine output has been semi-bloody .... Passed several good size clots from around catheter." 6/5/17 "Patient has issues with frequents sores to bottom ....." 6/12/17 " ... ... discontinue aspirin (blood thinner) due to increased bleeding with foley catheter ...." 6/21/17 request for a swallow study: "[facility] reports that he/she coughs extensively while drinking ....." Record lacked nursing documentation of changes in resident condition including incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action. Interview on 7/3/17 at 2:08pm with operator/licensed nurse #A confirmed record lacked entries for resident incident and changes in condition.	S5251		

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S5251	Continued From page 19 Record review for resident #631 recorded admission date of 2/28/17 with diagnoses of: hypertension, dyslipidemia, complete heart block, congestive heart failure, chronic kidney disease, paroxysmal atrial fibrillation, hypothyroidism, irritable bowel syndrome and pacemaker. FCS dated 2/28/17 recorded resident unable to perform management of medications and treatments. NSA dated 2/28/17 recorded resident to receive personal services of bathing, dressing, personal hygiene, toileting, ambulation/transfer and baths every other day and supervised nursing services of medications management. HSP dated 2/28/17 recorded staff to supervise resident bathing, and staff to administer medications. Nurse's notes contained only 2 entries: one on 2/28/17 and one on 6/28/17 (both entries lacked time of entry). Record contained physician orders for the following dates: 3/7/17, 3/14/17, 3/23/17 and 6/10/17. Record contained a fax to physician on 3/3/17 with a request for medication changes. Record lacked nursing documentation of changes in resident condition including incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action. Interview on 7/3/17 at 1:55pm with operator/	S5251		

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S5251	Continued From page 20 licensed nurse #A confirmed nurse's notes lacked entries for medication and physician order changes. For residents #629, #630 and#631 the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action.	S5251		
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, 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.	S5258		

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S5258	Continued From page 21 This REQUIREMENT is not met as evidenced by: KAR 26-42-102 (d) The facility reported a census of 12 home plus residents. Based on record review and interview for 3 certified staff (#E,F,G), the operator failed to provide supporting documentation for criminal background checks at the time of hire, and failed to obtain supporting documentation for evidence of certification at the time of hire. Findings included: - Review of personnel hired since the last survey recorded 3 certified staff as the only staff hired since the resurvey. On 6/29/17 personnel record review for certified staff #E, hire date 2/25/17, revealed results for Kansas Bureau of Investigations (KBI) check. Results were processed on 5/2/17. Further review of personnel record for certified staff # E reveals record lacked date the Kansas registry check was completed. On 6/29/17 personnel record review for certified staff #F, hire date 2/22/17, revealed results for KBI check. Results were processed on 5/1/17. Further review of personnel record for certified staff # F reveals record lacked date the Kansas registry check was completed. On 6/29/17 personnel record review for certified staff #G, hire date 5/30/16, revealed no record of KBI check. Operator/licensed staff #A checked	S5258		

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S5258	Continued From page 22 online records for facility and found no record of request. Interview on 6/29/17 at 1:35pm with operator/licensed staff #A, confirmed certified staff #E, F and G work in this facility, Kansas registry check lacked date requested and confirmed KBI checks lack evidence of date requested. For 3 certified staff, the operator failed to provide supporting documentation for criminal background check and supporting documentation for evidence of certification at the time of hire.	S5258		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by:	S5300		

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S5300	Continued From page 23 KAR 26-42-205(d) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview for 2 residents (#629 and #630), the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice when staff failed to perform blood pressures and oxygen saturation levels as ordered, failed to consult with the physician regarding duplicate orders, failed to ensure medication aides did not administer medication through the parental route and failed to ensure staff followed up on the effectiveness of resident PRN medications. Findings included: - Record review for resident #629 recorded an admission date of 12/15/15 with diagnoses of: heart murmur, diabetes mellitus, pulmonary hypertension, acute delirium, hypernatremia, hypoxia, thrombocytopenia, aortic stenosis and hip fracture. Functional Capacity Screen (FCS) dated 8/16/16 recorded is unable to perform management of medications and has problems with long term memory, short term memory and memory recall. Negotiated Service Agreement (NSA) dated 12/22/15 recorded staff to administer medications.	S5300		

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S5300	Continued From page 24 Health Service Plan (HSP) dated 8/16/16 recorded staff to assist with medications. The HSP lacked a description of services related to the administration of insulin. June MAR recorded Metoprolol Tartrate (blood pressure) 25mg (milligrams) 1 tablet PO (by mouth) BID (twice daily) Must check blood pressure before giving; and Losartan (blood pressure) 25mg PO daily, must check blood pressure before giving. Record lacked parameters for withholding of medication or reporting to physician. Daily blood pressure/ weight log for June 2017 lacked documentation of blood pressures prior to administration of morning dose of Metoprolol and Losartan for 21 days of the 29 days of the month to date and lacked documentation of any blood pressures prior to administration of evening dose of Metoprolol. June MAR recorded Oxygen at 2-4 LPM (liters per minute) per NC (nasal cannula) to keep Oxygen sats (SPO2- percent of blood oxygen saturation) greater than 90%. Recorded as administered by staff daily 6/1/17 through 6/29/17 at AM (morning), noon, eve (evening) and HS(bedtime). Daily blood pressure/ weight log for June 2017 recorded O2 sat (SPO2) at 7am or 8am for 12 of the 29 days to date. The log lacked documentation of oxygen saturation at noon,	S5300		

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S5300	Continued From page 25 evening and bedtime. Interview on 7/3/17 at 1:05pm with operator/licensed nurse #A confirmed resident used the oxygen "every night" June MAR recorded - Keflex (antibiotic) 250 mg every day for UTI (urinary tract infection) preventative. Recorded as administered by staff in AM, 25 of the 29 days to date (circled as not administered on 6/27/17, 6/28/17, and 6/29/17). - Cephalexin (generic Keflex) 500mg 3 times daily for 7 days recorded as given by staff 6/2/17 - 6/9/17. Interview on 7/3/17 at 1:05pm with operator/licensed nurse #A confirmed physician was not notified to confirm Keflex daily to be continued while on a second higher dose of the medication. He/she stated "Sometimes he/she (physician) stops it, sometimes he/she doesn't" June 2017 medication administration record recorded Novalog insulin injection subcutaneously by sliding scale twice daily and Lantus insulin 25 units subcutaneously every HS (hour of sleep) as administered by staff. The record lacked documentation of an assessment by the nurse of the resident's ability to safely and accurately self inject using an insulin pen prepared by staff.	S5300		

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S5300	Continued From page 26 Interview with resident on 6/29/17 at 2:30pm resident when asked if he/she self- injected own insulin shots, he/she stated "I take insulin shots? No I don't. Are you sure?" Interview on 6/29/17 at 11:20am with operator/licensed nurse #A confirmed certified medication aides (CMAs) administer medications from 6am to 10pm and assist resident with insulin injections. He/she stated "We do hand over hand with him/her, He she self- injects basically. His/her hand is there, ours is over the top to guide him/her." Facility policy "medication management" recorded: "Parenteral drugs are administered only by a physician or licensed nurse." For resident #629 the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice when staff failed to perform blood pressures and oxygen saturation levels as ordered, failed to consult with the physician regarding duplicate orders, and failed to ensure medication aides did not administer medication through the parental route. Record review for resident #630 recorded an admission date of 2/27/15 with diagnoses of: avulsion of fingertip, dental infection, cognitive impairment, anxiety, high cholesterol and constipation.	S5300		

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S5300	Continued From page 27 FCS dated 11/5/16 recorded resident is unable management of medications and treatments. NSA dated 2/27/15 recorded resident to receive assistance medications and treatments. HSP dated 6/28/17 recorded staff to assist resident with management of medications. PRN (as needed) medication log recorded PRN medications administered 20 times by staff from 4/7/17 through 6/27/17. Record lacked follow up/effectiveness for 18 of the medication administrations. Interview on 7/3/17 at 2:08pm with operator/licensed nurse #A confirmed lack of follow up for the medications. For resident #630, the licensed nurse failed to ensure medications were administer according to standards of practice when staff failed to follow up on the effectiveness of resident PRN medications. For residents #629 and #630, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice.	S5300		

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S5301	Continued From page 28	S5301		
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 26-42-204(d)(3)(D) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and observation , for 1 (#629) resident, the operator failed to ensure documentation of the administration of each resident's medication in the resident's medication administration record (MAR) immediately before or following the completion of the task. Findings included: - Record review for resident #629 recorded an	S5301		

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S5301	Continued From page 29 admission date of 12/15/15 with diagnoses of: heart murmur, diabetes mellitus, pulmonary hypertension, acute delirium, hypernatremia, hypoxia, thrombocytopenia, aortic stenosis and hip fracture. Functional Capacity Screen (FCS) dated 8/16/16 recorded is unable to perform management of medications and treatments. Negotiated Service Agreement (NSA) dated 12/22/15 recorded staff to administer medications. Health Service Plan (HSP) dated 8/16/16 recorded staff to assist with medications. Medication administration record (MAR) for June 2017 recorded staff administration of medications June 1- June 29th. Record lacked staff initials for medications on 6/7/17 for 13 doses of medications. For resident #629, the operator failed to ensure documentation of the administration of each resident's medication in the resident's medication administration record (MAR) immediately before or following the completion of the task.	S5301		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes,	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	07/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

(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
S5335	Continued From page 30 ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The facility reported a census of 12 residents. The sample included 3 residents. Based on observation and interview for all residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the unlocked facility laundry. Findings included: On 6/29/17 at 10:20am during facility tour, with facility operator/licensed nurse, observed in the facility laundry room, entrance door unlocked (no lock), no other staff present, the following chemicals: In a cabinet under the sink, unlocked: Meyer LD 64, cleaner, 1 gallon Clorox disinfectant wipes, 1 container, 78 wipes Comet powder cleanser, 17ounces (oz.) Hydrogen Peroxide, 2 bottles, 32 oz. each Shard hard floor cleanser, 6 bottles, 20 oz. each (ea.) In 2 unlocked cabinets above the long counter: Meyer LD 40 cleaner, 3 gallons In 2 unlocked cabinets beneath the long counter: Complete TB disinfectant, 30 oz. ea.	S5335		

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S5335	Continued From page 31 Fluff Fabrick softener, ¼ full Orange glow spray, ½ full, 16 oz. Zip disinfectant spray, 16.5 oz. Kling-on Toilet bowl cleaner, 15 bottles, 32 oz. ea. Elite streak free glass cleaner, ½ full, 32 oz. Meyer lemon shine spray, 5 bottles, 18 oz. ea. Nemesis cleaner and disinfectant spray, 9 bottles, 1 quart each Sta-Brite stainless steel cleanser, 3 cans, 14.5 oz. ea. Facility resident roster received on 6/29/17, recorded 4 residents as cognitively impaired. Facility "chemical storage policy" recorded "keep doors locked at all times when not in use." Interview on 6/29/17 at 10:20am with facility operator/licensed staff #A confirmed staff are not locking the chemical cabinets as instructed. For all residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the unlocked facility laundry.	S5335		