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	N105014	A. BUILDING: _____ B. WING _____	05/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELAWARE HIGHLANDS ASSISTED LIVING	12600 DELAWARE PARKWAY KANSAS CITY, KS 66109

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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Assisted Living Facility in Kansas City, Kansas on 5/17/17, 5/18/17, 5/19/17, 5/21/17, 5/22/17, and 5/23/17. Complaint #110145 also investigated. Revised 2567 sent to facility on 6/2/17	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The census equalled 121 the sample included six Residents. Based on observation, interview, and review of record, for five of six sampled (#180, #181, #183, #185, and #189) the Administrator failed to ensure designated facility staff completed a functional capacity screen (FCS) that accurately reflected the Residents' functional capacity. Findings included: - Review of record revealed #189 admitted to facility 4/05/12 with diagnoses of Hypertension, Atrial fibrillation, Renal artery stenosis, Congestive heart failure, Intestinal vascular insufficiency, Spinal stenosis, and Chronic back pain. The current FCS assessed #189 unable to	S3082		

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

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S3082	Continued From page 1	S3082		

perform ("3") bathing, medication and treatment management; in need of physical assistance ("2") with dressing, toileting, transfers, mobility; in need of supervision ("1") with eating; with bladder incontinence; with short term memory impairment; hard of hearing with communication impairment; and used a wheelchair.

By observation on 5/18/17 at 11:59am , #189 parked at dining room table, with staff sitting beside him/her... staff encouraging Resident and feeding at intervals.
By interview on 5/18/17 at 11:59am, Certified staff #K stated #189 "needs help with everything... including feeding, transfers, bathroom... sometimes he/she does better than others but right now we are feeding him/her."

The 6/10/16 Negotiated Service Agreement (NSA) recorded staff offered "moderate assistance" with bathing. This service description failed to meet FCS assessed need of "unable to perform" bathing. This NSA recorded "requires assistance with dining (food cut up, prompting, encouragement). This service description failed to match the FCS assessed need of "supervised" eating.

On 5/18/17 at 6:29pm, Director of Nursing (DON) #B confirmed the FCS codes not accurate... failed to match the Resident's identified needs... confirmed the Resident assisted with bathing by staff and physically assisted with eating.

The Administrator failed to ensure designated facility staff completed an FCS that accurately reflected #189's functional status.

- Review of record revealed #181 admitted to

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S3082	Continued From page 2 facility 5/07/17 with diagnoses of Hypertension, Obesity, Congestive heart failure, Coronary artery disease, Bipolar, Peripheral vascular disease, Chronic obstructive pulmonary disease, and Diabetes. The current 5/07/17 functional capacity screen (FCS) assessed #181 independent with bathing, dressing, toileting, transfers, mobility, eating; unable to perform medication and treatment management; used walker. The 5/07/17 Negotiated Service Agreement documented #181 received medication management by facility and general services per Resident's request. The NSA recorded Resident used a walker. By interview on 5/18/17 at 11:45am Certified staff #K stated #181 just moved in... is very independent... moves by self... walks with a cane... we do medications for #181... By observation on 5/18/17 at 12:04pm , #181 walked into dining room with cane and seated self at the table. On 5/18/17 at 5:20pm, Director of Nursing (DON) #B confirmed the FCS codes not accurate for walker use and for medication and treatment management as "unable to perform"... DON #M stated meds should be "2" for physical assistance needed, and FCS should reflect use of cane... The Administrator failed to ensure designated facility staff completed an FCS that accurately reflected #181's functional status.	S3082		

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S3082	Continued From page 3 - Review of record revealed #180 admitted to facility 3/31/17 with diagnoses of Diabetes, Cerebrovascular accident, Osteoarthritis, Hypertension, Obesity, Coronary artery disease, Depression, and Diverticulosis. The admission FCS of 3/01/17 assessed #180 independent with bathing, dressing, toileting, transfers, mobility, and eating; with occasional bladder incontinence, short term memory, used a walker and a wheelchair. The FCS coded medication and treatment management as ("3") or "unable to perform." By interview on 5/18/17 at 6:10pm, Director of Nursing (DON) #B stated the FCS is not accurate for medication and treatment management... DON #B stated I put "3" on medication/treatment management because we are doing it... I do the same with laundry, medications, meal preparation... DON #B stated I do have an FCS manual... I will have to review the definitions to accurately code the Resident's abilities instead of the what the facility is doing... DON # B confirmed the coding on #183, #184, #185, and #187, and all Residents also reflected coding of "3 - unable to perform" in error, reflecting services provided by facility as opposed to the Residents' abilities. The Administrator failed to ensure designated facility staff completed an FCS that accurately reflected the functional status of #180, #183, #184, #185, #187, and all Residents.	S3082		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with	S3171		

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S3171	Continued From page 4 acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The census equalled 121 the sample included six Residents. Based on review of records and interviews, for one of six sampled (#187), the Administrator failed to ensure all health care services, including assessment and monitoring of Resident in relation to head injury with staples and emergency room follow up care, by qualified staff in accordance with acceptable standards of practice. Findings included: - Review of record revealed #187 admitted to facility 3/02/17 with diagnoses of Depression, Hyperlipidemia, Diabetes, Arteriosclerotic heart disease, Allergic rhinitis, Hypertension, Muscle spasms, Hypothyroidism, Anxiety, and Chronic pain. The current 3/02/17 functional capacity screen (FCS) assessed #187 independent with bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management. The medical record Nursing Progress Notes documented: 4/01/17 - 1035 - Resident pressed pendant, reports getting up from toilet, fell, hit head... bleeding from left side of head... transported to emergency room. 4/02/17 - 0120 - Resident returned to facility via ambulance with stitches on left side of head... has	S3171		

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S3171	Continued From page 5 pendant... able to make needs known... denies pain or discomfort at this time... The medical record contained emergency room "Home Care" directions that included "Have someone with you for the first 24 hours. This person should wake you up every 1 hour to check on your condition... only drink clear water for the rest of the day..." The Nursing Progress Notes lacked evidence of any follow up monitoring or assessment upon #187's return to facility with a stapled head injury, and for the recommended 24 hours following the injury. By interview on 5/18/17 at 6:20pm Director of Nursing #M confirmed the emergency room directions in the chart demonstrated a standard of practice for someone with a head injury... #M confirmed the injury repaired with staples (removed on 4/14/17) as opposed to stitches... confirmed no evidence of follow up monitoring or assessment of condition with next Nursing Progress Note on 4/03/17 at 0930. The Administrator failed to ensure all health care services provided to #187 by qualified staff in accordance with acceptable standards of practice.	S3171		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service	S3175		

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S3175	Continued From page 6 gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The census equalled 121 the sample included six Residents. The facility identified 20 Residents who self administered medications and one included in the sample. Based on interview and review of record, for one of six sampled who self administered medications (#185), the Operator failed to ensure a licensed nurse performed an assessment of the Resident's ability to safely and accurately self administer medications. Findings included: - Review of record revealed #185 admitted to facility 12/13/08 with diagnoses of Seizures, Hypercholestrolemia, and Hypertension. The current 7/05/16 functional capacity screen (FCS) assessed #185 unable to perform medication and treatment management. The current 7/05/16 negotiated service agreement (NSA) documented facility to provide	S3175		

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S3175	Continued From page 7 medication management "total staff assistance needed." The medical record contained an 02/09/17 order for the application of Fluorouracil (skin cancer treatment) apply to nose topically in the morning and evening. The May 2017 MAR (medication administration record) contained the order, but lacked staff initials for administration, and contained the note "patient may apply himself/herself." The medical record lacked a self administration assessment. On 5/18/17 at 5:37pm and at 5:45pm, Director of Nursing #B confirmed a self administration not completed prior to #185 self administering the medication Fluorouracil... confirmed facility staff administered all other medications. The Administrator failed to ensure a licensed nurse conducted a self administration assessment of #185 prior to #185 self administering medications.	S3175		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility 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:	S3200		

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S3200	Continued From page 8 (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The census equalled 121 the sample included six Residents. The facility identified 20 Residents who self administered medications and five included in the sample. The facility identified 22 Residents who used insulin and two included in the sample, two additional Residents with insulin identified in the medication room review. Based on observations, interviews, and reviews of records: For two of two sampled who used insulin (#180 and #181) and for 22 non-sampled who used insulin (#158 #159, #160, #161, #162, #163, #164, #165, #166, #167, #168, #169 #170, #171, #172, #173, #174, #175, #176, #177, #178, and #179), the Administrator failed to ensure all medications stored and administered to each Resident in accordance with manufacturer recommendations and professional standards, regarding the labeling of opened insulin containers with the recommended discard date, and with the name of the Resident; and, For four of five sampled with facility managed medications (#183, #181, #189, and #185), the Administrator failed to ensure all medications	S3200		

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S3200	Continued From page 9 administered to each Resident in accordance with medical care provider's written orders. Findings included: - Observations on 5/18/17 at 12:10pm, in the first floor medication storage room revealed a tall metal shelving unit against the West wall of the room next to the entrance door. This multi-level shelving unit and a refrigerator to the left contained Resident insulin supplies. The shelves contained plastic bins with individual Resident names and/or room numbers on the bins. Further review of contents concluded: In use insulin pens were stored in the labeled bins. Unopened insulin pens and vials stored in the refrigerator. #160 - Lantus pen lacked name of Resident and date opened (manufacturer directed discard 28 days after first use) #161 - Humalog pen lacked name of Resident and date opened (manufacturer directed discard 28 days after first use) #162 - Levemir pen contained name of Resident lacked date opened (manufacturer directed discard 42 days after first use) #163 - Toujeo pen lacked name and date opened (manufacturer directed discard 42 days after first use) #164 - Lantus pen contained name of Resident lacked date opened (manufacturer directed discard 28 days after first use) #165 - Humalog, Levemir, and Novolog pens lacked Resident name and dates opened (28 day discard date recommended for all) #166 - Levemir pen contained name, lacked discard date (42 day discard recommended) #158 - Humalog pen contained name, lacked	S3200		

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S3200	Continued From page 10 discard date (28 day discard recommended) #167 - Humalog pen contained name, lacked discard date (28 day discard recommended) #170 - Lantus pen contained name, lacked discard date (28 day discard recommended) #168 - Levemir vial contained name, vial unopened, label directed 42 day discard after opened #171 - No pen or vial in plastic bin #172 - No pen or vial in plastic bin #181 - Levemir vial in bin with label, not opened, label directed 42 day discard after opened #173 - Novolog pen lacked name and date opened, 28 day discard recommended #174 - Novolog pen lacked name and date opened, 28 day discard recommended #176 - Toujeo pen lacked name and date opened, 42 day discard recommended; this box contained a Lantus pen with "333" on it (bin of this Resident labeled 322) Confirmed with Licensed Practical Nurse (LPN) #M Resident #176 does not take Lantus, this pen in the wrong bin, belonged to another Resident (#178) #177 - No pen or vial in plastic bin #178 - Lantus, Levemir, and Novolog pens lacked name and dates opened #180 - Levemir pen contained name lacked date opened, 42 day discard recommended #159 - Toujeo pen contained name lacked date opened, 42 day discard recommended No bins observed for Residents #169, #175, and #179 By interviews on 5/18/17 at 12:10pm, at 12:25pm, and at 12:37pm, LPN #M. LPN #N, and Director of Nursing #B confirmed pens lacked names and dates opened... confirmed each unaware of the recommended discard dates. DON #B confirmed the facility did not have a policy and procedure to address insulin storage, labeling, and discard.	S3200		

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S3200	Continued From page 11 The Administrator failed to ensure all medications stored and administered to each Resident in accordance with manufacturer recommendations and professional standards of practice. - Record review revealed #181 admitted to facility 5/07/17 with diagnoses of Hypertension, Obesity, Congestive heart failure, Coronary artery disease, Bipolar, Peripheral vascular disease, and Diabetes. The current functional capacity screen (FCS) of 5/07/17 assessed #181 unable to perform medication and treatment management. The negotiated service agreement (NSA) of 5/07/17 recorded facility staff to manage medications and treatments (including accu checks and insulin injections). Comparison of the May 2017 MAR (medication administration record) with written orders revealed discrepancies: MAR documented Vitamin D 1000 units one tablet every day; written order of 4/28/17 documented Vitamin D 1000 three tablets every day MAR documented Isosorbide ER 30mg one tablet every day; written order of 4/28/17 documented Isosorbide 60mg daily MAR documented Guaifenesin 120mg every six hours as needed for cough; Cefpodoxime 200mg twice daily for 10 days; the medical record lacked a written, signed order for these medications MAR lacked the following medication orders, noted on a 4/28/17 compilation of orders at the time of admission preparation: Antacid, Divalprox,	S3200		

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S3200	Continued From page 12 Glucose, Magnesium citrate, and Menthol Salicilate topical cream. By interview on 5/18/17 at 5:20pm, Director of Nursing #B confirmed the MAR contained medications and biologicals without corresponding written medical care provider orders. The Administrator failed to ensure all medications and biologicals administered to #181 in accordance with medical care provider's written orders. - Record review revealed #183 admitted to facility 3/29/17 with diagnoses of Lumbar stenosis, Tachycardia, Myocardial infarction, Peripheral vascular disease, Falls, Cystitis, and Dizziness. The current functional capacity screen (FCS) of 3/29/17 assessed #183 unable to perform medication and treatment management. The negotiated service agreement (NSA) of 3/29/17 recorded facility staff to manage medications and treatments. Comparison of the May 2017 MAR (medication administration record) with written orders revealed discrepancies: MAR documented Buspirone 15mg twice daily; Voltaren gel 4 grams four times daily; Melatonin 3mg at bedtime; and Tylenol 650mg three times daily. The medical record lacked signed, written orders for these medications. By review, the record contained a 5/14/17 hospital discharge list of medications, but this	S3200		

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S3200	Continued From page 13 form lacked a medical care provider's signature or an electronic signature. By interview on 5/18/17 at 10:40am Director of Nursing #B stated we get our orders this way all the time... the hospitals send Residents home with a list like this... confirmed no signature of medical care provider... confirmed no clarification of medication list by licensed staff at time of return from hospital to ascertain accurate orders. The Administrator failed to ensure all medications and biologicals administered to #183 in accordance with medical care provider's written orders. - Record review revealed #189 admitted to facility 4/05/12 with diagnoses of Hypertension, Atrial fibrillation, Renal artery stenosis, Congestive heart failure, Intestinal vascular insufficiency, Spinal stenosis, and Chronic back pain. The current functional capacity screen (FCS) of 6/10/16 assessed #181 unable to perform medication and treatment management. The negotiated service agreement (NSA) of 6/10/16 recorded facility staff to manage medications and treatments. Review of the May 2017 MAR (medication administration record) in an attempt to compare with written, signed, medical care provider orders, revealed none in the chart. By interview on 5/18/17 at 6:20pm, Director of Nursing #M stated the orders may be in the Hospice (outside provider) chart.	S3200		

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(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
S3200	Continued From page 14 The Administrator failed to ensure all medications and biologicals administered to #189 in accordance with medical care provider's written orders. - Review of record revealed #185 admitted to facility 12/13/08 with diagnoses of Seizures, Hypercholestrolemia, and Hypertension. The current 7/05/16 functional capacity screen (FCS) assessed #185 unable to perform medication and treatment management. The current 7/05/16 negotiated service agreement (NSA) documented facility to provide medication management "total staff assistance needed." Comparison of the MAY 2017 MAR (medication administration record) with written medical care provider orders revealed a lacking signed order. The MAR included Fluorouracil 5% cream apply to nose topically in the morning and evening. The medical record lacked the signed order by physician or medical care provider. On 5/18/17 at 5:37pm Director of Nursing #B confirmed the written, signed order not in the medical record. The Administrator failed to ensure all medications and biologicals administered to #185 in accordance with medical care provider's written orders.	S3200		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents	S3261		

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	N105014	A. BUILDING: _____ B. WING _____	05/23/2017

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S3261	Continued From page 15 (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f) The census included 121 the sample included six Residents. Based on interview and review of record, for three of six sampled (#181, #185, and #187) the Administrator failed to ensure each Resident record contained 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. Findings included: - Review of record revealed #187 admitted to facility 3/02/17 with diagnoses of Depression, Hyperlipidemia, Diabetes, Arteriosclerotic heart disease, Allergic rhinitis, Hypertension, Muscle spasms, Hypothyroidism, Anxiety, and Chronic pain. The current 3/02/17 functional capacity screen (FCS) assessed #187 independent with bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management. The 3/02/17 Negotiated Service Agreement documented #187 administered own medications and treatments, and facility provided general	S3261		

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S3261	Continued From page 16	S3261		

services (such as meal preparation) per Resident's preferences.

The medical record Nursing Progress Notes: 3/04/17 - No time documented - "is alert, oriented... confused to time... attempted to review meds with Resident and results were unsuccessful... meds were not matching Dr's orders... Resident couldn't recognize certain names and agreed that she didn't have... certain no other concerns voiced..."

The medical record lacked documentation of actions taken in response to Resident's inability to identify self administered medications correctly. The record lacked additional evaluation of Resident's ability to be safe, and lacked evidence clarification of risks when taken incorrectly provided.

By interview on 5/18/17 at 6:20pm Director of Nursing #M confirmed no evidence of follow up assessment of Resident's ability to self administer... confirmed an assessment of 3/02/17 indicated #187 able to self administer medications, but that conclusion questioned on 3/04/17...

The Administrator failed to ensure #187's record contained documentation of all incidents, including the date, time of occurrence, action taken, and results of the action.

- Review of record revealed #185 admitted to facility 12/13/08 with diagnoses of Seizures, Hypercholestrolemia, and Hypertension.

The current 7/05/16 functional capacity screen (FCS) assessed #185 unable to perform

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S3261	Continued From page 17 medication and treatment management. The current 7/05/16 negotiated service agreement (NSA) documented facility to provide medication management "total staff assistance needed." The medical record contained an 02/09/17 order for the application of Fluorouracil (skin cancer treatment) apply to nose topically in the morning and evening. The May 2017 MAR (medication administration record) contained the order, but lacked staff initials for administration, and contained the note "patient may apply himself/herself." The medical record lacked a self administration assessment, and the Nursing Progress Notes lacked documentation of 02/09/17 to include the origin of the order, or the decision making process that determined #185 to self administer the skin cancer treatment. On 5/18/17 at 5:45pm, Director of Nursing #B confirmed no documentation in medical record to describe the determination of self administration for the treatment... confirmed the NSA indicated facility staff to administer medications and treatments... The Administrator failed to ensure #185's record contained documentation of all incidents, including the date, time of occurrence, action taken, and results of the action. - Review of record revealed #181 admitted to facility 5/07/17 with diagnoses of Hypertension, Obesity, Congestive heart failure, Coronary artery disease, Bipolar, Peripheral vascular disease,	S3261		

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S3261	Continued From page 18 Chronic obstructive pulmonary disease, and Diabetes. The current 5/07/17 functional capacity screen (FCS) assessed #181 independent with bathing, dressing, toileting, transfers, mobility, eating; unable to perform medication and treatment management. The 5/07/17 Negotiated Service Agreement documented #181 received medication management by facility and general services per Resident's request. The medical record Nursing Progress Notes: 5/07/17 - 1pm - Resident came to nursing station inquiring about meds... stated he/she had arrived Friday night (5/05/17) and was unaware to come to the nursing station to check in... is alert and orient x3. Pleasant and cooperative skin dry and multiple bruising noted abdomen is grossly edematous meds reviewed pendant given and he/she verbalized instructions denies any pain or discomfort was introduced to dining room times/med times... The medical record lacked documentation of actions taken to determine specifics of #181's arrival. The record lacked inquiries into the Resident's time of arrival at facility, mode of arrival, whether Resident remained in the facility after arrival on 5/05/17, whether Resident arrived with medications, whether Resident had received needed medications (including insulin for Diabetes), and whether Resident had consumed any meals/nutrition since arrival. On 5/18/17 at 5:20pm, Director of Nursing #M confirmed documentation lacking in the medical	S3261		

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S3261	Continued From page 19 record... stated charge nurse #O reported no one remembers #181 eating meals in facility... were not aware he/she may have been in building... not sure #181 was in building or perhaps dropped off belongings 5/05/17 and didn't stay... The Administrator failed to ensure #181's record contained documentation of all incidents, including the date, time of occurrence, action taken, and results of the action.	S3261		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d) The facility census equalled 121. The sample	S3280		

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S3280	Continued From page 20 included six Residents. The facility identified 43 employees hired since the last Resurvey. Based on interview and review of records, the Administrator failed to ensure disaster and emergency preparedness by conducting an emergency evacuation drill conducted at least annually with staff and Residents. Findings included: - On 5/17/17 at 4:35pm, Administrator #A stated I don't think we have ever done those... was not aware we needed to do evacuation drills... not able to find documentation of evacuation dates and times... Administrator provided documentation of quarterly reviews of the facility emergency plan with staff and Residents since the last Resurvey, but these also lacked evidence of evacuation drills completed. For all residents and employees, the Administrator failed to ensure an emergency evacuation drill conducted at least annually with staff and Residents.	S3280		