STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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BROOKDALE SALINA KIRWIN	1200 E KIRWIN AVENUE SALINA, KS 67401

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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 Salina, Kansas on 5/10/17, 5/11/17, and 5/16/17. Facility investigation #3207 also reviewed.	S 000		
S 230 SS=D	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(b)(c) The census equalled 26 the sample included three Residents and one focused review completed. Based on interview and review of record, for two of three sampled (#187 and #189),	S 230		

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

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S 230	Continued From page 1 the Operator failed to ensure the implementation of facility policies and procedures that specified if a Resident had an advanced directive currently in effect, the facility shall maintain a copy of Resident's advanced directive in the medical record. Findings included: - Review of record revealed #187 admitted to facility 12/16/13 with diagnoses of Anxiety disorder, Benign paroxysmal vertigo, Depressive disorder, Hypertension, Hyperthyroidism, Osteoporosis, and Cerebrovascular accident. The negotiated service agreements of 01/26/17 recorded "Do Not Resuscitate orders are on file." By review the medical record spine contained a symbolic orange circle sticker to indicate DNR. By review, the medical record lacked a DNR form signed by the Resident or their representative. By interview on 5/11/17 at 5:43pm, Health and Wellness Director (HWD) #L looked through medical chart and confirmed unable to find a DNR form. On 5/11/17 at 6:15pm, Executive Director (ED) #M looked through medical chart and located a 12/16/13 phone order "DNR per resident request." This phone order signed by the physician, lacked signature of Resident or representative. The Operator failed to ensure the implementation of facility policies and procedures that specified if #187 had an advanced directive currently in effect, the facility shall maintain a copy of Resident's advanced directive in the medical record.	S 230		

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S 230	Continued From page 2 - Review of record revealed #189 admitted to facility 01/13/15 with diagnoses of Weakness, Diabetes, Hypertension, Obesity, and Hypercholestrolemia. The negotiated service agreements of 11/23/16 and of 01/05/16 recorded "Do Not Resuscitate orders are on file." By observation, the medical record spine lacked the symbolic orange circle sticker of other charts to indicate DNR (do not resuscitate). By review, the medical record lacked a DNR form signed by the Resident or their representative. By interview on 5/11/17 at 11:41am and at 5:43pm, Health and Wellness Director (HWD) #L looked through medical chart and confirmed unable to find a DNR form. HWD #L stated the colored circle stickers were generally used to designate DNR... but there was concern about them getting loose and coming off the spine of charts. On 5/11/17 at 6:15pm, Executive Director (ED) #M looked through medical chart and located a form inside a plastic sleeve. This form determined to be a copied POS (physician order sheet) of 01/13/15. "Code Status" at the top of the page contained the initials "DNR." This form contained a signature of the physician, not dated. This form lacked the signature of the Resident, the Resident's Representative, or identification of who physician conferred with in regard to the DNR status. ED #M stated we typically tell staff to refer to the emergency evacuation list instead of the colored circle stickers.	S 230		

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S 230	Continued From page 3 On 5/11/17 at 6:30pm, ED provided facility policy and procedure related to DNR. Policy Detail 1.b. recorded... "a copy of the Resident's DNR order should be submitted by the Resident or... Responsible Party... maintained in the Resident's medical record in a prominent location... this documentation should include when the decision was made and who was involved in the decision making process." The Operator failed to ensure the implementation of facility policies and procedures that specified if #189 had an advanced directive currently in effect, the facility shall maintain a copy of Resident's advanced directive in the medical record.	S 230		
S3028 SS=D	26-41-101 (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 facility 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	S3028		

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S3028	Continued From page 4 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: KAR 26-41-101(f)(3)(C) The census included 26 the sample included three Residents and one focused review completed. Based on interviews and reviews of record, for one focused review Resident (#180) who experienced pelvis fracture as result of fall in room, the Operator failed to ensure each allegation of potential abuse or neglect thoroughly investigated as required. Findings included: - Review of record revealed #180 admitted to facility 3/06/15 with diagnoses of Alzheimer's, Senile dementia, Nose cancer, Esophageal reflux, Hypertension, Urine retention, Peptic ulcer, and Depressive disorder. The record contained two functional capacity screens (FCS) dated 02/16/17, one hand written and one typed. The handwritten FCS coded #180 unable to perform treatment management, medication management remained blank; independent with eating, transfer, mobility; in need of supervision with dressing and toileting; in need of physical	S3028		

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S3028	Continued From page 5	S3028		

assistance with bathing; with bladder incontinence; usually understandable and sometimes understands for communication; with falls/unsteadiness and wandering; with no cognition impairments; used a walker.
The typed FCS coded #180 unable to perform medication management, in need of physical assistance with treatment management; in need of physical assistance with bathing, dressing, toileting; independent with eating and transfers; in need of supervision with mobility; with falls/unsteadiness and wandering; with short term memory and long term memory impairment, with memory recall and decision making impairments; usually understandable and sometimes understands for communication; with bladder incontinence; used a walker.

The current 02/16/17 NSA/HSP (negotiated service agreement/health service plan) documented services provided in general to meet the above described needs.

By review, the facility investigation contained:
A descriptive paragraph of events on department form, completed by Health and Wellness Director (HWD) #L
One Certified Nurse aide #B statement that lacked time or date of event, lacked date of statement
One Certified Medication aide #N statement dated 3/15/17
One Certified staff #Q statement that lacked time or date of event, statement dated 3/23/17
One Licensed Practical nurse (LPN) #R statement that lacked date of event, statement dated 3/15/17
The current FCS and NSA/HSP
This investigation lacked pertinent Nurses' Notes/Resident Log notes of the incident

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S3028	Continued From page 6 By interview on 5/10/17 at 4:30pm and at 6:20pm, HWD #L and Operator/Executive Director (ED) #M stated unable to locate the medical record or the Nurses' Notes of the record... stated #180 no longer in facility... confirmed the available statements lacked complete information such as dates and times, and one statement obtained more than one week after report submitted to the Department on 3/15/17. On 5/11/17 at 10:00am, HWD #L and ED #M provided closed record of #180. By review, medical record lacked documentation between 3/11/17 at 9:00pm, and 3/12/17 at 7:30am. The documentation of record Resident Log Notes, completed by LPN #H, conflicted with Department form descriptive paragraph completed by HWD #L, and the statement provided by certified staff #B. The available documentation failed to present a thorough investigation of the incident to rule out abuse or neglect. The Operator failed to ensure each allegation of potential abuse or neglect for #180 thoroughly investigated.	S3028		
S3105 SS=E	26-41-202 (j) Negotiated Service Agreement Outside Resource (j) If a resident's negotiated service agreement includes the use of outside resources, the designated facility staff shall perform the following: (1) Provide the resident, the resident's legal	S3105		

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S3105	Continued From page 7 representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice This REQUIREMENT is not met as evidenced by: KAR 26-41-202(j) The census equalled 26 the sample included three Residents and one focused review completed. The facility identified eight Residents with outside provider services. Based on observation, interviews, and review of record, for two of three sampled (#189 and #187), the Operator failed to ensure designated facility staff monitored the services provided by outside resources and acted as an advocate for the Resident. Findings included: - Review of record revealed #189 admitted to facility 01/13/15 with diagnoses of Weakness, Diabetes, Hypertension, Obesity, and Hypercholestrolemia. The current 11/23/16 functional capacity screen (FCS) assessed #189 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; independent with eating; independent with medication management in need of physical assistance with treatment	S3105		

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S3105	Continued From page 8	S3105		

management; with bladder incontinence; with short term memory impairment, and impaired decision making; used walker and wheelchair.

The current 11/23/16 negotiated service agreement (NSA) recorded:
"Resident is using Physical Therapy (PT) services at the time of the assessment"
"Resident used PT services in the past three months as of the date of this plan"
"Resident is using Occupational Therapy (OT) services at the time of the assessment"
"Resident used OT services in the past three months as of the date of this plan"
The medical record lacked a physician's order for PT or OT from 11/21/16 to 11/23/16.
The NSA lacked information about the discharge of #187 from therapy services since 11/23/16, or about the re-start of therapy services.

By interview on 5/11/17 at 12:12pm, Health and Wellness Director (HWD) #L stated #189 has been on and off PT several times... HWD #L stated we don't always know when the order obtained... when someone is in the hospital or falls, we let Home Health know... they come out and look at them, then they send information to the physician... physician signs it... they do services... they leave us some visit notes but some of these blank... we received seventy some pages in February 2017 for services that started in November 2016 on #189...

By review, outside provider notebook contained:
A Home Health "certification and plan of care" with start date of 11/23/16, certification period 11/23/16 to 01/21/17, signed by physician 01/10/17, faxed to facility 02/07/17.
An order to discontinue OT evaluation dated 11/29/16, signed by physician 01/10/17, faxes to

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S3105	Continued From page 9	S3105		

facility 01/18/17.
A verbal order of 12/16/16 for OT evaluation week of 12/18/16, signed by physician 01/10/17, faxed to facility 01/18/17.
A verbal order of 01/06/17 to re-certify patient for PT week of 01/08/17, signed by physician 01/20/17, faxed to facility 02/07/17.

By interview on 5/11/17 at 6:00pm, HWD #l and Operator/Executive Director #M confirmed documentation (orders and outcome notes) not in facility record in a timely manner... stated the "Care Transitional Manager" handles the therapy admission process... we have collaborative committee meetings about every two weeks to stay current with services being provided to Residents...

The Operator failed to ensure for #189, designated facility staff monitored the services provided to #187 by an outside resource.

- Review of record revealed #187 admitted to facility 12/16/13 with diagnoses of Anxiety disorder, Benign paroxysmal vertigo, Depressive disorder, Hypertension, Hyperthyroidism, Osteoporosis, and Cerebrovascular accident.

The current 01/26/17 functional capacity screen (FCS) assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, and eating; unable to perform medication management, in need of supervision with treatment management; with bladder incontinence; with falls/unsteadiness, short term memory impairment, and impaired decision making.

By interview on 5/11/17 at 5:57pm, Health and

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S3105	Continued From page 10 Wellness Director (HWD) #L and Operator/Executive Director (ED) #M stated #187 to be re-starting therapy soon... PT (physical therapy) originally ordered, but decided OT (occupational therapy) more appropriate... #L and #M confirmed no signed order in the chart for these services. The current 01/26/17 negotiated service agreement (NSA) recorded: "Resident used Physical therapy, Occupational therapy, and Speech therapy services in the past three months as of the date of this plan." The NSA lacked information about the discharge of #187 from therapy services since 01/26/17. The NSA lacked information about a re-start of therapy services. On 5/16/17 at 4:00pm, HWD #L stated #187 did re-start therapy... outside provider chart documents "a physician order for OT evaluation and treatment on 5/05/17 and OT start of care initiated on 5/07/16"... The HWD #L and Executive Director #M not aware on 5/11/17 services initiated 5/07/17. The Operator failed to ensure for #187 designated facility staff monitored the services provided to #187 by an outside resource.	S3105		
S3170 SS=E	26-41-204 (g) (h) Health Care Services (g) Skilled nursing care shall be provided in accordance with K.S.A. 39-923 and amendments thereto. (1) The health care service plan shall include the skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing each service.	S3170		

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S3170	Continued From page 11 (2) The licensed nurse providing the skilled nursing care shall document the service and the outcome of the service in the resident ' s record. (3) A medical care provider ' s order for skilled nursing care shall be documented in the resident ' s record in the facility. A copy of the medical care provider ' s order from a home health agency or hospice may be used. Medical care provider orders in the clinical records of a home health agency located in the same building as the facility may also be used if the clinical records are available to licensed nurses and direct care staff of the facility. (4) The administrator or operator shall ensure that a licensed nurse is available to meet each resident ' s unscheduled needs related to skilled nursing services. (h) A licensed nurse may provide wellness and health monitoring as specified in the resident ' s negotiated service agreement. (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice This REQUIREMENT is not met as evidenced by: KAR 26-41-204(g)(h) The census equalled 26 the sample included three Residents, with one focused review completed. Based on interviews and reviews of records, for two of three sampled (#189 and #187), the Operator failed to: Ensure a medical care provider's order for skilled care documented in the Resident's record in the facility,	S3170		

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S3170	Continued From page 12 Ensure the licensed nurse providing the skilled service documented the service and the outcome of the services in the Resident's record, and, Ensure all health care services provided in accordance with acceptable standards of practice, in regard to timeliness of orders and service outcome in the medical record. Findings included: - Review of record revealed #189 admitted to facility 01/13/15 with diagnoses of Weakness, Diabetes, Hypertension, Obesity, and Hypercholestrolemia. The current 11/23/16 functional capacity screen (FCS) assessed #189 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; independent with eating; independent with medication management in need of physical assistance with treatment management; with bladder incontinence; with short term memory impairment, and impaired decision making; used walker and wheelchair. The record contained an 11/21/16 physician order to discharge from rehabilitation facility and admit back to this facility with all medications and narcotics, no order for Physical therapy or Occupational Therapy noted. The medical record contained a PT Therapist Progress and Discharge Summary report dated 11/22/16: Short term goals recorded as "goals met." Long term goals recorded as "goals met." The current 11/23/16 negotiated service agreement (NSA) recorded: "Resident is using Physical Therapy (PT)	S3170		

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S3170	Continued From page 13 services at the time of the assessment" "Resident used PT services in the past three months as of the date of this plan" "Resident is using Occupational Therapy (OT) services at the time of the assessment" "Resident used OT services in the past three months as of the date of this plan" The medical record lacked a physician's order for PT or OT from 11/21/16 to 11/23/16. The NSA lacked information about the discharge of #187 from therapy services since 11/23/16, or about the re-start of therapy services. By interview on 5/11/17 at 12:12pm, Health and Wellness Director (HWD) #L stated #189 has been on and off PT several times... #L reviewed an outside provider notebook and reported #189 came back from rehabilitation on 11/23/16... that must be the start date... looks like he/she went off PT services 3/22/17... By review, outside provider notebook contained: A Home Health certification and face to face encounter acknowledgement dated 11/22/16 A health care provider "choice form" dated 11/23/16 An authorization to use and disclose information form dated 11/23/16 A Home Health "certification and plan of care" with start date of 11/23/16, certification period 11/23/16 to 01/21/17, signed by physician 01/10/17. An order to discontinue OT evaluation dated 11/29/16, signed by physician 01/10/17 A verbal order of 12/16/16 for OT evaluation week of 12/18/16, signed by physician 01/10/17 A verbal order of 01/06/17 to re-certify patient for PT week of 01/08/17, signed by physician 01/20/17	S3170		

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S3170	Continued From page 14 By interview on 5/11/17 at 6:00pm, HWD #I and Operator/Executive Director #M confirmed signed physician orders for therapy services not in record timely in accordance with professional standards of practice... confirmed the home health orders and certification dated 11/23/16 not signed by physician until 01/10/17, and not received by facility until 02/07/17 by fax... confirmed the NSA and the facility medical record failed to reflect the accurate start and stop dates of therapy for #189.. confirmed the medical record lacked the services and the outcome of the service until facility received seventy faxed pages on 02/07/17. The Operator failed to failed to ensure for #189, a medical care provider's order for skilled care documented in the Resident's record in the facility, the licensed nurse providing the skilled service documented the service and the outcome of the services in the Resident's record, and, that all health care services provided in accordance with acceptable standards of practice, in regard to timeliness of orders and service outcome in the medical record. - Review of record revealed #187 admitted to facility 12/16/13 with diagnoses of Anxiety disorder, Benign paroxysmal vertigo, Depressive disorder, Hypertension, Hyperthyroidism, Osteoporosis, and Cerebrovascular accident. The current 01/26/17 functional capacity screen (FCS) assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, and eating; unable to perform medication management, in need of supervision with treatment management; with bladder incontinence; with falls/unsteadiness, short term	S3170		

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S3170	Continued From page 15 memory impairment, and impaired decision making. By interview on 5/11/17 at 5:57pm, Health and Wellness Director (HWD) #L and Operator/Executive Director (ED) #M stated #187 to be re-starting therapy soon... PT (physical therapy) originally ordered, but decided OT (occupational therapy) more appropriate... #L and #M confirmed no signed order in the chart for these services. The current 01/26/17 negotiated service agreement (NSA) recorded: "Resident used Physical therapy, Occupational therapy, and Speech therapy services in the past three months as of the date of this plan." The NSA lacked information about the discharge of #187 from therapy services since 01/26/17. The NSA lacked information about a re-start of therapy services. On 5/16/17 at 4:00pm, HWD #L stated #187 did re-start therapy... I do not have a signed order for therapy services in facility medical record... outside provider chart documents "a physician order for OT evaluation and treatment on 5/05/17 OT start of care initiated on 5/07/16"... HWD #L stated we have a meeting with outside provider scheduled for Friday to revamp our process of getting orders and service notes and so on... The Operator failed to ensure for #187 all health care services provided in accordance with acceptable standards of practice, in regard to timeliness of orders and service outcome in the medical record.	S3170		

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S3227	Continued From page 16	S3227		
S3227 SS=D	26-41-205 (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 26-41-205(l)(2) The census equalled 26 the sample included three Residents and one focused review completed. The facility identified 20 Residents with facility managed medications, one included in the sample. Facility identified six with self administered medications, two included in the sample. Based on reviews of records and interviews, for one of three sampled Residents (#187) the Operator failed to ensure the licensed nurse sought a response from the medical care provider as the result of the pharmacist' variance reports, within five working days. Findings included:	S3227		

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S3227	Continued From page 17 - Review of record revealed #187 admitted to facility 12/16/13 with diagnoses of Anxiety disorder, Benign paroxysmal vertigo, Depressive disorder, Hypertension, Hyperthyroidism, Osteoporosis, and Cerebrovascular accident. The negotiated service agreement of 01/26/17 documented #187 to have facility managed medications. The medical record documented the following pharmacy reviews: 3/15/17 - "physician" 12/29/16 - "none" 9/06/16 - "none" 6/02/16 - "physician" 3/14/16 - "physician" The medical record lacked any of the reports recorded to require "physician" review and input. By interview on 5/11/17 at 5:57pm, Health and Wellness Director #L stated there is a form pharmacist leaves with us... I can't find #187's... no nurse's notes or physician orders to refer to on those dates... will keep looking... On 5/16/17 at 4:00pm, HWD #L stated have not located those variance reports... called the pharmacy on 5/15/17 but the consultant not on duty... do not have them. The Operator failed to ensure the licensed nurse sought a response from the medical care provider as the result of the pharmacist's variance reports for #187, within five working days.	S3227		
S3248 SS=E	26-41-102 (d) Staff Qualifications Employee Records	S3248		

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S3248	Continued From page 18 (d) The employee records and agency staff records shall contain the following documentation: (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 care home; 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 have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d) The census equalled 26 the sample included three Residents, and one focused review completed. The facility identified 27 employees hired since the last Resurvey with five of these reviewed. Based on interviews and reviews of records, for one of five certified staff reviewed (#C), the Operator failed to ensure employee records contained supporting documentation for	S3248		

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S3248	Continued From page 19 criminal background checks pursuant to K.S.A. 39-970 and amendments thereto. Findings included: - Review of employee records on 5/11/17 at 5:00pm with Operator/ Executive Director #M revealed the following: #C - Certified Medication Aide - hired 7/30/16 - no supporting documentation for criminal background check On 5/11/17 at 1:20pm, Executive Director #M confirmed no criminal background documentation available... stated I checked with Health Occupations Credentialing... stated the last criminal background check on file dated 2014... two years prior to the 7/30/16 hire date we have for #C... has worked in facility since then... The Operator failed to ensure employee records contained supporting documentation for criminal background checks on #C.	S3248		
S3280 SS=E	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;	S3280		

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S3280	Continued From page 20 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 census equalled 26 the sample included three Residents, and one focused review completed. The facility identified 27 employees hired since the last Resurvey. Based on interviews and reviews of records, the Operator failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's emergency management plan with employees. Findings included: - On 5/10/17 at 2:00pm, Executive Director #M provided available quarterly reviews for employees since the last resurvey: 5/18/16 - Emergency book table of contents reviewed - 12 staff signatures 11/16/16 - Emergency book table of contents reviewed - 10 staff signatures 3/15/17 - Emergency book table of contents reviewed - 10 staff signatures On 5/10/17 at 2:00pm Executive Director #M stated the "table of contents" review indicated all required topics reviewed... confirmed the quarterly (approximately every three months) review not available between May and November	S3280		

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S3280	Continued From page 21 2016... added I came on duty last fall... we did one in November... The Operator failed to ensure reviews of the facility's emergency management plan completed quarterly with employees.	S3280		
S3420 SS=E	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall	S3420		

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S3420	Continued From page 22 have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256 The census equalled 26 the sample included three Residents and one focused review completed. Based on observations and interviews for two of four publicly accessible hand wash sinks accessible to residents (main dining room hand sink and public bathroom sink), the Operator failed to ensure the water remained between 98 degrees Fahrenheit (F.) and 120 degrees F. at all times. Findings included: - On 5/10/17 at 1:20pm, Surveyor obtained a water temperature of 138.2 degrees F. in the main Dining Room hand sink. Surveyor re-checked this water temperature at 1:21pm. At this time, temperature registered at 133.3 degrees F. verified by facility Cook #K. Thermometer calibrated with ice water to assure accuracy, with thermometer reading of 32.9 degrees F while in ice water.	S3420		

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S3420	Continued From page 23 Surveyor notified Operator/Executive Director #M of elevated water temperature at 1:45pm, requested recent temperature logs for review. On 5/11/17 at 3:23pm, facility Maintenance Tech #P provided logs and stated I consulted with Maintenance Tech from another company building... we are in process of replacing the mixing valve on the Dining Room sink water supply as we speak. Maintenance Tech #P provided temperature logs from January to April 2017. By review, the Resident Dining room (occupied routinely by Residents for all meals and Activities) sink water consistently over 120 degrees F: January Dining Room 125 degrees F (Public Bathroom 121.2 degrees F) February Dining Room 128.6 degrees F (Public Bathroom 121.6 degrees F) March Dining Room 129 degrees F April Dining Room 124.9 degrees F Maintenance Tech #P stated I was not aware this sink temperature was to be different than the kitchen sink... just learned there was an old mixing valve on it... this building has a total of four "big" water heaters and one "small" water heater... I am aware Resident room hand sinks are to be below 120 degrees F... I check temperatures every month... I was aware the Dining Room sink above 120 degrees, not aware it shouldn't be... On 5/11/17 at 11:15am, re-check of hot water temperatures revealed: Dining Room sink - 107.2 degrees F Public Bathroom sink - 124.5 degrees F The Operator failed to ensure the water remained	S3420		

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S3420	Continued From page 24 between 98 degrees F. and 120 degrees F. at all times in all hand wash sinks accessible to Residents. The Dining Room sink and the Public Bathroom sink determined to be accessible to all Residents of facility.	S3420		