STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N070007	A. BUILDING: _____ B. WING _____	R 04/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PETERSON ASSISTED LIVING	629 HOLLIDAY OSAGE CITY, KS 66523

(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-visit conducted at the above named assisted living facility in Osage City, Kansas on 4/25/17 and 4/26/17.	{S 000}		
{S3165} SS=F	26-41-204 (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 26-41-204(d) The facility reported a census of 16 residents. The sample included 3 residents. Based on record review and interview, for all residents, the operator failed to ensure 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 as evidenced by review of resident records for residents (#1424, #1425 and #1426) who required health care services. Findings included: - Record review for resident #1424 recorded admission date of 12/28/10 with diagnoses of: Alzheimer's, rhinitis, dementia w/behaviors, hypertension, osteoporosis, pain in joint and	{S3165}		

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

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{S3165}	Continued From page 1 thoracic spine, edema, depression and constipation. Functional Capacity Screen (FCS) dated 1/11/17 recorded resident required assistance with bathing, dressing and is unable to perform management of medications and treatments. Negotiated Service Agreement (NSA) dated 1/11/17 recorded facility staff to provide physical assistance with bathing, dressing and management of medications and treatments. Health Care Service Plan (HCSP) dated 6/7/16 recorded resident to receive staff assistance with bathing, dressing, and management of medications and medical. NSA lacked the name of the licensed nurse responsible for implementation and supervision of the health care service plan. Record review for resident #1425 recorded admission date of 2/28/13 with diagnoses of: Hypertension, constipation, rosacea, acne, insomnia, depression, iron deficiency anemia and paraplegia. FCS dated 9/8/16 recorded resident required assistance with bathing, is continent, has problems with short term memory, memory recall and decision making, and is unable to perform management of medications and treatments.	{S3165}		

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{S3165}	Continued From page 2 NSA dated 9/8/16 recorded resident is independent (no assistance needed) with bathing, uses a wheel chair and electric wheelchair, [facility name] to provide medication management and treatments. Resident is continent. HCSP dated 9/8/16 recorded resident is independent bathing, mobility, requires some guidance with recall, and [facility name] to manage medications and medical. NSA lacked the name of the licensed nurse responsible for implementation and supervision of the health care service plan. Record review for resident #1426 recorded admission date of 3/1/15 with diagnoses of: Amputee below knee, arterialschlerotic cardiovascular disease, hyperlipidemia, atrial fibrillation, hypertension, gastroesophogeal reflux disease, peripheral vascular disease, constipation and depression. FCS dated 2/25/17 recorded resident unable to perform management of medications and treatments. NSA and HCSP dated 2/29/17 recorded staff to assist with medications and treatments. Resident to draw up and administer insulin and staff to observe resident do finger sticks before meals.	{S3165}		

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{S3165}	Continued From page 3 NSA lacked the name of the licensed nurse responsible for implementation and supervision of the health care service plan. Interview on 4/25/17 at 10:15am with licensed nurse #A , confirmed all resident NSA's lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. For all residents, the operator failed to ensure 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.	{S3165}		
{S3200} SS=D	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: (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.	{S3200}		

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{S3200}	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 16 residents. The sample included 3 residents. Based on record review and interview for 1 resident (#1426), 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. Findings included: - Record review for resident #1426 recorded admission date of 3/1/15 with diagnoses of: Amputee below knee, artherioschlerotic cardiovascular disease, hyperlipidemia, atrial fibrillation, hypertension, and gastroesophogeal reflux disease, peripheral vascular disease, constipation and depression. FCS dated 2/25/17 recorded resident unable to perform management of medications and treatments. NSA and HCSP dated 2/29/17 recorded staff to assist with medications and treatments. Resident to draw up and administer insulin and staff to observe resident do finger sticks before meals. April 2017 Medication administration record, recorded Tylenol with codeine #3 (narcotic for	{S3200}		

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{S3200}	Continued From page 5 pain) one tab by mouth 4 times daily as needed. Diagnosis: diabetes mellitus with diabetic neuropathy. Recorded as administered by certified staff #B "for pain" on 4/1/17, "for pain" on 4/9/17, and for "complaints of pain" on 4/15/17. Recorded as administered by certified staff #C for "complaints of neuropathy" on 4/5/17, and "complaints of pain" on 4/21/17. Interview on 4/15/17 with licensed nurse #A stated certified medication aides do not call him/her prior to administering PRN (as needed) medications. The orders are now specific for what it is to be given for, and it needs to be given for one of the options listed. Licensed nurse stated "neuropathy" was usually the resident's right arm or phantom pains. Record lacked consultation with a licensed nurse prior to administration of a PRN narcotic medication. For resident #1426, 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.	{S3200}		