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 _____	03/30/2017

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-survey conducted at the above named assisted living facility in Osage City Kansas on 3/27/17, 3/28/17, 3/29/17 and 3/30/17.	S 000		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: 26-41-202 (c) The facility reported a census of 15 residents. The sample included 3 residents. Based on record review and interview for 1 sampled resident (#327) the operator failed to ensure the development of an initial negotiated service agreement at admission. Findings included: - Record review for resident #327 recorded admission date of 2/3/17 with diagnoses of: hypertension, Diabetes mellitus type 2, hyperlipidemia and depression. Functional Capacity Screen (FCS) dated 2/3/17 recorded resident required supervision with bathing and dressing, is frequently incontinent, is unable to perform management of medications and treatments, has problems with	S3090		

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

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S3090	Continued From page 1 memory/recall, has impaired vision and has a history of falls/unsteadiness. Resident record lacked a Negotiated Service Agreement (NSA). Interview on 3/28/17 at 10:35am with licensed nurse #C and administrative staff #B, confirmed record lacked an admission NSA. For resident #327, the operator failed to ensure the development of an initial negotiated service agreement at admission.	S3090		
S3110 SS=D	26-41-203 (a) Range of Services (a) Range of services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of the range of services specified in each resident ' s negotiated service agreement. The range of services may include the following: (1) Daily meal service based on each resident's needs; (2) health care services based on an assessment by a licensed nurse and in accordance with K.A.R. 26-41-204; (3) housekeeping services essential for the health, comfort, and safety of each resident; (4) medical, dental, and social transportation; (5) planned group and individual activities that meet the needs and interests of each resident; and (6) other services necessary to support the health and safety of each resident. This REQUIREMENT is not met as evidenced	S3110		

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S3110	Continued From page 2 by: 26-41-203 (a)(6) The facility reported a census of 15 residents. The sample included 3 residents. Based on interview and record review for 1 (#328) sampled resident, the operator failed to ensure the provision or coordination of the range of services specified in each resident's negotiated service agreement including other services necessary to support the health and safety of each resident. Findings included: - Record review for resident #328 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, has a history of falls/unsteadiness and is unable to perform management of medications and treatments. 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.	S3110		

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S3110	Continued From page 3 Interview on 3/28/17 at 2pm, with resident stated he called for staff assistance using his emergency call button or his phone. Interview on 3/28/17 at 4:06pm with administrative staff #A and licensed nurse #C stated resident's family member who was responsible to pay resident's bills, died approximately 2weeks ago and resident's phone has not been working since he/she died. They confirmed resident emergency button operates through resident's phone line. When asked how resident calls for assistance since phone has been disconnected, administrative staff #A stated it is the policy that 2 hour visual checks are done on resident. Review document titled "policy and procedure for life line system" document reads: [Facility name] provides life line systems in each apartment in case of an emergency situation or if a resident is in need of help. In the event the life line is not working properly or the resident's phone is not in working order 2 hour checks will be utilized to ensure resident is safe. This will continue until life line is back working properly. For resident #328, the operator failed to ensure the provision or coordination of the range of services specified in each resident's negotiated service agreement including other services necessary to support the health and safety of each resident.	S3110		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each	S3155		

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S3155	Continued From page 4 assisted living facility or residential health care facility 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 26-41-204(a) The facility reported a census of 15 residents. The sample included 3 residents. Based on record review, observation and interview for 3 (#327, #328 and #329) sampled residents, requiring 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. Findings included: - Record review for resident #327 recorded admission date of 2/3/17 with diagnoses of: hypertension, Diabetes mellitus type 2, hyperlipidemia and depression. Functional Capacity Screen (FCS) dated 2/3/17 recorded resident required supervision with bathing and dressing, is frequently incontinent, is unable to perform management of medications and treatments, has problems with	S3155		

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S3155	Continued From page 5 memory/recall, has impaired vision and has a history of falls/unsteadiness. Resident record lacked a Negotiated Service Agreement (NSA). Health Care Service Plan (HCSP) dated 2/3/17 recorded resident to receive stand by assist with showers, and resident is a fall risk. Observation and interview on 3/28/17 at 2:25pm with resident in his/her room, observed a walker and eyeglasses near resident. Resident stated staff help him/her with the laundry, housekeeping, meals, and facility administers all medications except insulin which resident self-manages and he/she manages own blood sugar monitoring. HCSP lacked entries for dressing, incontinence, memory, vision, laundry, housekeeping, meals, use of a walker for mobility, self-administration of insulin/ blood sugar monitoring, management of medications and treatments, and interventions for prevention of falls. Interview on 3/28/17 at 3:55pm with licensed nurse #C, confirmed resident HCSP lacked entries for dressing, incontinence, memory, vision, laundry, housekeeping, meals, management of medications and treatments, self-administration of insulin/blood sugar monitoring and interventions for falls. Record review for resident #328 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	S3155		

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S3155	Continued From page 6 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. 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. Observation and interview on 3/28/17 at 2:15pm in resident's room revealed resident lying in bed with 2 full side rails in up position, and air mattress on bed, a catheter leg bag on top of blankets, eyeglasses at bedside, an electric wheelchair in the living room and a wheelchair with pressure reduction cushions at bedside. Resident stated he/she is able to lower side rails without assistance; he/she has an indwelling catheter and takes care of it independently. HCSP lacked entries for indwelling catheter/care, resident use of full side rails, air mattress and pressure reduction cushions. Interview on 3/28/17 at 4:06 pm with licensed nurse #C confirmed HCSP lacked entries for resident use of full side rails, confirmed assessment for ability to use and safety checks have not been completed. Confirmed resident has an indwelling catheter and HCSP lacked entry for catheter care, use of an air mattress and pressure reduction cushions.	S3155		

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S3155	Continued From page 7	S3155		

Record review for resident #329 recorded admission date of12/28/10 with diagnoses including: Alzheimer's, rhinitis, dementia with behaviors, hypertension, osteoporosis, joint pain, and depression.

FCS dated 1/11/17 recorded resident required assistance with bathing and dressing, and unable to perform management of medications and treatments. Resident has a history of falls/unsteadiness.

NSA dated 1/11/17 recorded facility to provide assistance with bathing, dressing, and management of medications and treatments.

HCSP dated 6/7/16 recorded resident is able to dress self, and staff to assist with bathing and management of medications and medical. Fall risks: likes to bend over to pick up paper off floor, family brought a pick up device for resident, staff to keep in reach and remind resident.

Observation on 3/28/17 at 2:00pm, in resident's room revealed a bed cane attached to the right side of a full size bed.

Interdisciplinary Progress Notes (Nurse's notes) recorded 5 falls from 6/6/16 to 3/13/17, 1 fall resulting in a spinal compression fracture and 1 fall resulting in fractured ribs.

Self- administration assessments recorded resident is able to self-administer Bayer Aspirin and pain relief gel.

HCSP lacked relevant interventions for repeated falls and entry for resident use of a bed cane.

Interview on 3/28/17 at 4:30pm licensed nurse #C

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S3155	Continued From page 8 confirmed HCSP lacked entry for resident use of bed cane and stated assessments for ability to use and safety checks had not been completed. Confirmed resident requires staff assistance to dress and undress and HCSP does not reflect this service. He/she stated a fall intervention is resident typically falls after 9pm so he now goes to bed by 9pm. Confirmed HCSP lacked entry for scheduled bedtime. For residents #327, #328 and #329 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.	S3155		
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 15 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	S3165		

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S3165	Continued From page 9	S3165		

evidenced by review of resident records for residents (#327, #328 and #329) who required health care services.

Findings included:

- Record review for resident #327 recorded admission date of 2/3/17 with diagnoses of: hypertension, Diabetes mellitus type 2, hyperlipidemia and depression.

Functional Capacity Screen (FCS) dated 2/3/17 recorded resident required supervision with bathing and dressing, is frequently incontinent, is unable to perform management of medications and treatments, has problems with memory/recall, has impaired vision and has a history of falls/unsteadiness.

Resident record lacked a Negotiated Service Agreement (NSA).

Health Care Service Plan (HCSP) dated 2/3/17 recorded resident to receive stand by assist with showers, and resident is a fall risk.

NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.

Record review for resident #328 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

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S3165	Continued From page 10 problems with short term memory, memory recall and decision making, and is unable to perform management of medications and treatments. 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. 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 the implementation and supervision of the health care service plan. Record review for resident #329 recorded admission date of12/28/10 with diagnoses including: Alzheimer's, rhinitis, dementia with behaviors, hypertension, osteoporosis, joint pain, and depression. FCS dated 1/11/17 recorded resident required assistance with bathing and dressing, and unable to perform management of medications and treatments. NSA dated 1/11/17 recorded facility to provide assistance with bathing, dressing, and management of medications and treatments. HCSP dated 6/7/16 recorded resident is able to dress self, and staff to assist with bathing and management of medications and medical. NSA lacked the name of the licensed nurse responsible for the implementation and	S3165		

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S3165	Continued From page 11 supervision of the health care service plan. Interview on 3/28/17 at 3:45pm with licensed nurse #C, confirmed all resident NSA's lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan, he/she stated he/she is the licensed nurse responsible. 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		
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 acceptable standards of practice. This REQUIREMENT is not met as evidenced by: 26-41-204 (i) The facility reported a census of 15 residents. The sample included 3 residents. Based on record review, observation and interview for 1 (#328) sampled resident, The operator failed to ensure that all health services shall be provided to resident in accordance with acceptable standards of practice. Findings included: - Record review for resident #328 recorded	S3171		

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S3171	Continued From page 12 admission date of 2/28/13 with diagnoses of: Hypertension, constipation, rosacea, acne, insomnia, depression, iron deficiency anemia and paraplegia. Functional Capacity Screen dated 9/8/16 recorded resident is unable to perform management of medications and treatments. Negotiated service agreement dated 9/8/16 recorded [facility name] to provide medication management and treatments. Health Care Service plan dated 9/8/16 recorded [facility name] to manage medications and medical. Physician's order sheet dated 8/23/16 recorded Ensure Chocolate or vanilla shake one very evening. March 2017 medication administration record lacked entry for administration of ensure or order to discontinue. Interview on 3/28/17 at 3:05pm with licensed nurse #C confirmed resident does not receive ensure and he/she does not know when it was discontinued. No order to discontinue confirmed. For resident #328, the operator failed to ensure that all health services shall be provided to residents 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	S3175		

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S3175	Continued From page 13 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 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) The facility reported a census of 15 residents. The sample included 3 residents. Based on record review, observation and interview for 1 (#327) sampled resident, the operator failed to ensure that the resident could perform medication self-administration safely and accurately without staff assistance. Findings included: - Record review for resident #327 recorded admission date of 2/3/17 with diagnoses of: hypertension, Diabetes mellitus type 2, hyperlipidemia and depression. Functional Capacity Screen (FCS) dated 2/3/17	S3175		

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S3175	Continued From page 14 recorded resident is unable to perform management of medications and treatments. Resident record lacked a Negotiated Service Agreement (NSA). Health Care Service Plan (HCSP) dated 2/3/17 lacked entries for management of medications and treatments. Interview on 3/28/17 at 2:25pm with resident stated staff give him/her all medications except he/she self-administers insulin and does own blood sugar checks with a glucometer. Record lacked assessments for self-administration of insulin and blood sugar monitoring. Interview on 3/28/17 at 4pm with licensed nurse #C, confirmed resident administers own insulin and does own blood sugar monitoring and assessments for self-administration have not been completed. For resident #327 the operator failed to ensure that the resident could perform medication self-administration safely and accurately without staff assistance.	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	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 15 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 15 residents. The sample included 3 residents. Based on record review and interview for 3 residents (#327, #328 and #329), 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 #327 recorded admission date of 2/3/17 with diagnoses of: hypertension, Diabetes mellitus type 2, hyperlipidemia and depression. Functional Capacity Screen (FCS) dated 2/3/17 recorded resident is unable to perform management of medications and treatments. Resident record lacked a Negotiated Service	S3200		

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	N070007	A. BUILDING: _____ B. WING _____	03/30/2017

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S3200	Continued From page 16 Agreement (NSA). Health Care Service Plan (HCSP) dated 2/3/17 lacked entries for management of medications and treatments. March 2017 medication record (MAR) recorded 10 medications and treatments recorded as administered daily by facility staff including insulin and blood glucose monitoring. Resident record lacked orders from a physician for medications and treatments. Interview on 3/28/17 at 2:25pm with resident stated staff give him/her all medications except he/she self-administers insulin and does own blood sugar checks with a glucometer. Interview on 3/48/17 at 12:43pm with licensed nurse #C confirmed resident record lacked physician orders. He/she stated medication list was obtained from nursing home. Resident had a different physician at that time and has a new primary care physician. He/she stated he/she went over old nursing home chart with physician over the phone, confirmed he/she did not write a nursing note regarding medication review with physician. Confirmed resident was in the nursing home approximately 3 months ago and went home to live with a family member before admission to this facility. Confirmed resident administers own insulin and does his/her own blood sugar checks. For resident #327 record lacked physician orders for medications and treatments and staff recorded medications (insulin) and blood glucose monitoring they did not administer.	S3200		

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S3200	Continued From page 17 Record review for resident #328 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 is unable to perform management of medications and treatments. NSA dated 9/8/16 recorded [facility name] to provide medication management and treatments. HCSP dated 9/8/16 recorded [facility name] to manage medications and medical. March 2017 MAR recorded Acetaminophen PM (pain/antihistamine given for sleep) caplet 1-2 PO (by mouth) every day PRN as needed, diagnosis: insomnia recorded as given by certified medication aides (CMA's) 22 times from 3/1/17 to 3/22/17, medication administration detail (dose, time given, reason administered, follow-up results and time of follow up) recorded 7 times for c/o (complaints) of not sleeping. Resident record lacked physician order for Acetaminophen PM and medication administration detail for 15 doses. Physician's orders (most current) sheet dated 6/9/15 recorded Zofran ODT (orally disintegrating tablets) (nausea) 4mg (milligrams) 1 tablet oral route every 6 hours. Medication not recorded on March 2017 MAR. Interview on 3/28/17at 4:06pm with licensed nurse #C confirmed lack of physician's order for Acetaminophen PM and lack of Zofran on MAR. He/she stated CMA's do not call him/her prior to	S3200		

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S3200	Continued From page 18 administering PRN medications. Current physician's orders were over one year old. Record review for resident #329 recorded admission date of 12/28/10 with diagnoses including: Alzheimer's, rhinitis, dementia with behaviors, hypertension, osteoporosis, joint pain, and depression. FCS dated 1/11/17 recorded resident unable to perform management of medications and treatments. Resident has a history of falls/unsteadiness. NSA dated 1/11/17 recorded facility to provide assistance with management of medications and treatments. HCSP dated 6/7/16 recorded staff to assist with management of medications and medical. March 2017 MAR recorded Tylenol (pain) 325mg 1-2 tablets PO BID (twice daily) every 4 hours PRN (no reason to administer recorded) Diagnosis: osteoporosis. Recorded as administered one time by certified staff #D and 4 times by licensed nurse #C. Medication administration detail was recorded one time. Interview on 3/28/17 at 3:25pm with certified staff #D stated "We don't notify a nurse for PRN's, we just give it and chart it." For residents #327, #328 and #329 who required medication administration assistance the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional	S3200		

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S3200	Continued From page 19 standards of practice and failed to update physician's orders that were over one year old.	S3200		
S3201 SS=E	26-41-205 (d) (3) Facility Administration of Medication (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 26-41-205(d)(3)(C) The facility reported a census of 15 residents. The sample included 3 residents. Based on observation and interview for 2 non-sampled residents (#330 and #331) the operator failed to ensure the licensed nurse administered medications to residents and remained with the residents until the medication is ingested or	S3201		

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S3201	Continued From page 20 applied. Findings included: - On 3/28/17 at 12:15pm in facility dining room observed 15 residents eating lunch, no staff was present, licensed nurse #C and dietary staff #E ate lunch in the nursing office. Dining room is not able to be observed from nursing office. Observed resident #330 had a clear plastic medication cup by his/her plate with a green tablet and a white tablet in it. Resident #331 had a clear plastic medication cup by his/her plate with one white tablet in it. Interview on 3/28/17 at 5pm with licensed nurse #C confirmed he/she passed medications to the residents at noon and left resident medications unattended for residents to take. Staff in-service record for 1/5/17 recorded "Do not leave meds (medications) unattended, make sure res (resident) takes. Licensed nurse #C signed as attended. For residents #330 and #331 the operator failed to ensure the licensed nurse administered medications to residents and remained with the residents until the medication is ingested or applied.	S3201		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A	S3211		

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S3211	Continued From page 21 licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g) (3) The facility reported a census of 15 residents. The sample included 3 residents. The resident roster identified all residents as receiving medication management. Based on observations and interviews for all residents, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications. Findings included: - Observation during facility tour of medication room on 3/27/17 at 3:25pm with certified staff #F revealed a cabinet labeled "stock", cabinet contained a box of Band-Aids and the following medications labeled "Stock". Members Mark Ibuprofen 200mg (milligram) soft	S3211		

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S3211	Continued From page 22 gels, bottle of 200, ¼ full. Members Mark acetaminophen 500mg caplets, bottle of 600, ¾ full. Halls sugar free cough drops 180 count, 1/3 full. Dynarex Bacitracin Zin ointment 144 packets, ¾ full. A 32ounce bottle of hydrogen peroxide, 7/8 full. Interview on 3/27/17 at 3:25pm with certified staff #F stated stock medications are given to a resident if they run out. For all residents, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	S3211		
S3228 SS=E	26-41-205 (l) (3) Medication Regimen Review Record (l) (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record. This REQUIREMENT is not met as evidenced by: 26-41-205 (l)(3) The facility reported a census of 15 residents. The sample included 3 residents. Based on record review and interview for 2 residents (#328 and #329), the operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences	S3228		

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S3228	Continued From page 23 any significant change in condition. The operator, or the designee, shall ensure that the medication regimen review is kept in each resident's clinical record. Findings included: - On 3/28/17 at 1:30pm upon request of pharmacist medication reviews licensed nurse #C presented a file folder containing pharmacy consultant records. Folder contained documents titled "Monthly pharmacy consultant nursing facility evaluation" forms lacked date review was conducted, name of resident reviewed and signature of pharmacist conducting the review. Record review for resident #328 recorded admission date of 2/28/13 with diagnoses of: Hypertension, constipation, rosacea, acne, insomnia, depression, iron deficiency anemia and paraplegia. Functional Capacity Screen (FCS) dated 9/8/16 recorded resident is unable to perform management of medications and treatments. Negotiated Service Agreement (NSA) dated 9/8/16 recorded [facility name] to provide medication management and treatments. Health Care Service Plan (HCSP) dated 9/8/16 recorded [facility name] to manage medications and medical. Pharmacy consultant records (from file folder) contained "consultant report" for resident #328 on 2/24/16, 12/16/16 and 3/10/17. Resident record lacked documentation of	S3228		

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S3228	Continued From page 24 medication regimen reviews between 2/24/16 and 12/16/16. Record review for resident #329 recorded admission date of 12/28/10 with diagnoses including: Alzheimer's, rhinitis, dementia with behaviors, hypertension, osteoporosis, joint pain, and depression. FCS dated 1/11/17 recorded resident unable to perform management of medications and treatments. NSA dated 1/11/17 recorded facility to provide assistance with management of medications and treatments. HCSP dated 6/7/16 recorded staff to assist with management of medications and medical. Pharmacy consultant records (from file folder) contained "consultant report" for resident #329 on 3/31/16, 12/16/16 and 3/10/17. Resident record lacked documentation of medication regimen reviews between 3/31/16 and 12/16/16. For 2 residents (#328 and #329), whose medications are managed by the facility, the operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each resident and failed to ensure that the medication regimen review is kept in each resident's clinical record.	S3228		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

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S3280	Continued From page 25 (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 26-4-104(d)(3) The census equaled 15 residents; the sample included 3 residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents. Findings included:	S3280		

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S3280	Continued From page 26 - On 3/28/17 at 1:17pm during review of the facility's disaster/emergency preparedness plan with administrative staff #B and licensed nurse #C, quarterly reviews of the plan with employees could not be found. Quarterly reviews of the facility's disaster/emergency preparedness plan with residents were conducted on the following dates: 6/8/16, 11/3/16 and 3/27/17. Records lacked reviews each quarter with residents and staff. For all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents.	S3280		