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	N031004	A. BUILDING: _____ B. WING _____	C 03/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JUNCTION CITY	1022 CAROLINE AVENUE JUNCTION CITY, KS 66441

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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 Junction City, Kansas on 3/20/17, 3/21/17, 3/22/17, and 3/23/17. Complaint #110589 also investigated.	S 000		
S 140 SS=D	26-39-103 (i) Resident Right Privacy and Confidentiality (i) Privacy and confidentiality. The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records. (1) The administrator or operator shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. (2) The administrator or operator shall ensure that the personal and clinical records of the resident are maintained in a confidential manner. (3) The administrator or operator shall ensure that a release signed by the resident or the resident's legal representative is obtained before records are released to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law. This STANDARD is not met as evidenced by: KAR 26-39-103(i) The census equalled 26 the sample included three Residents, and two focused reviews completed. Based on observation, interviews, and reviews of record, for one of three sampled (#187), the Operator failed to develop and	S 140		

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

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S 140	Continued From page 1	S 140		

implement policy and procedure to ensure Residents afforded the right to privacy and confidentiality during medical and nursing treatment, personal care, visits, and meetings of family, related to the use of an audio monitor in Resident's room that provided audio transmission of all room activity to the open nurse desk, dining area, and TV/sitting area of facility.

Findings included:

- By observation on 3/20/17 at 10:10am, in medication room of facility, an audio device (baby monitor) sitting on countertop with audible sounds noted. At this time observed a second audio monitor outside medication room, on a counter/file cabinet in the front desk area located next to the Health and Wellness Director office door.

- By interview on 3/20/17 at 10:10am, Certified Medication Aide #G stated one end of monitor in here, one at desk, and the other end of monitor is in the Resident room of #187... he/she is unable to use the call light, so he/she calls out when needs us for something.

Review of record revealed #187 admitted to facility 11/29/16 with diagnoses of Breast cancer with brain metastasis, Hypertension, Dehydration, Weakness, Pain, and Pulmonary emboli.

The current functional capacity screen (FCS) of 01/30/17 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with bladder incontinence; with short term and long term memory impairment, memory recall and decision making impairment; sometimes understood and

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S 140	Continued From page 2 sometimes understands for communication; with falls/unsteadiness, vision impairment, used walker and wheelchair. The current negotiated service agreement/health service plan (NSA/HSP) of 01/30/17 documented services provided to meet these identified needs. The NSA/HSP lacked use of an audio monitor in Resident room. The medical record contained a Resident Log note dated 02/22/17 - 1500 - Resident unable to ring bell due to weakness. Hospice notified and monitor brought in. Staff instructed on how to use it. By interview on 3/21/17 at 2:30pm Health and Wellness Director (HWD) #C confirmed the monitor in #187's room allowed anyone at desk, or in dining room, or in TV sitting area to hear activity, visitors, or conversations during personal care in #187's room... confirmed the NSA/HSP lacked the use of the audio monitor. HWD #C confirmed no process used to obtain permission or signature, or to inform Resident or Resident's family of potential privacy issues prior to the use of audio equipment. The Operator failed to develop and implement policy and procedure to ensure #187 afforded the right to privacy and confidentiality during medical and nursing treatment, personal care, visits, and meetings of family, related to the use of a video monitor in a Resident's room that provided visual transmission of all room activity to the open nurse's desk, hall, and south dining area of facility.	S 140		

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S3028	Continued From page 3	S3028		
S3028 SS=E	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 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)(B)(C)(D)(E)(F) The census included 26 the sample included three Residents and two focused reviews completed. Based on observation, interviews and	S3028		

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S3028	Continued From page 4	S3028		

reviews of records, for two of three sampled (#189 and #185) and one of two focus reviewed (#180), with an allegation of potential abuse or neglect, the Operator failed to ensure each allegation of potential neglect or abuse thoroughly investigated and reported to the Department as required.

Findings included:

- Review of record revealed #180 admitted to facility 3/14/14 with diagnoses of Falls, Gait disturbance, Hypertension, Mild cognitive impairment, Hypothyroidism, and Breast cancer with multiple metastasis.

The most recent 12/01/16 functional capacity screen (FCS) assessed #180 dependent on staff for all needs: bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management, cognitive support, and bladder incontinence care.

The current 12/01/16 negotiated service agreement/health service plan (NSA/HSP) recorded #180 to receive medications from Hospice, staff to administer pills whole and one at a time with thickened liquid; to be on pureed foods with honey thickened liquids, staff must feed meals; staff to dress and Hospice and staff to bathe; staff to assist with transfers and to assist with toileting.

The medical record contained signed physician's orders for:
10/07/16 Celexa (antidepressant) 10mg (milligrams) one tab by mouth daily; and
9/15/16 Senna (laxative) 8.6mg two tabs by mouth daily

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S3028	Continued From page 5 The MAR (medication administration record) for 11/10/16 through 12/09/16, and for 12/10/16 through 01/09/16 recorded staff administration of these medications every day at 12:00pm from 11/10/16 to 12/14/16. The MAR lacked documentation of refused or missed doses. By confidential interview on 3/21/17 an individual stated a medication ordering and administration discrepancy discovered... was investigated and verified with Health and Wellness Director #C. This individual stated discrepancy revealed documented doses not actually administered... not aware of how many doses not given. By interview on 3/21/17 at 4:37pm Health and Wellness Director (HWD) #C stated medication errors confirmed upon investigation... HWD #C stated I determined medications charted but not given... I completed counseling with Certified Medication Aides... I do not know how many doses not given... I did not do a written investigation... I did not report to the Department as an allegation of neglect or misappropriation of medications. By confidential interview on 3/21/17 an individual stated #180 observed with with build up of dried food residue on roof of mouth week before he/she passed... information passed on to #180 caregivers. By confidential interview on 3/21/17 another individual stated build up of dried food residue on #180's tongue and roof of mouth shortly before #180 passed... tongue coated with red material with black specks (perhaps spices) in it... information passed on to caregivers... do not know what red material was... did hear lunch served the prior day was lasagna... perhaps	S3028		

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S3028	Continued From page 6 pureed lasagna would appear red with specks... By interview on 3/21/17 at 5:30pm Operator #B and Activities staff #A confirmed there was an issue with lacking oral care for #180 at the end... stated Hospice staff brought to our attention... couldn't get stuff off roof of mouth because #180 clamped mouth shut... Operator #B stated I did see it... did verbal instructions to staff to complete better oral care... Review of #180's medical record revealed no documentation related to medication misappropriation (charted but not actually given) or the observed lack of oral care (build up of dried red coating on tongue and roof of mouth). The Resident Log notes contained nothing between 11/08/16 and 12/15/16, Resident deceased on 12/16/16. Operator #B provided daily communication notes between staff, not a part of the legal record. These notes indicated "oral care and repositioning done..." No other documentation of observations of residue in mouth, no documentation of investigation process to determine content of dried residue or how long present, no evidence of report to Department as potential allegation of neglect. The Operator failed to ensure each allegation of potential neglect for #180 thoroughly investigated and reported to the Department as required. - Review of record revealed #189 admitted to facility 8/30/16 with diagnoses of Dementia, Hypothyroid, Osteopenia, Pre Diabetes, Hypertension, Allergic rhinitis, Mixed anxiety, and Depression.	S3028		

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S3028	Continued From page 7 The current functional capacity screen (FCS) of 01/01/17 recorded #189 in need of supervision with bathing, dressing, toileting; independent with transfers, mobility, and eating; in need of physical assistance with medications and treatments; with short term memory, memory recall, and decision making impairments; with impaired vision and no use of walker or wheelchair. The current 01/01/17 NSA/HSP documented services provided to meet the above described needs. Medical record Resident Log Notes included: 9/14/16 - 1:30pm - Resident yelling for help... observed another Resident #179 standing in front of #189 in his/her apartment, cornered in the kitchen area... redirected #179 out of room... #189 stated #179 punched #189 in abdomen several times when #189 tried to get #179 to leave room... stayed with #189 to offer reassurance... encouraged to keep door closed and locked... The medical record lacked documentation of a thorough investigation, and failed to document a report made to the Department regarding a Resident to Resident abuse situation. Department staff confirmed no report of Resident to Resident abuse received 9/14/17 in regard to #179 trapping #189 in kitchen and hitting in the abdomen. The Operator failed to ensure each allegation of potential abuse for #189 thoroughly investigated and reported to the Department as required.	S3028		

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S3028	Continued From page 8 - Review of record revealed #185 admitted to facility 01/17/11 with diagnoses of Degenerative scoliosis, Hypertension, Hypothyroidism, Gastroesophageal reflux disease, Chronic constipation, Alzheimer's dementia, Depression, and Osteoarthritis of the spine. The current functional capacity screen (FCS) of 3/09/16 recorded #185 in need of physical assistance with bathing, dressing, toileting, medication and treatment management; independent with transfers, mobility, and eating; occasional incontinence; with short term memory, long term memory, memory recall, and decision making impairments; with wandering and used a walker. The current 3/09/16 NSA/HSP documented services provided to meet the above described needs of the FCS. This NSA/HSP contained the signatures of Operator #B, Health and Wellness Director #C, and signature of a family member. The NSA/HSP contained six hand written additions (10/17/16 through 02/06/17) and two hand written additions without dates. Operator #B provided incident reports of falls... no evidence the unwitnessed falls investigated or reported to the department as potential issues of neglect. On 3/21/17 at 2:30pm, Health and Wellness Director #C confirmed interventions added to the NSA/HSP in response to #185's repetitive falls... I have not reported any issues... Resident Log Notes detailed falls: 9/04/16 - unknown details, reference in fall follow	S3028		

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up note of 9/05/16
10/27/16 - unwitnessed fall in commons area...
12/08/16 - unwitnessed fall in back hallway...
12/14/16 - found crawling out bathroom door, stated I fell and crawled...
02/06/17 - stated he/she fell at 7:05am...

The "interventions" added to the 3/09/16 NSA/HSP on 3/20/17 included:
10/17/16 - remind Resident to use walker
10/26/16 - PT Home Health eval
11/16/16 - awaiting wheelchair
11/31/16 - attempting to get wheelchair
12/09/16 - awaiting wheelchair reminded to use walker
12/14/16 - reminded to use call light and walker
01/19/17 - awaiting wheelchair
02/06/17 - reminded to use walker
No Date - Educate Resident to use call light and assistive device (cognition and memory issues coded at "4" in FCS)
No Date - PT (physical therapy) put bow on walker as visual reminder

By observations on 3/20/17 at 11:15am, 11:30am, and at 11:48am, #185 placed at dining room table by staff, but rose from table and started to walk to doors, with walker and without walker.

On 3/21/17 from lunch time to 7:00pm, #185 with repeated attempts to get up and walk by self without walker, towards doors... asking for little blonde girl and later asking about where the little red head girl is... not observed to be engaged in conversation or activity during this time... at 6:40pm, #185 again rose to leave TV area without walker or assistance. Regional Nurse #P intercepted #185... Direct Care Staff #N escorted #185 to room for toileting...

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S3028	Continued From page 10 The Operator failed to ensure each allegation of potential neglect for #185 thoroughly investigated and reported to the Department as required.	S3028		
S3085 SS=F	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a) The census included 26 the sample included three Residents and two focused reviews completed. Based on interview and review of record, for three of three sampled (#187, #189, and #185) and one of two focused reviews (#180), the Operator failed to ensure the development of a written negotiated service agreement/health service plan (NSA/HSP) for	S3085		

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S3085	Continued From page 11	S3085		

each Resident in collaboration with the Resident or the Resident's representative, that included a description of the services the Resident to receive.

Findings included:

- Review of record revealed #189 admitted to facility 8/30/16 with diagnoses of Dementia, Hypothyroid, Osteopenia, Pre Diabetes, Hypertension, Allergic rhinitis, Mixed anxiety, and Depression.

The current functional capacity screen (FCS) of 01/01/17 recorded #189 in need of supervision (1) with bathing, dressing, toileting; independent (0) with transfers, mobility, and eating; in need of physical assistance (2) with medications and treatments; with short term memory, memory recall, and decision making impairments; with impaired vision and no use of walker or wheelchair.

The current 01/01/17 NSA/HSP documented services provided to meet the above described needs. This NSA/HSP signed by Operator #B and Health and Wellness Director #C on 01/01/17, signed by Power of Attorney on 01/19/17. The NSA contained two handwritten additions: fall on 3/7/17 intervention - Resident to stand for a few seconds to gain balance before ambulating; 3/08/17 - fall in bathroom with intervention of PT/OT (occupational therapy).
The medical record lacked evidence of collaboration with the Resident or their Representative at the time of NSA/HSP development.

- Review of record revealed #187 admitted to facility 11/29/16 with diagnoses of Breast cancer

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S3085	Continued From page 12	S3085		

with brain metastasis, Hypertension, Dehydration, Weakness, Pain, and Pulmonary emboli.

The current functional capacity screen (FCS) of 01/30/17 recorded #187 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with bladder incontinence (4); with short term and long term memory impairment, memory recall and decision making impairment (4); sometimes understood and sometimes understands (2-2) for communication; with falls/unsteadiness, vision impairment, used walker and wheelchair.

The current 01/30/17 NSA/HSP documented services provided to meet the above described needs. This NSA/HSP signed by Operator #B and Health and Wellness Director #C on 01/30/17, signed by Resident Representative on 02/23/17. The medical record lacked evidence of collaboration with the Resident or their Representative at the time of NSA/HSP development.

- Review of record revealed #180 admitted to facility 3/14/14 with diagnoses of Falls, Gait disturbance, Hypertension, Mild cognitive impairment, Hypothyroidism, and Breast cancer with multiple metastasis.

The most recent 12/01/16 functional capacity screen (FCS) recorded #180 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility, medication and treatment management; with bladder incontinence (4); with short term memory, long term memory, memory recall, and decision making impairments; with communication of usually understands and sometimes understood (1-2); with

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S3085	Continued From page 13	S3085		

falls/unsteadiness, vision impairment, and used a walker.

The current 12/01/16 NSA/HSP documented services provided to meet the above described needs of the FCS. This NSA/HSP signed by Operator #B and Health and Wellness Director #C on 12/01/16, signed by Resident Representative on 12/23/16 (one week after #180 passed). The medical record lacked evidence of collaboration with the Resident or their Representative at the time of NSA/HSP development.

- Review of record revealed #185 admitted to facility 01/17/11 with diagnoses of Degenerative scoliosis, Hypertension, Hypothyroidism, Gastroesophageal reflux disease, Chronic constipation, Alzheimer's dementia, Depression, and Osteoarthritis of the spine.

The current functional capacity screen (FCS) of 3/09/16 recorded #185 in need of physical assistance (2) with bathing, dressing, toileting, medication and treatment management; independent (0) with transfers, mobility, and eating; occasional incontinence (1); with short term memory, long term memory, memory recall, and decision making impairments (4); with wandering and used a walker.

On 3/20/17 at 11:55am, Health and Wellness Director #C stated I have his/her chart (#185)... I have all the sticky notes of his/her falls... but didn't realize I was supposed to be putting the falls and the interventions on the PSP (personal service plan/NSA/HSP)... adding those now before I bring it to you...

The current 3/09/17 NSA/HSP documented

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	N031004	A. BUILDING: _____ B. WING _____	C 03/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JUNCTION CITY	1022 CAROLINE AVENUE JUNCTION CITY, KS 66441

(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
S3085	Continued From page 14 services provided to meet the above described needs of the FCS. This NSA/HSP contained the signatures of Operator #B and Health and Wellness Director #C dated 3/09/17; signature of a family member with no date. The NSA/HSP contained six hand written additions (10/17/16 through 02/06/17) and two hand written additions without dates. The medical record lacked evidence of collaboration with the Resident or their Representative at the times of additions to the already signed NSA/HSP. By interview on 3/21/17 at 2:30pm District Director of Clinical Services #O stated I have never heard of updating with signatures to acknowledge additions to the NSA/HSP. By interview on 3/21/17 at 2:30pm, Health and Wellness Director #C stated for NSA/HSP development, "I do my part... Operator #B does his/her part... Operator #B locks the cost... then we contact the family to sign... if there were going to be a change in cares/cost I would call family and tell them I will be watching for couple weeks... if permanent increase will add to the NSA/HSP... usually in the record notes that I talked with family... was not aware of the need to have Resident or family acknowledge additions to the already signed NSA/HSP's For Residents #189, #187, #185, and #180, the Operator failed to ensure the development of a written NSA/HSP for each Resident in collaboration with the Resident or the Resident's legal representative.	S3085		
S3105 SS=D	26-41-202 (j) Negotiated Service Agreement Outside Resource	S3105		

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S3105	Continued From page 15 (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 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 two focus reviews completed. The facility identified 11 Residents with outside provider services. Based on observation, interviews, and review of record, for one of three sampled (#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 #187 admitted to facility 11/29/16 with diagnoses of Breast cancer with brain metastasis, Hypertension, Dehydration, Weakness, Pain, and Pulmonary emboli. The current functional capacity screen (FCS) of	S3105		

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S3105	Continued From page 16 01/30/17 assessed #187 in need of physical assistance (2)with bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with bladder incontinence (4); with short term and long term memory impairment, memory recall and decision making impairment (4); sometimes understood and sometimes understands (2-2) for communication; with falls/unsteadiness, vision impairment, used walker and wheelchair. The current negotiated service agreement/health service plan (NSA/HSP) of 01/30/17 documented: Hospice to provide medications, Facility to store medications, Staff to administer medications, Hospice to provide bathing twice a week on Monday and Friday, Facility staff to provide bathing on Wednesday, Resident uses a shower chair, Staff to shower Resident one time a week, Hospice to shower two times a week. By interview on 3/21/17 at 11:20am Direct Care Staff #F stated #187 is on Hospice, we turn every two hours... Hospice bathes him/her... we do warm wash cloth to face and eyelids... facility doesn't do any bathing... used to be on our bath schedule but now Hospice does three times a week... By observation on 3/21/17 at 11:30am, Hospice Nurse #L in Resident room warming package of bath wipes in microwave, preparing to start a bed bath... Resident with no audible response to verbal questions... on repeat inquiry #187 responded pain at "8" (scale 1 - 10). Hospice Nurse #L stated we (hospice) do the bathing... usually aides do the bathing I am doing the bathing today because a Hospice Aide called in...	S3105		

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S3105	Continued From page 17 By interview on 3/21/17 at 11:55am Direct Care Staff #M stated #187 calls when wants turned... turn every two hours or as he/she wants... Home Health comes in and does all personal care... not sure how often... they do the bathing... we do peri care and empty the catheter... we do face care and mouth cleaning when we check and turn... By interview on 3/21/17 at 3:14pm Health and Wellness Director (HWD) #C stated Hospice does bathing two times week and we do it one time weekly. Observation of bed bath and reports that facility staff do not do bathing shared with HWD #C. HWD #C stated I will have to check on when that changed. When asked about process for monitoring outside providers, HWD #C stated they come talk to me before they leave... today I didn't measure (open area) with Hospice Nurse #L... but he/she reported bed bath given... HWD #C stated a new order for Nystatin treatment obtained by Hospice Nurse #L on 3/17/17... I was made aware today... The Operator failed to ensure designated facility staff monitored the services provided to #187 by an outside resource.	S3105		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each 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.	S3155		

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S3155	Continued From page 18	S3155		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-204(a)

The census included 26 the sample included three Residents and two focused reviews completed. Based on observations, interviews and reviews of records, for three of three sampled (#189, #187, and #185) and one of two focus reviewed (#180), the Operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that meet the needs of each Resident in accordance with the functional capacity screen (FCS) and negotiated service agreement/health service plan (NSA/HSP).

Findings included:

- Review of record revealed #189 admitted to facility 8/30/16 with diagnoses of Dementia, Hypothyroid, Osteopenia, Pre Diabetes, Hypertension, Allergic rhinitis, Mixed anxiety, and Depression.

The current FCS of 01/01/17 recorded #189 in need of supervision (1) with bathing, dressing, toileting; independent (0) with transfers, mobility, and eating; in need of physical assistance (2) with medications and treatments; with short term memory, memory recall, and decision making impairments; with impaired vision and no use of walker or wheelchair.

On 3/20/17 at 11:30am and at 1:30pm, #189 observed sitting in TV living room area, with cast

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S3155	Continued From page 19	S3155		

and sling to right arm. A specialized walker with right arm support attached parked next to #189. When #189 to dining room table and to bathroom, facility staff walked with #189 and offered cues.

The current NSA/HSP of 01/01/17 recorded staff to manage medications; Resident independent with blood glucose monitoring and eating; verbal prompts and assistance if needed to complete hygiene tasks, bathing, dressing, toileting; verbal prompts to dining room due to memory impairment.

Resident Log notes included:

3/07/17 - 0950 - on 3/06/17 at 5:45pm Resident fell while getting up from dining room table... bump on back of head... assisted up... family chose to keep at facility and observe...

3/08/17 - 0955 - unwitnessed fall at 5:30am... found laying on right side with right arm pinned under in bathroom... alert but unable to say what happened... transported to ER (emergency room)... diagnosed with right wrist "colles fracture"... follow-up appointment on 3/09/17... intervention is PT (physical therapy) to evaluate and treat...

3/09/17 - 11:30am - appointment with physician... sling to right arm as ordered... awaiting orders for PT to evaluate and treat...

3/14/17 - 1315 - surgery set for 3/15/17 at 0530 - family to take... shower at bedtime 3/14/17... have ready to go at 0500...

The NSA contained two handwritten additions: fall on 3/7/17 intervention - Resident to stand for a few seconds to gain balance before ambulating;

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S3155	Continued From page 20 3/08/17 - fall in bathroom with intervention of PT/OT (occupational therapy). By interview on 3/21/17 at 11:15am, Direct Care Staff #F stated we started assisting #189 with everything... with personal hygiene, toileting, to and from dining room... we did 30 minute room checks when had first stumble... told to use call light but would forget... orientation has changed. By interview on 3/21/7 at 4:15pm Health and Wellness Director #C stated PT just started this week... got a walker to put arm on... have talked with staff about being with him/her... have not added more assistance to the NSA/HSP... fall interventions written on as just remind to stand and wait until balanced before walking... and then for other one added PT/OT... confirmed added assistance not reflected on the NSA/HSP. The Operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services for #189 by revising the FCS and NSA/HSP to reflect the need for staff assistance after fall and cast, when independent or in need of cues only prior to fall and cast. - Review of record revealed #187 admitted to facility 11/29/16 with diagnoses of Breast cancer with brain metastasis, Hypertension, Dehydration, Weakness, Pain, and Pulmonary emboli. The current functional capacity screen (FCS) of 01/30/17 assessed #187 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with bladder incontinence; with short term and long term	S3155		

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S3155	Continued From page 21	S3155		

memory impairment, memory recall and decision making impairment; sometimes understood and sometimes understands for communication; with falls/unsteadiness, vision impairment, used walker and wheelchair.

The current negotiated service agreement/health service plan (NSA/HSP) of 01/30/17 documented:
Hospice to provide medications,
Facility to store and administer medications,
Hospice bathe twice weekly and facility staff one time weekly,
To offer food likes and cut up food in kitchen,
To assist as needed with dressing,
Provide physical assistance to and from dining room.

Observations on 3/20/17 at 10:10am and at 5:25pm, and on 3/21/17 at 11:30am, revealed an audio monitor (baby monitor) in med room and front desk area of facility, as well as in Resident's room. The monitor allowed all room sounds to be heard in medication room, and at front desk area open to dining room and TV sitting area.

By interview on 3/20/17 at 10:10am and on 3/21/17 at 11:30am, Direct Care Staff #G and Hospice Nurse #L confirmed audio monitor on at all times for #187 to summon help... he/she too weak to use call light... staff confirmed #187 in bed at all times and all cares provided for #187.

On 3/21/17 at 11:20am Direct Care Staff #F stated we turn every two hours... monitor because he/she too weak to use call light... check for continence every two hours, empty catheter, feed, etc... we don't do bathing... Hospice does that...

On 3/21/17 at 11:55am Direct Care Staff #M

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S3155	Continued From page 22 stated we do all care for Resident... Hospice does bathing... we do peri care and empty catheter... do face wash and mouth cleaning... I believe mouth is cleaned with sponges with mouth wash in them... then rinse with another one... we should do it every shift... we have to feed all three meals... sometimes I will offer liquid after eating to rinse mouth... By interview on 3/21/17 Health and Wellness Director #C confirmed not aware the bathing had changed... he/she thought staff still completed one per week, not aware Hospice doing all bathing... confirmed audio monitor, Oxygen, bed bath, need to feed, need to do all dressing and repositioning not a part of NSA/HSP... FCS and NSA/HSP not revised to reflect these changes since 01/30/17. The Operator failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services to #187. - Review of record revealed #185 admitted to facility 01/17/11 with diagnoses of Degenerative scoliosis, Hypertension, Hypothyroidism, Gastroesophageal reflux disease, Chronic constipation, Alzheimer's dementia, Depression, and Osteoarthritis of the spine. The current functional capacity screen (FCS) of 3/09/16 recorded #185 in need of physical assistance (2) with bathing, dressing, toileting, medication and treatment management; independent (0) with transfers, mobility, and eating; occasional incontinence (1); with short term memory, long term memory, memory recall, and decision making impairments (4); with wandering and used a walker.	S3155		

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S3155	Continued From page 23 On 3/20/17 at 11:55am, Health and Wellness Director #C stated I have his/her chart (#185)... I have all the sticky notes of his/her falls... but didn't realize I was supposed to be putting the falls and the interventions on the PSP (personal service plan/NSA/HSP)... adding those now before I bring it to you... The current 3/09/16 NSA/HSP documented services provided to meet the above described needs of the FCS. This NSA/HSP contained the signatures of Operator #B, Health and Wellness Director #C, and signature of a family member. The NSA/HSP contained six hand written additions (10/17/16 through 02/06/17) and two hand written additions without dates. Resident Log Notes detailed falls: 02/03/16 - missed sitting on rolling chair 8/29/16 - non injury, witnessed by guest... 9/04/16 - unknown details, reference in fall follow up note of 9/05/16 10/17/16 - fell outside bathroom at 2030... 10/24/16 - fell in courtyard this afternoon, to ER (emergency room) 10/27/16 - unwitnessed fall in commons area... 11/03/16 - fell on buttocks by courtyard door... 11/17/16 - fell in commons area, hit head on fireplace... walker in dining room... to ER... 12/08/16 - unwitnessed fall in back hallway... 12/14/16 - found crawling out bathroom door, stated I fell and crawled... 01/19/17 - fell, observed, lost balance, fell into wall 02/06/17 - stated he/she fell at 7:05am... The "interventions" added to the 3/09/16 NSA/HSP on 3/20/17 included:	S3155		

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S3155	Continued From page 24 No Date - Educate Resident to use call light and assistive device (cognition and memory issues coded at "4" in FCS) No Date - PT (physical therapy) put bow on walker as visual reminder 10/17/16 - remind Resident to use walker 10/26/16 - PT Home Health eval 11/16/16 - awaiting wheelchair 11/31/16 - attempting to get wheelchair 12/09/16 - awaiting wheelchair reminded to use walker 12/14/16 - reminded to use call light and walker 01/19/17 - awaiting wheelchair 02/06/17 - reminded to use walker On 3/21/17 at 2:30pm, Health and Wellness Director #C confirmed these interventions all that were added to the NSA/HSP in response to #185's repetitive falls... was not aware of the need to have Resident or family acknowledge additions to the already signed NSA/HSP's... added #185 is not using wheelchair yet because still able to get around... we do have activities that occupy him/her... confirmed #185 not engaged in them today... By observations on 3/20/17 at 11:15am, 11:30am, and at 11:48am, #185 placed at dining room table by staff, but rose from table and started to walk to doors, with walker and without walker. #185 escorted to the TV/sitting area after lunch and using the toilet... continued to ask about where to go and needed to leave... On 3/21/17 from lunch time to 7:00pm, #185 with repeated attempts to get up and walk by self without walker, towards doors... asking for little blonde girl and later asking about where the little red head girl is... not observed to be engaged in conversation or activity during this time... staff	S3155		

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prompts and cues to stay seated in TV area.

By observation on 3/21/17 at 6:40pm, #185 again rose to leave TV area without walker or assistance. Regional Nurse #P intercepted #185... Direct Care Staff #N escorted #185 to room for toileting... #N grasping #185's upper left arm as #185 attempted to use walker extended way out in front of self. Operator #B suggested #N use gait belt... #N stated we don't have one... Operator #B obtained gait belt from desk and brought to #N... (NSA/HSP of 3/09/16 documented #185 independent, need for gait belt not added to NSA/HSP)

The Operator failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services to #185.

- Review of record revealed #180 admitted to facility 3/14/14 with diagnoses of Falls, Gait disturbance, Hypertension, Mild cognitive impairment, Hypothyroidism, and Breast cancer with multiple metastasis.

The most recent 12/01/16 functional capacity screen (FCS) assessed #180 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with cognitive impairment, bladder incontinence, unsteadiness with potential for falls and vision impairment.

The current 12/01/16 negotiated service agreement/health service plan (NSA/HSP) recorded #180 to receive medications from Hospice, staff to administer pills whole and one at a time with thickened liquid; to be on pureed foods with honey thickened liquids, staff must

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S3155	Continued From page 26 feed meals; staff to dress and Hospice and staff to bathe; staff to assist with transfers and to assist with toileting. The medical record contained signed physician's orders for two daily medications, Celexa and Senna. An investigation revealed doses of these medications not administered, but documented on the 11/10/16 to 01/09/17 MAR's (medication administration records) as given. By confidential interviews on 3/21/17, and confirmed by interviews of Operator #B and Health and Wellness Director #C, #180 observed with build up of dried food residue on roof of mouth week before he/she passed on 12/16/16. By interview on 3/21/17 at 5:30pm Operator #B and Activities staff #A confirmed there was an issue with lacking oral care for #180 at the end... stated Hospice staff brought to our attention... couldn't get stuff off roof of mouth because #180 clamped mouth shut... Operator #B stated I did see it... did verbal instructions to staff to complete better oral care... confirmed the NSA/HSP lacked revisions to reflect oral care directions to staff. The Operator failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services to #180.	S3155		
S3170 SS=D	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	S3170		

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S3170	Continued From page 27 skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing each service. (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)(3) The census equalled 26 the sample included three Residents with two focused reviews completed. The facility identified 11 Residents with outside provider services. Based on interviews and reviews of records, for one of	S3170		

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S3170	Continued From page 28	S3170		

three sampled (#187) with facility managed medications and outside provider services, the Operator failed to ensure the medical record contained a medical care provider's order for the skilled nursing care Resident receiving from an outside agency.

Findings included:

- Review of record revealed #187 admitted to facility 11/29/16 with diagnoses of Breast cancer with brain metastasis, Hypertension, Dehydration, Weakness, Pain, and Pulmonary emboli.

The current functional capacity screen (FCS) of 01/30/17 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with bladder incontinence; with short term and long term memory impairment, memory recall and decision making impairment; sometimes understood and sometimes understands for communication; with falls/unsteadiness, vision impairment, used walker and wheelchair.

The current negotiated service agreement/health service plan (NSA/HSP) of 01/30/17 documented:
Hospice to provide medications,
Facility to store medications, and,
Staff to administer medications.
The NSA/HSP specified Hospice and facility staff shared bathing duties.

By interview on 3/21/17 at 2:15pm, Certified Medication Aides (CMA) #G and #N stated #187 is on Hospice... we give personal care every two hours... supposedly Nystatin order was new on Friday (3/17/17)... #G did not know about order, #N did know about order... each stated the

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S3170	Continued From page 29 process for new orders from Hospice is that orders are supposed to go to Health and Wellness Director (HWD) #C who puts the new order on the MAR (medication administration record)... but HWD #C just found out about order today also... By review, the medical record lacked an order for Nystatin on 3/17/17. By interview on 3/21/17 at 3:14pm, HWD #C stated Hospice Nurse #L said he/she got an order Friday 3/17/17 for Nystatin... not put on the MAR until today... I didn't know about it... #L said a facility CMA pointed out a rash beneath breasts... #L observed and that's why #L got the order... know they have been using Nystatin even though not on the MAR because Hospice Nurse #L stated he/she had to wipe the old off with bed bath and put new on... HWD #C confirmed no order in the medical record... On 3/21/17 at 4:33pm HWD #C received a fax order for the Nystatin powder topical application TID (three times daily) Lightly dust affected areas. The Operator failed to ensure for #187, the medical record contained a medical care provider's order for the skilled nursing care Resident receiving from an outside agency.	S3170		
S3216 SS=D	26-41-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the	S3216		

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S3216	Continued From page 30 destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(i) The census equalled 26 the sample included three Residents and two focused reviews completed. The facility identified 23 Residents with facility managed medications. Based on interviews and reviews of records, for one of two focused review Residents (#180), the Licensed nurses and Medication aides failed to maintain records of receipt and disposition of medications in sufficient detail for an accurate reconciliation. Findings included: - Review of record revealed #180 admitted to facility 3/14/14 with diagnoses of Falls, Gait disturbance, Hypertension, Mild cognitive impairment, Hypothyroidism, and Breast cancer	S3216		

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S3216	Continued From page 31 with multiple metastasis. The most recent 12/01/16 functional capacity screen (FCS) assessed #180 in need of physical assistance with medication and treatment management. The current 12/01/16 negotiated service agreement/health service plan (NSA/HSP) recorded #180 to receive facility management of medications and treatments. The medical record contained signed physician's orders for: 10/07/16 Celexa (antidepressant) 10mg (milligrams) one tab by mouth daily; and 9/15/16 Senna (laxative) 8.6mg two tabs by mouth daily The MAR (medication administration record) for 11/10/16 to 12/09/16, and for 12/10/16 to 01/09/16 recorded staff administration of these medications every day at 12:00pm from 11/10/16 to 12/14/16. The MAR lacked documentation of refused or missed doses. By confidential interview on 3/21/17 an individual stated about week before #180 passed a medication ordering discrepancy suspected and reported to Health and Wellness Director #C by a Hospice Nurse... #C and Hospice Nurse verified routine medications not ordered routinely/timely for doses charted. This individual not aware of how many doses of medication charted as given but not administered. By interview on 3/21/17 at 4:37pm Health and Wellness Director #C stated a Hospice Nurse #K and I counted medications together in December 2016... we verified re-ordering schedule of	S3216		

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S3216	Continued From page 32 medications inconsistent with doses received and given... determined medications on MAR (medication administration record) charted as given, were not all administered... I completed counseling with Certified Medication Aides who initialed doses but potentially not given. HWD #C stated staff did complete count forms of medications remaining when #180 passed... but we do not keep Acquisition/Disposition forms (used to count medications received from provider, and medications remaining to be destroyed or returned) for any length of time... no longer have those so I do not know how many doses not given. By review the Policy and procedure titled "Medication and Treatment - receiving Policy CS-40-14" recorded process to accept and verify accurate types and counts of medications. For all non-controlled medications returned to pharmacy, returned to Resident or their representative, or destroyed. the procedure directed staff complete a "Medication Disposal-Return to Pharmacy or Resident/Legally responsible Party" form, and place the completed form in Resident's medical record under the tab labeled "medication." The Licensed nurses and Medication aides failed to maintain records of receipt and disposition of medications for #185 in sufficient detail for an accurate reconciliation.	S3216		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and	S3261		

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S3261	Continued From page 33 results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f) The census included 26 the sample included three Residents and two focused reviews completed. Based on interviews and reviews of records, for two of three sampled (#189 and #185) and one of two focus reviewed (#180), the Operator 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 #180 admitted to facility 3/14/14 with diagnoses of Falls, Gait disturbance, Hypertension, Mild cognitive impairment, Hypothyroidism, and Breast cancer with multiple metastasis. The most recent 12/01/16 functional capacity screen (FCS) assessed #180 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with cognitive impairment, bladder incontinence, unsteadiness with potential for falls and vision impairment. The current 12/01/16 negotiated service agreement/health service plan (NSA/HSP) recorded #180 to receive medications from Hospice, staff to administer pills whole and one at	S3261		

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S3261	Continued From page 34 a time with thickened liquid; to be on pureed foods with honey thickened liquids, staff must feed meals; staff to dress and Hospice and staff to bathe; staff to assist with transfers and to assist with toileting. The medical record contained signed physician's orders for: 10/07/16 Celexa (antidepressant) 10mg (milligrams) one tab by mouth daily; and 9/15/16 Senna (laxative) 8.6mg two tabs by mouth daily The MAR (medication administration record) for 11/10/16 through 12/09/16, and for 12/10/16 through 01/09/16 recorded staff administration of these medications every day at 12:00pm from 11/10/16 to 12/14/16. The MAR lacked documentation of refused or missed doses. By confidential interview on 3/21/17 an individual stated a medication ordering and administration discrepancy discovered, investigated, and verified with Health and Wellness Director #C. This individual stated discrepancy revealed documented doses not actually administered... but not aware of how many doses of medication charted as given and not administered. By interview on 3/21/17 at 4:37pm Health and Wellness Director (HWD) #C stated medication errors confirmed upon investigation... HWD #C stated I determined medications charted but not given... I completed counseling with Certified Medication Aides... I do not know how many doses not given. By confidential interview on 3/21/17 an individual stated #180 observed with with build up of dried food residue on roof of mouth week before	S3261		

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S3261	Continued From page 35	S3261		

he/she passed... information passed on to #180 caregivers.

By confidential interview on 3/21/17 another individual stated build up of dried food residue on #180's tongue and roof of mouth shortly before #180 passed... tongue coated with red material with black specks (perhaps spices) in it... information passed on to caregivers... do not know what red material was... did hear lunch served the prior day was lasagna... perhaps pureed lasagna would appear red with specks...

By interview on 3/21/17 at 5:30pm Operator #B and Activities staff #A confirmed there was an issue with lacking oral care for #180 at the end... stated Hospice staff brought to our attention... couldn't get stuff off roof of mouth because #180 clamped mouth shut... Operator #B stated I did see it... did verbal instructions to staff to complete better oral care...

Review of #180's medical record revealed no documentation related to medication misappropriation (charted but not actually given) or the observed lack of oral care (build up of dried red coating on tongue and roof of mouth). The Resident Log notes contained nothing between 11/08/16 and 12/15/16, Resident deceased on 12/16/16.

The Operator failed to ensure #180's 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.

- Review of record revealed #189 admitted to facility 8/30/16 with diagnoses of Dementia,

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S3261	Continued From page 36 Hypothyroid, Osteopenia, Pre Diabetes, Hypertension, Allergic rhinitis, Mixed anxiety, and Depression. The current functional capacity screen (FCS) of 01/01/17 recorded #189 in need of supervision with bathing, dressing, toileting; independent with transfers, mobility, and eating; in need of physical assistance with medications and treatments; with short term memory, memory recall, and decision making impairments; with impaired vision and no use of walker or wheelchair. The current 01/01/17 NSA/HSP documented services provided to meet the above described needs. Medical record Resident Log Notes included: 3/07/17 - 0950 - on 3/06/17 at 5:45pm #189 fell into wall and hit head in dining room while getting up from table... staff observed small bump on back of head... HWD (Health and Wellness Director) #C notified at 5:50pm... family decision to keep at facility and monitor... 3/07/17 - 1000 - follow up fall vitals... no complaint of pain to head... complained of right arm pain no bruising noted... declined pain med alert and orientated per usual will continue to monitor... The medical record lacked documentation of an assessment of #189's complaint of right arm pain to include signs and symptoms, actions taken, and the results of the actions. On 3/21/17 at 2:00pm Health and Wellness Director #C stated I did look at his/her arm and do an assessment of fingers, range of motion,	S3261		

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S3261	Continued From page 37 etc... but didn't document it... The Operator failed to ensure #189's 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. - Review of record revealed #185 admitted to facility 01/17/11 with diagnoses of Degenerative scoliosis, Hypertension, Hypothyroidism, Gastroesophageal reflux disease, Chronic constipation, Alzheimer's dementia, Depression, and Osteoarthritis of the spine. The current functional capacity screen (FCS) of 3/09/16 recorded #185 in need of physical assistance with bathing, dressing, toileting, medication and treatment management; independent with transfers, mobility, and eating; occasional incontinence; with short term memory, long term memory, memory recall, and decision making impairments; with wandering and used a walker. The current 3/09/17 NSA/HSP documented services provided to meet the above described needs of the FCS. The medical record Resident Log Notes contained an entry 9/05/16 at 0500 - continues on fall follow up due to recent fall incident on 9/04/16... The medical record lacked any information regarding the 9/04/16 incident, to include date and time, signs and symptoms, actions taken and results of the actions.	S3261		

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S3261	Continued From page 38 The Operator failed to ensure 3185's medical 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.	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 census equalled 26 the sample included three Residents, and two focused reviews completed. The facility identified 12 employees hired since the last Resurvey. Based on interviews and reviews of records, the Operator failed to ensure disaster and emergency	S3280		

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preparedness by conducting quarterly reviews of the facility's emergency management plan with employees and Residents.

Findings included:

- On 3/20/17 at 10:25am, Executive Director #B confirmed these are the only dates any reviews completed... I must have misunderstood from last year what to do with those... we did not do each topic four times (quarterly) as required.

Fire Disaster Plan - 02/26/16 and 8/26/16
Missing Resident - 3/25/16 and 9/09/16
Earthquake, Hurricane, Tornado, Severe Storms, Flood - 5/13/6 and 10/21/16
Bomb threat, Poison, Loss of Electricity, Natural Gas Leak, water Supply - 6/24/16 and 11/25/16

On 3/20/17 at 3:30pm, Life Enrichment Coordinator #A stated I came in July 2016... here are the topics I have covered... was not aware of the need to do all topics four times a year...

January 2017 - Ice Melt Discussion and Snow Removal
February 2017 - Fall Safety
March 2017 - Tornado
July 2016 - Window of Tornado discussion
September 2016 - Fall Tornado Season

The Operator failed to ensure reviews of the facility's emergency management plan completed quarterly with both employees and Residents.