STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N014001	A. BUILDING: _____ B. WING _____	02/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAY CENTER PRESBYTERIAN MANOR	924 8TH STREET CLAY CENTER, KS 67432

(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 represent the findings of an Assisted Living/Residential Healthcare Licensure resurvey.	S 000		
S3225 SS=F	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: The facility had a census of 23 residents, of which 3 residents were sampled. Based on record review, interview, and observation the facility failed to ensure a quarterly pharmacist medication review for 1 of 3 sampled residents #1, and 8 unsampled residents. (#4, #5, #6, #7, #8, #9, #10, #11). Findings included: - Resident #1's medical record revealed he/she admitted to the (ALF) assisted living facility on 8/25/16 and discharged on 11/14/16. The medical record further revealed the resident	S3225		

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

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S3225	Continued From page 1 re-admitted, to the ALF on 1/1/17. The medical record revealed no facility pharmacist consultant review of the resident's medications during the 1st admission time frame and the pharmacist consultant was in the building on 9/13/16. The medical records for 8 other assisted living residents, who had been admitted to the ALF prior to June 2016, revealed no quarterly pharmacist consultant review on 9/13/16 when the pharmacist was in the building. On 2/9/17 at 11:05 AM, observation revealed the Resident #1 in his/her wheelchair, in his/her room. On 2/9/17 at 2:25 PM, Administrative Nurse A verified the pharmacist consultant had not completed a medication review for Resident #1 since admission. He/she verified the resident was in the facility continuously from 8/25/16 to 11/15/16, and the pharmacist consultant should have reviewed the resident's medication regimen at least quarterly. Administrative Nurse A verified the 8 unsampled residents also had no pharmacy consultant review for the third quarter of the year. The facility's Medication Regimen Review policy stated the Consultant Pharmacist will conduct medication regimen reviews. The facility failed to ensure the pharmacist consult reviewed Resident #1, and 8 unsampled residents' medication regimen at least quarterly, placing the resident at risk for receiving unnecessary medications and or drug interactions.	S3225		

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S3246	Continued From page 2	S3246		
S3246 SS=F	26-41-102 (b) Staff Qualification Awake - Responsive (b) Direct care staff or licensed nursing staff shall be awake and responsive at all times. This REQUIREMENT is not met as evidenced by: The facility had a census of 23 residents and the sample included 3 residents. Based on observation, record review, and interview the facility failed to provide around the clock staffing for the 23 residents who reside in the assisted living. Findings included: - Review of the (ALF) assisted living facility staffing schedule for February 2017, revealed no staff scheduled to work the 10:00 PM to 6:00 AM shift. The staffing schedule revealed the following: Day Shift (6:00 AM - 2:00 PM) - 1 nurse or (Certified Medication Aide) and 1 (CNA) Certified Nurse Aide Evenings (2:00 PM to 10:00 PM) - 1 CMA, and 1 CNA from 4:30 PM to 10:00 PM Nights (10:00 PM to 6:00 AM) - 1 nurse, 1 CMA, and 1 CNA On 2/9/17 at 7:10 AM, observation revealed nursing staff administered medications to a resident in the ALF. On 2/9/17 at 1:37 PM, Administrative Nurse A verified staffing for the assisted living facility as follows:	S3246		

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S3246	Continued From page 3 Administrative Nurse A verified the facility had no scheduled staff in the ALF from 10:00 PM to 6:00 AM, and the ALF staffing schedule of 1 nurse, 1 CMA, and 1 CNA are the staff working in the (LTC) Long Term Care during that time frame. Administrative Nurse A stated the long term care staff, perform routine hourly rounds on the ALF, answered the ALF call light and the staff could view a camera showing the exit door and hallways on the ALF from the LTC. The facility failed to provide continuous qualified staff to the 23 residents who reside in the assisted living unit, from 10:00 PM through 6:00 AM, placing the residents at risk to not have their immediate care needs met.	S3246		