STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089081	A. BUILDING: _____ B. WING _____	12/19/2016

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OAKLEY PLACE #1	618 SW OAKLEY AVE TOPEKA, KS 66606

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S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey with attached complaints conducted at the above named home plus facility in Topeka, Kansas on 12/14/16 and 12/19/16.	S 000		
S5161 SS=F	26-42-204 (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 26-42-204(d) The facility reported a census of 10 residents. The sample included 3 residents and 2 closed chart review residents. Based on record review and interview for 3 sampled residents (#124, #125, and #126) who required health care services, the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the plan. Findings included: - Record review for resident #124 recorded admission date of 9/14/16 with diagnoses of: Type 2 diabetes mellitus, hypertension, hypothyroidism, atrial fibrillation, dementia, spinal stenosis, diverticulitis, fracture of humerus right arm and hypercholesterolemia.	S5161		

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

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S5161	Continued From page 1 Functional Capacity Screen (FCS) dated 10/9/16 recorded resident required assistance with bathing, dressing, toileting and transfer and unable to perform: walk/mobility and management of medications and treatments. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 10/19/16 recorded resident to receive staff assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Nurse responsible for the implementation of health service plan: Licensed nurse #D. Amended Negotiated Service agreement dated 12/14/16 recorded use of Hoyer lift for transfers and Sara lift for toileting. Signed by licensed nurse #C. Facility employee roster recorded licensed nurse #D as terminated. NSA lacked the name of the new licensed nurse responsible for implementation and supervision of the health care service plan. Record review for resident #125 recorded admission date of 10/13/16 with diagnoses of: dementia, Coronary artery disease, obstructive sleep apnea, Parkinson ' s and hypertension. FCS dated 10/13/16 recorded resident required assistance with bathing, dressing, toileting and unable to perform management of medications and treatments. NSA/HCSP dated 10/13/16 recorded resident to receive staff assistance with bathing, dressing, toileting and management of medications and	S5161		

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S5161	Continued From page 2 treatments. . Licensed nurse responsible for the implementation of health service plan: Licensed nurse #D and licensed nurse #F. Facility employee roster recorded licensed nurse #D as terminated. NSA lacked the name of the new licensed nurse responsible for implementation and supervision of the health care service plan. Record review for resident #126 recorded admission date of 9/14/16 with diagnoses of: weakness, Alzheimer ' s, failure to thrive, chronic kidney disease stage 3, edema, anxiety and osteoporosis. FCS dated 10/18/16 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility, eating and was unable to perform management of medications and treatments. NSA/HCSP dated 10/18/16 recorded resident to receive staff assistance with bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments. Licensed nurse responsible for the implementation of the health service plan: licensed nurse #D Amended NSA dated 12/12/16 recorded addition of a personal alarm and float boots to legs. Signed by licensed nurses #C and #F. Interview and observation on 12/14/16 at 8:55am in facility medication room revealed 10 tubs containing resident medications. Certified staff #H confirmed all residents received medication administration assistance.	S5161		

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S5161	Continued From page 3 Interview on 12/14/16 at 9:55am with licensed nurse #F stated licensed nurse # C is currently responsible for completion of residents ' FCSs, NSAs and HCSPs. Interview on 12/14/16 at 3:55pm confirmed licensed nurse #C is the nurse responsible for implementation and supervision of the HCSPs for residents and addendums have not been done for any residents to inform residents and families of the new nurse responsible. For residents #124, #125, #126 and all residents of the facility, who all required health care services, the operator failed to ensure the negotiated service agreement contained the name of the current licensed nurse responsible for the implementation and supervision of the plan.	S5161		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws	S5192		

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S5192	Continued From page 4 and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(e) The facility reported a census of 10 residents. The sample included 3 residents and 2 closed chart review residents. Based on observation, record review and interview for all residents living in the facility and receiving meal services, the operator failed to ensure facility staff served food at the proper temperature. - Findings included: On 12/14/16 at 8:43am requested facility food temperature monitoring logs. Received binder located next to kitchen refrigerator containing food temperature (temp) logs, water temp logs and refrigerator and freezer temp logs. Food temperature log page for 12/11/16 through 12/14/16 lacked food temperature recordings for dinner meals on 12/12/16 and 12/13/16. Observation on 12/14/16 at 11:57am of noon meal serving revealed certified staff #G dish up food onto plates for all residents of the facility from kettles located on the stove top. All stove top burners were turned off. Meal consisted of hamburger hash, green beans, bread and butter and cake.	S5192		

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S5192	Continued From page 5 Interview on 12/14/16 at 12:30 with certified staff #G stated he/she dishes out a sample dish and checks the food temperature prior to serving the meal. Temp logs for current meal recorded as follows: Hamburger hash: 164.4, Green beans: 181.4, apple juice (no record), bread and butter (no record). On 12/14/16 at 12:30pm, immediately after last plate was served to a resident, a sample dish of hamburger hash revealed temperature of 101.6. Interview on 12/14/16 at 12:35pm with certified staff #G confirmed food temperature of 101.6 for the hamburger hash and stated the stove top burners were turned off so the food would not scorch. Review of facility policy book recorded the Kansas Department of Agriculture guidelines titled Focus on Food Safety, which read: Cold foods must be maintained at an internal temperature of 41 degrees or below. Hot foods must be maintained at an internal temperature of 135 degrees or higher. For all residents of the facility, the operator failed to ensure facility staff served food at the proper temperature.	S5192		
S5251 SS=E	26-42-105 (f) (11) Resident Records 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	S5251		

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S5251	Continued From page 6 results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of 10 residents. The sample included 3 residents and two closed chart review residents. Based on observation, record review and interview for 2 (#127 and #128) closed chart review residents, the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including 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: - Record review for resident #127 recorded admission date of 5/20/16 with diagnoses of: malignant neoplasm of temporal lobe, Parkinson ' s, seizures, depression, diabetes mellitus type 2 and hypothyroidism. Functional Capacity Screen (FCS) dated 5/20/16 recorded resident unable to perform bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 5/20/16	S5251		

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S5251	Continued From page 7	S5251		

recorded staff to assist resident with bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments.

Facility record of past residents recorded resident was discharged on 8/27/16.

Nurses Notes recorded last entry on 8/25/16 at 11:00am " Resident resting quietly with eyes open. Not responding to verbal at this time. Blood pressure 80/44, O2 sats (blood oxygen level) 85percent. Signed by licensed nurse # E.

Resident record contained " Outside agency form " for hospice dated 8/26/16. Reason for visit: " routine visit " .

Resident record lacked record of date and time of discharge, reason for discharge, condition at discharge and location where resident was discharged to.

Interview on 12/14/16 at 12:40pm with licensed nurse #F confirmed resident was discharged from the facility and confirmed last nurses note is dated 8/25/16. He/she did not know where resident was discharged to.

Record review for resident #128 recorded admission date of 3/4/16 with diagnoses of: dysphagia, hypothyroidism, episodic loose stools, dementia, neuropathy, dermatitis, hypertension and depression.

FCS dated 9/20/16 recorded resident unable to perform bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments.

NSA/HCSP dated 9/20/16 recorded resident to

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S5251	Continued From page 8 receive staff assistance with bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments. Facility record of past residents recorded resident was discharged on 9/29/16. Nurses Notes recorded last entry on 9/23/16 at 4:00pm: " hospice here with new order, DC (discontinue) calcium ... " signed by licensed nurse #E. Resident record lacked record of date and time of discharge, reason for discharge, condition at discharge and location where resident was discharged to. Interview on 12/14/16 at 11:22am with licensed nurse #F confirmed last nurses note entry on 9/23/16. He/she stated resident was on hospice and died about a week after he/she began working at facility (9/12/16). For residents #127 and #128, the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action.	S5251		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and	S5315		

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S5315	Continued From page 9 regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR26-42-205(h)(1) The facility reported a census of 10 residents. The sample included 3 residents and 2 closed chart residents. Based on observation and interview, the licensed nurses and medication aides failed to ensure controlled medications managed by the home were stored in separately locked compartments within a locked medication	S5315		

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S5315	Continued From page 10 room, cabinet or cart. Findings included: - On 12/14/16 at 8:55am with certified staff #H in facility medication room, observed unlocked refrigerator on the floor containing a small red plastic tool box with a coded padlock, padlock is not locked and pulls open easily. Box contained Lorazepam (controlled substance medication for anxiety) 2mg/ml (milliliter) liquid solution (30ml bottle) with 14.0 ml liquid inside for deceased resident #129. Count confirmed by certified staff #H. Interview on 12/14/16 at 8:55am with certified staff #H stated resident died about a week ago. He/she stated padlock doesn ' t work and has not been locked as long as he/she has worked at the facility (1 month). Interview on 12/14/16 at 9:38am with licensed staff #F also confirmed narcotic medication count discrepancy. Review of individual resident controlled substance record for resident #129 recorded Lorazepam liquid amount remaining 17.75 ml. Narcotic record revealed discrepancy of 3.75 ml. Review of narcotic sheet verification records for facility from 12/1/16 to 12/14/16 revealed 34 blank spaces where staff did not sign confirmation of narcotic count. Facility policy " narcotics " recorded the following: " All narcotics must be kept double locked. The med (medication) room contains a	S5315		

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S5315	Continued From page 11 storage box that is locked. All narcotics must be kept in the storage box and counted at each shift change. Narcotics that are DCD (discontinued) must be counted and double locked until they are destroyed. " For resident #129, the licensed nurse and medication aides failed to ensure controlled medications managed by the home were stored in separately locked compartments within a locked medication room, cabinet or cart.	S5315		