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	N058007	A. BUILDING: _____ B. WING _____	11/23/2016

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COUNTRY PLACE SENIOR LIVING OF MARYSVILLE	1149 COUNTRY PLACE DRIVE MARYSVILLE, KS 66508

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S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey with attached complaint conducted at the above named assisted livng facility on 11/21/16, 11/22/16 and 11/23/16.	S 000		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 17 residents. The sample included 3 residents and one focus review resident. Based on record review, observation and interview for 3 (#121, #122 and #123) sampled residents requiring health care services, the operator failed to ensure that a licensed nursed 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 #121 recorded	S3155		

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

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admission date of 5/10/16 with diagnoses including: hypertension, transient ischemic attack, glaucoma, hearing deficit, hyperthyroidism, atrial fibrillation and arthritis.

Functional Capacity Screen (FCS) dated 4/30/16 recorded resident was independent for transfers and at risk for falls/unsteadiness.

Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 4/30/16 recorded resident able to transfer self without cueing, oversight or physical assistance. Document lacked interventions for falls/unsteadiness.

Fall risk assessment dated 4/12/16 recorded a score of 10 (high risk).

Resident progress notes (nursing notes) dated 4/12/16 at 3:15pm recorded resident fell.

Observation on11/22/16 at 10:58am in resident ' s room revealed a bed cane attached to the right side of resident ' s bed.

NSA/HCSP lacked entries for use of a bed cane for transfers and interventions for falls.

Interview on 11/22/16 at 10:58 with resident stated bed cane helps him/her get out of bed.

Interview on 11/22/16 at 1:55pm with licensed nurse #B confirmed NSA/HCSP of 4/30/16 was most current, lacked entry for resident use of bed cane for transfers and lacked interventions for falls.

Record review for resident #122 recorded admission date of 4/24/13 with diagnoses of

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hyperthyroidism, right parietal lobe stroke, hypertension, diabetes mellitus type 2, anxiety, depression, Gastroesophogeal reflux disease, overactive bladder, high cholesterol and osteoarthritis.

FCS dated 10/13/16 recorded resident requires physical assistance with dressing and toileting, is unable to perform management of medications and treatments and has a history of falls/unsteadiness.

NSA/HCSP dated 10/13/16 recorded the following:
Resident is fully dependent for dressing and unable to dress him/herself, requires total assistance.
Resident requires total assistance with all tasks related to toileting.
Staff will administer his/her medications and will perform accuchecks (blood glucose monitoring).

Resident is unable to perform management of treatments, has a PICC (peripherally inserted central catheter, a form of vein access used to administer intravenous medications for a prolonged period of time) in his/her right upper arm, staff will keep covered.

Review of resident progress notes (nursing notes) recorded resident fell on 10/25/16.

Fall risk assessment for resident recorded a score of 15 (high risk) on 10/13/16 assessment and a score of 17 (high risk) on 10/25/16.

NSA/HCSP lacked interventions for falls prior to and after 10/25/16 fall.

Interview on 11/22/16 at 1:37pm with licensed

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nurse #B confirmed NSA/HCSP dated 10/13/16 is most current and lacked interventions for falls. He/she stated resident no longer has a PICC line (it was removed on October 21st, and resident is no longer fully dependent on staff for dressing and toileting, stating resident is doing much better and only requires cueing from staff. He/she confirmed NSA/HCSP has not been updated to reflect resident change in status/improvement.

Record review for resident #123 recorded admission date of 4/27/11 with diagnoses of atrial fibrillation, hypercholesterolemia, degenerative joint disease, osteoarthritis, and history of syncopal episodes.

FCS dated 2/1/16 recorded resident was at risk for falls/ unsteadiness and has difficulty with short term memory, memory recall and has impaired decision making.

NSA/HCSP dated 2/1/16 recorded resident is unsteady on his/her feet. Fall risk assessment =21. See fall prevention plan for added services.

Fall risk assessment recorded a score of 23 (high risk) on 7/13/16 and a score of 19 (high risk) on 10/17/16.

Review of resident progress notes recorded resident fell on the following dates: 1/1/6, 1/11/16, 4/12/16, 6/1/16, 6/20/16, 7/8/16, 7/13/16 and 10/16/16.

Review of fall intervention plan recorded most recent entry on 7/13/16 " identify reasons why resident is getting up by him/herself. " Signed by licensed nurse #B. Document lacked intervention for 10/16/16 fall.

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S3155	Continued From page 4 Interview on 11/22/16 at 1:55 pm with licensed nurse #B confirmed NSA/HCSP lacked specific interventions for resident falls. Interview on 11/22/16 at 3:15pm with licensed nurse #B when asked how facility discussed changes in the fall interventions for the NSA/HCSP with resident ' s family/DPOAH, he/she stated, " I tell them on the phone what we are doing, I don ' t have them sign anything. " For residents #121, #122 and #123 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		
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	S3201		

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S3201	Continued From page 5 medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(3)(D) The facility reported a census of 17 residents. The sample included 3 residents and one focus review resident. Based on record review and interview for all residents with facility managed medications, the operator failed to ensure the licensed nurse or medication aide documented actual clock times medications were administered, when the medication administration record identified only time intervals. Findings included: - Review of facility ' s resident roster revealed 12 residents who received complete or partial facility medication management. Review of residents ' medication administration records for residents #121, #122 and 123 records AM, early AM, midday, PM, Noon or HS for medication administration times. Review of facility policy for medication administration titled " medication management " lacked time parameters for liberalized medication administration.	S3201		

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S3201	Continued From page 6 Interview on 11/22/16 at 1:37pm with licensed nurse #B stated they only have one resident with a specific time for one medication because it was ordered by the physician to be administered at a specific time; all other medications are liberalized time administration. He/she stated facility went to liberalized time medication passes just recently to make it more homelike. For all residents with facility managed medications, the operator failed to ensure the licensed nurse or medication aide documented actual clock times medications were administered, when the medication administration record identified only time intervals.	S3201		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility census equaled 17. Based on observation, record review and interview the operator failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included:	S3299		

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S3299	Continued From page 7 - Observation of contents of facility kitchen refrigerator on 11/21/16 at 2:54pm revealed the following food items open, with no contents label or open date recorded on them: 6 condiment squeeze bottle with red and brown contents Celery stalks wrapped in tin foil. Green onions in a Ziploc bag. ½ of a small ham in a Ziploc bag. 2 slices white cheese in plastic wrap. Cooked corned beef open in a Ziploc bag. Approximately 2 cups of shredded white cheese product in a Ziploc bag. Yellow cheese in plastic wrap approximately 24 slices. Refrigerator also contained: Approximately 2 pounds of sliced meat labeled turkey, dated 11/3 in a Ziploc bag. Meat was a grey color. Interview on 11/21/16 at 2:54pm with licensed nurse #B stated he/she did not know when they last served ham or when the condiment bottles were filled. Review of facility policy titled " Food sanitation and safety " recorded the following: " 10. All perishable food stored in the refrigerator is to be covered, dated in containers and discarded within seventy-two (72) hours after opening. It is to be marked with the date to be consumed by or discarded by. " For all residents of the facility, the operator failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		

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S3320	Continued From page 8	S3320		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 17 residents. The sample included 3 residents and one focus review resident. Based on observation and record review for all cognitively impaired residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the facility kitchen.	S3320		

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S3320	Continued From page 9 Findings included: Review of facility resident roster on 11/21/16 recorded 3 residents as cognitively impaired. On 11/21/16 at 2:54pm during facility tour, observed door to facility kitchen propped open with a door stop. No staff present. Door at rear of kitchen was also open to employee hall and door next to it which enters into the west resident hall was also wide open. Kitchen cabinet under the sink was unlocked and contained many chemicals including the following: Dawn dish soap 75 oz (ounces) 3 cans Carbon Off spray 19 oz each. Greased Lightning degreaser spray 40 oz. 2 containers Micro Kill wipes 1# 10oz each. Orange Power citrus degreaser 1 quart. Windex spray 32 oz. Facility policy titled " Storage and use of cleaning, disinfecting and sanitizing agents " recorded: Storage in a clean and safe area is important for all chemicals. For all cognitively impaired residents of the facility the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the facility kitchen.	S3320		