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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE COLLEGE SQUARE	11000 OAKMONT AVENUE OVERLAND PARK, KS 66210

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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Residential Health Care Facility in Overland Park, Kansas on 10/31/16, 11/01/16, 11/02/16, 11/03/16, 11/07/16, and 11/08/16. Complaint #94773 also investigated.	S 000		
S 140 SS=E	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)(1) The census equalled 51 the sample included three Residents and three focused reviews completed. Based on observations and interviews, for one of three focused (#184) 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		

for nine non-sampled Residents (#170, #172, #173, #174, #175, #176, #177, #178, and #179) with active audio monitors in the Residents' rooms, the Operator failed to develop and 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 electronic monitors in Resident rooms that provided audible transmission to the open kitchen of facility.

Findings included:

- By interview on 10/31/16 at 3:00pm, Operator #L stated "baby monitors" (audio electronic monitors or AEM) located on a couple of the neighborhoods... primarily for evening and night shift... Operator #L stated we ask for family/Resident permission prior to using... some families have provided or asked us to provide... is a part of our fall prevention program... Operator #L stated we have a policy manual at the front lobby desk and nursing office... not sure if there is a written policy and procedure on the use of AEM...

Observations during the entrance tour of facility beginning at 12:30pm on 10/31/16, revealed at least one active Resident room AEM in each Neighborhood. AEM monitors labeled with first names... and label that directed do not turn down or off. By observations, the monitors sat on the kitchen counters... with transmission of all room sounds from the associated Resident rooms culminating in the open kitchens of neighborhoods.

By interview on 11/02/16 at 1:15pm, Health and Wellness Director #M stated not aware of facility

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S 140	Continued From page 2 policy and procedure related to the AEM... we don't do monitors unless family wants it or buys it... By interview on 11/02/16 at 6:36pm, Operator #L confirmed no written policy and procedure available for the use of AED in Resident rooms. The absence of facility policy and procedure related to the use, placement, and operation of AEM (for example turning down or off when private visits or communications occurring), failed to ensure privacy and confidentiality maintained for each Resident during visits, and meetings of family. The culmination of the AEM transmissions in the open kitchen, failed to ensure privacy and confidentiality from non-staff persons in the facility who could hear transmissions from Resident rooms during medical and nursing treatment, or during personal care. The Operator failed to develop and 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 electronic monitors in Resident rooms that provided audible transmission to the open neighborhood kitchens of facility.	S 140		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form.	S3082		

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S3082	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The census equalled 51 the sample included three Residents and three focused reviews completed. Based on observations, interviews, and reviews of records, for two of three sampled (#185 and #187) the Operator failed to ensure designated facility staff completed a functional capacity screen (FCS) that accurately reflected the Residents's functional capacity. Findings included: - Review of record revealed #185 admitted to facility 6/05/13 with diagnoses of Dementia, Depression, Agitation, Indigestion, Constipation, Anemia, and Gastroesophageal reflux disease. The current 5/21/16 FCS (functional capacity screen) assessed #185: In need of physical assistance (2) with Bathing, Dressing, Toileting, Transfers, Mobility, Eating; Unable to perform (3) Medication and treatment management; With bladder incontinence (4); With short term, long term memory, decision making and memory recall problems (4); Unable to understand or be understood (3-2) for communication; With Falls, Unsteadiness Observation of #185 and interview of staff on 11/01/16 at 2:55pm in Resident's room failed to match the FCS. Two certified Staff (#P and #K) transferred #185 with sling attached to mechanical lift, undressed and dressed #185, provided personal hygiene	S3082		

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S3082	Continued From page 4	S3082		

cleansing, and applied skin protection cream to reddened bottom. #185 not observed to contribute to these tasks physically or verbally, not observed to comprehend the next steps in spite of staff verbalizing cues and encouragement throughout the process. Staff confirmed #185 required total care. These observations indicated a functional coding of unable to perform (3) as more appropriate than physical assistance (2).

By interview on 11/02/16 at 1:15pm, Health and Wellness Director #M confirmed the coding of the functional capacity failed to describe the current needs of #185... #M stated I do not use an FCS manual... I was not aware there is an FCS manual to complete the FCS's... I haven't got one...

The Operator failed to ensure designated facility staff completed an FCS that accurately reflected #185's functional capacity.

- Review of record revealed #187 admitted to facility 8/31/16 with diagnoses of Dementia, Depression, and Parkinson's.

The current 9/30/16 FCS (functional capacity screen) assessed #187:
In need of physical assistance (2) with Bathing, Dressing, Toileting, Transfers, Mobility, Eating;
Unable to perform (3) Medication and treatment management;
With bladder incontinence (4);
With short term, long term memory, decision making and memory recall problems (4);
Unable to understand or be understood (2-2) for communication;
With Falls, Unsteadiness, Vision and hearing impairment, with Wandering, Inappropriate

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S3082	Continued From page 5 behaviors. Observation of #187 on 11/01/16 at 12:40pm in the dining room, revealed certified staff #F feeding #187... at one point #187 picked up a drinking glass with straw, took a drink, but was unable to set glass back down on table without assistance. Observation of #187 and observation and interview of staff on 11/01/16 at 1:30pm in Resident's room failed to match the FCS. Two certified Staff (#P and #F) transferred #187 to bed from wheelchair with extensive prompting and gait belt, staff then lifted feet onto bed. Staff then removed clothing and brief, completed personal hygiene and applied new brief... Resident no longer able to transfer onto toilet, staff completed all incontinent care on bed. #187 not observed to contribute to these tasks physically or verbally, not observed to comprehend the next steps in spite of staff verbalizing cues and encouragement throughout the process. Staff confirmed #187 total care Resident. These observations indicated a functional coding of unable to perform (3) as more appropriate than physical assistance (2). By interview on 11/02/16 at 1:15pm, Health and Wellness Director #M confirmed the coding of the functional capacity failed to describe the current needs of #187... #M stated I do not use an FCS manual... I was not aware there is an FCS manual to complete the FCS's... I haven't got one... The Operator failed to ensure designated facility staff completed an FCS that accurately reflected #187's functional capacity.	S3082		

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S3092	Continued From page 6	S3092		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d) The census equalled 51 the sample included three Residents and three focused reviews completed. Based on observations, interviews, and reviews of records, for one of three sampled (#185), the Operator failed to ensure the review and if necessary the revision of each negotiated service agreement (NSA) following any significant change in condition as defined in K.A.R. 26-39-100. Findings included: - Review of record revealed #185 admitted to facility 6/05/13 with diagnoses of Dementia, Depression, Agitation, Indigestion, Constipation,	S3092		

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S3092	Continued From page 7 Anemia, and Gastroesophageal reflux disease. The current 5/21/16 FCS (functional capacity screen) assessed #185: In need of physical assistance (2) with Bathing, Dressing, Toileting, Transfers, Mobility, Eating; Unable to perform (3) Medication and treatment management; With bladder incontinence (4); With short term, long term memory, decision making and memory recall problems (4); Unable to understand or be understood (3-2) for communication; With Falls, Unsteadiness Observation of #185 and interview of staff on 11/01/16 at 2:55pm in Resident's room failed to match the FCS. The current 5/21/16 NSA documented the items below, no longer accurate for Resident's care: Resident has a right femur fracture (no femur present, amputation at hip joint) Resident is able to perform grooming tasks (these completed for him/her) Resident requires one person to assist with dressing and grooming (these completed for him/her) Resident needs help pulling pants up and down in the bathroom (this completed for him/her) Encourage to wear properly fitting shoes... use grab bars in bathroom... lock wheelchair... Has surgical incision to right thigh... is non weight bearing on right leg... Two certified Staff (#P and #K) transferred #185 with sling attached to mechanical lift, undressed and dressed #185, provided personal hygiene cleansing, and applied skin protection cream to reddened bottom. #185 observed to have a right	S3092		

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S3092	Continued From page 8 leg amputation not identified in the NSA. #185 not observed to contribute to the personal care tasks physically or verbally, not observed to comprehend the next steps in spite of staff verbalizing cues and encouragement throughout the process. Staff confirmed #185 required total care. By interview on 11/02/16 at 1:22pm, Health and Wellness Director #M confirmed the NSA not revised to reflect the changes in care needs for #185 to include the amputation of right leg. The Operator failed to ensure the review and if necessary revision of #185's NSA following any significant change in condition.	S3092		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The census equalled 51 the sample included three Residents and three focused reviews completed. Based on interview and review of records, for three of three sampled (#189, #187, and #185) and three of three focused (#180, #182, and #184), the Operator failed to ensure each individual involved in the development of the	S3101		

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S3101	Continued From page 9	S3101		

negotiated service agreement (NSA) signed the agreement.

Findings included:

- Review of record revealed #180 admitted to facility 8/04/15 with diagnoses of Alzheimer's, Hypertension, Diabetes, and Hyperlipidemia.

The current functional capacity screen (FCS) of 10/07/16 assessed #180 in need of physical assistance with bathing, dressing, toileting; in need of supervision with eating, transfers and mobility; unable to perform medication and treatment management; with incontinence of bladder; with short and long term memory impairment, with memory recall and decision making impairment; sometimes understands and sometimes understood; with falls/unsteadiness, wandering, impaired vision, and inappropriate behaviors.

The current NSA of 10/06/16 documented interventions to address Resident needs. The NSA lacked the signature of a licensed nurse. The printed NSA contained hand written changes to the original NSA: 10/11/16 - 1 and 11/01/16 - 1. These hand written modifications to the NSA lacked signatures or acknowledgements by the Resident or the Resident's representative

- Review of record revealed #182 admitted to facility 5/11/12 with diagnoses of Dementia, Falls, Hypertension and History of compression fractures and shoulder fracture.

The current functional capacity screen (FCS) of 5/03/16 assessed #182 in need of physical assistance with bathing, dressing, eating, transfers, mobility; unable to perform eating,

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S3101	Continued From page 10	S3101		

medication and treatment management; incontinent of bladder; with short and long term memory, decision making, and memory recall deficits; with communication deficits, with falls/unsteadiness; used a wheelchair.

The current NSA of 5/03/16 documented interventions to address Resident needs. The printed NSA contained numerous hand written changes to the original NSA: 7/09/16 - 1; 9/13/16 - 1; 9/16/16 - 1; 10/04/16 - 1; 10/07/16 - 2; 10/08/16 - 1; 10/10/16 - 8; 10/11/16 - 4; 10/25/16 - 1. These hand written modifications to the NSA lacked signatures or acknowledgements by the Resident or the Resident's representative.

- Review of record revealed #184 admitted to facility 8/19/15 with diagnoses of Dementia, Osteoporosis, Congestive heart failure, Vitamin deficiency, and Bilateral lower extremity edema.

The current functional capacity screen (FCS) of 9/16/16 assessed #184 in need of physical assistance with bathing; in need of supervision with dressing, toileting, transfers and mobility; unable to perform medication and treatment management; with some incontinence of bladder; with short and long term memory impairment and decision making impairment; sometimes understands and sometimes understood; with falls/unsteadiness; used a walker and a wheelchair.

The current NSA of 9/16/16 documented interventions to address Resident needs. The printed NSA contained numerous hand written changes to the original NSA: 9/24/16 - 4; 9/29/16 - 1; 10/05/16 - 1; 10/10/16 - 1; 10/28/16 - 1; 10/29/16 - 1; 10/30/16 - 1; and 10/31/16 - 2. These hand written modifications to the NSA

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S3101	Continued From page 11	S3101		

lacked signatures or acknowledgements by the Resident or the Resident's representative.

- Review of record revealed #185 admitted to facility 6/05/13 with diagnoses of Dementia, Depression, Agitation, Indigestion, Constipation, Anemia, and Gastroesophageal reflux disease.

The current functional capacity screen (FCS) of 5/21/16 assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, and eating; unable to perform medication and treatment management; with incontinence of bladder; with short and long term memory impairment, with memory recall and decision making impairment; rarely understands and sometimes understood; and with falls/unsteadiness.

The current NSA of 5/21/16 documented interventions to address Resident needs. The printed NSA contained numerous hand written changes to the original NSA: 5/06/16 - 1; 5/23/16 - 1; 6/23/16 - 1; 6/29/16 - 2; 7/25/16 - 1; 7/31/16 - 1; 8/02/16 - 1; 8/09/16 - 1; and 10/11/16 - 1. These hand written modifications to the NSA lacked signatures or acknowledgements by the Resident or the Resident's representative.

- Review of record revealed #187 admitted to facility 8/31/16 with diagnoses of Dementia, Depression, and Parkinson's.

The current functional capacity screen (FCS) of 9/30/16 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, and eating; unable to perform medication and treatment management; with incontinence of bladder; with short and long term memory impairment, with memory recall and

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S3101	Continued From page 12	S3101		

decision making impairment; sometimes understands and sometimes understood; with falls/unsteadiness, impaired vision, impaired hearing, wandering, and inappropriate behavior.

The current NSA of 9/30/16 documented interventions to address Resident needs. The NSA lacked the signature of Resident or the Resident's representative. The printed NSA contained hand written changes to the original NSA: 10/30/16 -1 and 10/31/16 - 1. These hand written modifications to the NSA lacked signatures or acknowledgements by the Resident or the Resident's representative.

- Review of record revealed #189 admitted to facility 9/01/16 with diagnoses of Dementia, Depressive disorder, Spinal stenosis, Osteoarthritis, Gastroesophageal reflux disease, Enlarged prostrate, and Disc degeneration.

The current functional capacity screen (FCS) of 9/29/16 assessed #189 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; in need of supervision with eating; unable to perform medication and treatment management; with incontinence of bladder; with short and long term memory impairment, with memory recall and decision making impairment; usually understands and usually understood; with falls/unsteadiness, impaired vision, impaired hearing, wandering; used a cane, walker, and wheelchair.

The current NSA of 9/29/16 documented interventions to address Resident needs. The printed NSA contained hand written changes to the original NSA: 10/18/16 - 3 and 10/26/16 - 1. These hand written modifications to the NSA lacked signatures or acknowledgements by the

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S3101	Continued From page 13 Resident or the Resident's representative. By interviews on 11/01/16 at 11:20am and at 5:20pm, Health and Wellness Director #M confirmed the (handwritten) changes to the NSA's lacked signatures or other acknowledgements by Resident or family of the changes made to the NSA. #M confirmed we do not really have a policy or procedure in place to address the changes to the NSA once it is signed and completed. On 11/02/16 at 6:36pm, Operator #L and Health and Wellness Director #M confirmed changes made to NSA's without signature or other acknowledgement by Resident or responsible party. The Operator failed to ensure each individual involved in the development of the NSA's for #180, #182, #184, #185, #187, and #189 signed the agreement.	S3101		
S3155 SS=D	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)	S3155		

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S3155	Continued From page 14 The census equalled 51 the sample included three Residents and three focused reviews completed. Based on observation, interview, and reviews of record, for one of six sampled (#189), the Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services that met the needs of each Resident. Findings included: - Review of record revealed #189 admitted to facility 9/01/16 with diagnoses of Dementia, Depressive disorder, Spinal stenosis, Osteoarthritis, Gastroesophageal reflux disease, Enlarged prostrate, and Disc degeneration. The current functional capacity screen (FCS) of 9/29/16 assessed #189 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; in need of supervision with eating; unable to perform medication and treatment management; with incontinence of bladder; with short and long term memory impairment, with memory recall and decision making impairment; usually understands and usually understood; with falls/unsteadiness, impaired vision, impaired hearing, wandering; used a cane, walker, and wheelchair. The current NSA of 9/29/16 documented: Staff to order, coordinate, and administer medications. Staff to manage chronic conditions (pain and depression). Fracture of right humerus. Keep right arm in sling at all times. Cut up food in kitchen, serve meals to Resident, eats independently.	S3155		

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S3155	Continued From page 15	S3155		

Staff to assist with grooming as needed.
Staff to assist with showers twice weekly.
Staff to assist Resident in the bathroom.
"Educate Resident on the use of the emergency call system."
Provide non-skid footwear
Bedside fall cushion mat to reduce impact
Encourage use of low bed
Provide staff attention and/or verbal prompts during daily routines.

Fall Intervention Log documented: 10/18/16 - "unwitnessed fall... interventions non skid socks, send to emergency room for evaluation and treatment, urinalysis to rule out urinary tract infection... result fractured humerus."

Observation during entrance tour on 10/31/16 beginning at 12:52pm revealed motion detector alarm in kitchen communicating with motion detector in Resident's room.

By interview on 11/01/16 at 10:21am, certified staff #F stated fall prevention measures included make sure bed in low position at all times, make sure wheelchair not parked by bed...

By interview on 11/01/16 at 11:20am, Health and Wellness Director (HWD) #M stated the 10/18/16 fall occurred at about 6:30pm... found beside bed with brief around thighs... always had on a toileting schedule every two hours and as needed...

On 11/01/16 at 11:35am HWD #M stated #189's monitor is not an audible monitor but is a motion sensor... when #189 tries to stand it goes off... it is on floor so he/she has to put feet on floor to set it off... no fall matt by bed since he/she tries to get up thought it would be a tripping hazard...

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S3155	Continued From page 16 Care observations on 11/01/16 at 1:00pm revealed: Licensed practical nurse (LPN) #Q wheeled #189 to room in wheelchair and parked beside bed (no offer of toilet assistance or inquiry of need to use toilet) LPN #Q used gait belt to assist #189 to stand and pivot and sit on bed (plain white socks on feet) LPN #Q positioned pillows and blankets for #189 after he/she assisted to lay down LPN # Q left bed in high position Motion alarm sensor observed on bedside table (not on floor) with sensor pointed towards wall a few inches away from sensor LPN #Q prepared to leave the room By interview on 11/01/16 at 1:05pm LPN #Q stated I will have to go look at fall prevention plan for #189, not sure what it is... At 1:07 #Q returned to room and stated "chart says fall plan is proper footwear" Observation of Resident's feet revealed plain white socks (no non-skid surfaces). Plain socks left in place on Resident in bed. When asked about bed height, #Q stated I think it will let down some... #Q then uses control to the bed move the bed to low position. Surveyor picked up motion detector from table and tested for sound, chime at kitchen audible with the motion produced. #Q left motion detector on table pointed to wall when he/she left the room. Surveyor asked if any other fall prevention interventions, #Q stated "just the footwear." On 11/01/16 at 1:20pm, certified staff #F to #189's room. #F confirmed the motion detector to be on the floor to detect #189 attempting to get up by self. #F located a pair of non-skid booties (still new in unopened package), removed plain	S3155		

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S3155	Continued From page 17 white socks and put on the non-skid booties. The Operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of #189 in regard to the evaluation and implementation of fall prevention measures to include toileting cues, non-skid footwear, low bed position, and motion detector on floor instead of bedside table.	S3155		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The census equalled 51 the sample included three Residents and three focused reviews completed. Based on observations, interviews, and reviews of records, for three of three sampled (#189, #187, and #185) and one of three focused (#180), the Operator failed to ensure the negotiated service agreement (NSA) contained 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 health service plan (HSP). Findings included: - Review of record revealed #185 admitted to	S3165		

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facility 6/05/13 with diagnoses of Dementia, Depression, Agitation, Indigestion, Constipation, Anemia, and Gastroesophageal reflux disease.

The current functional capacity screen (FCS) of 5/21/16 assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, and eating; unable to perform medication and treatment management; with incontinence of bladder; with short and long term memory impairment, with memory recall and decision making impairment; rarely understands and sometimes understood; and with falls/unsteadiness.

Observations on 11/01/16 at 2:55pm in #185's room revealed certified staff #P and #K completed transfer and all personal care for Resident. Observation revealed the absence of right leg.

The current NSA of 5/21/16 lacked the new right leg amputation upon Resident's return to facility 10/22/16.
The NSA failed to specify that staff now completed bathing, dressing, grooming, hygiene, and toileting for Resident instead of assisting him/her with these tasks.
The NSA failed to describe incontinent care now completed by log rolling in bed instead of on toilet or commode.

- Review of record revealed #187 admitted to facility 8/31/16 with diagnoses of Dementia, Depression, and Parkinson's.

The current functional capacity screen (FCS) of 9/30/16 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, and eating; unable to perform

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S3165	Continued From page 19	S3165		

medication and treatment management; with incontinence of bladder; with short and long term memory impairment, with memory recall and decision making impairment; sometimes understands and sometimes understood; with falls/unsteadiness, impaired vision, impaired hearing, wandering, and inappropriate behavior.

Observations on 11/01/16 at 1:30pm in #187's room revealed certified staff #P and #F propelled #187's wheelchair, completed transfer, completed incontinent care for Resident, and positioned him/her in bed with body pillows for safety.

The current NSA of 9/30/16 lacked the method of transfer used.
The NSA lacked positioning of body pillows for safety and prevention of falling out of bed.
The NSA failed to define staff completion of bathing, dressing, toileting, transfers, mobility, instead of staff physically assisting #187 to complete these.
The NSA lacked PT (physical therapy) and the name of the provider of PT.

- Review of record revealed #189 admitted to facility 9/01/16 with diagnoses of Dementia, Depressive disorder, Spinal stenosis, Osteoarthritis, Gastroesophageal reflux disease, Enlarged prostrate, and Disc degeneration.

The current functional capacity screen (FCS) of 9/29/16 assessed #189 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; in need of supervision with eating; unable to perform medication and treatment management; with incontinence of bladder; with short and long term memory impairment, with memory recall and decision making impairment; usually understands and

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usually understood; with falls/unsteadiness, impaired vision, impaired hearing, wandering; used a cane, walker, and wheelchair.

The current NSA of 9/29/16 lacked the method of transfer for #189.
The current NSA lacked the use and correct placement/operation of the motion sensor used to detect #189's attempts to get out of bed without assistance.

Observations on 11/01/16 at 1:00pm, 1:05pm, and 1:20pm in #189's room revealed staff assistance to transfer Resident to bed with gait belt, and the presence of a motion detector in the room for fall prevention safety.

- Review of record revealed #180 admitted to facility 8/04/15 with diagnoses of Alzheimer's, Hypertension, Diabetes, and Hyperlipidemia.

The current functional capacity screen (FCS) of 10/07/16 assessed #180 in need of physical assistance with bathing, dressing, toileting; in need of supervision with eating, transfers and mobility; unable to perform medication and treatment management; with incontinence of bladder; with short and long term memory impairment, with memory recall and decision making impairment; sometimes understands and sometimes understood; with falls/unsteadiness, wandering, impaired vision, and inappropriate behaviors.

The current NSA of 10/06/16 lacked "scheduled toileting after meals" in accordance with Fall Intervention Log entry of 11/24/15.

By interview on 11/02/16 at 1:15pm, Health and Wellness Director #M confirmed the NSA lacked

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S3165	Continued From page 21 "transfers" in general... #M confirmed the above interventions and care services not included in the NSA's for these Residents. The Operator failed to ensure the NSA contained a description of the health care services to be provided to #189, #187, #185, and #180.	S3165		
S3261 SS=D	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 results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f) The census equalled 51 the sample included three Residents and three focused reviews completed. Based on observations, interviews, and reviews of records, for one of three sampled (#185), 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 #185 admitted to facility 6/05/13 with diagnoses of Dementia, Depression, Agitation, Indigestion, Constipation,	S3261		

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S3261	Continued From page 22 Anemia, and Gastroesophageal reflux disease. The current 5/21/16 FCS (functional capacity screen) assessed #185: In need of physical assistance with Bathing, Dressing, Toileting, Transfers, Mobility, Eating; unable to perform Medication and treatment management; with bladder incontinence; with short term, long term memory, decision making and memory recall problems; unable to understand or be understood; and with Falls/unsteadiness. The 5/21/16 NSA (negotiated service agreement) documented services to be provided to meet these needs. The NSA lacked revision to address a recent amputation. By review of Resident Log notes, on 8/23/16 spouse requested culture results be faxed to to an Orthopedic clinic... "will continue to monitor." The next Resident Log note of record dated 10/22/16... "Resident returned to community via secure wheelchair van... incision to right hip intact... wearing compression under garment over brief... pressure ulcer to coccyx..." The medical record lacked documentation of the Resident's departure from facility, on what date, for what purpose, who accompanied, or destination. The next Resident Log notes in record dated 10/23/16, 10/24/16, and 10/25/16 at 7:00am documented vitals and "re-admit" monitoring, but failed to mention the absence of right leg. A later note on 10/25/16 (no time) documented "Resident is compliant with care... is Hoyer full lift Right leg amputation..." On 11/01/16 at 5:15pm, Health and Wellness	S3261		

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S3261	Continued From page 23 Director #M confirmed the medical record lacked documentation of assessments, and wound progression, and medical appointments for evaluation and treatment, dates, times, symptoms, etc. #M confirmed the Resident's departure from facility, hospital stay and surgery, and complete status upon return not documented in the Resident Log notes. The Operator failed to ensure #185'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.	S3261		
S3280 SS=E	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	S3280		

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S3280	Continued From page 24 by: KAR 26-41-104(d) The census equalled 51 the sample included three Residents and three focused reviews completed. The facility identified 38 employees hired since the last Resurvey. Based on interviews and reviews of records, the Operator failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's emergency management plan with employees and Residents. Findings included: - On 10/31/16 at 1:30pm, Operator #L stated we have completed two emergency reviews with employees in 2016 (01/06/16 and 6/10/16) and we have another one scheduled for 11/11/16... nothing routine with Residents at this point... we have not done disaster/emergency reviews with Residents formally... we can implement something with families and at Resident Council... The Operator failed to ensure reviews of the facility's emergency management plan completed quarterly with both employees and Residents.	S3280		