STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052009	A. BUILDING: _____ B. WING _____	10/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF BASEHOR	15707 PINEHURST DRIVE BASEHOR, KS 66007

(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 are the result of a licensure re-survey with attached complaint conducted at the above named assisted living facility on 10/10/16, 10/11/16 and 10/12/16.	S 000		
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) (2) The facility reported a census of 17 residents. The sample included 3 residents and 1 closed review resident. Based on record review, observation and interview for 1 sampled resident (#103) the operator failed to ensure the review, and if necessary, revision of the negotiated service agreement following any significant change in conditions, as defined in K.A.R. 26-39-100.	S3092		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3092	Continued From page 1 Findings included: - Record review for resident #103 recorded admission date of 5/31/16 with diagnoses of: osteoporosis, hypothyroidism, arthritis, hyperlipidemia and deep vein thrombosis (DVT). Functional Capacity Screen dated 10/5/16 recorded resident required assistance with bathing, independent with management of medications and treatments. Negotiated service agreement/health care service plan dated 10/5/16 recorded resident to receive physical staff assistance with bathing. (Resident is independent with his/her medication administration and there are no treatments at this time. Observation on 10/11/16 at 12:00pm, noted gauze patch above resident ' s left eyebrow. Interview on 10/11/16 at 12:00 pm with resident stated it was " skin cancer " , " the nurse puts the ointment on it every day. " Resident confirmed he/she administers own medications. Record lacked addendum for the significant change in care: staff administration of wound treatment. Progress note dated 9/8/16 recorded office visit with doctor for removal of lesion above right eye. Physician aftercare instructions recorded: apply triple antibiotic ointment to site and cover with bandage, please do aftercare at least once a day for 5-7 days.	S3092		

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S3092	Continued From page 2 Interview on 10/11/16 at 3:00pm with administrative licensed nurse #B confirmed staff administered treatment to right eye area. He/she confirmed lack of addendum for staff administration of treatment to right eye area. For resident #103, the operator failed to ensure the review and revision of the negotiated service agreement following the resident ' s significant change in condition, as defined in K.A.R. 26-39-100.	S3092		
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 1 closed review resident. Based on record review, observation and interview for 3 (#101, #102 and #103) sampled residents, 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	S3155		

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S3155	Continued From page 3 capacity screening and the negotiated service agreement. Findings included: - Record review for resident #101 recorded admission date of 8/24/16 with diagnoses of: left side paraplegia, cerebrovascular accident (stroke), depression, gastroesophogeal reflux disease, hyperlipidemia and anemia. Functional Capacity Screen (FCS) dated 9/20/16 recorded resident required assistance with toileting, transfer and walk/mobility. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 9/20/16 recorded resident to receive physical assistance from facility staff for toileting, transfer and walk/mobility, (resident uses a wheelchair and a motorized wheelchair). Observation on 10/11/16 at 11:30am in resident ' s room revealed the following assistance items: motorized wheelchair, standard wheelchair, air flow mattress with wings on the bed, quad cane, 2 metal half side rails attached to the bed, a trapeze bar attached to the head of the bed and a sit to stand lift. Observation on 10/11/16 at 2:00pm in resident ' s room revealed resident using the quad cane during transfer. NSA/HCSP lacked entries for use of quad cane, half side rails, air flow mattress, a trapeze bar and a sit to stand lift. Interview on 10/11/16 at 11:30am with resident #	S3155		

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S3155	Continued From page 4	S3155		

101 confirmed he/she uses the side rails for bed mobility and staff has used the sit to stand lift on him/her " two times " .

Interview on 10/11/16 at 11:55am with certified staff #A confirmed resident uses the transfer bar.

Interview on 10/11/16 at 1:30pm with administrative licensed staff #B confirmed NSA/HCSP lacked entries for resident use of side rails, trapeze bar and air flow mattress.

Interview on 10/11/16 at 2:13pm with administrative licensed staff #B stated the sit to stand lift was new, brought in by hospice.

Record review for resident #102 recorded admission date of 8/21/15 with diagnoses of: heart failure, frailty and debility, iron deficiency anemia and diverticulitis.

FCS dated 9/20/16 recorded resident required assistance with transfer, walk/mobility and a history of falls/unsteadiness.

NSA/HCSP dated 9/20/16 recorded resident to receive physical assistance from staff with transfer and walk/mobility.

Fall Risk assessment dated 9/6/16 recorded a score of 13 (high risk) for falls.

Resident progress notes recorded falls on the following dates: 5/4/16, 6/1/16, 6/7/16 (2 falls), 8/31/16, and 9/16/16.

Observation during resident interview on 10/11/16 at 12:58pm in resident ' s room revealed a transfer/mobility rail attached to the left side of the bed.

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S3155	Continued From page 5 Interview on 10/11/16 at 12:58pm with resident confirmed he/she uses the mobility rail, " to get up " . He/she stated " I fall a lot. " NSA/HCSP lacked entries for use of a transfer/mobility rail and interventions for falls. Interview on 10/11/16 at 2:13pm with administrative licensed staff #B confirmed NSA/HCSP lacked entry for resident use of a transfer/mobility rail and interventions for falls. Record review for resident #103 recorded admission date of 5/31/16 with diagnoses of: osteoporosis, hypothyroidism, arthritis, hyperlipidemia and deep vein thrombosis (DVT). FCS dated 10/5/16 recorded resident required assistance with bathing, independent with transfer and walk/mobility and has a history of falls/unsteadiness. NSA/HCSP dated 10/5/16 recorded resident to receive physical staff assistance with bathing and independent with transfers and walk/mobility. Observation on 10/11/16 at 12:00pm in resident ' s room revealed a mobility rail attached to the left side of resident ' s bed. Interview on 10/11/16 at 12:00pm with resident confirmed he/she uses the mobility rail stating it " helps me get in and out of bed. " Resident stated he/she has had a lot of falls, last one in May, and a fractured hip. NSA/HCSP lacked entry for use of mobility rail and interventions for falls.	S3155		

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S3155	Continued From page 6 Interview on 10/11/16 at 3:00pm with administrative licensed staff #B confirmed NSA/HCSP lacked entry for resident use of mobility rail and interventions for falls. For residents #101, #102 and #103 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		
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 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.	S3170		

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S3170	Continued From page 7 (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) (2) The facility reported a census of 17 residents. The sample included 3 residents and 1 closed review resident. Based on record review, observation and interview for 1 (#101) sampled resident, the operator failed to ensure skilled nursing care shall be provided in accordance with K.S.A 39-923 and the licensed nurse providing the skilled nursing care shall document the service and the outcome of the service in the resident ' s record. Findings included: - Record review for resident #101 recorded admission date of 8/24/16 with diagnoses of: left side paraplegia, cerebrovascular accident (stroke), depression, gastroesophogeal reflux disease, hyperlipidemia and anemia. Functional Capacity Screen (FCS) dated 9/20/16 recorded resident unable to perform management of medications and treatments. Negotiated Service Agreement/ Health Care	S3170		

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S3170	Continued From page 8 Service Plan (NSA/HCSP) dated 9/20/16 recorded facility LPN/CMA (licensed practical nurse/ certified medication aide) will administer all medications, (Home health) will monitor wounds per their protocol. Amended negotiated service agreement dated 10/7/16 recorded outside services Hospice palliative care services are being provided by (name) services billed to Medicare - wound care nursing provided by (name) will be discontinued. Home health daily visit note dated 10/6/16 SN (skilled nursing) recorded: visit made. Wound care provided. Wound orders written assessment completed. (Note is recorded after social work note recorded on 10/10/16.) Record lacked documentation of written assessment. Employee facility visit sign in sheet for resident # 101 recorded nursing visit on 10/10 in at 9:45 out at 10:30 for 2 RN ' s (registered nurses) no log in recorded for 10/06/16. Nursing visit recorded 10/11, no nurse signature or time recorded. Record lacked skilled nursing note for 10/10/16 visit. Interview on 10/11/16 at 3:35pm with administrative licensed staff #B confirmed lack of 10/10/16 skilled nursing note by hospice nurse and late entry for 10/6/16 skilled nursing note. For resident #101, the operator failed to ensure skilled nursing care shall be provided in accordance with K.S.A 39-923 and the licensed nurse providing the skilled nursing care shall document the service and the outcome of the service in the resident ' s record.	S3170		

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S3200	Continued From page 9	S3200		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 17 residents. The sample included 3 residents and 1 closed review resident. Based on record review and interview for 2 residents (#101 and #102), the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer ' s recommendations.	S3200		

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	N052009	A. BUILDING: _____ B. WING _____	10/12/2016

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S3200	Continued From page 10 Findings included: - Record review for resident #101 recorded admission date of 8/24/16 with diagnoses of: left side paraplegia, cerebrovascular accident (stroke), depression, gastroesophogeal reflux disease, hyperlipidemia and anemia. Functional Capacity Screen (FCS) dated 9/20/16 recorded resident unable to perform management of medications. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 9/20/16 recorded facility LPN/CMA (licensed practical nurse/ certified medication aide) will administer all medications, (Home health) will monitor wounds per their protocol. Physician ' s admission orders dated 8/23/16 recorded the following medications: Baclofen (no dose recorded) muscle spasm every HS (bedtime) and Garlic (a supplement) 1000 mg (milligrams) 1 po (by mouth) daily. Physician ' s telephone orders dated 9/30/16 recorded silver sulfadiazine 1 percent (a prescription wound medication) apply to affected areas daily as directed. Medication administration record (MAR) for October 2016 recorded Baclofen 10mg 1 po every HS. and Silver sulfadiazine 1 percent cream apply to sacral area at dressing change PRN (as needed). Record lacked entry for Garlic 1000 mg.	S3200		

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S3200	Continued From page 11 Interview on 10/11/16 at 1:30pm with administrative licensed staff #B stated he/she did not confirm the baclofen dosage with the physician, " I probably went off the bottle he/she came in with. " He/she confirmed medication record lacked administration of Garlic stating " I wrote it in, he/she didn ' t bring it in. " He/she confirmed Garlic was never administered to resident. He/she stated resident requested silver sulfadiazine cream because resident used it at home. Stated medication was applied once, when resident asked for it. Confirmed physician ' s order is written for daily and MAR recorded it as PRN. He/she confirmed medication was never discontinued by the physician and resident received a different treatment to affected area. Record review for resident #102 recorded admission date of 8/21/15 with diagnoses of: heart failure, frailty and debility, iron deficiency anemia and diverticulitis. FCS dated 9/20/16 recorded resident unable to perform management of medications. NSA/HCSP dated 9/20/16 recorded facility LPN/CMA ' s will manage all medication administration per md (medical doctor) order. Medication administration record for October 2016 recorded the following medications as administered by staff: Polyethylene glycol 3350 (a laxative) mix 1 capful (17 gm (grams)) in 8 ounces liquid and drink every other day for constipation. Cymbalta 20mg (milligrams) (an anti- depressant)	S3200		

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S3200	Continued From page 12 take one capsule by mouth every day for depression. Amiodarone HCL (hydrochloride) 200mg tablet take half tablet by mouth every other day for AFIB (atrial fibrillation). Alprazolam 0.25mg (anxiety medication) tablet take one tablet by mouth at bedtime for anxiety. Docusate sodium 250mg (stool softener) 250 mg take one capsule by mouth at bedtime for constipation. Hold for loose stools. Hospital discharge orders dated 9/20/16 recorded: amiodarone HCL 100mg by mouth daily. No orders were recorded for polyethylene glycol, Cymbalta, alprazolam or docusate sodium. Interview on 10/11/16 at 2:13pm with administrative licensed staff #B confirmed discharge orders of 9/20/16 are the most current orders, and do not contain orders for polyethylene glycol, Cymbalta, alprazolam and docusate sodium. Confirmed amiodarone order is for daily but was administered every other day. For residents #101 and #102, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer ' s recommendations.	S3200		
S3250 SS=E	26-41-105 (a) Resident Records a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices. (1) Designated staff shall maintain the record of	S3250		

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S3250	Continued From page 13 each discharged resident who is 18 years of age or older for at least five years after the discharge of the resident. (2) Designated staff shall maintain the record of each discharged resident who is less than 18 years of age for at least five years after the resident reaches 18 years of age or at least five years after the date of discharge, whichever time period is longer. This REQUIREMENT is not met as evidenced by: KAR 26-41-105(a) The facility reported a census of 17 residents. The sample included 3 sampled residents and 1 closed review resident. Based on record review and interview for sampled residents (#101, #102 and #103), the administrator failed to ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices. Findings included: - Record review for resident #101 recorded admission date of 8/24/16 with diagnoses of: left side paraplegia, cerebrovascular accident (stroke), depression, gastroesophogeal reflux disease, hyperlipidemia and anemia. Functional Capacity Screen (FCS) dated 9/20/16 recorded resident required assistance with toileting, transfer, walk/mobility and management of medications and treatments.	S3250		

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COUNTRY PLACE SENIOR LIVING OF BASEHOR	15707 PINEHURST DRIVE BASEHOR, KS 66007

(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
S3250	Continued From page 14	S3250		

Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 9/20/16 recorded resident to receive physical assistance from facility staff for toileting, transfer, walk/mobility and management of medications. Management of treatments (wound care) to be monitored by (home health agency) per their protocol.

Resident progress notes on the following dates: 8/24/16, 9/21/16, and 10/6/16 lacked time of entry. Entry for 10/6/16 also lacked nurse signature.

Nursing assessment dated 8/24/16 recorded " observations: several open areas " (diagram of a body) recorded a circle drawn on buttock area. Record lacked measurements and description of open areas.

Resident admission progress note dated 8/24/16 recorded: (resident) arrived at (facility) this date to resident suite (#). Note lists diagnoses, affect, physician name, allergies, assistance devices and orientation to facility.

Admission note lacked description and measurement of open areas.

Home health daily visit note (first note) dated 8/26/16 for skilled nursing recorded: " provided wound care by placing optical AG (a wound dressing) to sacrum (buttocks area) opt foam (wound dressing) adhesive bandage. Patient tolerated without difficulty. SN (skilled nursing) to return next week. " Record lacked description or measurement of wounds.

Interview on 10/11/16 at 1:30pm with administrative licensed staff #B confirmed he/she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052009	A. BUILDING: _____ B. WING _____	10/12/2016

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S3250	Continued From page 15 saw the open areas at resident ' s home prior to admission. Confirmed progress note entries lacked times and nurse signature. He/she confirmed home health skilled nursing notes and resident progress notes lacked entries for measurement and description of wounds/open areas. Record review for resident #102 recorded admission date of 8/21/15 with diagnoses of: heart failure, frailty and debility, iron deficiency anemia and diverticulitis. FCS dated 9/20/16 recorded resident required assistance with transfer, walk/mobility, management of medications and treatments, and had a history of falls/unsteadiness. NSA/HCSP dated 9/20/16 recorded resident to receive physical assistance from staff with transfer and walk/mobility and management of medications and treatments. Resident progress notes on the following dates: 1/28/16, 2/8/16, 4/4/16, 5/4/16, 5/19/16, 6/1/16, 6/7/16, 6/9/16, 8/26/16, 9/14/16, 9/15/16, 9/16/16 and 9/20/16, lacked time of entry. Resident progress notes on the following dates: 5/4/16, 6/1/16, 6/7/16, 8/26/16, 9/14/16, 9/15/16and 9/20/16 lacked nurse signature at end of each entry which was continued onto another page. Resident progress notes dated 6/1/16 recorded, " Family here at time of nursing assessment, their request for right hip/leg x-ray called to (physician) awaiting response. " Resident record lacked follow up regarding x-ray	S3250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3250	Continued From page 16 request. Record lacked x-ray results. Interview on 6/11/16 at 2:13pm with administrative licensed staff #B confirmed progress notes lacked time of entry and signature of nurse at end of entries which were continued onto another page stating " I did not know that was required. " Record review for resident #103 recorded admission date of 5/31/16 with diagnoses of: osteoporosis, hypothyroidism, arthritis, hyperlipidemia and deep vein thrombosis (DVT). FCS dated 10/5/16 recorded resident required assistance with bathing. NSA/HCSP dated 10/5/16 recorded resident to receive physical staff assistance with bathing. Resident progress notes on the following dates: 5/31/16, 7/13/16, and 9/8/16 lacked time of entries. Resident progress note dated 9/8/16 recorded the following: " OV (office visit) with (doctor) remove lesion above right eye. All orders noted, will continue to monitor. " No entries follow this entry. Physician ' s aftercare instructions (for removal of cancerous lesion above resident left eye), record to apply triple antibiotic ointment to site and cover with bandage. Resident record lacked entry regarding size, drainage, condition, pain level and plan of treatment for post- surgical wound. Record lacked entries for monitoring of post- surgical site.	S3250		

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S3250	Continued From page 17 Interview on 10/11/16 at 3:00pm with administrative licensed staff #B confirmed facility staff did wound dressing changes. Confirmed progress notes lacked entries for wound care by staff when resident self-administers her own medications and monitoring of post- surgical site. For residents #101, #102 and #103, the administrator failed to ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices	S3250		