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	B076002	A. BUILDING: _____ B. WING _____	08/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the initial survey at the above named facility on 8-2-16, 8-3-16, 8-4-16, 8-5-16, 8-15-16, 8-16-16 and 8-17-16.	S 000		
S5028 SS=D	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by:	S5028		

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

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S5028	Continued From page 1 KAR 26-42-101(f)(3) The facility identified a census of 11 residents. The sample included 3 residents. Based on record review and interview for 1 (#333) of 3 residents sampled, the operator failed to ensure each allegation of abuse, neglect or exploitation was reported to the department within 24 hours, an investigation started immediately, and each allegation thoroughly investigated within 5 days of the initial report. Findings included: - Record review for resident #333 revealed an admit date of 9-17-15 with diagnoses of non-insulin dependent diabetic, hypertension, and depression. The annual functional capacity screen dated 1-21-16 recorded resident independent with dressing, toileting, transfer, communication, required supervision with walking/mobility, eating, communication, required physical assistance with bathing, management of medications/treatments, experienced falls/unsteadiness, impaired vision, and impaired hearing. The annual NSA dated 2-3-16 recorded resident personal care services needed: assistance with bathing, toileting assistance, management of medications, incontinent care, glucose monitoring, and fall prevention. The HCSP (lacked a date) recorded staff prepares meals diabetic carb controlled diet, administer medications, assist resident with walker/wheelchair, takes vital signs, assist with bathing, toileting, check blood sugar four times a day, and provide incontinent bowel and bladder	S5028		

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S5028	Continued From page 2 care. The narrative notes recorded the following: On 2-7-16 at 6:45 p.m., "Resident came to licensed social worker's office and wanted to talk. Resident sat down and asked if he/she heard about his/her afternoon? I replied no. Resident proceeded to tell me he/she had been real upset because he/she could not find the chain he/she wore around his/her neck with spouse ' s wedding rings and did not know where they had gone. Resident stated was going to shower on 2-16-16 evening and had been told by aide to take his/her necklace off. He/she took necklace off and put it on the counter in the shower room. He/she took the shower in ten minutes and the aide dried his/her back. He/she didn't remember seeing the chair or rings there. I asked him/her again what the time frame was and he/she said it was last night. I told resident I heard that his/her chain and rings was missing last week and knew the staff was on the lookout for them. He/she denied knowing it was last week but did say he/she was offering a $500.00 reward for their return. When I told resident I was aware it was missing, his/her reaction was one of confusion. He/she may be experiencing more sundowner type symptoms than originally suspected. I reported this conversation to the operator and he/she launched a search thru the dumpster to no avail." Signed licensed social worker. The record lacked further documentation of an investigation for the missing necklace with wedding rings. The operator failed to report the missing necklace with wedding rings to the Department or conduct an investigation.	S5028		

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S5028	Continued From page 3 For resident #333, the operator failed to ensure each allegation of abuse, neglect or exploitation was reported to the department within 24 hours, an investigation started immediately, and each allegation thoroughly investigated within 5 days of the initial report.	S5028		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(g) The facility identified a census of 11 residents. The sample included 3 residents. Based on observation and interviews for all residents, the operator failed to ensure policies and procedures related to resident services are available to staff at all times and are available to each resident legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place and readily accessible to residents. Findings included: - On 8-2-16 at 1:20 p.m. unable to locate a notice	S5029		

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S5029	Continued From page 4 of availability for policy and procedures. Interview on 8-2-16 at 1:30 p.m. with certified staff D stated was unable to locate policy and procedures related to resident services or a notice of availability. For all residents, the operator failed to ensure policies and procedures related to resident services are available to staff at all times and are available to each resident legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place and readily accessible to residents.	S5029		
S5117 SS=E	26-42-202 (e) NSA Nurse Participation (e) A licensed nurse shall participate in the development, review, and revision of the negotiated service agreement if the resident's functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(e) The facility identified a census of 11 residents. The sample included 3 residents. Based on record reviews and interview for 3 (#222 ,#333, #444) of 3 residents sampled, the operator failed to ensure a licensed nurse participated in the development, review, and revision of the Negotiated Service Agreement (NSA) if the resident's Functional Capacity Screen (FCS)	S5117		

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S5117	Continued From page 5 indicated the need for Health Care Services (HCS). Findings included: - Record review for resident #222 revealed an admit date of 2-17-16 with diagnoses of dementia with lewy body. The functional capacity screen dated 2-24-16 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, occasional bladder incontinence experienced impaired decision making, falls/unsteadiness, and is hard of hearing. The NSA dated 2-17-16 recorded resident personal care services needed: assistance with ambulation, transfer, dressing/undressing, bathing, toileting, management of medications, and fall prevention. The HCS (lacked a date) recorded regular diet, staff prepares, resident slow eater. Resident's speech is unclear at times, wears hearing aids in both ears, staff to administer medications, assist with ambulation with walker, assist with transfers, and take vital signs as necessary. Staff to assist resident with shower/bathing, and incontinent care. The NSA/HCS lacked a signature from the licensed nurse who participated in the development of the NSA/FCS/HCS. - Record review for resident #333 revealed an admit date of 9-17-15 with diagnoses of non-insulin dependent diabetic, hypertension, and depression.	S5117		

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S5117	Continued From page 6 The annual functional capacity screen dated 1-21-16 recorded resident independent with dressing, toileting, transfer, communication, required supervision with walking/mobility, eating, communication, required physical assistance with bathing, management of medications/treatments, experienced falls/unsteadiness, impaired vision, and impaired hearing. The annual NSA dated 2-3-16 recorded resident personal care services needed: bathing, assistance, toileting assistance, management of medications, incontinent care, glucose monitoring, and fall prevention. The HCS (lacked a date) recorded staff prepares meals diabetic carb controlled diet, administer medications, assist resident with walker/wheelchair, takes vital signs, assist with bathing, toileting, check blood sugar four times a day, and provide incontinent bowel and bladder care. The NSA/HCS lacked a signature from a licensed nurse who participated in the development of the NSA/HCS. - Record review for resident #444 revealed admit dated of 8-28-15 with diagnoses of hypoxia, edema, depression, gastric reflux, chronic pain, pulmonary fibrosis, and osteoporosis. The functional capacity screen dated 8-25-15 recorded resident required supervision with eating, physical assistance with dressing, unable to assist with bathing, toileting, transfer, walking/mobility, management of medications/treatments, bladder incontinence, experienced poor memory recall,	S5117		

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S5117	Continued From page 7 falls/unsteadiness and impaired hearing. The NSA dated 8-28-15 recorded resident personal care services needed: assistance with ambulation, transfer, dressing, bathing, toileting, medication management, incontinent care, wound care, respiratory care, feeding, and fall prevention. The HCS dated 8-25-15 recorded staff to prepare meals, resident has problem chewing meat, is hard of hearing and wears hearing aide, occasionally confused, staff to administer medications, assist with transfers, ambulation, repositioning with assist of two staff, resident incontinent of bladder control, total assist with shower and shower chair, total assist with dressing, at risk for falls, and wears oxygen. The NSA/HCS lacked a signature from the licensed nurse who participated in the development of the NSA/HCS. For residents #222, #333, and #444, the operator failed to ensure a licensed nurse to participate in the development, review, and revision of the NSA if the resident's FCS indicated the need for HCS.	S5117		
S5126 SS=E	26-42-202 (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	S5126		

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S5126	Continued From page 8 by: KAR 26-42-202(h) The facility identified a census of 11 residents. The sample included 3 residents. Based on record review and interview for 3 (#222, #333, #444) of 3 residents sampled, the operator failed to ensure each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreement. Findings included: - Record review for resident #222 revealed an admit date of 2-17-16 with diagnoses of dementia with lewy body. The functional capacity screen dated 2-24-16 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, occasional bladder incontinence experienced impaired decision making, falls/unsteadiness, and is hard of hearing. The NSA dated 2-17-16 recorded resident personal care services needed: assistance with ambulation, transfer, dressing/undressing, bathing, toileting, management of medications, and fall prevention. The NSA lacked a signature from a licensed nurse. - Record review for resident #333 revealed an admit date of 9-17-15 with diagnoses of non-insulin dependent diabetic, hypertension, and depression. The annual functional capacity screen dated	S5126		

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S5126	Continued From page 9 1-21-16 recorded resident independent with dressing, toileting, transfer, communication, required supervision with walking/mobility, eating, communication, required physical assistance with bathing, management of medications/treatments, experienced falls/unsteadiness, impaired vision, and impaired hearing. The annual NSA dated 2-3-16 recorded resident personal care services needed: bathing, assistance, toileting assistance, management of medications, incontinent care, glucose monitoring, and fall prevention. The NSA lacked a signature from a licensed nurse. - Record review for resident #444 revealed admit dated of 8-28-15 with diagnoses of hypoxia, edema, depression, gastric reflux, chronic pain, pulmonary fibrosis, and osteoporosis. The functional capacity screen dated 8-25-15 recorded resident required supervision with eating, physical assistance with dressing, unable to assist with bathing, toileting, transfer, walking/mobility, management of medications/treatments, bladder incontinence, experienced poor memory recall, falls/unsteadiness and impaired hearing. The NSA dated 8-28-15 recorded resident personal care services needed: assistance with ambulation, transfer, dressing, bathing, toileting, medication management, incontinent care, wound care, respiratory care, feeding, and fall prevention. The NSA lacked a signature from a licensed nurse.	S5126		

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S5126	Continued From page 10 For residents #222, #333, and #444, the operator failed to ensure each individual involved in the development of the NSA signed the agreement.	S5126		
S5161 SS=E	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 identified a census of 11 residents. The sample included 3 residents. Based on record reviews and interview for 3 (#222, #333, #444) of 3 residents sampled, the operator failed to ensure the Negotiated Service Agreement (NSA) identified the name of the licensed nurse responsible for the implementation and supervision of the Health Care Service Plan (HCSP). Findings included: - Record review for resident #222 revealed an admit date of 2-17-16 with diagnoses of dementia with lewy body. The functional capacity screen dated 2-24-16 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, occasional bladder incontinence experienced impaired decision making,	S5161		

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S5161	Continued From page 11	S5161		

falls/unsteadiness, and is hard of hearing.

The NSA dated 2-17-16 recorded resident personal care services needed: assistance with ambulation, transfer, dressing/undressing, bathing, toileting, management of medications, and fall prevention.

The HCS (lacked a date) recorded regular diet, staff prepares, resident slow eater. Resident's speech is unclear at times, wears hearing aids in both ears, staff to administer medications, assist with ambulation with walker, assist with transfers, and take vital signs as necessary. Staff to assist resident with shower/bathing, and incontinent care.

The NSA/HCSP lacked the name of the licensed nurse responsible for implementation and supervision of the HCSP.

- Record review for resident #333 revealed an admit date of 9-17-15 with diagnoses of non-insulin dependent diabetic, hypertension, and depression.

The annual functional capacity screen dated 1-21-16 recorded resident independent with dressing, toileting, transfer, communication, required supervision with walking/mobility, eating, communication, required physical assistance with bathing, management of medications/treatments, experienced falls/unsteadiness, impaired vision, and impaired hearing.

The annual NSA dated 2-3-16 recorded resident personal care services needed: bathing, assistance, toileting assistance, management of medications, incontinent care, glucose

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S5161	Continued From page 12	S5161		

monitoring, and fall prevention.

The HCSP (lacked a date) recorded staff prepares meals diabetic carb controlled diet, administer medications, assist resident with walker/wheelchair, takes vital signs, assist with bathing, toileting, check blood sugar four times a day, and provide incontinent bowel and bladder care.

The NSA/HCSP lacked the name of the licensed nurse responsible for implementation and supervision of the HCSP.

- Record review for resident #444 revealed admit dated of 8-28-15 with diagnoses of hypoxia, edema, depression, gastric reflux, chronic pain, pulmonary fibrosis, and osteoporosis.

The functional capacity screen dated 8-25-15 recorded resident required supervision with eating, physical assistance with dressing, unable to assist with bathing, toileting, transfer, walking/mobility, management of medications/treatments, bladder incontinence, experienced poor memory recall, falls/unsteadiness and impaired hearing.

The NSA dated 8-28-15 recorded resident personal care services needed: assistance with ambulation, transfer, dressing, bathing, toileting, medication management, incontinent care, wound care, respiratory care, feeding, and fall prevention.

The HCSP dated 8-25-15 recorded staff to prepare meals, resident has problem chewing meat, is hard of hearing and wears hearing aide, occasionally confused, staff to administer medications, assist with transfers, ambulation,

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S5161	Continued From page 13 repositioning with assist of two staff, resident incontinent of bladder control, total assist with shower and shower chair, total assist with dressing, at risk for falls, and wears oxygen. The NSA/HCSP lacked the name of the licensed nurse responsible for implementation and supervision of the HCSP. For residents #222, #333, and #444, the operator failed to ensure the NSA identified the name of the licensed nurse responsible for the implementation and supervision of the Health Care Service Plan HCSP.	S5161		
S5171 SS=E	26-42-204 (i) Health Care Services Standards of Practice (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 26-420204(i) The facility identified a census of 11 residents. The sample included 3 residents. Based on record review and interview for 1 (#444) of 3 residents sampled, the operator failed to ensure all health care services provided to residents by qualified staff in accordance with acceptable standards of practice. Findings included: - Record review for resident #444 revealed admit dated of 8-28-15 with diagnoses of hypoxia, edema, depression, gastric reflux, chronic pain,	S5171		

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S5171	Continued From page 14 pulmonary fibrosis, and osteoporosis. The functional capacity screen dated 8-25-15 recorded resident required supervision with eating, physical assistance with dressing, unable to assist with bathing, toileting, transfer, walking/mobility, management of medications/treatments, bladder incontinence, experienced poor memory recall, falls/unsteadiness and impaired hearing. The NSA dated 8-28-15 recorded resident personal care services needed: assistance with ambulation, transfer, dressing, bathing, toileting, medication management, incontinent care, wound care, respiratory care, feeding, and fall prevention. The HCSP dated 8-25-15 recorded staff to prepare meals, resident has problem chewing meat, is hard of hearing and wears hearing aide, occasionally confused, staff to administer medications, assist with transfers, ambulation, repositioning with assist of two staff, resident incontinent of bladder control, total assist with shower and shower chair, total assist with dressing, at risk for falls, and wears oxygen. The narrative notes recorded the following: 10-2-15 at 3:30 a.m., "Resident having sharp chest pain, I gave him/her .5 milliliters (ML) of roxanol (for pain), it helped right away, at 4:30 a.m. resident was moaning and saying 'not again', more chest pain. I gave resident .5 ML of roxanol and it helped right away." Signed certified staff J. Licensed nurse not notified of pain or instructed certified staff to administer roxanol for pain.	S5171		

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S5171	Continued From page 15 2-15-16 at 12:30 a.m., Resident was moaning with pain in right shoulder and refused pain medications so I rubbed it with bio-freeze (topical pain relief) and that did not help. Resident continued moaning and crying louder so I gave him/her .25 ML of roxanol at 12:40 a.m. Resident continued crying, so I gave her .25 ML roxanol then call licensed nurse K who instructed me to give lorazepam. . . Resident resting at 4:30 a.m. Signed certified staff J. Licensed nurse not notified of resident moaning/crying in pain until after second dose of roxanol administered for pain. 5-27-16 (no time), "Resident complained of a headache and chest pain. Resident did consent to taking Tylenol (for pain) crushed in applesauce which helped headache but not chest pain. I had resident sip on twist lemon lime drink and he/she stated that helped a lot and ten minutes later he/she was resting." Signed certified staff J. Licensed nurse was not notified of headache or chest pain. Certified staff failed to notify licensed nurse for pain medication to be administered. 5-29-16 at 2:15 a.m. resident complained of chest pain and could not rate the pain. The resident described it as a sharp and a dull pain. I gave him/her twist lemon/lime drink and she/she stated it helped. Signed certified staff J. Licensed nurse was not notifed of resident who complained of pain and unable to rate pain. 6-19-16 at 3:35 a.m., Resident was sitting on the toilet stool, went pale, slumped over and wound not respond, aide called for me and when I	S5171		

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S5171	Continued From page 16 arrived he/she was talking and still little pale, transferred to wheelchair then walked to chair. Resident stated he/she is fine, blood pressure 159/80, pulse 66, alert, and oriented with no complaints. Signed certified staff J. Licensed nurse not notified of resident being unresponsive. Interview on 8-3-16 at 2:15 p.m. with licensed nurse A stated certified staff administer PRN (as needed) narcotic pain medications without notifying me. Stated was not aware certified staff had to notify the nurse if had an order for PRN pain medication had. For resident #444, the operator failed to ensure all health care services provided to residents by qualified staff in accordance with acceptable standards of practice.	S5171		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR-26-42-206(f) The facility identified a census of 11 residents. The sample included 3 residents. Based on	S5195		

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S5195	Continued From page 17 observations and interviews for all residents, the operator failed to ensure all food stored under safe and sanitary conditions. Findings included: - Tour of kitchen on 8-2-16 at 1:30 p.m. with certified staff D revealed kitchen counter top had a plastic container with cookies and toffee bars. The container lacked a lid, date, or label. In the refrigerator observed cranberry/strawberry jello, small containers of salad dressings, container of applesauce, container of cooked bacon, gallon of orange juice without lid, gallon bag of ham, raw sausage patty in small baggie, and large opened bag of tator tots all without date opened or label. The freezer contained frozen open bag of tater tots, beef ribs, and beef taquitos without dates opened or labels. Certified staff D stated all food items should be dated and labeled. For all residents, the operator failed to ensure all food stored under safe and sanitary conditions.	S5195		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency	S5215		

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S5215	Continued From page 18	S5215		

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 by:
KAR 26-42-104(d)(3)(4)

The facility identified a census of 11 residents. The sample included 3 residents. Based on observation, record reviews, and interview for all residents, the operator failed to ensure a quarterly review of the home's emergency management plan with employees and resident; and 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.

Findings included:

- Review of disaster plans provided by maintenance supervisor revealed un-organized pages of partial plans.

Interview on 8-2-16 at 3:15 p.m. with maintenance supervisor stated, "(He/She) was unable to locate the annual review of the drill with evacuation and had not conducted a quarterly review of the emergency disaster plan with residents and employees.

For all residents and employees, the operator failed to ensure a quarterly review of the home's emergency management plan with employees and resident; and an emergency drill, which shall

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S5215	Continued From page 19 be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S5215		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(b)(c) The facility reported census of11 residents. The sample included 3 residents. Based on record review and interview for 3 (#222, #333, #444) of 3 residents sampled and 5 employee files reviewed, the operator failed to ensure the facility's compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Record review for resident #222, #333 and	S5230		

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S5230	Continued From page 20 #444 revealed the following: Resident #222 admitted to facility on 2-17-16. The record contained documentation of a TB skin test dated 7-13-16 and read on 7-18-16 with results negative. The record lacked the second step TB skin test. Resident #333 admitted to facility on 9-17-15. The record contained documentation of a TB skin test dated 6-30-16 and read on 7-3-16 with negative results. The record lacked the second step TB skin test. The record lacked an annual TB symptom screen consisting of completion of the symptom review questionnaire. Resident #444 admitted to facility on 8-28-15. The record contained documentation of a two-step TB skin test dated 6-24-15 and read on 6-26-15 with negative results. Second step dated 7-5-15 and read on 7-9-15 with negative results. The record lacked an annual TB skin test or TB questionnaire. Review of employee files at 1:30 on 6-27-16 revealed the following: Employee file for registered nurse hired on 5-12-16 lacked an initial TB skin test and annual TB skin test or TB questionnaire. Employee file for certified staff D hired on 12-28-15 lacked an initial TB skin test and annual TB skin test or TB questionnaire. Employee file for certified staff G hired on 8-29-15 lacked an initial TB skin test and annual TB skin test or TB questionnaire. Employee file for certified staff C hired on 2-10-16	S5230		

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S5230	Continued From page 21 lacked an initial TB skin test and annual TB skin test or TB questionnaire. Employee file for maintenance supervisor hired on 12-2-15 lacked an initial TB skin test. For 5 or 5 employees, the operator failed to ensure TB skin testing in accordance with K.A.R. 26-30-105. Interview on 8-3-16 at 2:45 p.m. with administrative assistance stated and confirmed all residents and employees lacked a two-step TB skin test with annual TB skin testing or annual TB questionnaire. For residents #222, #333, #444, and 5 of 5 employees, the operator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5258 SS=E	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not	S5258		

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S5258	Continued From page 22 have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(3)(4) The facility identified a census of 11 residents. The sample included 3 residents. Based on 3 (certified staff D, G, C) of 5 personnel records reviewed, the operator failed to ensure the records contained evidence of certification, registration, supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and supporting documentation that the individual does not have a finding of having abused, neglected or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. Findings included: - Personnel records reviewed on 8-3-16 at 2:45 p.m. with the administrative assistant identified certified staff D, G, and C lacked supporting evidence or documentation of certification, registration, specialized training, documentation from the Kansas nurse aide registry that the individual does not have a finding of having	S5258		

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S5258	Continued From page 23 abuse, neglected or exploited a resident in an adult care home. Interview on 8-3-16 at 2:45 p.m. with administrative assistance stated unable to locate certified staff D, G, and C's nurse aide registry check, certification, or criminal back ground checks. For 3 of 3 certified staff #D, G, and C, the operator failed to ensure the records contained evidence of certification, registration, supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and supporting documentation that the individual does not have a finding of having abused, neglected or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide.	S5258		
S5325 SS=F	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by:	S5325		

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S5325	Continued From page 24 KAR 26-42-205(l) The facility identified a census of 11 residents. The sample included 3 residents. Based on record reviews and interview for all residents, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication review at least quarterly for each resident whose medication is managed by the home and each time the resident experienced any significant change in condition. Findings included: - Record review for resident #222 revealed an admit date of 2-17-16 with diagnoses of dementia with lewy body. The functional capacity screen dated 2-24-16 recorded resident unable to manage medications. The negotiated service agreement dated 2-17-16 recorded facility staff to administer medications. The record lacked a quarterly review of medications by a licensed pharmacist or licensed nurse. - Record review for resident #333 revealed an admit date of 9-17-15 with diagnoses of non-insulin dependent diabetic, hypertension, and depression. The functional capacity screen dated 9-19-15 recorded resident unable to manage medications. The negotiated service agreement dated 9-19-15 recorded facility staff to administer medications. The record lacked a quarterly review of	S5325		

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S5325	Continued From page 25 medications by a licensed pharmacist or licensed nurse. - Record review for resident #444 revealed admit dated of 8-28-15 with diagnoses of hypoxia, edema, depression, gastric reflux, chronic pain, pulmonary fibrosis, and osteoporosis. The functional capacity screen dated 8-25-15 recorded resident unable to manage medications. The negotiated service agreement dated 8-28-15 recorded facility staff to administer medications. The record lacked a quarterly review of medications by a licensed pharmacist or licensed nurse. Interview on 8-3-16 at 11:20 a.m. with licensed nurse A stated no quarterly drug regimen reviews had been completed on any of the residents. For all residents whose medications are managed by the facility, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication review at least quarterly for each resident whose medication is managed by the home and each time the resident experienced any significant change in condition.	S5325		
S5328 SS=F	26-42-205 (l) (3) Medication Regimen Review Documentation (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record.	S5328		

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S5328	Continued From page 26 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l) The facility identified a census of 11 residents. The sample included 3 residents. Based on record reviews and interview for all residents, the operator failed to ensure that the medication regimen review is kept in each resident's clinical record. Findings included: - Record review for resident #222 revealed an admit date of 2-17-16 with diagnoses of dementia with lewy body. The functional capacity screen dated 2-24-16 recorded resident unable to manage medications. The negotiated service agreement dated 2-17-16 recorded facility staff to administer medications. The record lacked a quarterly review of medications by a licensed pharmacist or licensed nurse. - Record review for resident #333 revealed an admit date of 9-17-15 with diagnoses of non-insulin dependent diabetic, hypertension, and depression. The functional capacity screen dated 9-19-15 recorded resident unable to manage medications. The negotiated service agreement dated 9-19-15 recorded facility staff to administer medications. The record lacked a quarterly review of medications by a licensed pharmacist or licensed	S5328		

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S5328	Continued From page 27 nurse. - Record review for resident #444 revealed admit dated of 8-28-15 with diagnoses of hypoxia, edema, depression, gastric reflux, chronic pain, pulmonary fibrosis, and osteoporosis. The functional capacity screen dated 8-25-15 recorded resident unable to manage medications. The negotiated service agreement dated 8-28-15 recorded facility staff to administer medications. The record lacked a quarterly review of medications by a licensed pharmacist or licensed nurse. Interview on 8-3-16 at 11:20 a.m. with licensed nurse A stated no quarterly drug regimen reviews had been completed on any of the residents and not aware where they would be kept. For all residents, the operator failed to ensure that the medication regimen review is kept in each resident's clinical record.	S5328		