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	B026002	A. BUILDING: _____ B. WING _____	08/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WILLOW HOUSE	2900 WILLOW STREET HAYS, KS 67601

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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Home Plus Facility in Hays, Kansas on 7/26/16, 7/27/16, 7/28/16, 8/01/16, and 8/02/16. Revised 2567 sent to facility 8/15/16.	S 000		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus 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 26-42-204(a) The census equalled four the sample included three Residents. The facility identified four Residents with bed rails and three included in the sample. Based on observation, interview, and reviews of record, for three of three sampled with bed rails on bed (#189, #187, and #185), 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, in regard to the appropriate assessment of bed rail use. Findings included: - By observation on 7/26/16 at 12:55pm,	S5155		

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

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S5155	Continued From page 1	S5155		

sampled Resident #187 in room in bed with full bed rails in raised position.

By observation on 7/26/16 at 1:07pm and 1:10pm, sampled Resident #189's bed in room with attached bed rails and #185's bed in room with attached bed rails.

- Record review revealed #187 admitted to facility 7/20/16 with diagnoses of End stage dementia, Hypertension, and Prostrate cancer.

The current FCS of 7/20/16 assessed #187 unable to perform bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with impaired communication, impaired cognition, impaired decision making, and in need of mechanical lift for transfers from bed.

The current NSA of 7/20/16 documented #187 to receive pureed meals, full assistance with eating, management of medication, bathing, dressing and toileting assistance all by facility staff. The NSA lacked mention of transfers, the lift, cognition or communication, and the bedrails.

The record lacked an HSP (health service plan) on 7/26/16. The HSP of 7/27/16 identified "risk for falls." Interventions failed to identify the use of bed rails or mechanical lift. The interventions referenced "ambulation, foot wear, assistive devices, clear pathway... all not pertinent to #187 a technically bedfast Resident.

By review, the medical record lacked a "Bed Rail Assessment." The record lacked documentation of the evaluation process for #187's ability to bear weight, fluctuating cognitive status, body weight and size that may allow entrapment, ambulatory

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S5155	Continued From page 2 status, history of falls, ability to reposition in bed, safety awareness, Resident's desire to have or not have the bed rail. By interview on 7/27/16 at 3:11pm, Owner/Operator/RN (registered nurse) #H confirmed the HSP not completed at time of admission... still working on it... confirmed the NSA and HSP lacked bed rail use... confirmed the medical record lacked an assessment for the need or use of the bed rail. The Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services for #187 in regard to the appropriate assessment of bed rail use. - Record review revealed #189 admitted to facility 4/01/16 with diagnoses of Diabetes, End stage renal disease-Dialysis, Hypertension,Hypothyroidism, Benign prostatic hypertrophy, Restlessness, Agitation, Sepsis, Gout, Anxiety, and Depression. The current functional capacity screen (FCS) of 4/01/16 assessed #189 in need of physical assistance with bathing, toileting, transfers, mobility; unable to perform dressing, medication and treatment management; in need of supervision with eating, incontinent of bladder; with cognitive and decision making impairment, behaviors, wandering, and falls/unsteadiness. The current negotiated service agreement (NSA) of 4/01/16 documented #189 to receive meals, full assistance with management of medication, bathing, dressing and toileting assistance, all by facility staff. The NSA lacked mention of transfers, the lift, bed alarm, cognition or communication, and the bedrails.	S5155		

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S5155	Continued From page 3 By review the HSP (health service plan) also lacked the areas of transfers, the use of a lift, bed or chair alarms, and the bedrails. By review, the medical record lacked a "Bed Rail Assessment." The record lacked documentation of the evaluation process for #189's ability to bear weight, fluctuating cognitive status, body weight and size that may allow entrapment, ambulatory status, history of falls, ability to reposition in bed, safety awareness, Resident's desire to have or not have the bed rail. By interview on 7/27/16 at 6:00pm, Owner/Operator/RN (registered nurse) #H confirmed the NSA and HSP lacked bed rail use... confirmed the medical record lacked an assessment for the need or use of the bed rail. The Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services for #189 in regard to the appropriate assessment of bed rail use. - Record review revealed #185 admitted to facility 5/21/16 with diagnoses of Parkinson's and Aggressive squamous cell lung cancer. The current FCS of 5/21/16 assessed #185 in need of physical assistance with bathing, toileting, transfers, mobility; in need of supervision with dressing; unable to perform medication and treatment management; incontinent of bladder; cognitive left blank; with falls/unsteadiness. The current negotiated service agreement (NSA) of 5/21/16 documented #185 to receive meals, full assistance with management of medication,	S5155		

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S5155	Continued From page 4 bathing, dressing and toileting assistance, all by facility staff. The NSA lacked mention of transfers and the bedrails. By review the medical record lacked an HSP (health service plan). By review, the medical record lacked a "Bed Rail Assessment." The record lacked documentation of the evaluation process for #185's ability to bear weight, cognitive status, body weight and size that may allow entrapment, ambulatory status, history of falls, ability to reposition in bed, safety awareness, Resident's desire to have or not have the bed rail. By interview on 7/27/16 at 4:40pm, Owner/Operator/RN (registered nurse) #H confirmed the medical record lacked an HSP and confirmed the NSA lacked bed rail use. #H stated I talked with Department staff... understood if we had a Dr.'s order for bed rails that's all we needed... #185 may not even need them... confirmed the record lacked an assessment for the need or use of the bed rail. The Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services for #185 in regard to the appropriate assessment of bed rail use.	S5155		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee.	S5185		

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S5185	Continued From page 5 (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (c) The census equalled four the sample included three Residents. All Residents received meal service. Based on observations, interview, and record review, for one of three sampled with a therapeutic diet order (#187), the Operator failed to ensure the diet prepared according to written instructions from a medical care provider or licensed dietician in accordance with the NSA. Findings included: - Review of record revealed #187 admitted to facility 7/20/16 with diagnoses of End stage dementia, Hypertension, and Prostrate cancer. The current 7/20/16 functional capacity screen assessed #187 unable to perform bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with bladder incontinence, impaired short term and long term memories, impaired decision making and memory recall; with impaired communication; and in need of full mechanical lift to move from bed.	S5185		

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S5185	Continued From page 6 The 7/20/16 negotiated service agreement documented #187 to receive: "a pureed diet and snacks... may feed throughout the day... needs full assistance... uses condiment bottles for feeding." The medical record contained a 7/18/16 physician letter that described #187's debility, documented #187 unable to do any activities of daily living, and noted #187 would need medications crushed. The medical record lacked a signed physician's order for a pureed diet. On 7/26/16 at 6:14pm, Certified Medication Aide (CMA) #B struggled with two different appliances in an attempt to prepare pureed food for #187's evening meal. The appliances failed to work. CMA #B resorted to available jars of baby food (pureed) from #187's room for the evening meal. On 7/27/16 at 11:28am, CMA #E and Co-Owner #J stated a new food processor purchased... stated the one staff tried to use last night had a broken piece and wouldn't function... CMA #E and Co-Owner #J stated we have never received a diet order or written diet directions for preparation of a pureed diet... By observation on 7/27/16 at 12:55pm, CMA #E attempted to puree cooked carrots. The carrots stuck to the sides of the processor bowl in chunks. CMA #E asked Owner/Operator/RN (registered nurse) #H it he/she should add a little bit of water. #H directed #E to use milk... #E added milk and processed... carrots became a "chunky slurry" at that point. The Operator failed to ensure the diet for #187 prepared according to written instructions from a	S5185		

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S5185	Continued From page 7 medical care provider or licensed dietician.	S5185		
S5215 SS=E	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 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) The census equalled four the sample included three Residents. The facility identified 15 new employees hired since the facility opened. Based on reviews of records and interviews, for all Residents and staff, the Operator failed to ensure a quarterly review of the home's emergency management plan with Residents and staff. Findings included: - On 7/26/16 at 2:32pm, requested information regarding quarterly disaster reviews with	S5215		

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S5215	Continued From page 8 Residents and staff. Owner/Operator/RN (registered nurse) stated I missed that those were to be done quarterly... we have had one (02/16/16) with staff since opening in June of 2015... until #189 and #185 admitted, never had any Residents who would understand... The Operator failed to ensure quarterly reviews of the facility emergency management plan completed with Residents and staff.	S5215		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home 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 home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)	S5300		

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S5300	Continued From page 9	S5300		

The census equalled four the sample included three Residents. The Resident roster identified all Residents as receiving medication management. Based on interview and record review, for three of three sampled with medication management (#185, #187, and #189), the Operator failed to ensure all medications and biologicals administered to Residents in accordance with written medical care provider orders, and in accordance with professional standards of practice.

Findings included:

- Record review revealed #189 admitted to facility 4/01/16 with diagnoses of Diabetes, End stage renal disease-Dialysis, Hypertension,Hypothyroidism, Benign prostatic hypertrophy, Restlessness, Agitation, Sepsis, Gout, Anxiety, and Depression.

The current functional capacity screen (FCS) of 4/01/16 assessed #189 unable to perform medication and treatment management.
The current negotiated service agreement (NSA) of 4/01/16 documented #189 to receive medication and treatment management by facility staff.

Comparison of the July 2016 MAR (medication administration record) with signed medical care provider orders revealed a discrepancy:

Signed physician's order of 4/06/16 documented: Calcium acetate 667mg (milligrams) take two tablets with meals; the MAR documented Calcium acetate one tablet with breakfast and lunch, two tablets with supper.

By interview on 7/27/16 at 6:00pm,

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S5300	Continued From page 10 Owner/Operator/RN (registered nurse) #H stated that order came from the RN at the dialysis unit... I should have gotten clarification from a physician for the order change... The Operator failed to ensure #189 received all medications in accordance with written medical care provider order and in accordance with professional standards of practice. - Record review revealed #187 admitted to facility 7/20/16 with diagnoses of End stage dementia, Hypertension, and Prostrate cancer. The current FCS of 7/20/16 assessed #187 unable to perform medication and treatment management. The current NSA of 7/20/16 documented #187 to receive medication and treatment management by facility staff. The medical record included a July 2016 MAR (medication administration record) that documented medications administered by facility staff beginning on 7/20/16. Review of the record for signed orders revealed the following: 1) A hand written list of medications on 7/20/16, no physician's signature. 2) A 7/22/16 faxed physician order form that listed the hand written medications and requested physician's signature 3) The faxed request form not signed as of 7/26/16. 4) The faxed request signed on 7/27/16 by a different medical care provider (original named provider no longer affiliated with the clinic). By interview on 7/27/16 at 3:11pm,	S5300		

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S5300	Continued From page 11 Owner/Operator/RN #H confirmed no signed medication orders until today... stated we administered from the hand written list provided by the spouse... fax problems and then no response... called again 7/26/16... found out today that provider no longer at clinic... another provider signed the orders this morning... The Operator failed to ensure all medications and biologicals administered to #187 in accordance with written medical care provider orders and in accordance with professional standards of practice. - Record review revealed #185 admitted to facility 5/21/16 with diagnoses of Parkinson's and Aggressive squamous cell lung cancer. The current FCS of 5/21/16 assessed #185 unable to perform medication and treatment management. The current NSA of 5/21/16 documented #185 to receive medication and treatment management by facility staff. The medical record included a July 2016 MAR (medication administration record) that documented medications administered by facility staff. The medical record lacked a signed order for Promethazine/codeine every 4 to 6 hours as needed for cough. The MAR included two ordered medications not administered according to written order: Multivitamin - not given July 02, 03, 04, 06, 09, 10, 11, 13, 14, 22, and 23 of 2016. Famotidine 20mg (milligrams) (stomach acid medication) - not given July 02, 03, 04, 06, 09,	S5300		

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S5300	Continued From page 12 10, 11, 13, 14, 22, and 23 of 2016. By interview on 7/27/16 at 4:20pm, Owner/Operator/RN #H stated the family didn't provide the medication... #185 didn't want to take it and the family doesn't want him/her to take it... family member works for the physician and was going to get it discontinued... I asked again today to get that discontinued... in regard to Promethazine, #H confirmed unable to find signed order for that medication... confirmed #185 received the medication on June 05, 06, 07, 08, 09 (twice), 10, and 14, 2016. The Operator failed to ensure all medications and biologicals administered to #185 in accordance with written medical care provider orders and in accordance with professional standards of practice.	S5300		
S5301 SS=F	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide	S5301		

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S5301	Continued From page 13 shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)(3)(D) The census equalled four, the sample included three Residents. The facility identified all Residents with medication management. For all residents, as evidenced by interview and reviews of records for three of three sampled (#189, #187, and #185) and one non-sampled (#178) with medication management, the licensed nurses and medication aides failed to document the actual clock time the medications administered when the MAR (medication administration record) identified only time intervals or events. Findings included: - Record review revealed #189 admitted to facility 4/01/16 with diagnoses of Diabetes, End stage renal disease-Dialysis, Hypertension,Hypothyroidism, Benign prostatic hypertrophy, Restlessness, Agitation, Sepsis, Gout, Anxiety, and Depression. The current functional capacity screen (FCS) of 4/01/16 assessed #189 unable to perform medication and treatment management. The current negotiated service agreement (NSA) of 4/01/16 documented #189 to receive medication and treatment management by facility staff. - Record review revealed #187 admitted to facility 7/20/16 with diagnoses of End stage	S5301		

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S5301	Continued From page 14 dementia, Hypertension, and Prostrate cancer. The current FCS of 7/20/16 assessed #187 unable to perform medication and treatment management. The current NSA of 7/20/16 documented #187 to receive medication and treatment management by facility staff. - Record review revealed #185 admitted to facility 5/21/16 with diagnoses of Parkinson's, and Aggressive squeamish cell lung cancer. The current FCS of 5/21/16 assessed #185 unable to perform medication and treatment management. The current NSA of 5/21/16 documented #185 to receive medication and treatment management by facility staff. The July 2016 MAR's for each Resident documented "AM" (before midday), "PM" (after midday), "HS" (bedtime), "Breakfast", "Lunch", "Dinner" as the administration events for all ordered medications. The MAR's lacked specific designated administration times. The MAR lacked documentation of the clock time the medications administered to the Residents by staff. On 7/27/16 at 3:11pm, Owner/Operator/RN #H confirmed the MAR's lacked specific administration times... stated the workshop/Operator class really pushed flexible and individualized medication times... no one said anything about "time" documented... was not aware the clock time was to be on the MAR as well...	S5301		

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S5301	Continued From page 15 The Owner/Operator/RN failed to ensure licensed nurses and medication aides documented the actual clock time of medications administered to #189, #187, #185, and #178, when the MAR identified only time intervals or events.	S5301		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The census equalled four the sampled included three Residents. The Resident roster identified all Residents as receiving medication management. Based on observations and interviews, for two of three sampled (#185 and #187) and one non-sampled (#178), the Operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of Resident on full packages of over-the-counter medications. Findings included:	S5313		

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S5313	Continued From page 16 - On 7/26/16 at 3:00pm, observations of medication cupboard contents revealed over-the-counter medications lacked the name of the Resident to whom the medication belonged: Sampled Resident #187 - Acidophilus, Refresh eye drops, Vitamin C, Ibuprofen, and Robitussin Sampled Resident #185 - two bottles of Tylenol, Mucinex 600mg (milligrams); Mucinex DM Non-sampled Resident #178 - bottle of Tylenol By review of available Medication policies, over-the-counter medications not addressed. The Operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of Resident on full packages of over-the-counter medications for #187, #185, and #178.	S5313		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart.	S5315		

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S5315	Continued From page 17 Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h) The census equalled four the sample included three Residents. The facility identified all Residents as receiving medication management. Based on observation and interview: For all residents, licensed nurses and medication aides failed to ensure a locked medication room, cabinet, or medication cart, allowing access only to those authorized to administer medications; and, For one of three sampled, (#187), the licensed nurses and medication aides failed to ensure that all medications and biologicals were properly stored in accordance with each manufacturer's recommendations, in regard to TB (tuberculosis)	S5315		

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S5315	Continued From page 18 solution properly stored and not administered beyond the manufacturer's recommended date of discard. Findings included: Resident roster identified all residents with facility managed medication. - On 7/26/16 at 12:15pm, during entrance tour of kitchen, observed black box with a combination lock on kitchen counter nearest to patio door. Upon closer observation this black box unlocked and open... two sets of keys laying inside the open box. By observation, on duty Certified Medication Aide (CMA) #A in kitchen, living room, foyer area and hallway area, at times not in visual contact of black box or medication cupboard. By interview on 7/26/16 at 12:15pm, CMA #A identified black combination box as the medication key storage... stated that is our keys to lock up medications in the cupboard... I was just in that right before you came, that's why it is open. The Owner/Operator/Registered nurse and Medication aides failed to ensure all medications and biologicals managed by facility were securely and properly stored in a locked room, cabinet, or cart, ensuring only persons authorized to administer medications with access to the keys of the stored medications and biologicals. - By observation on 7/26/16 at 2:18pm, the current supply of TB (tuberculosis) test solution lacked a documented "opened date." By interview on 7/26/16 at 2:18pm,	S5315		

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S5315	Continued From page 19 Owner/Operator/Registered nurse #H stated the solution was opened 5/02/16... #H then confirmed the TB solution used for a TB skin test administered on 7/22/16 to #187... #H stated I was not aware of the need to discard the opened TB solution 30 days after initial use from vial. Owner/Operator/Registered nurse failed to develop and implement facility policy and practice, to ensure TB solution properly stored in accordance with manufacturer's recommendation and not administered beyond the manufacturer's recommended date of discard.	S5315		
S5316 SS=E	26-42-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist.	S5316		

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S5316	Continued From page 20	S5316		

This REQUIREMENT is not met as evidenced by:
KAR 26-42-205(i)

The census equalled three the sample included three Residents. The Resident Roster identified all Residents with facility managed medications. Based on observations, interviews, and reviews of records, for one of one controlled medication reconciliation reviews, for three of three sampled Residents (#185, #189, and #187) and one non-sampled (#170), Licensed nurses and Medication aide failed to develop and implement facility policy and procedure and standards of practice to ensure an accurate accounting of controlled medications.

Findings included:

- Observation on 7/26/16 at 3:00pm with Owner/Operator/Registered nurse (RN) #H revealed the inaccurate counts of Hydrocodone/acetaminophen for #187 and for #170, and an incomplete count log of Temazepam for #185.

#185 - Count record documented starting amount of 30 tablets; one tablet given each of 19 documented occasions; remaining count of six tablets.

#189 - Count record documented eight doses Lorazepam 0.5mg (milligrams) administered to Resident in March 2016, although #189 admitted

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S5316	Continued From page 21	S5316		

to facility 4/01/16. The count record lacked the accurate dates of administration, the signature of person administering the medication for six doses, and the number of tablets administered on 6/28/16.

#170 - Count record documented 38 tablets hydrocodone/acetaminophen remaining; physical count revealed 37 tablets. The count log documented a starting number of 90 on 5/03/16 and logged descending numbers to 38 on 7/10/16.

#187 - Count record documented 140 tablets hydrocodone/acetaminophen remaining; physical count revealed 139 tablets. The count log documented a starting number of 147 on 7/20/16 and logged descending numbers to 140 on 7/26/16.

On 7/26/16 at 5:20pm, this log contained a new entry "7/20/16... 139... one tablet given...

By interview on 7/26/16 at 5:20pm, Owner/Operator/RN #H stated I added the dose to #187's after count revealed one off... I gave one on 7/20/16 and failed to document it... by review of the logs, they do not/did not count the remaining tablets each time a dose was administered... each person who documented number of pills remaining did so without physically verifying the number of pills... #H stated we do not have a set time for reconciliation... I try to count them and check on them whenever I am in the box to give a medication. In regard to #189, I realized we didn't have a count sheet, made a count sheet... started on the wrong date (March instead of April) and left blank spaces for others to sign for the doses administered... confirmed doses and signatures

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S5316	Continued From page 22 missing in accordance with the MAR (medication administration record) By interview on 7/26/16 at 5:26pm, Owner/Operator/RN #H reviewed Temazepam for #185 and stated they are skipping doses... are not signing out narcotics each time administered... By review of available policies related to medications, the policies and procedures failed to address a system for accountability of medications that provided for an accurate reconciliation and disposition of medications. The Licensed nurses and Medication aides failed to maintain records of receipt and disposition of medications managed by facility for #185, #187, and #170, in sufficient detail for an accurate reconciliation.	S5316		