STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B044001	A. BUILDING: _____ B. WING _____	07/20/2016

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KELLY HOUSE OF MERIDEN NORTH	6313 HIGHWAY K 4 MERIDEN, KS 66512

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S 000	INITIAL COMMENTS The following citations are a result of a licnesure re-survey conducted on 7/18/16, 7/19/16 and 7/20/16 at the above named home plus facility.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (a) The facility census equaled 7 the sample included 3 residents. Based on observation, record review and interview for 2 of 3 residents (#718 and #720), the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained the identification of each party responsible for payment if outside resources provide a service.	S5105		

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

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S5105	Continued From page 1 Findings included: - Record review for resident #718 recorded an admission date of 7/1/15 and diagnoses including: hypothyroidism, hypertension, cerebrovascular disease, history malignant neoplasm, dementia, nervousness and Alzheimer ' s disease. Functional Capacity Screen (FCS) dated 4/1/16 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Negotiated service agreement/health care service plan (NSA/HCSP) dated 4/1/16 recorded resident to receive assistance with bathing, dressing, toileting, transfer and walk/mobility. NSA/HCSP dated 4/1/16: ancillary services provided: recorded podiatry services, responsible party for financial services: none at this time. Addendum to the NSA dated 6/29/16 recorded Hospice services to be billed to residents insurance and Medicare. The NSA/HCSP lacked documentation of the party responsible for payment of outside podiatry services. Record review for resident #720 recorded an admission date of 12/18/15 with diagnoses of: chronic pain, dementia, hypertension, hyperlipidemia, atrial fibrillation, gastroesophogeal reflux disease and congestive heart failure. FCS dated 3/31/16 recorded resident required	S5105		

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S5105	Continued From page 2 supervision with transfers, walk/mobility, assistance with bathing, dressing, toileting and management of medications and treatments. NSA/HCSP dated 3/31/16 recorded resident to receive supervision with transfers, walk mobility and assistance with bathing, dressing and toileting. NSA/HCSP dated 3/31/16 recorded, ancillary services provided: podiatry services, responsible party for financial services, (son). Addendum to the NSA dated 4/21/16 recorded hospice services to be provided, no source of payment recorded. The NSA/HCSP lacked documentation of the party responsible for payment of outside hospice services. Interview on 7/18/16 at 12:25pm with hospice nurse # E, outside provider stated he/she was here to see residents #718 and #720. Observation on 7/19/16 at approximately 1:00pm revealed licensed physician #F here to provide foot care to all facility residents. Interview on 7/19/16 at 11:55pm with licensed staff #C confirmed residents #718 and #720 receive hospice services and podiatry services and NSA/HCSP lacked party responsible for payment of these outside services. For residents #718 and #720 who received outside provider services, the operator failed to ensure the Negotiated Service Agreement (NSA) contained the identification of each party responsible for payment of the outside services.	S5105		

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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 facility reported a census of 7 residents. The sample included 3 residents. Based on record review, observation and interview for 3(#718, #719 and #720)) sampled residents, requiring health care services, the operator failed to ensure that a licensed nursed provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #718 recorded an admission date of 7/1/15 and diagnoses including: hypothyroidism, hypertension, cerebrovascular disease, history malignant neoplasm, dementia, nervousness and Alzheimer ' s disease. Functional Capacity Screen (FCS) dated 4/1/16 recorded resident required assistance with	S5155		

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S5155	Continued From page 4 bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Negotiated service agreement/health care service plan (NSA/HCSP) dated 4/1/16 recorded resident to receive assistance with bathing, dressing, toileting and walk/mobility. Resident ' s July 2016 medication administration record recorded 12 medications and 2 treatments administered by staff. Observation on 7/18/16 at 3:10 in resident ' s room revealed the following: certified staff #A and certified staff #B transferred resident with assistance of 2 from a twin bed with an air mattress in place to a wheel chair containing a pressure reduction cushion. Resident had two heel protectors in place on his/her heels. NSA/HCSP lacked entries for management of medications and treatments, use of air mattress, pressure reduction cushion and heel protectors. Interview on 7/19/16 at 11:55am with licensed staff #C confirmed NSA/HCSP lacked entries for management of medications and treatments, air mattress, pressure reduction cushion and heel protectors. Record review for resident #719 recorded an admission date of 4/1/16 and diagnoses including: hypertension, diabetes, hypercholesterolemia, osteoarthritis and Alzheimer ' s. FCS dated 4/1/16 recorded resident required assistance with management of medications and treatments and supervision with transfers.	S5155		

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S5155	Continued From page 5 NSA/HCSP dated 4/1/16 recorded resident to receive supervision with transfers. Resident ' s July 2016 medication administration record recorded 15medications and 2 treatments administered by staff. Observation during facility tour on 7/18/16 at 11:25am, in resident ' s room revealed a trapeze bar (a triangle shaped bar used to aide in transfers/repositioning) at the head of resident ' s bed. NSA/HCSP lacked entries for management of medications and treatments and use of trapeze bar. Interview on 7/19/16 with certified staff # D stated resident uses trapeze bar in the mornings to get up out of bed. Interview on 7/19/16 at 11:55am with licensed staff #C confirmed NSA/HCSP lacked entries for management of medications and treatments and use of trapeze bar. Record review for resident #720 recorded an admission date of 12/18/15 with diagnoses of: chronic pain, dementia, hypertension, hyperlipidemia, atrial fibrillation, gastroesophogeal reflux disease and congestive heart failure. FCS dated 3/31/16 recorded resident required supervision with transfers, assistance with management of medications and treatments and has a history of falls/ unsteadiness. NSA/HCSP dated 3/31/16 recorded: staff will encourage him/her to utilize the use of his/her	S5155		

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S5155	Continued From page 6 walker at all times when ambulating. Resident ' s July 2016 medication administration recorded 7 medications and 4 treatments administered by staff. Observation on 7/18/16 at 4:00pm in living room: Certified staff # A transferred resident from recliner to wheelchair containing a pressure reduction cushion and pad/body alarm. NSA/HCSP lacked entries for wheelchair with pressure reduction cushion, use of pad/body alarm (a pressure sensitive pad that sounds an alarm when resident moves) and management of medications and treatments. Interview on 7/19/16 at 11:55am with licensed staff #C, confirmed NSA/HCSP lacked entries for wheelchair use, pressure reduction cushion and use of pad/body alarm. Interview on 7/19/16 at 11:35am with certified staff # D confirmed staff administer medications and treatments to all residents of the facility. For residents #718, #719, and #720 who required health care services, the operator failed to ensure that a licensed nursed provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		
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	S5161		

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S5161	Continued From page 7 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 reported a census of 7 residents. The sample included 3 residents. Based on record review and interview for 2 sampled residents (#718, and #720) who required health care services, the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the plan. Findings included: - Record review for resident #718 recorded an admission date of 7/1/15 and diagnoses including: hypothyroidism, hypertension, cerebrovascular disease, history malignant neoplasm , dementia, nervousness and Alzheimer ' s disease. Functional Capacity Screen (FCS) dated 4/1/16 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Negotiated service agreement/health care service plan (NSA/HCSP) dated 4/1/16 recorded resident to receive assistance with bathing, dressing, toileting, transfer and walk/mobility. NSA/HCSP lacked the name of the licensed	S5161		

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S5161	Continued From page 8 nurse responsible for implementation and supervision of the plan. Record review for resident #720 recorded an admission date of 12/18/15 with diagnoses of: chronic pain, dementia, hypertension, hyperlipidemia, atrial fibrillation, gastroesophogeal reflux disease and congestive heart failure. FCS dated 3/31/16 recorded resident required supervision with transfers, walk/mobility, assistance with bathing, dressing, toileting and management of medications and treatments. NSA/HCSP dated 3/31/16 recorded resident to receive supervision with transfers, walk mobility and assistance with bathing, dressing and toileting. NSA/HCSP lacked the name of the licensed nurse responsible for implementation and supervision of the plan. Interview on 7/19/16 at 11:55am with licensed nurse #C confirmed the NSA/HCSP for residents #718 and #720 lacked the name of the licensed nurse responsible for implementation and supervision of the plan. For residents #718 and #720, residents who required health care services, the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the plan.	S5161		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education	S5215		

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S5215	Continued From page 9 (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 equaled 7 the sample included 3 residents. Based on record review and interview, the operator failed to ensure quarterly review of the disaster and emergency preparedness plan with residents. Findings included: - On 7/19/1 at 11:35am, operator provided documentation of the facility ' s emergency management plan for employees and residents. Operator submitted resident emergency management training for residents dated 1/20/15 and 7/10/15.	S5215		

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S5215	Continued From page 10 Operator stated he/she was unable to find any documentation of emergency management training for residents for 2016. For all residents, the operator failed to ensure quarterly review of the disaster and emergency preparedness plan with residents.	S5215		