STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N053001	A. BUILDING: _____ B. WING _____	06/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN PARK MANOR INC	922 N 5TH ST LINCOLN, KS 67455

(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 citation represent the findings of an Assisted Living/Residential Healthcare resurvey.	S 000		
S 455 SS=F	28-39-152(m) DRUG THERAPY (m) Drug therapy. The facility shall ensure that all drugs are administered to residents in accordance with a physician's order and acceptable medical practice. The facility shall further ensure all of the following: (1) All drugs are administered by physicians, licensed nursing personnel, or other personnel who have completed a state-approved training program in drug administration. (2) A resident may self-administer drugs if the interdisciplinary team has determined that the resident can perform this function safely and accurately and the resident's physician has given written permission. (3) Drugs are prepared and administered by the same person. (4) The resident is identified before administration of a drug, and the dose of the drug administered to the resident is recorded on the resident's individual drug record by the person who administers the drug. This REQUIREMENT is not met as evidenced by: The facility had a census of 6 residents. Based on observation, record review and interview the facility failed to ensure Staff administered medications to 6 of the 6 residents in accordance	S 455		

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

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S 455	Continued From page 1	S 455		

with physician orders and acceptable medical practice.

Findings included :

- On 6/13/2016 at 1:30 PM, observation during the initial tour revealed the medication cart had 6 pill set up boxes (1 for each resident) for the week. Continued observation revealed each of the 6 residents had medication box containing AM, noon and PM dose medications for the entire week.

On 6/13/2016 at 1:35 PM, Nurse D verified the medications in the pill box were set up for a week at a time and all the medications for the AM, noon and night are combined together in one box for the nurse and/or (CMA) Certified Medication Aide to administer each shift. Nurse D verified Medication Aide A would fill the boxes every Tuesday for each resident for the entire week. Nurse D verified he/she administered all of the medications in the box on his/her shift to the residents.

The facility's 5/23/2016 Medication Pass policy indicated the medication aide and/or nurse would administer medications to the resident within acceptable and safe standards of practice. The policy indicated the medications will be administered as prescribed by the ordering physician and only by persons lawfully authorized to do so. The policy stated the nurse would pull out the needed medications according to the (MAR) Medication Administration Record. Next read medication label as you pull it out, dispense it into appropriate container, then read medication label again as you sign and again as you put it away. Next identify the resident and staff would assist the resident if needed to take the

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S 455	Continued From page 2 medication, make sure he/she had plenty of fluids, and observe the resident taking the medication. The policy instructed the staff not to leave the medication on the bedside table in the resident's room. The nurse would use the alcohol gel to cleanse his/her hands after passing medications to residents even if no contact was made. The facility failed to ensure the medications prepared/set up, are also administered by the same nurse and/or certified medication aide who set them up.	S 455		
S 640 SS=F	28-39-158(g) SANITARY CONDITIONS (2) The facility shall store, prepare, display, distribute, and serve foods to residents, visitors and staff under sanitary conditions. (A) The facility shall keep potentially hazardous foods at a temperature of 45oF or 7oC or lower, or at a temperature of 140oF or 60oC or higher. (B) The facility shall provide each mechanically refrigerated storage area with a numerically scaled thermometer, accurate to +plus or -minus 3oF or 1.5oC, which is located to measure the warmest part of the storage area and is easily readable. (C) The facility shall keep frozen food frozen and shall store the food at a temperature of not more than OoF. This REQUIREMENT is not met as evidenced by: The assisted living facility had a census of 6	S 640		

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S 640	Continued From page 3 residents. The sample included 3 residents. Based on observation, record review and interview, the facility failed to prepare, store, distribute and serve food under sanitary conditions for the 6 residents in the assisted living facility who receive their meals from the facility kitchen. Findings included: - On 6/06/2016 at 2:15 PM, during the initial kitchen tour, observation revealed Dietary Staff preparing the evening meal. Continued observation revealed missing floor tile along the threshold on entrance to the dining room. Continued observation revealed two large sheets of linoleum, approximately 5 feet by 7 feet in the dishwashing area that were butted together with a metal transition strip and the linoleum pieces were chipped and lifted from the floor. Continued observation revealed the floor area adjoining the base board and the linoleum were covered with a brownish, greasy dust and food particles in the dishwashing area. Continued observation revealed throughout the kitchen area along the sides of the floor against the wall brownish, greasy dust and food particles. Review of the aides morning and evening cleaning schedules lacked scheduled documentation for mopping the kitchen floor. On 6/06/2016 at 4:10 PM, Dietary Manager F verified the kitchen had missing tile on the entrance to the dining room, and a brownish, greasy dust build up along the baseboard of the kitchen floor. Dietary Manager F stated the dietary staff sweep the floors, under the stove, preparation table, refrigerators, back hall and the storage room daily.	S 640		

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S 640	Continued From page 4 On 6/13/2016 at 9:35 AM, Maintenance Staff B stated the tile to the entrance of the dining room and the kitchen threshold area was missing and it was an infection control issue. Maintenance Staff B also verified the tile cracked and missing in the dishwashing area, baseboards in the dishwashing area had brown grease and dirt along the baseboards, and the rest of the kitchen had the same brownish grease/grime build up. Maintenance Staff B stated he/she had cleaned the floors on a weekly basis and it was a build up of grease and dirt and the linoleum needed replaced and repaired. The facility's 11/18/2015 kitchen floor maintenance policy indicated floor care personnel clean the kitchen floor weekly with the floor care equipment. The staff would clean all of the baseboards and clean the floors with the motorized scrubber with (MAD) Mild Acid Detergent. The facility failed to prepare, store, distribute and serve food under sanitary conditions, for the 6 residents residing in the assisted living facility, who receive meals from the facility kitchen	S 640		