STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	04/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

(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 citatations are a result of a licensure resurvey at the above named home plus facility in Highland on 4/4/16, 4/5/16 and 4/6/16. Revised 2567 mailed to facility 4/8/2016	S 000		
S5055 SS=D	26-42-101 (l) Survey Report l) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a common area to residents and any other individuals wishing to examine survey results. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(l) The facility reported a census of 12 residents. The sample included 3 residents. Based on observation and interview the operator failed to ensure that a copy of the most recent survey report and plan of correction is available in a common area to residents and any other individuals wishing to examine survey results. Findings included: - Observation 4/4/16 at approximately 9:05am, revealed no copy of the most recent survey in the public areas of the facility. A sign on the china cabinet read " Policies and procedures available upon request. " Interview on 4/4/16 at 11:55 am with operator/licensed staff #A confirms survey is not available in a common area, there is no sign providing information on how to access the survey results and stated " It is in the closet in my office. " At 12:04pm staff #A presented the	S5055		

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

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S5055	Continued From page 1 revisit survey of 10/10/14 and stated " I had to look like 5 places for it. " Interview on 4/4/16 at 12:55 pm with operator/licensed staff #A confirmed he/she was unable to find the most recent resurvey of 9/24/14. Based on observation and interview the operator failed to ensure that a copy of the most recent survey report and plan of correction is available in a common area to residents and any other individuals wishing to examine survey results.	S5055		
S5080 SS=E	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by:	S5080		

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S5080	Continued From page 2 KAR 26-42-201(a) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview and observation for 2 of 3 residents sampled (#404and #405) the operator failed to ensure that the department ' s screening form included each element and definition specified by the department. Findings included: - Record review for resident #404 recorded admission date of 4/30/15 with diagnoses that include of cerebrovascular accident (CVA), muscle weakness, difficulty walking, trans-cerebral ischemia, and aphasia. Functional capacity screen (FCS) dated 12/10/15 recorded resident #404 required " physical assistance (2) " with transfer and walking, mobility also recorded as " unable to perform (3) " transfer and walking mobility. Resident #404 was also coded both as " supervision needed (1) " and " physical assistance provided (2) " for eating. For resident #404 the operator failed to ensure that each element and definition as specified by the department was included in the functional capacity screen. Record review for resident #405 recorded admission date of 2/27/15 with diagnoses of avulsion of fingertip, dental infection, cognitive impairment, anxiety, high cholesterol depression and constipation. FCS dated 2/27/16 recorded resident #405 required " physical assistance (2) " for toileting	S5080		

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S5080	Continued From page 3 and also coded toileting as " supervision needed (1) " . Resident #405 walking, mobility was coded as both " supervision needed (1) " and " physical assistance (2) " ; transfers was coded as both " independent (0) and " supervision needed (1) " . For resident #405 the operator failed to ensure that each element and definition as specified by the department was included in the functional capacity screen. Interview on 4/4/16 at 4:20pm with operator/licensed staff #A he/she confirmed multiple codes for resident #404 and #405 stating, " We don ' t know what to code them, we want to give them the benefit of what they can do " He/she also confirms facility has instructions for how to complete the FCS. For residents #404 and #405, the operator failed to ensure that the department ' s screening form included each element and definition specified by the department.	S5080		
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.	S5155		

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S5155	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview and observation for 3 of 3 residents sampled (#404, #405 and #406) the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #404 recorded admission date of 4/30/15 with diagnoses that include of cerebrovascular accident (CVA), muscle weakness, difficulty walking, trans-cerebral ischemia, and aphasia. Functional capacity screen (FCS) dated 12/10/15 recorded resident required assistance with transfer, mobility and eating,, unable to perform bathing, dressing, toileting, and management of medications and treatments. Resident is incontinent of bladder. Resident has no cognitive issues and uses a wheelchair (w/c). Negotiated service agreement (NSA) dated 4/30/15 recorded resident to receive assistance with bathing, dressing, toileting, personal hygiene, ambulation/transfer, eating, skilled nursing services, PT/OT, speech (10/15) and hospice (12/15). Health care service plan (HCSP) dated 12/10/15 recorded resident to receive staff assist 1-2 with stand pivot or lifted from bed to chair, uses w/c	S5155		

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S5155	Continued From page 5	S5155		

propelled by staff most of time. Certified medication aides/nurses to give all medications to residents daily and treatments.

Observation in resident room on 4/4/16 at 2:10pm revealed resident in bed, hospice nurse and licensed staff #A present, 2 side rails noted on bed, resident grabs raised side rail and turns to right side. Resident has open area on left buttock.

Interview with licensed staff #A on 4/4/16 at 2:50pm confirmed HCSP does not address repositioning for open area on buttock.

Interview with licensed staff #A on 4/5/16 at 9:15am confirmed HCSP does not address use of side rails for positioning.

For resident #404, the operator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services related to side rails for positioning and management of skin issues.

Record review for resident #405 recorded admission date of 2/27/15 with diagnoses of avulsion of fingertip, dental infection, cognitive impairment, anxiety, high cholesterol depression and constipation.

FCS dated 2/27/16 recorded resident requires assistance with bathing, dressing, toileting and mobility, supervision for transfers, and unable to perform management of medications and treatments. Resident has a history of falls, impaired vision, impaired hearing and impaired decision making, and has difficulty with long term memory. Resident uses walker and has glasses.

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S5155	Continued From page 6 NSA dated 2/27/15 recorded resident to receive staff assistance with bathing, dressing, personal hygiene, toileting, transfers and ambulation. HCSP dated 2/27/16 recorded resident to receive assistance with bathing, dressing, walking and toileting. Supervision with transfers and certified medication aides/nurses to give all medications to residents daily and treatments. Observation during interview with resident on 4/5/16 at 11:15am revealed resident bed with 2 side rails attached. Interview with licensed staff #A on 4/5/16 at11:55 am confirmed side rail use is not addressed on the HCSP. For resident #405, the operator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services related to side rails. Record review for resident #406 recorded admission date of 12/15/15 with diagnoses that include pulmonary hypertension, diabetes mellitus, aortic stenosis and periprosthetic fracture of the hip. FCS dated 12/15/15 recorded resident requires assistance with bathing, dressing, mobility, and is unable to perform toileting, transfer and management of medications and treatments. Resident uses a walker/wheelchair, has a history of falls, impaired long term memory, impaired decision making and impaired vision. NSA dated 12/15/15 recorded resident is to receive staff assistance with bathing, dressing,	S5155		

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S5155	Continued From page 7 personal hygiene, toileting, ambulation/transfer (2 person assist), meal preparation, a therapeutic diet (diabetic), nectar thickened liquids, ground meat, and crushed pills, skilled nursing services , physical and occupational therapy (PT/OT) and speech evaluation (1/2/16). Resident record did not contain a health care service plan. Observation on 4/5/16 in resident ' s room revealed 2 side rails on resident ' s bed, a wheelchair with rojo cushion (a specialized pressure reduction device), walker nearby and toilet riser with grab bars on toilet. Interview with operator/licensed staff #A on 4/5/16 at 11:50am confirms resident #406 ' s record lacked a HCSP. For resident #406, the operator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services in accordance with the FCS and NSA. For 3 of 3 residents sampled (#404, #405 and #406) the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	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 nurse responsible for the implementation and	S5161		

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S5161	Continued From page 8 supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview, for 3 of 3(#404, #405 and #406) residents sampled, the operator failed to ensure 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. Findings included: - Record review for resident #404 recorded admission date of 4/30/15 with diagnoses that include of cerebrovascular accident (CVA), muscle weakness, difficulty walking, trans-cerebral ischemia, and aphasia. Functional capacity screen (FCS) dated 12/10/15 recorded resident required assistance with transfer, mobility (also coded as unable to do transfer and mobility) and eating, (also coded as in need of supervision with eating), unable to perform bathing, dressing, toileting, and management of medications and treatments. Resident is incontinent of bladder. Resident has no cognitive issues and uses a wheelchair (w/c). Negotiated service agreement (NSA) dated 4/30/15 recorded resident to receive assistance with bathing, dressing, toileting, personal hygiene, ambulation/transfer, eating, skilled nursing services, PT/OT, speech (10/15) and hospice	S5161		

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S5161	Continued From page 9 (12/15) Name of licensed nurse responsible for nursing plan listed the name of a hospice nurse. Health care service plan (HCSP) dated 12/10/15 recorded resident to receive staff assist 1-2 with stand pivot or lifted from bed to chair, uses w/c propelled by staff most of time. Certified medication aides/nurses to give all medications to residents daily and treatments. For resident #404, the operator failed to ensure the NSA contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. Record review for resident #405 recorded admission date of 2/27/15 with diagnoses of avulsion of fingertip,dental infection, cognitive impairment, anxiety, high cholesterol depression and constipation. FCS dated 2/27/16 recorded resident requires assistance with bathing, dressing, toileting (also coded as needing supervision) and mobility (also coded as requiring supervision), supervision for transfers (also coded as independent), and unable to perform management of medications and treatments. Resident has a history of falls, impaired vision, impaired hearing and impaired decision making, and has difficulty with long term memory. Resident uses walker and has glasses. NSA dated 2/27/15 recorded resident to receive staff assistance with bathing, dressing, personal hygiene, toileting, transfers and ambulation. Name of nurse responsible for nursing plan: [blank] HCSP dated 2/27/16 recorded resident to receive assistance with bathing, dressing, walking and	S5161		

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S5161	Continued From page 10 toileting. Supervision with transfers and certified medication aides/nurses to give all medications to residents daily and treatments. For resident #405, the operator failed to ensure the NSA contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. Record review for resident #406 recorded admission date of 12/15/15 with diagnoses that include pulmonary hypertension, diabetes mellitus, aortic stenosis and periprosthetic fracture of the hip. FCS dated 12/15/15 recorded resident requires assistance with bathing, dressing, mobility, and is unable to perform toileting, transfer and management of medications and treatments. Resident uses a walker/wheelchair, has a history of falls, impaired long term memory, impaired decision making and impaired vision. NSA dated 12/15/15 recorded resident is to receive staff assistance with bathing, dressing, personal hygiene, toileting, ambulation/transfer (2 person assist), meal preparation, a therapeutic diet (diabetic), nectar thickened liquids, ground meat, and crushed pills, skilled nursing services , physical and occupational therapy (PT/OT) and speech evaluation (1/2/16). Name of nurse responsible for nursing plan listed the name of a home health nurse. Resident record did not contain a health care service plan. Interview on 4/5/16 at 11:50am with operator/licensed staff #A, when asked who was responsible for the nursing plans for this facility	S5161		

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S5161	Continued From page 11 stated, " Oh, me. I should put my name there. " Confirms his/her name is not listed on the NSA ' s as the nurse responsible for implementation of the for residents #404, #405 and #406.For 3 of 3 (#404, #405 and #406) residents who required health care services the operator failed record the name of the licensed nurse responsible for the implementation and supervision of the HCSP on the NSA.	S5161		
S5185 SS=E	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. (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(a)(c) The facility reported a census of 12 home plus residents. The sample included 3 residents. Based on record review and interview for 2 of 3 residents (#404 and #406) receiving mechanically altered diets and/or thickened	S5185		

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S5185	Continued From page 12	S5185		

liquids, the operator failed to ensure provision or coordination of dietary service to the residents as identified in each resident ' s negotiated service agreement and 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.

Findings included:

- Record review for resident #404 recorded admission date of 4/30/15 with diagnoses that include of cerebrovascular accident (CVA), muscle weakness, difficulty walking, trans-cerebral ischemia, and aphasia.

Functional capacity screen (FCS) dated 12/10/15 recorded resident required assistance with eating, (also coded as in need of supervision with eating)

Negotiated service agreement (NSA) dated 4/30/15 recorded resident to receive assistance with bathing, dressing, toileting, personal hygiene, ambulation/transfer, eating (3 meals daily, cut meats), skilled nursing services, PT/OT, speech (10/15) and hospice (12/15)

Health care service plan (HCSP) dated 12/10/15 recorded resident to receive staff assistance with eating /nutrition. (staff cuts up food and chops up meat, is on thickened liquids (honey thick)

Physician ' s order dated January 2016 recorded resident is to receive honey thickened liquids and mechanical soft diet.

On 4/5/16 at 11:55am, licensed staff/operator #A presented papers titled " daily food guide " (mechanical soft diet instructions received from

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S5185	Continued From page 13 speech therapist) which recorded to avoid tough meats and raw vegetables, and a paper titled " honey thick liquids " with instructions for preparing honey thickened liquids. Papers lacked physician or dietician signature. Observation on 4/4/16 at 12:15pm revealed resident #404feeding self, shredded meat (pork chop), baked potato with butter, and cucumber and tomato chunks coated in a dressing. Interview on 4/4/16 at 4:00pm with licensed staff #B stated, " We just chop up his food finely, we adjust cooking to his needs like scrambled eggs. " He/she confirmed staff does not have diet instructions for mechanical soft diet for resident #404. Record review for resident #406 recorded admission date of 12/15/15 with diagnoses that include pulmonary hypertension, diabetes mellitus, aortic stenosis and periprosthetic fracture of the hip. FCS dated 12/15/15 recorded resident is independent with eating. NSA dated 12/15/15 recorded resident is to receive staff assistance with meal preparation, a therapeutic diet (diabetic), nectar thickened liquids and ground meat. Interview on 4/5/16 at 11:55am with operator/licensed staff #A confirms NSA recorded (mechanically altered diet/thickened liquids) and lack of physician or dietician instructions for diet/thickened liquids for resident #406. For 2 of 3 residents (#404 and #406) who receive mechanically altered diets and/or thickened	S5185		

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TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

(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
S5185	Continued From page 14 liquids the operator failed to ensure provision or coordination of dietary service to the residents as identified in each resident ' s negotiated service agreement and prepared according to instructions from a medical care provider or licensed dietitian.	S5185		