| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| STONEYBROOK ASSISTED LIVING | 2029 LITTLE KITTEN AVE MANHATTAN, KS 66503 |

| (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 |
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| S 000 | INITIAL COMMENTS<br><br>The following citations are the result of a Licensure Resurvey at the above named Assisted Living Facility in Manhattan, Kansas on 10/29/15, 11/02/15, 11/03/15, and 11/04/15. Complaint #91726 also investigated. | S 000 | | |
| S3082 SS=D | 26-41-201 (d) Functional Capacity Screen Accurate<br><br>d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-201(d)<br><br>The census equalled 18 the sample included three Residents. Based on observation, interviews and reviews of records, for one of three sampled (#189) the Operator failed to ensure designated facility staff completed a functional capacity screen (FCS) that accurately reflected the Residents's functional capacity.<br><br>Findings included:<br><br>- Review of record revealed #189 admitted to facility 10/22/15 with diagnoses of Elevated blood pressure, Hypertension, Osteoarthritis, Spinal stenosis, Parathyroid disorder, and C2 (cervical) fracture.<br><br>The current 10/22/15 FCS assessed #189 in need of physical assistance (2) for Bathing, Dressing, Eating, and Medication and Treatment Management; Independent (0) for Toileting, | S3082 | | |

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

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| S3082 | Continued From page 1<br>Transfers; and Supervision (1) for Mobility and occasional incontinence. The FCS failed to identify "Falls/Unsteadiness" as a current or recent problem or risk.<br><br>The 10/22/15 NSA (negotiated service agreement) documented facility staff to provide physical assistance with bathing, dressing, cutting up food, medications, and treatments. The NSA documented #1 to complete transfers and toileting independently, and to have assistance cutting up food.<br><br>The medical record contained a 10/22/15 admission "Fall Risk Assessment" that documented no history of falls.<br>The medical record contained a 9/30/15 physician visit dictation that documented "several falls recently... to ER due to neck pain after a fall... found to have a subacute C2 fracture."<br>The medical record contained a 9/26/15 Hospital History and Physical dictation that documented "...presents after several falls... most recently fell Wednesday night..."<br><br>By observation on 11/02/15 at 4:30pm, #189 wearing a cervical neck brace... he/she stated I fell at home and hit my head on the mop board... had other falls before that too...<br><br>On 10/29/15 at 3:28pm, Resident Care Coordinator (RCC) stated #189 fell at home, went to Rapid Recovery... then came here... not sure how long back falls were... I am pretty sure I have an FCS Manual... I will go look and see...<br><br>On 10/29/15 at 3:38pm RCC provided an FCS manual... confirmed he/she had just printed the manual... confirmed the coding on the FCS not accurate for this Resident's history of recent falls. | S3082 | | |

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| S3082 | Continued From page 2<br><br>The Operator failed to ensure designated facility staff completed an FCS that accurately reflected #189's functional capacity. | S3082 | | |
| S3155 SS=E | 26-41-204 (a) Health Care Services<br><br>. (a) The administrator or operator in each assisted living facility or residential health care facility 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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(a)<br><br>The census equalled 18 the sample included three Residents. Based on observation, interview, and review of record, for two of three sampled (#187 and #189), the Operator failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of each Resident related to risk for falls (#189) and related to repeat pressure sores (#187).<br><br>Findings included:<br><br>- Review of record revealed #187 admitted to facility 6/17/14 with diagnoses of Diabetes mellitus, Debility, Hypertension, Hypothyroidism, Gout, Abnormal gait, Depressive disorder, and Muscle weakness. | S3155 | | |

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| S3155 | Continued From page 3<br><br>The current 6/15/15 functional capacity screen (FCS) assessed #187 in need of physical assistance with bathing; unable to perform (3) medication and treatment management; with bladder incontinence (3) and some decision making difficulty.<br><br>The current 6/15/15 negotiated service agreement (NSA) documented licensed or certified staff to administer medications as ordered by physician; to assist with showers; to assist with toileting at least every two hours and to assist with incontinent care; staff to make sure #187 is repositioning during the day time; encourage to use pressure relieving cushion when in chair; serve a pureed or very soft food diet due to swallowing difficulty; drinks "Glucerna" milk shakes once daily.<br><br>The medical record documented recurring pressure sores to coccyx, buttocks, toe, heel, and ankle areas.<br><br>By observation on 10/29/15 at 12:15pm in the dining room, #187 received plate of pureed food. #187 poked at the mashed potatoes with a fork and stated this is too dry to eat... I can't even poke it with my silverware... Certified staff provided a pat of butter... #187 stated still too dry... requested gravy... Certified staff reported the kitchen did not send any... staff then removed the plate, added milk to the potatoes and heated the potatoes in the microwave.<br><br>By observation on 11/02/15 at 11:45pm in the dining room, #187 received plate of pureed food. #187 asked for gravy... Certified staff offered butter, stated we don't have any gravy... #187 stated no thanks, I have butter... | S3155 | | |

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| S3155 | Continued From page 4<br><br>By observation on 11/02/15 at 4:50pm and on 11/03/15 at 2:36pm in Resident's room, the recliner lacked any pressure relieving device. By interview on 11/02/15 at 4:50pm, #187 stated I spend a lot of time in my recliner... I have been sleeping in my recliner for some time because I can breathe easier... stated I used to put ointment on my bottom for sores, but staff does that now... stated the pureed food necessary because I lost my swallowing... food most of time OK, but if hard and dry I can't eat it... when that happens I put milk or water on it so I can eat it... we hardly ever have gravy...<br><br>The medical record lacked evidence services provided or coordinated to prevent the recurrence of pressure sores to include assurance of adequate nutritional intake at meal times, monitoring of health shake/supplement intake; offering or obtaining a pressure relieving device for recliner and documenting the Resident's decision to not use if declined.<br><br>On 11/03/15 at 2:40pm Resident Care Coordinator (RCC) #O and Executive Director #K confirmed nothing offered in the way of a pressure relieving device for #187's recliner... confirmed no physician's order for a health shake supplement and/or not monitoring the intake or type of shakes provided by family. Executive Director stated we can make sure gravies are always available for serving time for #187's meal.<br><br>By interview on 11/03/15 at 12:05pm, Resident Care Coordinator (RCC) stated #187 takes a nasal spray on his/her own... Flonase I think... not aware of any other medications... #187 used to do Silvadene treatment by self but we do that now... I do not have a self administration | S3155 | | |

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| S3155 | Continued From page 5<br>assessment...<br><br>The current 6/18/15 NSA and HSP (health service plan) failed to demonstrate individualized interventions, revisions, and modifications to prevent future development of pressure sores.<br><br>For Resident #187, the Operator failed to ensure the licensed nurse provided and coordinated the provision of necessary health care services to meet the needs of this Resident related to risk for pressure sores.<br><br>- Review of record revealed #189 admitted to facility 10/22/15 with diagnoses of Elevated blood pressure, Hypertension, Osteoarthritis, Spinal stenosis, Parathyroid disorder, and C2 (cervical) fracture.<br><br>The current 10/22/15 FCS assessed #189 in need of physical assistance (2) for Bathing, Dressing, Eating, and Medication and Treatment Management; Independent (0) for Toileting, Transfers; and Supervision (1) for Mobility and occasional incontinence. The FCS failed to identify "Falls/Unsteadiness" as a current or recent problem or risk.<br><br>The 10/22/15 NSA (negotiated service agreement) documented facility staff to provide physical assistance with bathing, dressing, cutting up food, medications, and treatments. The NSA documented #1 to complete transfers and toileting independently, and to have assistance cutting up food. The NSA lacked interventions to address Resident's history of falls and for prevention of additional falls.<br><br>The medical record contained a 10/22/15 | S3155 | | |

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| S3155 | Continued From page 6<br>admission "Fall Risk Assessment" that documented no history of falls.<br>The medical record contained a 9/30/15 physician visit dictation that documented "several falls recently... to ER due to neck pain after a fall... found to have a subacute C2 fracture."<br>The medical record contained a 9/26/15 Hospital History and Physical dictation that documented "...presents after several falls... most recently fell Wednesday night..."<br><br>By observation on 11/02/15 at 4:30pm, #189 wearing a cervical neck brace... he/she stated I fell at home and hit my head on the mop board... had other falls before that too...<br><br>On 10/29/15 at 3:28pm, Resident Care Coordinator (RCC) stated #189 fell at home, went to Rapid Recovery... then came here... not sure how long back falls were... confirmed the NSA lacked interventions to address #189's risk for falls.<br><br>For Resident #189, the Operator failed to ensure the licensed nurse provided and coordinated the provision of necessary health care services to meet the needs of this Resident related to risk for additional falls. | S3155 | | |
| S3171 SS=D | 26-41-204 (i) Health Care Services Standards of Practice<br><br>(i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(i) | S3171 | | |

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| S3171 | Continued From page 7<br><br>The census equalled 18 the sample included three Residents. Based on reviews of records and interviews, for one of one sampled (#185) with physician orders to soak ingrown toenail in Epsom Salt water, the Operator failed to ensure all health care services provided by qualified staff in accordance with acceptable standards of practice.<br><br>Findings included:<br><br>- Review of record revealed #185 admitted to facility 10/16/11 with diagnoses of Esophageal reflux, Restless leg syndrome, Anorexia, Pruritic disorder, Atrial fibrillation, Hyperlipidemia, Anemia, and Psychogenic skin disease.<br><br>The current 4/25/15 functional capacity screen (FCS) assessed #185 in need of physical assistance with medication and treatment management.<br><br>The current 7/24/15 negotiated service agreement (NSA) addendum documented #185 to complete activities of daily living independently, but to continue with facility management of medications and treatments.<br><br>The medical record contained an 8/03/15 Clinical Note (CN) "Resident complained of pain to left great toe... observed to be red and has some purulent drainage to inner corner of toenail... tender to touch... left message with physician... no response back at this time. The CN notes lacked entries on 8/04/15 and 8/05/15.<br>The medical record contained an 8/06/15 Clinical Note and physician's order "follow up appointment (with different physician) regarding ankle... has ingrown toenail to left great toe... | S3171 | | |

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| S3171 | Continued From page 8 | S3171 | | |

Epsom salt soaks 5-10 minutes BID (twice daily)... ETAR (electronic treatment administration record) updated... will have daughter get some Epsom salt..."
By review, the ETAR contained morning and evening entries beginning on evening of 8/06/15 and ending on 8/19/15. Of these 43 entries, 21 documented "Not Administered."
The EMAR lacked documentation or description of the reason "not administered."

By confidential interview on 11/02/15 an individual stated family member was not notified to bring in the Epsom salt...

By interview on 11/03/15 at 10:25am, #185 stated I had an ingrown toenail but it's all cured now... On 11/03/15 at 10:40am #185 stated they never soaked my foot but it healed fine... I guess they never had the stuff to soak it with...

By confidential interview on 11/04/15 staff member #M stated family did bring in Epsom salt and it was stored in Resident room... stated #185 was often in activities and/or sitting outside when time to soak foot and #185 declined to stop what he/she was doing, remove support stocking, and have foot soaked.

The medical record contained an 8/28/15 clinical note "faxed physician 8/27/15 regarding Resident's complaint of left great toe pain... is red, warm and has small amount of purulent drainage coming from corner of toenail... fax back Start Keflex (an antibiotic) 500mg (milligrams) QID (four times daily) for seven days..."

The medical record contained a 9/16/15 clinical note "toenail clinic came today, seen Resident's ingrown toenail... apply triple antibiotic ointment to

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| S3171 | Continued From page 9<br>left great toe daily for seven days, cover with Band-Aid..."<br><br>The medical record lacked evidence of assessment and monitoring of the effectiveness of the ordered treatment, in according with professional standards of practice.<br>The medical record lacked evidence of response or additional interventions to address Resident's documented refusals.<br>The Medical record lacked documentation of licensed nurse followup after each physician order to address the ingrown toenail, in order to evaluate the implementation and effectiveness of the orders.<br><br>The Operator failed to ensure all health care services for #185, including interventions for treatment of ingrown toenail, provided by qualified staff in accordance with acceptable standards of practice. | S3171 | | |
| S3175 SS=D | 26-41-205 (a) (1) Self Administration of Medication<br><br>(a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance.<br>(1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. | S3175 | | |

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| S3175 | Continued From page 10 | S3175 | | |

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(a)(1)

The facility census equalled 18. The sample included three Residents. The facility identified nine Residents with self administered medications. Based on observations, interviews, and reviews of record, for one of one sampled who self administered medications (#187), the Operator failed to ensure a licensed nurse performed an assessment of the Resident's ability to safely and accurately self administer medications.

Findings included:

- Review of record revealed #187 admitted to facility 6/17/14 with diagnoses of Diabetes mellitus, Debility, Hypertension, Hypothyroidism, Gout, Abnormal gait, Depressive disorder, and Muscle weakness.

The current 6/15/15 functional capacity screen (FCS) assessed #187 in need of physical assistance with bathing; unable to perform (3) medication and treatment management; with bladder incontinence (3) and some decision making difficulty.

The current 6/15/15 negotiated service agreement (NSA) documented licensed or certified staff to administer medications as ordered by physician.

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| S3175 | Continued From page 11<br><br>By observation on 11/02/15 at 4:50pm in Resident's room, multiple containers of medications positioned on a small table beside recliner and on a bedside table next to #187's bed. Medications included: Flonase, Saline nasal spray, Nasonex, and Tums.<br><br>By interview on 11/02/15 at 4:50pm, #187 stated I take my Tums and nose sprays on my own... they bring my other medications to me... I used to do the treatment to my bottom (Silvadene ointment to buttocks)but they do that now... I use both Flonase and Nasonex... I use them when I need them... why would I have them in here if I didn't use them...<br><br>By review, the medical record lacked a self administration assessment. The NSA failed to include a description of services that included self medication administration of select medications.<br><br>By interview on 11/03/15 at 12:05pm, Resident Care Coordinator (RCC) stated #187 takes a nasal spray on his/her own... Flonase I think... not aware of any other medications... #187 used to do Silvadene treatment by self but we do that now... I do not have a self administration assessment...<br><br>The Operator failed to ensure a licensed nurse conducted a self administration assessment for #187 prior to #187 self administering medications. | S3175 | | |
| S3200 SS=E | 26-41-205 (d) (1-2) Facility Administration of Medications<br><br>(d) Facility administration of resident ' s | S3200 | | |

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| S3200 | Continued From page 12<br>medications. If a facility 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:<br>(1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility.<br>(2) Medication aides shall not administer medication through the parenteral route.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(d)<br><br>The census equalled 18 the sample included three Residents. The facility identified 15 Residents with facility managed medications. Based on interviews and reviews of records, for two of three sampled (#185 and #187), the Operator failed to ensure all medications and biologicals administered to Residents in accordance with a medical care provider's written orders and in accordance with professional standards of practice.<br><br>Findings included:<br><br>- Review of record revealed #187 admitted to facility 6/17/14 with diagnoses of Diabetes mellitus, Debility, Hypertension, Hypothyroidism, Gout, Abnormal gait, Depressive disorder, and | S3200 | | |

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| S3200 | Continued From page 13<br>Muscle weakness.<br><br>The current 6/15/15 functional capacity screen (FCS) assessed #187 unable to perform (3) medication and treatment management.<br><br>The current 6/15/15 negotiated service agreement (NSA) documented licensed or certified staff to administer medications as ordered by physician.<br><br>By review, the medical record contained a clinical note of 5/18/15 "returned from Immediate Care with new order for Cleocin (an antibiotic) 300mg (milligrams) TID (three times daily) for six days for infection."<br>The medical record lacked assessment information of infection location to include signs or symptoms of illness.<br>The medical record lacked any licensed nurse follow-up of the Resident's response to the medication.<br><br>The May 2015 EMAR (electronic medication administration record) documented the administration times of Cleocin as:<br>5/18/15 - 10:00 - 13:53 - daughter gave because it was not in the computer<br>5/18/15 - 06:00 - 13:53 - daughter administered due to it not being in the system yet<br>5/18/15 - 18:37<br>5/19/15 - 7:54<br>5/19/15 - 12:04<br>5/19/15 - 6:32<br>5/20/15 - 7:48<br>5/20/15 - 11:28<br>5/20/15 - 16:59<br>5/21/15 - 7:34<br>5/21/15 - 11:28<br>5/21/15 - 17:01 | S3200 | | |

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| S3200 | Continued From page 14<br>5/22/15 - 7:32<br>5/22/15 - 11:59<br>5/22/15 - 16:46<br>5/23/15 - 07:33<br>5/23/15 - 11:36<br>5/23/15 - 16:24<br>This demonstrated the antibiotic administered as close as 3.5 hours apart (5/20/15), 4.0 and 5.0 hours apart.<br>According to the facility's Mosby 2013 Drug Reference Book, Cleocin should be administered "in equal intervals (every 8 hours) around the clock to maintain blood levels."<br><br>On 11/02/15 at 1:45pm, RN (registered nurse) Consultant #Q stated the nurse in charge enters the time in the computer... #Q stated this type of medication should have been assigned a time of administration as opposed to a "window of time" such as 6:00am-10:00am, 10:00am -2:00pm, and 2:00pm-6:00pm.<br><br>The Operator failed to ensure all medications and biologicals administered to #187 in accordance with professional standards of practice.<br><br>- Review of record revealed #189 admitted to facility 10/22/15 with diagnoses of Elevated blood pressure, Hypertension, Osteoarthritis, Spinal stenosis, Parathyroid disorder, and C2 (cervical) fracture.<br><br>The current 10/22/15 FCS assessed #189 in need of physical assistance (2) with Medication and Treatment Management.<br><br>The 10/22/15 NSA (negotiated service agreement) documented facility staff to administer all medications as ordered by | S3200 | | |

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| S3200 | Continued From page 15<br>physician, staff to re-order medications in a timely manner.<br><br>Comparison of the October 2015 EMAR (electronic medication administration record) with written medical care provider orders revealed the following:<br><br>Resident Care Coordinator (RCC) #O initially identified four fax pages signed by PA (physician's assistant) of 10/21/15 as the admission medication orders used to develop the EMAR for #189's medication administration.<br>In comparison of this list of medications with the EMAR, the following discrepancies noted:<br>Fax - Norvasc (blood pressure medication) 10mg (milligrams), no route or dosage; EMAR - Norvasc 5mg one tablet daily<br>Fax - Colace (stool softener) 100mg take 100mg by mouth daily; EMAR - Colace 100mg give 300mg one time daily<br>Fax - Duragesic Patch (pain medication) 12 mcg (microgram) 72 hours; EMAR - Duragesic 25mcg every three days<br>Fax - Prilosec (anti reflux) 20mg, no route or dosage; EMAR - Prilosec 20mg one time daily<br>Fax - Included Tylenol (analgesic) 325mg, Tylenol 650mg, Mylanta (antacid), Orajel (numbing gel) 10%, Dulcolax suppository (laxative), Voltaren (non steroidal anti inflammatory) 1% gel, Garamycin 0.3% ophthalmic ointment, Lisinopril (blood pressure) 10mg, and Milk of Magnesia (laxative); these medications not included on the EMAR.<br><br>On 10/29/15 at 4:11pm, RCC #O provided a one page "Discharge Instructions" page, and identified this list of medications as the orders used to develop the EMAR for #189. In review this list more closely matched the EMAR, but this | S3200 | | |

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| S3200 | Continued From page 16<br>list of orders lacked the signature of a physician or PA, or other qualified medical care provider. The EMAR medications lacked a medical care provider's signature in accordance with professional standards.<br><br>On 10/29/15 at 4:11pm, RCC #O confirmed this page of medications without a signature did not suffice as written orders.<br><br>The Operator failed to ensure all medications and biologicals administered to #189 in accordance with written medical care provider orders and in accordance with professional standards of practice. | S3200 | | |
| S3216 SS=E | 26-41-205 (i) Disposition of Medication<br><br>(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 facility in sufficient detail for an accurate reconciliation.<br>(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:<br>(A) Two licensed nurses; or<br>(B) a licensed nurse and a licensed pharmacist.<br>(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:<br>(A) Two licensed nurses;<br>(B) a licensed nurse and a medication aide;<br>(C) a licensed nurse and a licensed pharmacist; or | S3216 | | |

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| S3216 | Continued From page 17<br>(D) a medication aide and a licensed pharmacist.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(i)<br><br>The census equalled 18 the sample included three Residents. The facility identified 15 Residents with facility managed medications. Based on interviews and reviews of records, for one of three sampled (#185), the Licensed nurses and Medication aides failed to maintain records of receipt and disposition of medications in sufficient detail for an accurate reconciliation.<br><br>Findings included:<br><br>- Review of record revealed #185 admitted to facility 10/16/11 with diagnoses of Esophageal reflux, Restless leg syndrome, Anorexia, Pruritic disorder, Atrial fibrillation, Hyperlipidemia, Anemia, and Psychogenic skin disease.<br><br>The current 4/25/15 functional capacity screen (FCS) assessed #185 in need of physical assistance with medication and treatment management.<br><br>The current 7/24/15 negotiated service agreement (NSA) addendum documented #185 to continue with facility management of medications and treatments.<br><br>By confidential interview on 11/02/15 an individual stated #185 was in the building on Saturday evening and Sunday morning of Labor Day week end (9/05/15 and 9/06/15)... facility staff thought | S3216 | | |

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| S3216 | Continued From page 18<br>#185 out of building from Friday 9/05/15 to Monday 9/07/15... #185 may not have been given medications as scheduled.<br><br>By review of the medical record, the Clinical Notes (CN) lacked any documentation of Resident leaving building for the weekend... the CN contained an entry on 9/04/15 that detailed symptoms of not feeling well; the next entry dated 9/10/15 detailed a scheduled visit by the podiatrist.<br><br>By review of the EMAR (electronic medication administration record) for September 2015, the EMAR contained no staff administration from 9/04/15 at 4:00pm to 11:00am on 9/07/15.<br><br>Staff provided the policy and procedure for "Signing Residents In and Out." This policy described the process to send medications with Resident/Family that required the completion of a "Disposition Sheet."<br>This policy and procedure described the need to count and log medications at the time of departure and at the time of return.<br><br>By interview on 11/03/15 at 4:45pm, Resident Care Coordinator (RCC) #O, RN (registered nurse) Consultant #Q, and Executive Director #K confirmed #185 not on the EMAR for 9/05/15 and 9/06/15... stated #185 was coded as "LOA" (leave of absence)... stated medications would have been sent with #185 in small white envelopes for each administration time... confirmed the facility did not follow the policy and procedure for sending medications with Resident for a LOA... a system failure... confirmed not able to demonstrate if Resident in the building for any medication passes on 9/05/15 and 9/06/15 by using the EMAR, the Clinical Notes, or the failure | S3216 | | |

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| S3216 | Continued From page 19<br>to use the "Disposition Sheets" correctly.<br><br>The Licensed nurses and Medication aides failed to maintain records of receipt and disposition of medications for #185 in sufficient detail for an accurate reconciliation. | S3216 | | |
| S3261 SS=E | 26-41-105 (f) (11) Resident Record Documentation of Incidents<br><br>(f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-105<br><br>The census equalled 18 the sample included three Residents. Based on reviews of records and interviews, for two of three sampled (#187 and #185), the Operator failed to ensure medical records contained documentation of all incidents, symptoms, other indications of illness or injury including the date, time of occurrence, action taken, and results of the actions.<br><br>Findings included:<br><br>- Review of record revealed #187 admitted to facility 6/17/14 with diagnoses of Diabetes mellitus, Debility, Hypertension, Hypothyroidism, Gout, Abnormal gait, Depressive disorder, and Muscle weakness. | S3261 | | |

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| S3261 | Continued From page 20<br>The current 6/15/15 functional capacity screen (FCS) assessed #187 unable to perform (3) medication and treatment management.<br><br>The current 6/15/15 negotiated service agreement (NSA) documented licensed or certified staff to administer medications as ordered by physician.<br><br>The electronic medical record provided by facility to Surveyor lacked "Nurses' Notes" or similar progress notes. Resident Care Coordinator (RCC) #O and RN (registered nurse) Consultant printed the "Clinical Notes Report" for #187. Review included the following:<br><br>Clinical note of 5/18/15 - "returned from Immediate Care with new order for Cleocin (an antibiotic) 300mg (milligrams) TID (three times daily) for six days for infection."<br>The medical record lacked documentation prior to this entry to describe any signs or symptoms of illness, any actions taken, or the results of the actions.<br>The medical record lacked documentation of an assessment of #187 before the Immediate Care visit, or upon return from the visit.<br>The medical record lacked documentation of licensed nurse follow-up of the Resident's response to the medication.<br><br>On 11/02/15 at 1:45pm, RN (registered nurse) Consultant #Q confirmed the clinical notes lacked documentation of the signs and symptoms of illness, the reason for the visit to emergency department, the reason for the antibiotic, the location of the infection, or an assessment by the nurse.<br><br>The Operator failed to ensure the medical record | S3261 | | |

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| S3261 | Continued From page 21<br>for #187 contained documentation of all incidents, symptoms, other indications of illness or injury including the date, time of occurrence, action taken, and results of the actions.<br><br>- Review of record revealed #185 admitted to facility 10/16/11 with diagnoses of Esophageal reflux, Restless leg syndrome, Anorexia, Pruritic disorder, Atrial fibrillation, Hyperlipidemia, Anemia, and Psychogenic skin disease.<br><br>The current 4/25/15 functional capacity screen (FCS) assessed #185 in need of physical assistance with medication and treatment management.<br><br>The current 7/24/15 negotiated service agreement (NSA) addendum documented #185 to complete activities of daily living independently, but to continue with facility management of medications and treatments.<br><br>The medical record contained a 6/09/15 Clinical Note (CN) "#185 to hospital for a Doppler study... negative for blood clots..."<br><br>The medical record lacked documentation of signs, symptoms, indications of illness or injury. The CN lacked documentation of an assessment, or actions taken that led to an evaluation at the hospital.<br><br>The medical record contained an 8/03/15 CN "Resident complained of pain to left great toe... observed to be red and has some purulent drainage to inner corner of toenail... tender to touch... left message with physician... no response back at this time.<br>The CN notes lacked entries on 8/04/15 and | S3261 | | |

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| S3261 | Continued From page 22<br>8/05/15.<br>The medical record contained an 8/06/15 Clinical Note and physician's order "follow up appointment (with different physician) regarding ankle... has ingrown toenail to left great toe... Epsom salt soaks 5-10 minutes BID (twice daily)... will have daughter get some Epsom salt..."<br>The ETAR contained 43 entries with 21 entries documented "Not Administered."<br>The CN and EMAR lacked documentation of the reason "not administered."<br>The medical record lacked additional assessment or follow-up of the sore toe.<br><br>By confidential interview on 11/02/15 an individual stated family member was not notified to bring in the Epsom salt...<br>On 11/03/15 at 10:40am #185 stated they never soaked my foot but it healed fine... I guess they never had the stuff to soak it with...<br><br>The medical record lacked documentation of availability issues with the Epsom salt.<br><br>By confidential interview on 11/04/15 staff member #M stated family did bring in Epsom salt... was stored in Resident room... #185 was often outside or doing activities and didn't want to stop and soak foot...<br><br>The medical record lacked documentation of Resident's refusals, and lacked documentation of additional interventions attempted.<br><br>The medical record contained an 8/28/15 clinical note "faxed physician 8/27/15 regarding Resident's complaint of left great toe pain... is red, warm and has small amount of purulent drainage coming from corner of toenail... fax back | S3261 | | |

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| S3261 | Continued From page 23<br>Start Keflex (an antibiotic) 500mg (milligrams) QID (four times daily) for seven days..."<br><br>The medical record contained a 9/16/15 clinical note "toenail clinic came today, seen Resident's ingrown toenail... apply triple antibiotic ointment to left great toe daily for seven days, cover with Band-Aid..."<br><br>The medical record lacked documentation of licensed nurse followup after these treatments completed.<br><br>The Operator failed to ensure the medical record for #185 contained documentation of all incidents, symptoms, other indications of illness or injury including the date, time of occurrence, action taken, and results of the actions. | S3261 | | |
| S3420 SS=F | 28-39-256 MECHANICAL REQUIREMENTS<br><br>(c) Mechanical requirements.<br><br>(1) Heating, air conditioning, and ventilating systems.<br><br>(A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC.<br><br>(B) Each apartment or individual living unit shall allow the resident to control the temperature.<br><br>(2) Plumbing and piping systems.<br><br>(A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. | S3420 | | |

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| S3420 | Continued From page 24<br><br>(B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas.<br><br>(3) Electrical requirements.<br><br>(A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting.<br><br>(B) Minimum lighting intensity levels shall be as required in Table 1.<br><br>(C) Each corridor and stairway shall remain lighted at all times.<br><br>(D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 28-39-256(c)(2)(B)<br><br>The census equalled 18 the sample included three Residents. Based on observations and interviews, for four of four publicly accessible lavatories and hand wash sinks (Dining room, Public bathroom, Activity room, and Laundry room), and for one of three sampled Resident rooms (#187), the Operator failed to ensure hot water ranged between 98 and 120 degrees F (Fahrenheit) at sinks and lavatories in Resident use areas. | S3420 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | N081007 | A. BUILDING: _____ B. WING _____ | 11/04/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| STONEYBROOK ASSISTED LIVING | 2029 LITTLE KITTEN AVE MANHATTAN, KS 66503 |

| (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 |
|---|---|---|---|---|
| S3420 | Continued From page 25<br>Findings included:<br><br>- The following temperatures obtained during the entrance tour of facility on 10/29/15:<br><br>Dining room sink - 125.8 degrees F<br>Public bathroom - 128.3 degrees F<br>Activity room - 131.3 degrees F<br>Laundry room - 127.7 degrees F<br><br>On 11/03/15 at 2:36pm in room of Sampled Resident #187, temperature in kitchen sink observed at 126.6 degrees F.<br><br>On 10/29/15 at 11:44am, Executive Director #H (from sister facility) reported Maintenance staff #J stated there are two water heaters that serve the facility.<br><br>On 10/29/15 at 5:20pm Executive Director #K acknowledged the temperatures out of range... stated Maintenance staff #J does keep a log... will forward that to you as soon as #J gets it to me.<br><br>On 11/02/15 at 10:30am Executive Director #K stated we have turned the water heater down as far as it will go... we are obtaining a bid for a mixer valve... the lowest setting on our water heater is 120 degrees F.<br><br>On 11/04/15 at 2:36pm, Executive Director #K acknowledged temperature still elevated in Resident #187 room... stated we are awaiting the second bid for installation of a mixer valve.<br><br>The Operator failed to ensure hot water ranged between 98 and 120 degrees F at sinks and lavatories in Resident use areas. | S3420 | | |