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	N078015	A. BUILDING: _____ B. WING _____	07/22/2015

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BROOKDALE HUTCHINSON	2416 BRENTWOOD HUTCHINSON, KS 67502

(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 citations are the result of a Licensure Resurvey at the above named Assisted Living Facility on 7/14/15, 7/15/15, 7/16/15, 720/15, 7/21/15, and 7/22/15. Complaints #84839, #86183, and #86576 also investigated. Revised 2567 mail 7/28/15.	S 000		
S3010 SS=F	28-39-240(c) ADMINISTRATION (c) A facility may request approval from the department for an administrator or operator to supervise more than one assisted living or residential health care facility. Each request shall be submitted, in writing, by the governing bodies of the facilities on a form approved by the department. (1) An administrator may supervise more than one assisted living or residential health care facility, if all of the following conditions are met: (A) Each facility is located within a proximate geographical location. (B) The combined resident capacity does not exceed 120 residents. (C) The administrator assures that the lack of full-time, on-site supervision of the facility will not adversely affect the health and welfare of residents. (2) Each operator may supervise more than one assisted living or residential health care facility, if all of the following conditions are met: (A) Each facility is located within a proximate geographical location.	S3010		

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

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S3010	Continued From page 1 (B) The combined resident capacity does not exceed 60 residents. (C) The operator assures that the lack of full-time, on-site supervision of the facility will not adversely affect the health and welfare of residents. (3) Before a change in administrator or operator occurs, the facilities shall submit the credentials of the proposed new administrator or operator for approval by the department. This REQUIREMENT is not met as evidenced by: KAR 28-39-240(c) The census equalled 96 the sample included six Residents. Based on interviews and review of record, for all Residents of facility, the licensee failed to submit the credentials of the proposed new administrator or operator for approval by the department. Findings included: - Review of assignment information prepared for the Licensure Resurvey and complaint investigations beginning on 7/14/15 documented Operator #A as the current Operator of facility. At time of entrance on 7/14/15 staff on duty explained Operator #B serving as the current Executive Director of the building... currently attending out of state training. Observation at time of entrance on 7/14/15 revealed the posted license of Administrator #C as the current person in charge of facility.	S3010		

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S3010	Continued From page 2 By interview on 7/14/15 at 2:45pm, Health and Wellness Director #E, Assistant Health and Wellness Director #F, Concierge #G, and Business Office Coordinator #H stated that #A (Operator of Record) not in facility since November or December 2014... stated the current Operator (Executive Director) is #B, currently attending out of state training... not sure of the function of #C (posted Administrator). On 7/16/15 at 9:00am, Registered Nurse Consultant #D stated Director of Operations #K was to send me the last communication #C got from the Department... perhaps #B and #C have the communication with Department staff... then stated Operator #A did leave in December 2014... I spoke with Department about not having an Administrator... had a "Pro Tem" (temporary Administrator for awhile... and then #J an Operator at another facility owned by this company held down the fort for quite awhile... then #B transferred here from out of town to become the current Executive Director and #C (an Administrator) stated would take responsibility for the building... By interview of Department staff on 7/15/15, Department records still reflected Operator #A in charge of facility. The Licensee failed to submit the credentials of the proposed new administrator or operator for approval by the department after the Operator of record departed in December of 2014.	S3010		
S3028 SS=E	26-41-101 (f) (3) Staff Treatment of Residents Reporting	S3028		

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S3028	Continued From page 3 (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3) The census equalled 96 the sample included six Residents, four current and two discharged Residents. Based on reviews of records and interviews, for one of three sampled (#181), the Administrator failed to thoroughly investigate incidents with injury or complaints of pain, when Resident unable to explain, to rule out potential	S3028		

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S3028	Continued From page 4 abuse or neglect. Findings included: - Review of record revealed #181 admitted to facility 8/09/08 with diagnoses of Chronic obstructive pulmonary disease, Status post fracture of nose, Atrial fibrillation, Chronic bronchitis, Memory loss, Bilateral knee replacements, Osteoporosis, Leukosytosis, Rule out sepsis, and Confusion. The current 01/23/15 functional capacity screen (FCS) assessed #181 in need of physical assistance (2) with bathing, dressing, toileting; in need of supervision (1) with transfers and mobility; independent (0) with eating; unable to perform (3) medication management and treatment management; with occasional bladder incontinence; with short term memory, long term memory, memory/recall, and decision making impairments (4); usually understandable (1) and sometimes understands (2); with falls/unsteadiness, impaired hearing, wandering, socially inappropriate behavior, impaired decision making, used a walker and wheelchair. The current 01/23/15 negotiated service agreement (NSA) and health care service plan (HSP) documented: Alert, oriented to person and place, periods of confusion, forgetful, makes self understood, understands others; requires assistance changing hearing aide batteries; requires cuing and use of gestures to enhance communication; requires safety check every shift; requires assistance for mobility to and from meals, activities... independent after on scooter...	S3028		

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S3028	Continued From page 5	S3028		

requires oversight with transfers... frequent room checks due to Resident trying to ambulate in room forgetting to use walker to go to bathroom;
history of falls;
staff to check frequently for incontinence;
fall management every shift;
requires stand by of one staff for oversight with transfers;
uses wheelchair as main mode of transportation, electric scooter with daughter;
requires assistance with dressing and bathroom hygiene;
requires assistance with bathing and toileting (family asks take Resident before and after meals and every 2 hours);
night time checks for incontinence;
Medications managed by facility staff;

Resident Service Notes (SN) from 12/31/14 to 5/11/15 (discharged 5/13/15) documented the following:
12/31/14 - urinalysis results with no abnormal values
01/02/15 - 1900 - found on floor... near bathroom... unable to state what happened... no signs of injury...
01/16/15 - 1700 - found on floor behind door... bump, hematoma, scratch Left temple... scratch nose... family transported to physician clinic...
01/19/15 - 2100 - found on floor beside bed... unable to say what happened...
01/22/15 - 0324 - found on back on floor at end of bed... denies injury... unaware of how incident happened
01/22/15 - 2320 - found sitting in hallway on floor... unable to say what happened...
01/25/15 - 1725 - found on floor of room by bathroom...reports fell hit back of head on floor... family takes to emergency department
01/28/15 - 0800 - found on floor in front of

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S3028	Continued From page 6 couch... reports hitting back of head... small raised purple area... family takes to emergency department... 01/29/15 - 1945 - found sitting on floor by bed... no injuries... 01/31/15 - 1935 - sitting on floor in front of recliner holding head... would not answer questions appropriately... nurse notified about this fall on 02/01/15... 02/10/15 - 2215 - found on floor in room reading paper... no injuries... 02/11/15 - 1550 - found on floor of bedroom beside bed with head against bedside table... red area on right side of head and raised purple area on chest wall and chest is red... very weak... family takes Resident to physician clinic... 02/14/15 - 2330 - found in doorway of bedroom on floor... bruising to middle finger of left hand... 02/16/15 - 0645 - found on floor in walkway of room with legs in bathroom... bumped head... family wants to sign form for Resident not to be sent to emergency room for hitting head... 3/03/15 - 0600 - found sitting on floor in room - no signs of injury... 3/08/15 - 1235 - found sitting on floor of living room... no injuries... 3/12/15 - 1810 - Resident was on the floor when dietary staff found... no signs of injuries... 3/16/15 - 0320 - found on floor in room at bedside... no injuries... 3/20/15 - 0415 - Resident found sitting on floor... no injuries... 3/20/15 - 1748 - with non injury fall at approximately 1535 today... fall was unwitnessed... 3/21/15 - 1815 - found on floor by bed... no visible injuries... 3/21/15 - 2035 - found sitting upright on bathroom floor... no visible injuries... 3/21/15 - 2256 - found flat on back by couch...	S3028		

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S3028	Continued From page 7 unable to say what happened... no injuries noted... 3/22/15 - 0825 - on floor... unable to say what happened... family takes to emergency department... 3/30/15 - 2230 - found on floor... no visible signs of injury... 4/04/15 - 1440 - found sitting on front room floor in a brief and a shirt... doesn't know why on floor... denies hitting head... no sign of injury... 4/06/15 - 1755 - observed sitting on buttocks in bathroom doorway... reports hitting head... no visible injuries seen... 4/06/15 - 2113 - non-injury fall... found on buttocks on apartment floor... unable to voice how fall occurred... 4/07/15 - 1300 - found on floor by bed ... denies pain... no signs of injury... 4/08/15 - 0845 - found on floor in entryway... no visible injury noted... 4/09/15 - 1000 - found on floor on back scooting self around... denies pain... no symptoms of injury... 4/15/15 - 1728 - unwitnessed fall... found sitting on buttocks in bathroom... no injuries... 4/19/15 - 0340 - found on floor with a large swollen area above left eye... area is purple... emergency service evaluated... 4/21/15 - 0350 - unwitnessed fall... no apparent injury... 4/21/15 - 0530 - unwitnessed fall... no apparent injury... 4/22/15 - 1000 - found sitting upright on floor by ed... unable to report what happened... 4/24/15 - 0115 - unwitnessed fall... found in bedroom on floor beside the bed... skin tear noted to right wrist and forearm... 4/25/15 - 1400 - unwitnessed fall... no injuries noted... sitting on buttocks in hallway by room... 4/17/15 - 2105 - lying on floor beside wall that has	S3028		

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S3028	Continued From page 8 grab bar facing toward bed... no injury... 4/28/15 - 0350 - found on floor of bedroom... denies pain... scooting self around hall in wheelchair... 4/28/15 - 2250 - fall occurred in apartment... at bedside... no apparent injury... 4/30/15 - 0430 - found on floor in hallway by room 144... scooting on bottom... could not verbalize what he/she was needing... redness and discoloration to 2nd, 3rd, 4th digits... 4/29/15 - 2045 - found siting on bathroom floor beside wheelchair... unable to say what happened... 4/30/15 - 2200 - found on bedroom floor on back by closet... does not verbalize what happened... denies pain... 5/01/15 - 0830 - found on floor in front room... confused recliner for toilet... 5/02/15 - 1100 - found sitting in middle of floor with legs straight out... transferring with family and sat too soon and missed chair... 5/02/15 - 0900 - found laying on back on living room floor around 2145... unable to state what happened... 5/03/15 - 0500 - found on floor of bathroom... has a half dollar size raised purple area on forehead... 5/04/15 - 2100 - on floor of apartment sitting on living room floor... no apparent injury... 5/05/15 - 0255 - unwitnessed fall in bedroom... 5/05/15 - 0325 - unwitnessed fall in bedroom with skin tear above right eye... 5/07/15 - 2400 - found on bedside on floor... abrasion noted to right elbow... 5/11/15 - 2230 - found on floor of room... did not verbalize why on the floor... The current 01/23/15 NSA and HSP lacked revisions or individualized interventions to demonstrate an ongoing assessment of causal factors and corrective actions taken to prevent	S3028		

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S3028	Continued From page 9 further incidents. Additional documents provided for review (Event Management Reports, Event First Responder Worksheet, Post Fall Investigation, Resident Service Notes, Fax communications to physician) demonstrated a minimal assessment of Resident's status at the time of fall. These documents demonstrated minimal consideration given to the causal factor of each fall (evidence the NSA or HSP services adequate or provided... is toileting and transfer assistance provided as NSA documented) The documents demonstrated very minimal inquiry or investigation into the Resident's actions and behaviors or patterns prior to the falls (when last observed, by whom, where, doing what...). The failure to revise and implement new strategies in the NSA and HSP demonstrated a lack of intentional corrective action. The documentation provided failed to demonstrate a thorough investigation completed to rule out potential neglect or abuse, when #181 unable to explain what or why incidents occurred. By interview on 7/15/15 at 7:15pm, Health and Wellness Director #E, Registered Nurse Consultant #D, and Assistant Health and Wellness Director #F, stated this is what we have for review... confirmed one investigation completed in May 2015 and reported to Department... trying to get systems implemented... doing better but have work to do... The Administrator failed to thoroughly investigate incidents of #181 with injury or complaints of pain when Resident unable to explain, to rule out potential abuse or neglect.	S3028		

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S3082	Continued From page 10	S3082		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The census equalled 96 the sample included six Residents, four current and two discharged Residents. Based on interviews, and reviews of records, for two of three sampled (#183 and #189) the Operator failed to ensure designated facility staff completed a functional capacity screen (FCS) that accurately reflected the Residents's functional capacity. Findings included: - Review of record revealed #183 admitted to facility 7/12/14 with diagnoses of Basil ganglia infarction, Delerium, Stroke, Uncontrolled diabetes, Coronary artery disease, Hypertension, Urinary incontinence, Mixed hyperlipidemia, Hypertension, Depression, and Vitamin deficiency. The current 02/13/15 FCS assessed #183 in need of physical assistance with bathing, toileting; in need of supervision with dressing; independent with transfer, mobility, eating; unable to perform medication and treatment management; with impaired cognition and decision making; and with wandering.	S3082		

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S3082	Continued From page 11 The current 8/13/14 negotiated service agreement (NSA) documented staff to physically assist with bathing; provide "extensive assistance" with dressing; assist with toileting; manage all medications and treatments; provide cues and orientation; has been identified to have an unsteady gait... address safety concerns... fall management every shift and as needed. The NSA contained a hand written note "1/24/15 no injury fall." Event Management Report documented Resident slipped in urine on floor in bathroom and fell 01/1/15. Event Management Report documented Resident pushed chair back at table in dining room, stood, lost balance and fell to the floor on 01/24/15. The FCS completed on 02/13/15 failed to code accurately the need for extensive assistance with dressing (2), and failed to code accurately the recent falls in January 2015. By interview on 7/15/15 at 12:18pm, Certified Staff #O stated #183 requires assistance with dressing... soaks front of pants and we have to help change and clean... not aware of many recent falls... The Administrator failed to ensure designated facility staff completed an FCS that accurately reflected #183's functional capacity. - Review of record revealed #189 admitted to facility 5/26/15 with diagnoses of Dementia, Parkinson's, Hypothyroidism, Hypercholestrolemia, and Depression. The current FCS of 5/07/15 assessed #189 in need of supervision with bathing, independent	S3082		

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S3082	Continued From page 12 with dressing, toileting, transfers, mobility, and eating; unable to perform medication and treatment management; with short term memory and decision making impairment; and with wandering. The medical record lacked an NSA. By interview on 7/15/15 at 12:10pm, Certified Staff #O stated #189 does require assistance in the toilet... we do bathing and dressing for him/her... not aware of any falls... can feed self and does better with finger foods because on the go a lot... By interview on 7/15/15 at 6:55pm, Health and Wellness Director stated #189 does need assistance with dressing, bathing... can usually do toileting with cues... FCS not completely accurate... completed 5/07/15... admitted 5/26/15... The Administrator failed to ensure designated facility's staff completed an FCS that accurately reflected #189's functional capacity.	S3082		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c)	S3090		

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S3090	Continued From page 13 The census equalled 96 the sample included six Residents, four current and two discharged Residents. Based on interviews and reviews of record, for one of six sampled (#189) the Administrator failed to ensure the development of an initial negotiated service agreement (NSA). Findings included: - Review of record revealed #189 admitted to facility 5/26/15 with diagnoses of Dementia, Parkinson's, Hypothyroidism, Hypercholestrolemia, and Depression. The current functional capacity screen of 5/07/15 assessed #189 in need of supervision with bathing and unable to perform medication and treatment management. The medical record lacked an NSA. By interview on 7/15/15 at 7:05pm, Health and Wellness Director stated computer was not working for two to three weeks when #189 admitted... did not do an NSA... used a company 20 page assessment tool to identify basic needs... did not have the Resident representative or anyone sign it... The Administrator failed to ensure the development of an initial NSA for #189.	S3090		
S3155 SS=E	26-41-204 (a) Health Care Services . (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	S3155		

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	N078015	A. BUILDING: _____ B. WING _____	07/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HUTCHINSON	2416 BRENTWOOD HUTCHINSON, KS 67502

(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
S3155	Continued From page 14 agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The census equalled 96 the sample included six, four current and two discharged Residents. Based on interview, and reviews of records, for one of six sampled (#181), the Administrator 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 Findings included: - Review of record revealed #181 admitted to facility 8/09/08 with diagnoses of Chronic obstructive pulmonary disease, Status post fracture of nose, Atrial fibrillation, Chronic bronchitis, Memory loss, Bilateral knee replacements, Osteoporosis, Leukosytosis, Rule out sepsis, and Confusion. The current 01/23/15 functional capacity screen (FCS) assessed #181 in need of physical assistance (2) with bathing, dressing, toileting; in need of supervision (1) with transfers and mobility; independent (0) with eating; unable to perform (3) medication management and treatment management; with occasional bladder incontinence; with short term memory, long term memory, memory/recall, and decision making impairments (4); usually understandable (1) and sometimes understands (2); with falls/unsteadiness, impaired hearing, wandering, socially inappropriate behavior, impaired decision	S3155		

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S3155	Continued From page 15 making, used a walker and wheelchair. The current 01/23/15 negotiated service agreement (NSA) and health care service plan (HSP) documented: Alert, oriented to person and place, periods of confusion, forgetful, makes self understood, understands others; requires assistance changing hearing aide batteries; requires cuing and use of gestures to enhance communication; requires safety check every shift; requires assistance for mobility to and from meals, activities... independent after on scooter... requires oversight with transfers... frequent room checks due to Resident trying to ambulate in room forgetting to use walker to go to bathroom; history of falls; staff to check frequently for incontinence; fall management every shift; requires stand by of one staff for oversight with transfers; uses wheelchair as main mode of transportation, electric scooter with daughter; requires assistance with dressing and bathroom hygiene; requires assistance with bathing and toileting (family asks take Resident before and after meals and every 2 hours); night time checks for incontinence; Medications managed by facility staff; Resident Service Notes (SN) documented the following: 12/31/14 - urinalysis results with no abnormal values 01/02/15 - 1900 - found on floor... near bathroom... unable to state what happened... no signs of injury...	S3155		

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S3155	Continued From page 16 01/16/15 - 1700 - found on floor behind door... bump, hematoma, scratch Left temple... scratch nose... family transported to physician clinic... 01/19/15 - 2100 - found on floor beside bed... unable to say what happened... 01/22/15 - 0324 - found on back on floor at end of bed... denies injury... unaware of how incident happened 01/22/15 - 2320 - found sitting in hallway on floor... unable to say what happened... 01/25/15 - 1725 - found on floor of room by bathroom...reports fell hit back of head on floor... family takes to emergency department 01/28/15 - 0800 - found on floor in front of couch... reports hitting back of head... small raised purple area... family takes to emergency department... 01/29/15 - 1945 - found sitting on floor by bed... no injuries... 01/31/15 - 1935 - sitting on floor in front of recliner holding head... would not answer questions appropriately... nurse notified about this fall on 02/01/15... 02/10/15 - 2215 - found on floor in room reading paper... no injuries... 02/11/15 - 1550 - found on floor of bedroom beside bed with head against bedside table... red area on right side of head and raised purple area on chest wall and chest is red... very weak... family takes Resident to physician clinic... 02/14/15 - 2330 - found in doorway of bedroom on floor... bruising to middle finger of left hand... 02/16/15 - 0645 - found on floor in walkway of room with legs in bathroom... bumped head... family wants to sign form for Resident not to be sent to emergency room for hitting head... 3/03/15 - 0600 - found sitting on floor in room - no signs of injury... 3/08/15 - 1235 - found sitting on floor of living	S3155		

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S3155	Continued From page 17 room... no injuries... 3/12/15 - 1810 - Resident was on the floor when dietary staff found... no signs of injuries... 3/16/15 - 0320 - found on floor in room at bedside... no injuries... 3/20/15 - 0415 - Resident found sitting on floor... no injuries... 3/20/15 - 1748 - with non injury fall at approximately 1535 today... fall was unwitnessed... 3/21/15 - 1815 - found on floor by bed... no visible injuries... 3/21/15 - 2035 - found sitting upright on bathroom floor... no visible injuries... 3/21/15 - 2256 - found flat on back by couch... unable to say what happened... no injuries noted... 3/22/15 - 0825 - on floor... unable to say what happened... family takes to emergency department... 3/30/15 - 2230 - found on floor... no visible signs of injury... 4/04/15 - 1440 - found sitting on front room floor in a brief and a shirt... doesn't know why on floor... denies hitting head... no sign of injury... 4/06/15 - 1755 - observed sitting on buttocks in bathroom doorway... reports hitting head... no visible injuries seen... 4/06/15 - 2113 - non-injury fall... found on buttocks on apartment floor... unable to voice how fall occurred... 4/07/15 - 1300 - found on floor by bed ... denies pain... no signs of injury... 4/08/15 - 0845 - found on floor in entryway... no visible injury noted... 4/09/15 - 1000 - found on floor on back scooting self around... denies pain... no symptoms of injury... 4/15/15 - 1728 - unwitnessed fall... found sitting on buttocks in bathroom... no injuries...	S3155		

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S3155	Continued From page 18 4/19/15 - 0340 - found on floor with a large swollen area above left eye... area is purple... emergency service evaluated... 4/21/15 - 0350 - unwitnessed fall... no apparent injury... 4/21/15 - 0530 - unwitnessed fall... no apparent injury... 4/22/15 - 1000 - found sitting upright on floor by ed... unable to report what happened... 4/24/15 - 0115 - unwitnessed fall... found in bedroom on floor beside the bed... skin tear noted to right wrist and forearm... 4/25/15 - 1400 - unwitnessed fall... no injuries noted... sitting on buttocks in hallway by room... 4/17/15 - 2105 - lying on floor beside wall that has grab bar facing toward bed... no injury... 4/28/15 - 0350 - found on floor of bedroom... denies pain... scooting self around hall in wheelchair... 4/28/15 - 2250 - fall occurred in apartment... at bedside... no apparent injury... 4/30/15 - 0430 - found on floor in hallway by room 144... scooting on bottom... could not verbalize what he/she was needing... redness and discoloration to 2nd, 3rd, 4th digits... 4/29/15 - 2045 - found siting on bathroom floor beside wheelchair... unable to say what happened... 4/30/15 - 2200 - found on bedroom floor on back by closet... does not verbalize what happened... denies pain... 5/01/15 - 0830 - found on floor in front room... confused recliner for toilet... 5/02/15 - 1100 - found sitting in middle of floor with legs straight out... transferring with family and sat too soon and missed chair... 5/02/15 - 0900 - found laying on back on living room floor around 2145... unable to state what happened... 5/03/15 - 0500 - found on floor of bathroom... has	S3155		

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S3155	Continued From page 19 a half dollar size raised purple area on forehead... 5/04/15 - 2100 - on floor of apartment sitting on living room floor... no apparent injury... 5/05/15 - 0255 - unwitnessed fall in bedroom... 5/05/15 - 0325 - unwitnessed fall in bedroom with skin tear above right eye... 5/07/15 - 2400 - found on bedside on floor... abrasion noted to right elbow... 5/11/15 - 2230 - found on floor of room... did not verbalize why on the floor... The current 01/23/15 NSA and HSP lacked revisions or individualized interventions to demonstrate a provision or coordination of services to address repeated instances of being on floor unintentionally, some with injuries. The 01/23/15 NSA contained the following hand written notes/"revisions" to the NSA/HSP: "No injury fall 4/06 x 2" "No injury fall 4/07/15" "No injury fall 4/07/15" "No injury fall 4/08/15" "4/19/15 Fall - head injury" "4/23/15 No injury fall" "4/21/15 Fall x 2 no injury" These notes failed to demonstrate individualized revisions and modifications to prevent fall recurrences. The NSA and medical record failed to demonstrate a provision or coordination of services. By interview on 7/15/15 at 7:15pm, Health and Wellness Director #E, Registered Nurse Consultant #D, and Assistant Health and Wellness Director #F, stated the current FCS and NSA in the Resident's medical record... no additional ones available... provided an enormous amount of documents to review for fall issues.... stated the family notified of the need to seek skilled care for Resident... facility not able to do	S3155		

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S3155	Continued From page 20 anything more to prevent repetitive falls... confirmed the NSA and HSP lacked individualized and updated interventions to address all these incidents... confirmed the medical record failed to demonstrate ongoing attempts to prevent further occurrences. For Resident #181, the Administrator 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 falls and repetitive occurrences.	S3155		
S3200 SS=F	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s 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: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)	S3200		

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S3200	Continued From page 21 The census equalled 96 the sample included six Residents, four current and two discharged Residents. The facility identified 80 Residents with facility managed medications. Based on interviews and reviews of records, for three of four current Residents (#183, #185, and #187) the Administrator failed to ensure all medications and biologicals administered to Residents in accordance with a medical care provider's written order and in accordance with professional standards of practice. Findings included: - Review of record revealed #183 admitted to facility 7/12/14 with diagnoses of Basil ganglia infarction, Delerium, Stroke, Uncontrolled diabetes, Coronary artery disease, Hypertension, Urinary incontinence, Mixed hyperlipidemia, Hypertension, Depression, and Vitamin deficiency. The current 02/13/15 functional capacity screen (FCS) assessed #183 unable to perform medication and treatment management. The current negotiated service agreement (NSA) documented staff to manage all medications and treatments. A comparison of the current July 2015 medication administration record (MAR) with current signed physician's orders revealed discrepancies: Per MAR - Novolog 100U/1ML(units per milliliter) inject 18 units SQ (subcutaneously) with breakfast and supper Per signed order dated 3/18/15 - inject 20 units SQ with breakfast and supper Per MAR - Levemir 110 U/1ML inject 30 units SQ	S3200		

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S3200	Continued From page 22 with supper Per signed order dated 3/18/15 - inject 37 units SQ with supper Per MAR - Novolog 10 units SQ with lunch Per signed order dated 3/18/15 - inject 14 units SQ with lunch On 7/15/15 at 6:40pm, Health and Wellness Director #E, Assistant Health and Wellness Director #F, and Registered Nurse Consultant #D, stated would look for more current physician's orders... provided a 3/03/15 physician's order from the overflow record. By review this order received and noted prior to the the POS (physician order sheet) list of orders signed by physician on 3/18/15. Staff confirmed the new order of 3/03/15 not reflected on the signed physician's orders of 3/18/15... needed to review process of checking and prepping MAR's for upcoming month. The Administrator failed to ensure all medications and biologicals administered to #183 in accordance with a medical care provider's written order and in accordance with professional standards of practice. - Review of record revealed #185 admitted to facility 12/03/13 with diagnoses of Diabetes mellitus, Hypertension, Hypothyroidism, Sleep walking, Neuropathy, Seizure disorder, and Fainting. The current 02/04/15 functional capacity screen (FCS) assessed #185 unable to perform medication and treatment management. The current 02/04/15 Negotiated service agreement (NSA) documented staff to manage all medications and treatments.	S3200		

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S3200	Continued From page 23 At attempt to compare the current July 2015 medication administration record (MAR) with current signed physician's orders revealed discrepancies: Per MAR - Phytoplex Z-guard 17%-57% past apply to buttocks as needed The medical record lacked a signed physician's order for this medication. The medical record contained a physician's order for Carrington Moisture Barrier/zinc cream apply to buttocks as needed. This order not reflected on the MAR and an order to discontinue this medication not provided. On 7/15/15 at 6:55pm, Health and Wellness Director #E, Assistant Health and Wellness Director #F, and Registered Nurse Consultant #D, stated would look for corresponding physician's orders in chart and in overflow... The Administrator failed to ensure all medications and biologicals administered to #185 in accordance with a medical care provider's written order and in accordance with professional standards of practice. - Review of record revealed #187 admitted to facility 5/05/12 with diagnoses of Dementia, Chronic constipation, Osteoarthritis, Osteoporosis, Gastroesophageal reflux disease, and Hyperlipidemia. The current 8/14/14 functional capacity screen (FCS) assessed #187 unable to perform medication and treatment management. The current 8/14/14 Negotiated service agreement (NSA) documented staff to manage all	S3200		

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S3200	Continued From page 24 medications and treatments. At attempt to compare the current July 2015 medication administration record (MAR) with current signed physician's orders revealed discrepancies: Per medical record - a fax communication of 3/16/15 contained a physician's order for Duragesic patch 25mcg (micrograms) for pain, change every 72 hours. Order noted by staff on 3/25/15. Per March 2015 MAR - Duragesic order written on MAR 3/25/15. An additional notation documented order changed/rewritten on 3/28/15 to include a staff initial space for "on" and "off." Per April 2015 MAR - Duragesic order written on 4/01/15 to be administered every other day. The MAR documented administration initials of the Duragesic every other day from 4/01/15 to 4/14/15 in error. The MAR documented the order then changed and rewritten to reflect the correct directions of every 72 hours. This medication not administered in accordance with written order or in accordance with professional standards. The POS (physician order sheets) of March, April, and May 2015 lacked this order for Duragesic. The physician signed the May 2015 POS, making that list of written orders the newest current orders as of 5/15/15. The MAR's of March, April, May, June, and July 2015 documented Duragesic administered throughout May, June, and July 2015. The May 2015 POS contained orders for: Aspirin 81mg daily, and Potassium Gluconate 99mg daily.	S3200		

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S3200	Continued From page 25 These medications not included on the current July 2015 MAR. An order located to discontinue the Aspirin and Potassium gluconate on 5/13/15. The physician signed the POS which included the Aspirin and Potassium gluconate on 5/15/15, making them current orders once again. The staff failed to obtain clarification, failed to place the medications back on the MAR for May, June, and July, and failed to administer the medications as ordered. On 7/15/15 at 6:40pm, Health and Wellness Director #E, Assistant Health and Wellness Director #F, and Registered Nurse Consultant #D, stated order for Duragesic originally put on MAR accurately and administered accurately... transcribed in error by another nurse and administered incorrectly for two weeks... do not know if a medication error report completed or an investigation conducted... confirmed the need to review process of checking and prepping MAR's for upcoming month to ensure accuracy. The Administrator failed to ensure all medications and biologicals administered to #187 in accordance with a medical care provider's written order and in accordance with professional standards of practice.	S3200		
S3227 SS=F	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed	S3227		

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S3227	Continued From page 26 nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l)(2) The census equalled 96 the sample included six Residents, four current Residents and two discharged Residents. The facility identified 80 current Residents with facility managed medications and 16 with self administered medications. Based on reviews of records and interviews, for one of two discharged Residents reviewed (#181) and for three of four current Residents reviewed (#183, #181, and #187), the Administrator failed to ensure the licensed nurse sought a response from the medical care provider as the result of the pharmacist' variance reports, within five working days. Findings included: - Review of record revealed #187 admitted to facility 5/05/12 with diagnoses of Dementia, Chronic Constipation, Osteoarthritis, Osteoporosis, Gastroesophageal reflux disease, Hyperlipidemia, and Coronary artery disease. The current functional capacity screen of 8/14/14 assessed #187 "unable to perform" medication and treatment management.	S3227		

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S3227	Continued From page 27 The negotiated service agreement of 8/14/14 documented #187 to have facility managed medications and treatments. The medical record documented the following pharmacy reviews: 01/06/14 - "See Report" 7/28/14 - "See Report" 10/17/14 - "No Irregularities" 01/29/15 - "See Report" 4/24/15 - "See Report" The medical record lacked any of the Reports referred to by the Pharmacist. - Review of record revealed #185 admitted to facility 12/03/13 with diagnoses of Diabetes mellitus, Hypertension, Hypothyroidism, Sleep walking, Neuropathy, Seizure disorder, and Fainting. The current functional capacity screen of 02/04/15 assessed #185 "unable to perform" medication and treatment management. The negotiated service agreement of 02/04/14 documented #185 to have facility managed medications and treatments. The medical record documented the following pharmacy reviews: 01/06/14 - "No Irregularities" 4/13/14 - "No Irregularities" 7/28/14 - "See Report" 10/15/14 - "See Report" 01/28/15 - "See Report" 4/23/15 - "See Report" The medical record lacked any of the Reports referred to by the Pharmacist. - Review of record revealed #183 admitted to facility 7/12/14 with diagnoses of Basil ganglia infarction, Delerium, Stroke, Uncontrolled	S3227		

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S3227	Continued From page 28 diabetes mellitus, Coronary artery disease, Hypertension, Urinary incontinence, Mixed hyperlipidemia, Hypertension, Depression, and unspecified Vitamin deficiency. The current functional capacity screen of 02/13/15 assessed #183 "unable to perform" medication and treatment management. The negotiated service agreement of 8/13/14 documented #183 to have facility managed medications and treatments. The medical record documented the following pharmacy reviews: 7/25/14 - "See Report" 10/17/14 - "See Report" 01/29/15 - "See Report" 4/24/15 - "See Report" The medical record lacked any of the Reports referred to by the Pharmacist. By interview on 7/15/15 at 5:55pm and at 7:55pm, Registered Nurse Consultant #D, Health and Wellness Director #E, and Assistant Health and Wellness Director #F stated unable to locate the pharmacist variance reports listed above, but would continue to look for them. On 7/16/15 at 10:10am, Registered Nurse Consultant #D stated we are unable to find the pharmacist variance reports and/or the responses from the physician. The Administrator failed to ensure the licensed nurse sought a response from the medical care provider as the result of the pharmacist' variance reports for #185, #183, #181, and #187, within five working days.	S3227		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

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S3280	Continued From page 29 (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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 26-41-104(d) The census equalled 96 the sample included six Residents, four current and two discharged Residents. The facility identified 127 employees hired since the last Resurvey. Based on interview and reviews of records, for all Residents and employees, the Administrator failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's emergency management plan with employees and Residents. Findings included: - On 7/14/15 at 3:30 Health and Wellness Director #E and Maintenance Director #I stated not able to find anything for the quarterly disaster reviews.	S3280		

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S3280	Continued From page 30 On 7/14/15 at 7:15pm, Health and Wellness Director #E and Assistant Health and Wellness Director #F stated still unable to find documentation for the quarterly Resident and Employee disaster reviews. On 7/15/15 at 9:45am, Maintenance Director #I stated I do not find anything (started at facility a couple months prior to this Resurvey) for Evacuation dates or quarterly reviews... have done some verbal drills for fire... On 7/15/15 at 10:10am Registered Nurse Consultant #D stated the disaster reviews are probably in the Operator's office... he/she is attending out of state training at this time... On 7/15/15 at 11:30am, Registered Nurse Consultant #D provided two quarterly reviews documented since last Resurvey: Residents - 3/13/14 Employees - 4/07/15 #D stated there are possibly some more reviews on the maintenance computer system... this is what we have on paper for now... The Administrator failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's emergency management plan with employees and Residents.	S3280		
S3290 SS=F	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each	S3290		

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S3290	Continued From page 31 resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) 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 26-41-206(a)(b) The census equalled 96 the sample included six Residents, four current and two discharged Residents. The facility identified all Residents as receiving meal services. Based on observations, interviews, and reviews of records: For three of four current sampled (#183, #185, and #187), the Administrator failed to ensure the provision of dietary services to Residents as identified in the negotiated service agreement (NSA).	S3290		

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S3290	Continued From page 32 Findings included: - By interview on 7/15/15 at 10:10am, Dietary Service Manager (DSM) #L stated we do not have any specialty diets... we do offer a few "Finger Food" diets in the memory care unit... but no other specialty diets... as far as NAS (no added salt) diet, we don't do that specially - "we don't put salt in anything we cook... if recipe calls for salt we leave it out... have salt shakers at the tables..." Surveyor and #L reviewed the Facility Diet Manual. This manual developed and signed by the company Corporate Dietician 10/01/14, signed by DSM #L on 10/14/14. Description for the NAS diet documented: "The NAS is the Regular Diet with no salt added at the table. There are no foods restricted on the Regular Diet thus there may be some high sodium foods on the NAS diet along with salt being omitted at the table." According to Corporate Dietician directions, these individuals not receiving the documented "Regular Diet." On 7/15/15 at 10:12am DSM #L stated not aware of this description for the NAS diet... we don't do it that way... On 7/21/15 at 3:34pm, DSM #L stated we have 92 Regular diets... and one NAS diet (#170) since we talked the other day... DSM did not identify any sampled Residents (#187 and #183) with NAS diets. The Administrator failed to ensure the provision of dietary services to all Regular Diet Residents as identified in the NSA.	S3290		

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S3290	Continued From page 33 - Review of record revealed #185 admitted to facility 12/03/13 with diagnoses of Diabetes mellitus, Hypertension, Hypothyroidism, Sleep walking, Neuropathy, Seizure disorder, and Fainting. The current functional capacity screen of 02/04/15 assessed #185 in need of physical assistance with bathing; independent with dressing, toileting, and eating; in need of supervision with transfer and mobility; unable to perform medication and treatment management. The NSA 02/04/14 documented #185 to have staff assistance with care as needed, and to have a "Carbohydrate Controlled Diet." The most recent signed physician's order sheet (POS) of April 2015, May 2015, June 2015, and July 2015 (not yet signed) each documented #185's diet as "Record episodes of biting added salt." A signed physician's order of 8/25/14 documented "Carbohydrate Controlled Diet." On 7/21/15 at 2:15pm, Health and Wellness Director #E confirmed the signed physician's diet order of 8/25/14 did not match the order on the current POS's... stated #185 has been on a Carbohydrate Controlled Diet since last August... - Review of record revealed #183 admitted to facility 7/12/14 with diagnoses of Basil ganglia infarction, Delerium, Stroke, Uncontrolled diabetes, Coronary artery disease, Hypertension, Urinary incontinence, Mixed hyperlipidemia, Hypertension, Depression, and Vitamin deficiency. The current 02/13/15 functional capacity screen (FCS) assessed #183 in need of physical assistance with bathing and toileting; in need of	S3290		

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S3290	Continued From page 34 supervision dressing; independent with eating; and unable to perform medication and treatment management. The current 8/13/14 NSA documented #183 to have staff assistance with care as needed, and to have a "Regular" diet. The current POS of July 2015 documented a "NAS (no added salt), Carb Controlled, Low Fat" diet. The medical record contained an 8/29/14 physician's order for "NAS, Carb Controlled, Low Fat/Low Cholesterol" diet. - Review of record revealed #187 admitted to facility 5/05/12 with diagnoses of Dementia, Chronic constipation, Osteoarthritis, Osteoporosis, Gastroesophageal reflux disease, and Hyperlipidemia. The current 8/14/14 functional capacity screen (FCS) assessed #187 in need of physical assistance with bathing, dressing, toileting, transfer, eating; supervision with mobility; and unable to perform medication and treatment management. The current 8/14/14 NSA documented #185 to have staff assistance with care as needed, and to have a "Regular" Diet. The current physician order sheets (POS) of March 2015 to July 2015 (May 2015 signed by physician) documented #187 to receive a "No Added Salt - Finger Food" diet. This order did not correspond with current NSA or with the practices of the dietary department. On 7/15/15 at 6:00pm Registered Nurse Consultant #D stated this company does offer other diets besides Regular... indicated a company heading page of physician's orders that specified all the following diets: NAS (No Added Salt) Diet	S3290		

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S3290	Continued From page 35 2 gm (gram) Sodium Diet Carbohydrate Controlled Diet Low Fat/Low Cholesterol Diet Liberalized Renal Diet Finger Food Diet Texture Modified Diet Pureed Diet On 7/21/15 at 3:15pm, DSM #L confirmed we do not do any specialty diets... only Regular and Finger Food Diets... we have 91 Regular diets and 4 Finger Foods... and one NAS diet since we talked about that diet the other day... person receiving NAS diet identified as #170, not in the current sample of Residents. The Administrator failed to ensure the provision of dietary services to #187, #183, and #185 as ordered by physician, as identified in the NSA, and as directed by the Corporate Dietician.	S3290		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105	S3310		

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S3310	Continued From page 36 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(b)(5-6)(c) The facility census equalled 96 the sample included six Residents, four current and two discharged Residents. The facility identified 127 employees hired since the last Resurvey with five reviewed. Based on interviews and reviews of records, for four of five employees reviewed (#A, #B, #D, and #E), and for one of six sampled (#189), the Administrator failed to ensure the facility's compliance with the Departments' tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of employee records on 7/15/15 at 4:06pm with Business Office Coordinator (BOC) #M revealed the following: CMA (certified medication aide) #A - hired 5/05/15 - no TB skin test completed; no TB questionnaire as required at time of employment CNA (certified nurse aide) #B - hired 3/30/15 - first step TB skin test planted 4/07/15, more than seven days after hire as required and never read; no 2nd step TB skin test administered; no TB questionnaire as required at time of employment CNA #D - hired 4/12/15 - One step TB test planted 4/08/15 and read as zero millimeters on 4/10/15; no 2nd step TB skin test as required; no TB questionnaire as required at time of employment	S3310		

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S3310	Continued From page 37 CMA (certified medication aide) #E - hired 12/08/14 - no TB skin test completed; no TB questionnaire as required at time of employment Sampled Resident #189 - admitted to facility 5/26/15 - no TB skin test completed; no TB questionnaire as required at time of employment. By observation on 7/14/15 at 5:05pm, in medication storage room of memory care unit, TB solution in refrigerator labeled as opened 3/11/5. By interview on 7/14/15 at 5:05pm, Licensed Practical Nurse #N, on duty in memory care unit, not aware of need to discard TB solution 30 days after vial penetrated. By interview on 7/16/15 at 9:52am, Registered Nurse Consultant #D stated we have implemented the TB questionnaires... set up to do at time of hire or admit and annually... about two months ago... The Administrator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for employees #A, #B, #D, and #E, and for Resident #189.	S3310		