STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N070007	A. BUILDING: _____ B. WING _____	05/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PETERSON ASSISTED LIVING	629 HOLLIDAY OSAGE CITY, KS 66523

(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 in Osage City, Kansas on 5/18/15, 5/19/15, and 5/20/15. Complaint #79079 also investigated.	S 000		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a) The census equalled 14. The sample included three current Residents, one discharged Resident completed as a focused review. Based on observations, interviews, and reviews of records, for one of three sampled (#189), the Operator failed to ensure the development of a written	S3085		

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

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S3085	Continued From page 1	S3085		

negotiated service agreement (NSA) for each Resident which included:
A description of the the services the Resident to receive,
Identification of the provider of each service; and
Identification of each party responsible for payment if outside resources provide a service.

Findings included:

- Review of record revealed #189 admitted to facility 01/01/15 with diagnoses of Chronic obstructive pulmonary disease, Fracture of left elbow, Congestive heart failure, Diabetes, Coronary artery disease, and Lung cancer.
The current 01/01/15 functional capacity screen (FCS) assessed #189 in need of physical assistance with bathing; unable to perform medication and treatment management; with unsteadiness (history of falls); with decision making impairment; and in need of Oxygen.

The current 01/01/15 NSA and health care service plan (HSP) documented:
1) "Midland Care" to provide bathing. The FCS and NSA failed to identify what type of services provided by "Midland Care;" the NSA and HSP failed to accurately identify the payment source of this outside provider.
2) Oxygen at 2L (liters), may increase to 3L as needed; the NSA and HSP failed to identify the name of the Oxygen company, and failed to accurately identify the payment source.
3) Medication management and treatment documented service to be provided by facility staff; the NSA and HSP failed to document #189 self administered multiple medications.

By observations on 5/18/15 at 4:15pm and on 5/19/15 at 6:30pm, #189 utilized constant oxygen

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S3085	Continued From page 2 per nasal cannula. On 5/19/15 in #189's room, observed multiple self administered medications on counter and table... #189 confirmed and demonstrated ability to identify and self administer these medications. By interview on 5/19/15 at 3:45pm, Operator/CMA and Licensed Practical Nurse #H confirmed the current NSA lacked documentation of the Hospice services provided by "Midland Care"... confirmed #189 self administered some medications and this not reflected on the NSA... confirmed the name of the Oxygen company and correct payment source (Medicare) not included on the NSA... The Operator failed to ensure the development of a written NSA for #189, which included a description of the the services the Resident to receive, and the name and specific payment source of these outside providers.	S3085		
S3248 SS=E	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas	S3248		

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S3248	Continued From page 3 nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d) The census equalled 14. The sample included three current Residents, one discharged Resident completed as a focused review. The facility identified five employees hired since the last Resurvey with five reviewed. Based on interviews and reviews of records, for one of one LPN (licensed practical nurse) hired (#A) the Operator failed to ensure the employee record contained evidence of current licensure; and for one of four CMA's (certified medication aide) reviewed (#D), the Operator failed to ensure the employee record contained evidence of current certification, and evidence of no findings on the Kansas nurse aide registry. Findings included: - Review of personnel records with the Operator on 5/19/15 at 10:30am, revealed: LPN (licensed practical nurse) #A - hired 4/16/15 - the record lacked documentation of licensure	S3248		

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S3248	Continued From page 4 and expiration date as required CMA #D - hired 4/30/15 - the record lacked documentation of certification and expiration date as required; the record lacked documentation of Kansas nurse aide registry verification of no findings of abuse, neglect, exploitation as required By interview on 05/19/15 at 10:30am, Operator/CMA confirmed these processes not completed as required. Operator/CMA later obtained documentation dated 5/19/15 from sister facility across the street... stated we do not have Internet access in this building to allow me to take care of these tasks myself... they were able to pull up the documents across the street and give them to me... The Operator failed to ensure the employee records of #A contained evidence of current LPN licensure and expiration, and employee record of #D contained current CMA certification, expiration, and Kansas nurse aide verification.	S3248		
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	S3310		

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S3310	Continued From page 5 tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(b)(5-6)(c) The facility census equalled 14. The sample included three current Residents, one discharged Resident completed as a focused review. The facility identified five employees hired since the last Resurvey with five reviewed. Based on interviews and reviews of records, for four of six employees reviewed (#A, #B, #C, and #E), and for one of three sampled (#189), the Operator 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 5/19/15 at 10:30am with Operator/CMA (certified medication aide)revealed the following: LPN (licensed practical nurse) #A - hired 4/16/15 - no TB questionnaire as required at time of employment CMA #B - hired 4/21/15 - First step TB with no documented plant date, read on 6/30/14; no second step TB test completed; a TB questionnaire stapled to the first step test with no date documented; no TB questionnaire as required at time of employment	S3310		

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S3310	Continued From page 6 CMA #C - hired 8/14/14 - no TB questionnaire as required at time of employment CMA #E - hired 8/14/14 - One step TB test planted 8/19/13, read 8/21/13; this test one year old and no evidence of a second step completed; no TB questionnaire as required at time of employment On 5/19/15 at 10:30am, Operator/CMA confirmed TB testing not completed as required. Review of record revealed #189 admitted to facility 01/01/15; two TB tests documented administered in 12/2014, but read as "negative" not read in millimeters of induration as required; no TB questionnaire as required at time of employment. On 5/19/15 at 3:30pm, Operator/CMA and LPN #H confirmed not aware of most recent TB interpretive guidelines... confirmed no additional TB testing available. The Operator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for employees #A, #B, #C, and #E, and for Resident #189.	S3310		