Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046074	A. BUILDING: _____ B. WING _____	05/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF OVERLAND PARK	12500 WEST 135TH ST OVERLAND PARK, KS 66221

(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 represent the findings of a resurvey with complaint investigation 78937 at the above named assisted living facility conducted on 5-6-15, 5-7-15, 5-11-15 and 5-12-15.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (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:	S3028		

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

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S3028	Continued From page 1 KAR 26-41-101(f)(3) The facility reported a census of 50 residents. The sample included 3 residents and one closed record review. Based on record review and interview for 1 (#200) of 3 sampled residents, the administrator failed to ensure each allegation of abuse or neglect was reported to the department within 24 hours. Findings included: - Record review for resident #200 revealed admission on 12-11-14 with diagnoses Lewy Body Dementia, Parkinson's, Macular Degeneration, Over Active Bladder, Hearing Loss, Chronic Rhinitis, Depression, Constipation, Seizures, Anemia, Degenerative Joint Disease and Peripheral Vascular Insufficiency. The facility "Service Evaluation and Health Assessment" form dated 1-8-15 ("Change of Condition") stated the following: Bathing, Assistance to Bathroom, Dressing, Transferring and Mobility required "Physical assistance of 1 person". Dining: "Step-by step cueing". Bowel and Bladder: "occasionally incontinent of bladder". Medication Services: "(facility)"; Management of Medical Treatment: "unable to perform". Short term memory, Long Term Memory, Memory/Recall and Decision-Making: "Did not perform". Communication: understandable, understands. The form indicated resident had fall history. The form indicated the need for health care services. The Negotiated Service Agreements (NSA) reviewed and revised on 1-8-15 recorded	S3028		

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S3028	Continued From page 2	S3028		

services for Socialization & Leisure Activities, Memory/Cognition, physical assistance of 1 person with Mobility, Transferring, Grooming, Bathing, Assistance to Bathroom, Dressing, supervision and cueing for Dining, weekly Laundry, management of Falls, Safety and staff management of Medication Services.

"Progress Notes" revealed the following:
3-21-15 at 3:37 pm: "Care managers informed nurse that resident was found on the floor mat by bed this evening. Resident when assessed had a skin tear to right elbows, skin tear measures 0.1 cm (centimeter) x 0.1 cm, moderate serosanguineous drainage noted, area cleansed with cleanser, skin over area well approximated, steri strips in place, resident denied pain. Family, hospice and physician informed of fall." Signed by licensed staff I.
3-27-15 at 2:57 pm: "Care managers from 3 to 11 pm on 3-26-15 reported that resident was found on the floor in the living area in (community) last evening, 3 to 11 nurse assessed resident and noted no injuries. Resident's family member and hospice informed..." Signed by licensed staff I.
4-18-15 at 11:29 am: "3 to 11 pm care manager from yesterday informed nurse that resident was found sitting on the floor in his/her room around 8:15 pm yesterday evening. 3 to 11 LPN (licensed practical nurse) assessed resident and observed an abrasion to right elbow, physician and family informed of resident's fall..." Signed by licensed staff I.
5-5-15 at 3:14 pm: "Care manager reported to this writer that he/she heard someone yell for help, checked resident's room and found resident on the floor laying at the bottom of the bed. Range of motion done and within normal limit for resident. No injuries noted. Resident denies any

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S3028	Continued From page 3 pain or discomfort at this time. Doctor and family notified." Signed by licensed staff J. Interview on 5-7-15 at 11:45 am with administrative staff A confirmed the falls on 3-21-15, 3-26-15, 4-17-15 and 5-5-15 were unobserved by staff. After reviewing facility reports, further confirmed the cognitively impaired resident did not state or was unable to state what happened. Confirmed the investigation lacked documentation of any statement made by resident or last time staff observed the resident. Further confirmed he/she did not report the unwitnessed falls to the department. For resident #200, the administrator failed to ensure each allegation of abuse or neglect was reported to the department within 24 hours when the cognitively impaired resident was found on the floor on four separate occasions and was unable to state what happened each time.	S3028		
S3080 SS=F	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the	S3080		

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S3080	Continued From page 4 need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a)(b) The facility reported a census of 50 residents. The sample included 3 residents and one closed record review. Based on record review and interview for 3 (#200, #300, #400) of 3 sampled residents, the administrator failed to ensure the facility screening form incorporated each functional capacity screen element and definition specified by the department and a licensed nurse assessed residents whose functional capacity screening indicated the need for health care services. Findings included: - Record review for resident #200 revealed admission on 12-11-14 with diagnoses Lewy Body Dementia, Parkinson's, Macular Degeneration, Over Active Bladder, Hearing Loss, Chronic Rhinitis, Depression, Constipation, Seizures, Anemia, Degenerative Joint Disease and Peripheral Vascular Insufficiency. The facility "Service Evaluation and Health Assessment" form dated 1-8-15 ("Change of Condition") stated the following: Bathing, Assistance to Bathroom, Dressing, Transferring and Mobility required "Physical assistance of 1 person". Dining: "Step-by step cueing". Bowel and Bladder: "occasionally incontinent of bladder". Medication Services: "(facility)"; Management of Medical Treatment: "unable to perform".	S3080		

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S3080	Continued From page 5 Short term memory, Long Term Memory, Memory/Recall and Decision-Making: "Did not perform". Communication: understandable, understands. The form indicated resident had fall history. The form lacked coding as specified by the department, performance of cognitive assessment. The form lacked identification of current problems including impaired hearing and decision-making. The form indicated the need for health care services and lacked signature of a licensed nurse. - Record review for resident #300 revealed admission on 11-25-13 with diagnoses Alzheimer's Dementia, Type 2 Diabetes Mellitus, Hyperlipidemia, Sleep Apnea, Cerebral Artery Occlusion, Transient Ischemic Attacks, Osteopenia and Hypertension. The facility "Service Evaluation and Health Assessment" form dated 1-1-15 ("Semi-Annual") stated the following: Mobility, Transferring, Assistance to Bathroom, Dressing, Dining: "Independent" Bowel and Bladder: "Continent of bladder". Medication Services: ("facility"). Management of Medical Treatment: "unable to perform". Short term memory, Long Term Memory, Memory/Recall and Decision-Making: "UTA" (unable to assess). Communication: "understandable, understands". The form lacked coding as specified by the department, performance of cognitive assessment. The form lacked identification of current problems. The form indicated the need	S3080		

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S3080	Continued From page 6 for health care services and lacked signature of a licensed nurse. - Record review for resident #400 revealed admission on 4-10-15 with diagnoses Vascular Dementia, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, Renal Disease and Seizures. The facility "Service Evaluation and Health Assessment" form dated 4-10-15 ("Initial") stated the following: Mobility, Transferring, Assistance to Bathroom, Dressing: "Physical Assistance of 1 person". Dining: "Step-by-step cueing". Bowel and Bladder: "Continent of bladder". Medication Services: ("facility"). Management of Medical Treatment: "unable to perform" Communication: "rarely or never understands". The form indicated a "0" for short term memory, long term memory, memory/recall and decision-making. The form lacked coding as specified by the department. The form lacked correct coding for the cognitively impaired resident and lacked identification of current problems. The form indicated the need for health care services and lacked signature of a licensed nurse. Interview on 5-7-15 at 10:15 am and 4:50 pm with licensed staff C regarding all resident's functional capacity screenings, stated facility did not use the department's functional capacity screening forms; confirmed the forms lacked coding as specified by the department, lacked identification of current problems and lacked documentation of assessment by a licensed nurse as indicated by	S3080		

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S3080	Continued From page 7 signature. For residents #200, #300, and #400, the administrator failed to ensure the facility screening form incorporated each functional capacity screen element and definition specified by the department and a licensed nurse assessed residents whose functional capacity screening indicated the need for health care services.	S3080		
S3091 SS=F	26-41-202 (e) NSA Nurse Participation (e) A licensed nurse shall participate in the development, review, and revision of the negotiated service agreement if the resident's functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(e) The facility reported a census of 50 residents. The sample included 3 residents and one closed record review. Based on record review and interview for 3 (#200, #300, #400) of 3 sampled residents, the administrator failed to ensure a licensed nurse participated in the development, review and revision of the negotiated service agreement if the resident's functional capacity screening indicated the need for health care services. Findings included: - Record review for resident #200 revealed	S3091		

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S3091	Continued From page 8	S3091		

admission on 12-11-14 with diagnoses Lewy Body Dementia, Parkinson's, Macular Degeneration, Over Active Bladder, Hearing Loss, Chronic Rhinitis, Depression, Constipation, Seizures, Anemia, Degenerative Joint Disease and Peripheral Vascular Insufficiency.

The facility "Service Evaluation and Health Assessment" form dated 1-8-15 ("Change of Condition") stated the following:
Bathing, Assistance to Bathroom, Dressing, Transferring and Mobility required "Physical assistance of 1 person".
Dining: "Step-by step cueing".
Bowel and Bladder: "occasionally incontinent of bladder".
Medication Services: "(facility)"; Management of Medical Treatment: "unable to perform".
Short term memory, Long Term Memory, Memory/Recall and Decision-Making: "Did not perform".
Communication: understandable, understands.
The form indicated resident had fall history. The form indicated the need for health care services.

The Negotiated Service Agreements (NSA) reviewed and revised on 1-8-15 recorded services for Socialization & Leisure Activities, Memory/Cognition, physical assistance of 1 person with Mobility, Transferring, Grooming, Bathing, Assistance to Bathroom, Dressing, supervision and cueing for Dining, weekly Laundry, management of Falls, Safety and staff management of Medication Services. Under "Individualized Service Planning Participation Sign-Off" the NSA lacked signature of the licensed nurse.

- Record review for resident #300 revealed

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S3091	Continued From page 9	S3091		

admission on 11-25-13 with diagnoses Alzheimer's Dementia, Type 2 Diabetes Mellitus, Hyperlipidemia, Sleep Apnea, Cerebral Artery Occlusion, Transient Ischemic Attacks, Osteopenia and Hypertension.

The facility "Service Evaluation and Health Assessment" form dated 1-1-15 ("Semi-Annual") stated the following:
Mobility, Transferring, Assistance to Bathroom, Dressing, Dining: "Independent"
Bowel and Bladder: "Continent of bladder".
Medication Services: ("facility").
Management of Medical Treatment: "unable to perform".
Short term memory, Long Term Memory, Memory/Recall and Decision-Making: "UTA" (unable to assess).
Communication: "understandable, understands".
The form indicated the need for health care services.

The Negotiated Service Agreements (NSA) reviewed and revised on 1-15-15 recorded services for Socialization & Leisure Activities, independent with Mobility, Transferring, Grooming, Bathing, Assistance to Bathroom, Dressing, and Dining; weekly Laundry, staff management of Medication Services and outside provider of physical therapy and occupational therapy. Under "Individualized Service Planning Participation Sign-Off" the NSA lacked signature of the licensed nurse.

- Record review for resident #400 revealed admission on 4-10-15 with diagnoses Vascular Dementia, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, Renal Disease and Seizures.

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S3091	Continued From page 10 The facility "Service Evaluation and Health Assessment" form dated 4-10-15 ("Initial") stated the following: Mobility, Transferring, Assistance to Bathroom, Dressing: "Physical Assistance of 1 person". Dining: "Step-by-step cueing". Bowel and Bladder: "Continent of bladder". Medication Services: ("facility"). Management of Medical Treatment: "unable to perform" Communication: "rarely or never understands". The form indicated a "0" for short term memory, long term memory, memory/recall and decision-making. The form indicated the need for health care services. The Negotiated Service Agreements (NSA) dated 4-10-15 recorded services for Socialization & Leisure Activities, Memory/Cognition, physical assistance of 1 person with Mobility, Transferring, Grooming, Bathing, Assistance to Bathroom and pericare, Dressing, supervision and cueing for Dining, weekly Laundry, Safety (including wandering and refusing cares) and staff management of Medication Services. Under "Individualized Service Planning Participation Sign-Off" the NSA lacked signature of the licensed nurse. Interview on 5-7-15 at 1:00 pm with licensed staff C, confirmed the NSAs lacked signature of a licensed nurse. Interview on 5-7-15 at 2:35 pm with administrative staff A stated usually whoever sits down with the family to sign the NSA is the person who signs off on it. Confirmed the NSAs lacked signature of a	S3091		

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S3091	Continued From page 11 licensed nurse. For residents #200, #300, #400, the administrator failed to ensure a licensed nurse participated in the development, review and revision of the negotiated service agreement if the resident's functional capacity screening indicated the need for health care services.	S3091		
S3130 SS=D	26-41-203 (d) Special Care Services (d) Special care. Any administrator or operator of an assisted living facility or residential health care facility may choose to serve residents who do not exceed the facility ' s admission and retention criteria and who have special needs in a special care section of the facility or the entire facility, if the administrator or operator ensures that all of the following conditions are met: (1) Written policies and procedures are developed and are implemented for the operation of the special care section or facility. (2) Admission and discharge criteria are in effect that identify the diagnosis, behavior, or specific clinical needs of the residents to be served. The medical diagnosis, medical care provider ' s progress notes, or both shall justify admission to the special care section or the facility. (3) A written order from a medical care provider is obtained for admission. (4) The functional capacity screening indicates that the resident would benefit from the services and programs offered by the special care section or facility. (5) Before the resident ' s admission to the special care section or facility, the resident or resident's legal representative is informed, in writing, of the available services and programs	S3130		

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that are specific to the needs of the resident.
(6) Direct care staff are present in the special care section or facility at all times.
(7) Before assignment to the special care section or facility, each staff member is provided with a training program related to specific needs of the residents to be served, and evidence of completion of the training is maintained in the employee's personnel records.
(8) Living, dining, activity, and recreational areas are provided within the special care section, except when residents are able to access living, dining, activity, and recreational areas in another section of the facility.
(9) The control of exits in the special care section is the least restrictive possible for the residents in that section.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-203(d)(3)

The facility reported a census of 50 residents with 13 residents residing in the special care unit. The sample included 3 residents and one closed record review. Based on observation, record review and interview for 1 (#200) of 3 sampled residents, the administrator failed to ensure that before the resident's admission to the special care unit: a written order from a medical care provider was obtained for admission.

Findings included:

- Observation during tour of the facility accompanied by administrative staff G on 5-6-15 at 11:40 am revealed a locked unit designated as a special care unit. Main door from Assisted Living required a code to be entered on a key pad

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S3130	Continued From page 13 to enter and exit from the unit. - Record review for resident #200 revealed admission on 12-11-14 with diagnoses Lewy Body Dementia, Parkinson's, Macular Degeneration, Over Active Bladder, Hearing Loss, Chronic Rhinitis, Depression, Constipation, Seizures, Anemia, Degenerative Joint Disease and Peripheral Vascular Insufficiency. The facility "Service Evaluation and Health Assessment" form dated 1-8-15 ("Change of Condition") stated the following: Bathing, Assistance to Bathroom, Dressing, Transferring and Mobility required "Physical assistance of 1 person". Dining: "Step-by step cueing". Bowel and Bladder: "occasionally incontinent of bladder". Medication Services: "(facility)"; Management of Medical Treatment: "unable to perform". Short term memory, Long Term Memory, Memory/Recall and Decision-Making: "Did not perform". Communication: understandable, understands. The form indicated resident had fall history. The form indicated the need for health care services. The Negotiated Service Agreements (NSA) reviewed and revised on 1-8-15 recorded services for Socialization & Leisure Activities, Memory/Cognition, physical assistance of 1 person with Mobility, Transferring, Grooming, Bathing, Assistance to Bathroom, Dressing, supervision and cueing for Dining, weekly Laundry, management of Falls, Safety and staff management of Medication Services. Observation on 5-6-15 at 11:50 am revealed resident #200 participating in a cooking activity on	S3130		

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	N046074	A. BUILDING: _____ B. WING _____	05/12/2015

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S3130	Continued From page 14 the special care unit and later self-propelling wheelchair around unit. Interview on 5-7-15 at 2:10 pm with resident on the special care unit revealed resident to be pleasantly confused, oriented to self only. Record " Notes " : 1-8-15 at 7:15 pm: "Resident returned to community today from recent hospital stay. He/she was readmitted under the care of hospice...resident out to dining room for supper. Needed assistance with eating ...was alert, smiling and talking though conversation not always clear/coherent. Denied pain. Resident now resides on (special care unit)." Signed by licensed staff H. The record lacked a medical care provider's written order to admit resident #200 to the special care unit. Interview on 5-7-15 at 12:06 pm with administrative staff A confirmed the record lacked a physician's order to admit the cognitively impaired resident to the special care unit. The administrator failed to ensure before resident #200's return from the hospital directly to the special care section of the facility: a written order from a medical care provider was obtained for admission.	S3130		
S3201 SS=E	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally	S3201		

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S3201	Continued From page 15	S3201		

prepared;
(B) identify the resident before medication is administered;
(C) remain with the resident until the medication is ingested or applied; and
(D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(d)(3)

The facility reported a census of 50 residents. The sample included 3 residents and one closed record review. Based on record review and interview for 2 (#200, #300) of 3 sampled residents, the administrator failed to ensure licensed nurses and medication aides documented the administration of each resident's medication in the resident's medication administration record before or following completion of the task.

Findings included:

- Record review for resident #200 revealed admission on 12-11-14 with diagnoses Lewy Body Dementia, Parkinson's, Macular Degeneration, Over Active Bladder, Hearing Loss, Chronic Rhinitis, Depression, Constipation, Seizures, Anemia, Degenerative Joint Disease and

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S3201	Continued From page 16 Peripheral Vascular Insufficiency. The facility "Service Evaluation and Health Assessment" form dated 1-8-15 (for "Change of Condition") stated Medication Services per "(facility)"; Management of Medical Treatment: "unable to perform". The negotiated service agreement dated 1-8-15 recorded: Medication Services: Facility to administer medication; resident with greater than 6 routinely scheduled medications; assistance with nebulizer. Review of Medication Administration Record (MAR) for 3-10-15 to 4-9-15 revealed the following medications lacked documentation of administration on the following dates/times: Sinemet 25/100 mg (milligrams) 1 & 1/2 tabs (tablets) at 2:00 pm on 3-16-15, 3-17-15; 11:00 am on 3-19-15; Review of MAR for 4-10-15 to 5-7-15 revealed the following medication lacked documentation of administration on the following dates/times: Sinemet 25/100 mg 1 & 1/2 tabs at 5:00 pm on 4-18-15, 4-20-15, 4-21-15, 4-22-15, 4-23-15, 4-24-15, 4-25-15. The back of MARs lacked documentation of why medication not documented as given. Interview on 5-7-15 at 10:00 am with licensed staff C confirmed the above medications/times lacked documentation of administration with no reason stated on back of MAR. For resident #200, the administrator failed to ensure licensed nurses and medication aides documented the administration of each resident's medication in the resident's medication	S3201		

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S3201	Continued From page 17 administration record before or following completion of the task. - Record review for resident #300 revealed admission on 11-25-13 with diagnoses Alzheimer's Dementia, Type 2 Diabetes Mellitus, Hyperlipidemia, Sleep Apnea, Cerebral Artery Occlusion, Transient Ischemic Attacks, Osteopenia and Hypertension. The facility "Service Evaluation and Health Assessment" dated 1-1-15 (for "Semi-Annual") stated Medication Services: ("facility"). Management of Medical Treatment: "unable to perform". The negotiated service agreement dated 1-1-15 recorded: Medication Services: Facility medication managers and/or nurses will administer resident's medications as prescribed by physician. Family will order/reorder and ensure that the medications are at the community in a timely manner. Notes stated the following: 9-3-14 at 4:46 pm: "Call out to doctor regarding resident getting medications in the afternoon instead of the morning..." Signed by licensed staff F. 9-4-14 at 10:40 am: "...resident has no ill effects from medication error from 9-3-14, has no complaint of pain or discomfort at this time. will continue to monitor." Signed by licensed staff F. 9-5-14 at 10:46 pm: "Resident has no ill effects from medication error from 9-3-14 and has no complaint of pain or discomfort at this time. Will continue to monitor." Signed by licensed staff F. 9-9-14 at 3:59 pm: Follow up with medication error, resident continues to have no issues with	S3201		

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S3201	Continued From page 18	S3201		

medication error from 8-28-14." Signed by licensed staff F.
9-15-14 at 3:37 pm: "This writer observed that there were no signatures down for evening medication pass on 9-14-14. This writer called medication manager to confirm if medication was given and he/she stated it was, and family also confirmed medication was given because they were in resident's room last evening." Signed by licensed staff F.
9-15-14 at 3:39 pm: "Upon observation, this writer found no signature on 9-13-14 for resident's vitamin D. This writer called medication manager to confirm if medication was given, and he/she stated it had been, but forgot to sign." Signed by licensed staff F.

Review of Medication Administration Record (MAR) for 8-10-14 to 9-9-14 revealed the following medications lacked documentation of administration at 9:00 am on 8-25-14 and 8-27-14:
Calcium plus D with minerals (supplement) 600/400 mg (milligrams), Fenofibrate (for dyslipidemia) 200 mg, Fish Oil (supplement) 1,200 mg, Magnesium (supplement) 250 mg, Multivitamin, Namenda (Alzheimer's), Vitamin D3 (supplement) 1000 units

Review of Medication Administration Record (MAR) for 10-10-14 to 11-9-14 revealed the following medications lacked documentation of administration at 7:00 pm on 10-28-14: Calcium plus D with minerals 600/400 mg, Plavix (blood thinner) 75 mg, Aricept (Alzheimer's) 10 mg, Lisinopril (Hypertension) 20 mg, Lovastatin (Dyslipidemia), Metformin (Diabetes) 500 mg two tabs, Namenda (Alzheimer's) 10 mg. and Systane Balance 0.6% eye drops one drop both eyes at 9:00 pm on 10-24-14 and 5:00 pm and

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S3201	Continued From page 19 9:00 pm on 10-25-14 and 1:00 pm on 11-6-14. Review of MAR for 4-10-15 to 5-7-15 revealed the following medication lacked documentation of administration on the following dates/times: Lovastatin 40 mg at 5:00 pm. Interview on 5-7-15 at 10:00 am with licensed staff C confirmed the above medications/times lacked documentation of administration with no reason stated on back of MARs. For resident #300, the administrator failed to ensure licensed nurses and medication aides documented the administration of each resident's medication in the resident's medication administration record before or following completion of the task.	S3201		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (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.	S3280		

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S3280	Continued From page 20 This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d) The facility reported a census of 50 residents. The sample included 3 residents and one closed record review. Based on record review and interview for all residents, the administrator failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's emergency management plan with residents. Findings included: - Review of the facility's emergency management plan on 5-6-15 at 12:10 am with administrator revealed the plan lacked documentation of quarterly review with residents. Interview on 5-6-15 at 5:42 pm with administrative staff B, confirmed quarterly reviews of the emergency management plan with residents not documented. Stated "we go over it in every resident council meeting" but had not documented it. Further confirmed for residents who do not attend the meeting and all residents on special care unit, "we don't do anything." For all residents, the administrator failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's emergency management plan.	S3280		