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	B049001	A. BUILDING: _____ B. WING _____	03/23/2015

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HOME AGAIN SENIOR LIVING LLC	321 NORTH MAIN STREET HAVILAND, KS 67059

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey of the above home plus facility on 3/17/15, 3/18/15, 3/19/15, and 3/23/15.	S 000		
S5205 SS=F	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(a) The facility reported a census of 10 residents. The sample included 3 residents and 1 focus review resident. Based on record review, observation, and interview for 2 (#101 and #100) of 3 residents sampled, the operator/registered nurse (RN) failed to ensure the provision of a sufficient number of staff members to take residents who would require two-person transfer assistance in an emergency or disaster to a secure location. Findings included: - Review of the resident roster on 3/17/15 revealed resident #101 and #100 each required two-person transfer assistance. At 3:15 p.m. on 3/17/15, certified medication aide (CMA) #A described a staffing pattern of 3 certified employees to provide resident care from 7:00 a.m. to 11:00 a.m. and 2 certified employees	S5205		

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

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S5205	Continued From page 1 from 11:00 a.m. until all residents went to bed for the night and then only 1 certified employee in the building until 7:00 a.m. At 12:10 p.m. on 3/18/15, CMA #A stated the following residents would require staff assistance to move to a secure location in an emergency or disaster. Resident #100 two person transfer and one person to mobilize wheelchair. Resident #101 two person transfer and resident could mobilize motorized wheelchair. Resident #102 one person to use sit-to-stand lift to transfer resident to motorized wheelchair that resident could mobilize. Resident #103 one person to transfer to and mobilize wheelchair. Resident #104 one person to transfer to motorized wheelchair that resident could mobilize. Resident #105 one person to transfer to and mobilize wheelchair. Resident #106 one person to transfer to and mobilize wheelchair. Resident #107 one person to transfer to and mobilize wheelchair. Resident #108 and resident #109 independent with transferring and walking. - Record review for resident #101 revealed an admission date of 8/5/14 and diagnosis of history of stroke. The functional capacity screen dated 7/25/14 indicated the resident required physical assistance with bathing, dressing, toileting, transferring, mobility, and management of medications and medical treatments; did not experience impaired cognition; was at risk for falls; and used a wheelchair for mobility.	S5205		

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S5205	Continued From page 2 The health care service plan dated 7/25/14 documented the service of 2 staff members to assist with transfers. The negotiated service agreement dated 7/30/14 documented resident required assistance with all transfers. At 1:05 p.m. on 3/18/15 in resident #101's room, observed CMA #B and certified nursing assistant (CNA) #C physically assist resident #101 to stand from motorized wheelchair. Each employee supported the resident as resident held on to a grab bar on the wall. CMA #B used one hand to reverse the motorized wheelchair while supporting resident with his/her other hand. CMA #B then rolled a commode to the resident for resident to toilet. During an interview at 1:30 p.m. on 3/18/15, resident #101 stated he/she had a stroke that affected his/her left side and he/she had arthritis in right shoulder and because of this he/she required assistance of two people with all transfers. Resident stated a family member installed a grab bar on the wall in his/her room in order that he/she could use the bar to transfer with staff assistance. Resident explained that his/her bed, recliner, commode, and motorized wheelchair could all be moved to the wall with the grab bar each time he/she needed to transfer. At 1:45 p.m. on 3/18/15, CNA #C stated resident required two employees to physically assist resident to transfer. CNA #C stated resident was independent with mobility in motorized wheelchair. - Record review for resident #100 revealed an admission date of 2/22/10 and diagnoses of dementia, Parkinson's disease, and coronary artery disease.	S5205		

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S5205	Continued From page 3 The functional capacity dated 1/7/15 indicated the resident was unable to perform bathing, dressing, toileting, transferring, mobility, and management of medications and medical treatments; experienced impaired decision making; and required a wheelchair for mobility. The negotiated service agreement dated 1/7/15 documented the resident required assistance with transferring and mobility. The health care service plan dated 3/9/15 documented the resident required staff assistance with all tasks related to transferring and was dependent on staff or spouse to mobilize wheelchair. During an interview at 1:45 p.m. on 3/18/15, CNA #C stated resident required a two-person transfer. During a telephone interview at 2:00 p.m. on 3/18/15, operator/RN stated resident #100 had declined in the last two months and for the resident's safety and comfort he/she required two-person assistance for transferring. Operator/RN confirmed resident #101 required two employees to transfer since the time of the resident's admission 8/5/14. Operator/RN stated the facility only scheduled one employee to work the night shift and he/she had not conducted an emergency drill with one employee assisting residents to a safe location. Telephone interview at 5:00 p.m. on 3/18/15, the operator/RN stated he/she would begin staffing the facility on this date with at least 2 certified employees in the building 24 hours a day, 7 days a week. For residents #101 and #100 who required two-person transfer assistance, the operator/RN	S5205		

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S5205	Continued From page 4 failed to ensure the provision of a sufficient number of staff members to take residents to a secure location in an emergency or disaster.	S5205		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(f)(11) The facility reported a census of 10 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 (#100) of 3 residents sampled, the operator/registered nurse (RN) failed to document thorough nursing assessments of resident's wounds and healing or lack of healing in response to wound care. Findings included: - Record review for resident #100 revealed an admission date of 2/22/10 and diagnoses of dementia, Parkinson's disease, and coronary artery disease. The functional capacity screen dated 1/7/15 indicated the resident required physical assistance with eating; was unable to perform bathing, dressing, toileting, transferring, mobility, and management of medications and medical	S5251		

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S5251	Continued From page 5	S5251		

treatments; was incontinent of urine; experienced impaired decision making; and used a wheelchair for mobility.

The negotiated service agreement dated 1/7/15 documented the service of staff to assist with all activities of daily living, medication management, and daily wound care as ordered by physician.

The health care service plan dated 3/9/15 documented home health care provided wound care.

The medication administration notebook contained 3/1/15 through 3/31/15 wound care instructions for resident #100's wound to left foot of cleanse with wound cleanser, pat dry with 4x4 gauze, pack wound with 1/4 inch NuGauze. Change dressing every day. Home Health will do the dressing change Monday, Wednesday, and Friday. Facility staff to do wound care Tuesday, Thursday, Saturday, and Sunday. The instruction sheet contained an area for certified medication aides and the RN to document when wound care completed. The instruction sheet also contained documentation that Home Health would do wound care to right foot with wound vac placed.

Review of documentation by operator/RN in the care notes section of the resident's record revealed the following:

9/7/14 to 9/13/14 resident in hospital with diagnoses of pulmonary embolism and deep vein thrombosis.

9/13/14 resident returned to facility with wounds to both feet documented with pictures.

9/15/14 Dressing change to bilateral feet per

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S5251	Continued From page 6	S5251		

orders, wounds remain closed, no drainage. Heel protectors on and resident repositioned frequently.

9/16/14 wounds unchanged.

9/18/14 wounds closed and unchanged.

9/19/14 wounds closed and unchanged.

9/20/14 wounds unchanged, photos taken for documentation purposes. Will document when change occurs. Dressing change done daily per orders.

9/24/14 wounds closed and unchanged.

9/26/14 wounds closed and unchanged.

10/1/14 wounds closed and getting smaller in size.

10/27/14 Wounds to feet continue to heal, dressing change every other day, no drainage. Staff continue to keep feet off of any surface with feet elevated and heel protectors on.

11/18/14 Resident to foot doctor today. New orders received for wound care. Ointment will be in tomorrow.

11/19/14 Instruction and demonstration to certified medication aides on wound care. RN to monitor closely and observe for changes.

11/24/14 Wound care as ordered. No changes.

11/26/14 Gentle (wound) debridement done by RN. Resident tolerated well. Dressing done as ordered.

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S5251	Continued From page 7 12/1/14 No changes. Wound care as ordered. Staff noted odor. 12/4/14 No changes. Gentle debridement by RN. Yellow exudate is on wound bed. Left wound decreasing in size. 12/11/14 Resident's spouse notified physician's office of odor of wound. No redness or swelling. Antibiotic ordered but spouse refused capsule form of antibiotic. Unable to contact physician for liquid form. 12/12/14 Several attempts made to contact physician to change antibiotic to liquid. 12/18/14 Notified physician of refusal of antibiotic and progress of wound care. Resident saw physician who debrided wound on right foot today. New orders. 12/23/14 Wound bed with some yellow exudate and some pink with wound getting smaller. 12/29/14 Gentle debridement done to right foot wound. Edges of wound with yellow exudate and wound bed pink. 1/21/15 Home health here to initiate wound care with wound vac to right foot. 1/23/15 Home health to provide wound care to left foot. The facility maintained a notebook with home health documentation of ongoing assessment of wounds by home health licensed nurses with the start of care by the outside provider.	S5251		

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S5251	Continued From page 8 Review of the overflow file consisting of documents thinned from the resident's record revealed a picture of the resident's left heel and a picture of the resident's right heel taken by the operator/RN on 9/13/14. The picture of the right heel showed a black area on each side of the heel. The operator/RN documented on the picture that one area measured 1.5 inches by 1.5 inches and the other 1 inch by 7/8 inch. The picture of the left heel showed reddened edges of heel. The overflow file and the resident's record lacked a picture of wounds dated 9/20/14 as documented in the notes by the operator/RN. The resident's record lacked documentation of thorough ongoing nursing assessments of the resident's wounds including the number of wounds, location of each wound, size of each wound including depth, description of tissue surrounding the wound, description of wound bed, and presence or absence of drainage, odor, and pain. During a telephone interview at 2:00 p.m. on 3/18/15, the operator/RN stated he/she documented wound assessments in the care notes section of the resident's record. The operator/RN failed to document thorough nursing assessments of resident #100's wounds and healing or lack of healing in response to wound care.	S5251		
S5316 SS=F	26-42-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the home in	S5316		

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S5316	Continued From page 9 sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(i)(1)(A)(B)(2)(A)(B)(C)(D) The facility reported a census of 10 residents. The sample included 3 residents and 1 focus review resident. Based on interview and record review for residents with discontinued, outdated, or deteriorated controlled medications, the operator/registered nurse (RN) failed to ensure controlled medications were destroyed by two licensed nurses or a licensed nurse and a licensed pharmacist. Based on interview for all residents with discontinued, outdated, or deteriorated non-controlled medications, the	S5316		

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S5316	Continued From page 10 operator/RN failed to ensure records were maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by two licensed nurses; a licensed nurse and a medication aide; a licensed nurse and a licensed pharmacist; or a medication aide and a licensed pharmacist. Findings included: - During an interview at 2:55 p.m. on 3/17/15, certified medication aide (CMA) #B stated two certified medication aides destroyed the controlled and non-controlled medications that were discontinued for residents. At 1:00 p.m. on 3/17/15, CMA #A provided a "Disposal of Medications" form that contained documentation of destruction of controlled medications, the date destroyed, the name of the medication, amount destroyed, and the initials of the employees destroying the controlled medications. CMA #B provided the name of each CMA whose initials were documented on the form which recorded 30 dates that controlled medications were destroyed from 8/5/13 through 2/9/15. The operator/RN and a CMA documented controlled medication destruction of 8 dates and 22 dates two CMAs documented destruction of controlled medications. CMA #A stated there were no records kept for destruction of non-controlled medications. During a telephone interview at 2:00 p.m. on 3/18/15, the operator/RN stated he/she was not aware controlled medications could not be destroyed by certified medication aides.	S5316		

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S5316	Continued From page 11 For residents with discontinued, outdated, or deteriorated controlled medications, the operator/RN failed to ensure controlled medications were destroyed by two licensed nurses or a licensed nurse and a licensed pharmacist. The operator/RN failed to ensure records were maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by two licensed nurses; a licensed nurse and a medication aide; a licensed nurse and a licensed pharmacist; or a medication aide and a licensed pharmacist.	S5316		