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COUNTRY PLACE SENIOR LIVING OF BASEHOR	15707 PINEHURST DR BASEHOR, KS 66007

(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 an initial survey conducted at the above named assisted living facility on 12-16-14, 12-17-14 and 12-18-14.	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 17 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 1 (#239) of 3 sampled residents, the operator failed to ensure each allegation of neglect was reported to the department within 24 hours. Findings included: - Record review for resident #239 revealed admission on 9-4-14 with diagnoses Dementia, Type 2 Diabetes Mellitus, Hypertension, Coronary Artery Disease and Vitamin D Deficiency. The Functional Capacity Screen dated 10-4-14 recorded resident unable to perform bathing and management of medications/treatments; physical assistance with dressing, toileting, and transfers; and supervision of walking/mobility and eating. Frequently incontinent of bladder. Current problems/risks included falls/unsteadiness, impaired hearing and impaired decision-making. The Negotiated Service Agreement (NSA) dated 10-4-14 recorded the following services: total assistance with bathing, assist with dressing, physical assist with toileting, supervision/cues with transfers, physical assist with walking/mobility, cueing for eating, nursing to administer all medications and treatments, housekeeping more than once per week due to incontinence. Resident Progress Notes revealed the following:	S3028		

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S3028	Continued From page 2 11-10-14 at 10:15 pm: "Received call from CMA (Certified Medication Aide). Resident fell in his/her apartment next to the kitchen table. Hit his/her head on a chair. Laceration to the back of his/her head. Called family member...to let them know we are sending resident to the emergency room. Emergency medical services called for transport to the emergency room." Signed by licensed staff A. 11-11-14 at 3:00 am: "Resident returned from emergency room. 2 staples to back of head. Follow up with physician." Signed by licensed staff A. 11-11-14 at 8:30 am: "Resident resting in bed. Observed 2 bruises on right leg (upper) and swelling right outer foot." Signed by licensed staff A. Observation of resident on 12-16-14 revealed resident mobile per wheelchair. Able to stand and bear weight with walker, ambulatory for short distances in apartment. Interview on 12-16-14 at 4:34 pm with licensed staff A stated resident was confused and unable to say what he/she was doing or how he/she fell. Staff found resident laying on the floor next to kitchen table with his/her cane laying next to him/her. Further stated resident's gait is unsteady, requires assistive device (cane or walker) to ambulate in apartment, but does not always use one, and is more unsteady with cane (family removed the cane after fall). Interview on 12-16-14 at 4:23 pm with operator confirmed the fall was unwitnessed, resulted in an injury, and resident was unable to tell what happened. Confirmed he/she did not report the fall to the department.	S3028		

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S3028	Continued From page 3 For resident #239, the operator failed to ensure an allegation of neglect was reported to the department and an investigation completed when the resident was found on the floor in his/her apartment and unable to state what happened.	S3028		
S3085 SS=E	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 facility reported a census of 17 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 1 (#239) of 3 sampled residents and 1 (#240) of 2 focus review residents, the operator failed to ensure the negotiated service agreement	S3085		

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S3085	Continued From page 4 provided a description of services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service. Findings included: - Record review for resident #239 revealed admission on 9-4-14 with diagnoses Dementia, Type 2 Diabetes Mellitus, Hypertension, Coronary Artery Disease and Vitamin D Deficiency. The Functional Capacity Screen dated 10-4-14 recorded resident unable to perform bathing and management of medications/treatments; physical assistance with dressing, toileting, and transfers; and supervision of walking/mobility and eating. Frequently incontinent of bladder. Current problems/risks included falls/unsteadiness, impaired hearing and impaired decision-making. The Negotiated Service Agreement (NSA) dated 10-4-14 recorded the following services: total assistance with bathing, assist with dressing, physical assist with toileting, supervision/cues with transfers, physical assist with walking/mobility, cueing for eating, nursing to administer all medications and treatments, housekeeping more than once per week due to incontinence. The NSA lacked documentation of the home health agency, identification of the services it provided to resident and identification of each party responsible for paying the home health agency.	S3085		

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S3085	Continued From page 5 Physician Order dated 9-19-14: "OT (Occupational Therapy) evaluation and treatment; PT (Physical Therapy) evaluation and treatment; Home Health agency to increase mobility." Interview on 12-16-14 at 4:34 pm with licensed staff A stated the resident was seen by PT/OT about three or four times. Confirmed the NSA lacked documentation of the home health agency, identification of the services provided by the home health agency and identification of each party responsible for payment of the home health agency. For resident #239, the operator failed to ensure the negotiated service agreement provided a description of services the resident received, identification of the home health agency that provided the services and identification of each party responsible for payment of the home health agency. - Record review for resident #240 revealed admission on 5-29-14 with diagnoses Hypertension, Dementia. Diagnosis of Diabetes Mellitus added 8-7-14. The Functional Capacity Screen dated 5-27-14 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement (NSA) dated 5-27-14 recorded services for nursing to administer all medications and treatments. The NSA lacked documentation of accuchecks (blood sugar monitoring) and who performs the accuchecks. Physician's Appointment Form dated 8-7-14: "Reason for Appointment: High blood sugar.	S3085		

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S3085	Continued From page 6 Physician's Instructions and notes: Add diabetes to diagnosis list. Check glucose finger sticks twice a day for 1 week, then every day fasting for 1 week and then fasting fingerstick 1 time per week. Metformin ER 500 mg (milligrams) by mouth twice a day for Diabetes Mellitus and Glimepiride 2 mg by mouth twice a day for Diabetes Mellitus." Review of Medication Administration Record for December 2014 revealed: "One Touch Ultra Test Strips, use to test Fasting Blood Sugars once weekly on Friday". Blood sugars recorded by certified staff D. Interview on 12-16-14 at 5:15 pm with licensed staff A stated certified medication aides perform the delegated task of blood sugar monitoring. Confirmed the NSA lacked documentation of the resident receiving blood sugar monitoring and that delegated CMA's perform this task. For resident #240, the operator failed to ensure the negotiated service agreement provided a description of blood sugar monitoring and identification of the provider of this service.	S3085		
S3101 SS=D	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced	S3101		

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S3101	Continued From page 7 by: KAR 26-41-202(h) The facility reported a census of 17 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 1 (#237) of 3 sampled residents, the operator failed to ensure each individual involved on the development of the negotiated service agreement signed the agreement. The operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. Findings included: - Record review for resident #237 revealed admission on 12-14-14 with diagnoses Hypercholesterolemia, Hypertension, Polyarthritis, Macular Degeneration, and Insomnia. The Functional Capacity Screen dated 12-14-14 recorded resident required physical assistance with bathing, dressing, toileting; supervision of transfers, walking/mobility; independent with eating; and unable to perform management of medications/treatments. Occasionally incontinent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks included falls/unsteadiness, impaired vision and impaired hearing. The Negotiated Service Agreement (NSA) dated 12-14-14 the following services: staff assist with bathing; moderate staff assist with dressing; assist as needed with toileting; supervision with transfers and walking/mobility;	S3101		

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S3101	Continued From page 8 nursing to administer medications and treatments. The NSA lacked signature of the resident or resident's legal representative. Interview on 12-16-14 at 1:55 pm with licensed staff A confirmed the NSA lacked signatures of the resident or the resident's legal representative. For resident #237, the operator failed to ensure each individual involved on the development of the negotiated service agreement signed the agreement and received a copy of the initial agreement.	S3101		
S3155 SS=D	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 agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 17 residents. The sample included 3 residents and 2 focus review residents. Based on observation, record review and interview for 1 (#239) of 3 sampled residents, the operator failed to ensure the licensed nurse provided or coordinated the	S3155		

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S3155	Continued From page 9 provision of necessary health care services that met the needs of the resident and were in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #239 revealed admission on 9-4-14 with diagnoses Dementia, Type 2 Diabetes Mellitus, Hypertension, Coronary Artery Disease and Vitamin D Deficiency. The Functional Capacity Screen dated 10-4-14 recorded resident unable to perform bathing and management of medications/treatments; physical assistance with dressing, toileting, and transfers; and supervision of walking/mobility and eating. Frequently incontinent of bladder. Current problems/risks included falls/unsteadiness, impaired hearing and impaired decision-making. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10-4-14 recorded the following services: total assistance with bathing; assist with dressing, help with putting clothes on and off, buttons, etc.; physical assist with toileting, resident needs assistance with toileting. resident is able to go to the bathroom sometimes on own, due to frequent incontinence needs to be monitored by staff; continence: resident is frequently incontinent, especially bowel. staff to assist with pericare to maintain hygiene; supervision/cues with transfers; physical assist with walking/mobility, requires physical assistance of one person to walk safely; cueing for eating; nursing to administer all medications and treatments;	S3155		

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S3155	Continued From page 10	S3155		

housekeeping more than once per week due to incontinence.

The NSA/HCSP lacked health care services to address the cognitively impaired resident's bowel and bladder incontinence.

Observation on 12-16-14 at 3:27 pm revealed smell of feces before entering room. Upon entering room, noted bathroom door open, observed toilet with lid down and moderate amount of soft formed feces on top of lid, on the floor and on the toilet paper roll on wall. Observed resident fully clothed (with pants on inside out) resting in bed. Alert and oriented to self. Disoriented to time and place. Noted walker across room next to television.

Observation on 12-16-14 at 3:31 pm revealed certified staff I assisted resident out of bed to standing position with walker. Resident's linens soiled with fecal matter. Resident had dried BM on buttocks and hands.

Interviews on 12-16-14 at 3:35 pm and 4:50 pm with certified staff I stated he/she came to work at 2:00 pm. Confirmed had not been given specific instructions regarding how often to check resident #239 and he/she did not check the resident until surveyor notified him/her that the resident required assistance. Stated resident was usually taken to room after lunch and assisted into recliner to watch television. If he/she was in bed, he/she probably put him/herself to bed without assist.

Interview on 12-16-14 at 3:31 pm with licensed staff A stated "the staff doesn't really do rounds." Confirmed resident #239 was confused, had no pendant to call for assistance and no ability to use

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S3155	Continued From page 11 a call pendant. Further confirmed the resident was incontinent of bowel and bladder and required physical assistance with toileting and pericare. Stated staff is supposed to check on the resident but could not confirm when staff checked resident or last checked resident. Confirmed the NSA/Health Care Service Plan lacked instructions to staff regarding the frequency for checking and toileting the resident. For resident #239, the operator failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services that met the needs of the cognitively impaired resident who lacked the ability to make needs known and was frequently incontinent of bowel and bladder.	S3155		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(4) The facility reported a census of 17 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 1 (#240) of 1 resident receiving blood glucose monitoring, the licensed nurse failed to appropriately delegate these nursing procedure under the Kansas Nurse Practice Act, KSA 65-1124 and amendments thereto.	S3202		

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S3202	Continued From page 12 Findings included: - Record review for resident #240 revealed admission on 5-29-14 with diagnoses Hypertension, Dementia. Diagnosis of Diabetes Mellitus added 8-7-14. The Functional Capacity Screen dated 5-27-14 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement (NSA) dated 5-27-14 recorded services for nursing to administer all medications and treatments. The NSA lacked documentation of accuchecks (blood sugar monitoring) and who performs the accuchecks. Physician's Appointment Form dated 8-7-14: "Reason for Appointment: High blood sugar. Physician's Instructions and notes: Add diabetes to diagnosis list. Check glucose finger sticks twice a day for 1 week, then every day fasting for 1 week and then fasting fingerstick 1 time per week. Metformin ER 500 mg (milligrams) by mouth twice a day for Diabetes Mellitus and Glimepiride 2 mg by mouth twice a day for Diabetes Mellitus." Review of Medication Administration Record for December 2014 revealed: "One Touch Ultra Test Strips, use to test Fasting Blood Sugars once weekly on Friday". Blood sugars recorded by certified staff D. Interview on 12-16-14 at 12:38 pm with operator confirmed CMAs (certified medication aides) had not been checked for competency for performing blood glucose monitoring. Further confirmed the "Medication Quiz" the CMA's were given upon hire lacked documentation of review by the	S3202		

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S3202	Continued From page 13 licensed nurse. Note: Roster of personnel hired identified 13 CMAs hired since opening. Interview on 12-16-14 at 5:15 pm with licensed staff A stated CMAs perform the delegated task of blood sugar monitoring. Confirmed he/she had not reviewed with the CMAs the procedure for performing blood glucose monitoring and staff records lacked documentation of competency checklists for each CMA performing blood glucose monitoring. For resident #240, the licensed nurse failed to appropriately delegate these nursing procedures under the Kansas Nurse Practice Act, KSA 65-1124 and amendments thereto.	S3202		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3)	S3211		

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(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
S3211	Continued From page 14 The facility reported a census of 17 residents. The sample included 3 residents and 2 focus review residents. Based on observation and interview, the licensed nurse failed to ensure over the counter medications shall be labeled with the resident's full name. Findings included: - Observation of medication room cabinet during tour on 12-16-14 at 11:00 am revealed the following open medications: 1 bottle of acetaminophen 500 mg (milligrams) tablets with approximately 500 tablets 1 bottle of Tylenol Extra Strength 500 mg tablets with approximately 30 tablets 1 bottle of Robitussin DM approximately 4 ounces 2 bottles of Clear Lax 4.1 ounces and 17.9 ounces 1 bottle of Antacid tablets approximately 15 tablets 1 bottle Fleet Enema of box of two All bottles of medications lacked a resident's name. Interview on 12-16-14 at 11:00 am with certified staff D and licensed staff A confirmed the containers of over the counter medications lacked resident names. Stated the medications had been in the cabinet since they started working and they did not know who they belonged to. The licensed nurse failed to ensure all over the counter medications were labeled with the resident's full name.	S3211		

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	N052009	A. BUILDING: _____ B. WING _____	12/18/2014

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S3298	Continued From page 15	S3298		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 17 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for all residents, the operator failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. Findings included: - During tour of the kitchen on 12-16-14 at 10:12 am with operator and dietary staff H, surveyor	S3298		

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S3298	Continued From page 16 requested food temperature logs. Interview with dietary staff H on 12-16-14 at 10:31 am stated he/she did not know where they would be. Confirmed the facility lacked documentation of food temperatures. Facility Meal Preparation policy stated the following: "7. Cold food are generally served at temperature of 40 degrees F (Fahrenheit) or below and hot foods must be maintained at temperatures of over 140 degrees F and above." Interview on 12-16-14 at 10:37 am with operator stated he/she "we have never done that" (document food temperatures). Confirmed the facility lacked documentation of food temperatures. For all residents, the facility dietary staff failed to ensure food was served at the proper temperature to prevent food borne illness by taking and recording temperature of food prior to serving.	S3298		
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	S3310		

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S3310	Continued From page 17 the facility ' s compliance with the department ' s 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(c) The facility reported a census of 17 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 4 (certified staff E, F, G and licensed staff B) of 5 employee records, the operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of employee records revealed: Certified staff E: date of hire 11-21-14. The record contained documentation for a one-step TB (tuberculosis) skin test dated 11-23-14. The record lacked documentation of a questionnaire or another TB skin test. Certified staff F: date of hire 12-12-13. The record contained documentation for a questionnaire dated 12-10-13. The record lacked documentation of TB skin testing at time of hire. Certified staff G: date of hire 4-18-14. The record contained documentation of a questionnaire dated 3-18-14 and a TB skin test planted 9-23-14 with no results recorded. The record lacked documentation of a TB skin test at time of hire. Licensed staff B: date of hire 9-16-13. The record contained documentation for a	S3310		

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S3310	Continued From page 18 questionnaire completed on 9-16-13. The record lacked documentation of TB skin testing. Interview on 12-16-14 at 12:38 pm with operator confirmed the employee records lacked documentation of TB testing in accordance with the department's guidelines. For 4 (certified staff E, F, G and licensed staff B) of 5 employee records reviewed, the administrator failed to ensure the facility's compliance with the department's tuberculosis guidelines.	S3310		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.	S3320		

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S3320	Continued From page 19 This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 17 residents. The sample included 3 residents and 2 focus review residents. . Based on observation and interview for all cognitively impaired residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in the laundry room. Findings included: - Observation on 12-16-14 at 10:52 am during entrance tour of the unlocked laundry room revealed the following: Unsecured cabinet underneath sink contained: 3 spray bottles labeled "Disinfectant Cleaner", 1 gallon of bleach, 2 large containers of liquid laundry detergent, 1 can furniture polish, 1 bottle of fabric softener, 2 spray bottles of Shout spot remover. 1 gallon of laundry detergent on top of the counter. The roster identified 9 of 17 residents with impaired cognition. Interview on 12-16-14 at 10:55 am with operator stated the cabinet should be locked at all times, the key is kept in the drawer. Further stated the laundry room is kept unlocked all of the time, one resident does own laundry. Confirmed the chemicals were unsecured. Interview on 12-16-14 at 11:55 am with licensed staff A confirmed 9 residents on the roster with	S3320		

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S3320	Continued From page 20 impaired cognition. Stated of those 9 cognitively impaired residents, all "get around independently except for" (one). For all cognitively impaired residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured throughout the facility.	S3320		