STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052007	A. BUILDING: _____ B. WING _____	11/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS ASSISTED LIVING	657 EISENHOWER LANSING, KS 66043

(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 investigations 74895, 76991, 77083, 79166, 79606, 80590, 80750 at the above named assisted living facility conducted on 11-17-14, 11-18-14, 11-19-14 and 11-20-14. Revised 2567 mailed to facility 12-1-14.	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.	S3028		

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

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S3028	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3) The facility reported a census of 30 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 2 (#230, #400) of 3 sampled residents and 1 (#500) of 2 focus review residents, the operator failed to ensure each allegation of abuse and neglect shall be reported to the department within 24 hours. Finding included: - Record review for resident #230 revealed admission to the facility on 3-5-14 with diagnoses Alzheimer ' s disease, Dysphagia and Hypertension. The functional capacity screen dated 7- 31-14 recorded resident required physical assistance with bathing, dressing, toileting, and management of medications/treatments; and independent with transfers, walking/mobility and eating. Frequently incontinent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks identified included falls/unsteadiness and impaired vision. The negotiated service agreement/health care services plan dated 7-31-14 recorded the following services: Bathing: physical assistance twice a week Wednesday and Sunday during the day. Dressing: physical assistance in the morning and evening. Toileting: physical assistance with changing brief. Frequently incontinent of bladder and	S3028		

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S3028	Continued From page 2	S3028		

occasionally incontinent of bowel. Family responsible for incontinent supplies.

- Record review for resident #400 revealed admission on 11-20-13 with diagnoses Macular Degeneration, Non-Insulin Dependent Diabetes Mellitus, Congestive Heart Failure.

The functional capacity screen dated 10-7-14 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility and management of medications/treatments; and independent with eating. Occasionally incontinent of bladder. Cognition: problems with short term memory and decision-making. Current problems/risks included falls/unsteadiness, impaired vision, and impaired hearing.

The negotiated service agreement dated 9-20-14 recorded the following services:
Bathing: physical assistance with whirlpool bath three times per week Tuesday, Thursday and Saturday during the day.
Dressing: physical assistance in the morning and evening.
Toileting: physical assistance with toileting and brief changes. Reminders/assistance before meals and at bedtime.
Transfers: physical assistance.
Walking/mobility: physical assistance. Uses walker.

Confidential statement written 11-14-14 stated that on 11-8-14, certified staff D failed to toilet resident #230 (family member came in and found resident #230 had soaked through both briefs and his/her pants were wet); and failed to assist resident #400 with a bath, (stating resident had refused his/her bath - resident denied refusing

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S3028	Continued From page 3 bath and was given one by another staff member). Certified staff D failed to provide services as outlined in the resident ' s negotiated service agreement. Interview on 11-17-14 at 12:15 am and 11-18-14 at 9:55 am with licensed staff A stated one certified staff member (certified staff D) was recently counseled for " excessive breaks and lack of care " to residents. Other staff had issues with certified staff D and made written allegations that certified staff D failed to give a bath to resident #400 and failed to toilet and change resident #230. Confirmed he/she did not report these allegations to the department and did not follow up with the residents to perform skin assessments. Interview on 11-18-14 at 3:50 pm with operator confirmed he/she received a written statement (allegation of neglect) dated 11-14-14 from a staff member regarding certified staff D not performing cares to residents #230 and #400. Further confirmed he/she failed to perform an investigation and failed to report the allegation to the department. For resident #230and #400, the operator failed to ensure all allegations of neglect were reported to the department within 24 hours.	S3028		
S3215 SS=D	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and	S3215		

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S3215	Continued From page 4 regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 30 residents. The sample included 3 residents and 2 focus review residents. Based on observation and interview for 1 of three bottles of tuberculosis test solution, the operator failed to ensure that all medications and biologicals are securely and properly stored in accordance with the	S3215		

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S3215	Continued From page 5 manufacturer's recommendations. Findings included: - Observation during entrance tour on 11-17-14 at 10:47 am revealed three bottles of tuberculosis (TB) test solution in medication room refrigerator. Too bottles unopened and one bottle, 3/4 empty and labeled as opened on 9-18-14. Interview on 11-17-14 at 10:47 am with operator stated the solution was possibly last used on 10-20-14 with last new resident admission. Interview on 11-17-14 at 2:00 pm with licensed staff A confirmed the TB solution should have been discarded "28-30 days after it was opened" and stated he/she was not sure when it was last used. Licensed nurses and medication aides failed to ensure opened insulin pens and tuberculosis testing solution were stored in accordance with the manufacturer's recommendations.	S3215		