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	B022001	A. BUILDING: _____ B. WING _____	09/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

(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 at the above named home plus facility conducted on 9-23-14 and 9-24-14.	S 000		
S 225 SS=F	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal	S 225		

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

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S 225	Continued From page 1 representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: 26-39-102(a)(3) The facility reported a census of 11 residents. The sample included 3 residents. Based on record review and interview for 3 (#105, #106, #107) of 3 sampled residents at the time of admission, the operator failed to ensure execute with the resident or the resident's legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligation that the resident has toward the adult care home. Findings included: - Record review for resident #105 revealed admission on 7-22-14 with diagnoses Dementia without Behaviors, Cellulitis, Pityriasis Rosea, Dermatitis Factitia, Hypertension, Atrial Fibrillation, Mixed Hearing Loss, Reflux Esophagitis, Hernia, and Psoriasis. The record lacked documentation of a written admission agreement.	S 225		

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S 225	Continued From page 2 Facility Policy stated: "Admission, Transfer and Discharge: Procedure for Admission: 2. (Facility) shall execute a written agreement with the resident on admission which describes in detail the services and goods which the resident will receive, and the obligations the resident has toward (the facility). Interview on 9-24-14 at 3:00 pm with operator/licensed nurse A confirmed the record lacked a written agreement on admission which described the services and goods the resident would receive and the obligations the resident had toward the facility. - Record review for resident #106 revealed admission on 9-1-14 with diagnoses Hypertension, Hypothyroidism, and Dysphagia. The record lacked documentation of a written admission agreement. Facility Policy stated: "Admission, Transfer and Discharge: Procedure for Admission: 2. (Facility) shall execute a written agreement with the resident on admission which describes in detail the services and goods which the resident will receive, and the obligations the resident has toward (the facility). Interview on 9-24-14 at 3:00 pm with operator/licensed nurse A confirmed the record lacked a written agreement on admission which described the services and goods the resident would receive and the obligations the resident had toward the facility.	S 225		

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S 225	Continued From page 3 - Record review for resident #107 revealed admission on 12-10-13 with diagnoses Urinary Tract Infection, Hypertension, Hyperlipidemia, Osteoarthritis, Over Active Bladder, Generalized Pain and Hypothyroidism. The record lacked documentation of a written admission agreement. Facility Policy stated: "Admission, Transfer and Discharge: Procedure for Admission: 2. (Facility) shall execute a written agreement with the resident on admission which describes in detail the services and goods which the resident will receive, and the obligations the resident has toward (the facility). Interview on 9-24-14 at 3:00 pm with operator/licensed nurse A confirmed the record lacked a written agreement on admission which described the services and goods the resident would receive and the obligations the resident had toward the facility. For residents #105, #106, #107, the operator failed to, at the time of admission, execute with the resident or the resident's legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligation that the resident has toward the adult care home.	S 225		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity	S5105		

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S5105	Continued From page 4 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: 26-42-202(a) The facility reported a census of 11 residents. The sample included 3 residents. Based on observation, record review and interview for 3 (#105, #106, #107) of 3 sampled residents, the operator failed to ensure the negotiated service agreement 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 #105 revealed admission on 7-22-14 with diagnoses Dementia without Behaviors, Cellulitis, Pityriasis Rosea, Dermatitis Factitia, Hypertension, Atrial Fibrillation, Mixed Hearing Loss, Reflux Esophagitis, Hernia, and Psoriasis. The functional capacity screen (FCS) dated	S5105		

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S5105	Continued From page 5 7-21-14 indicated resident required health care services for physical assistance with bathing, dressing, toileting, transfers and eating; supervision with walking/mobility. Resident unable to perform management of medications and treatments. Occasionally incontinent of bladder. Cognition: problems with short term memory, memory/recall, and decision making. Communication: sometimes understandable and sometimes understands. Current problems/risks included: Falls/unsteadiness, impaired vision, impaired hearing and impaired decision-making. The negotiated service agreement (NSA) dated 7-21-14 included checked boxes that indicated the resident required services for 3 meals daily with meal assist, bathing, dressing, personal hygiene, toileting, ambulation/transfer, and supplies. The NSA lacked a description of services related to resident's urinary catheter, impaired skin, therapeutic diet, and what supplies the facility will provide. Also description of medication management, identification of the pharmacy provider and party responsible for paying the pharmacy. Physician's orders revealed the following: 8-27-14: ordered "Foley catheter 16 fr." Physician notification dated 8-31-14 stated, "Resident's bottom is red broken open, bleeding. Using Calmoseptine and is not helping." (no response from physician). Physician notification dated 9-2-14 stated: "Resident's bottom broken open, sore, bleeding. Putting periguard and calmoseptine on but not helping. What do you suggest?" Physician ordered: Hypoallergenic soaps and detergents. Bath every other day. Use 1/4 cup vinegar mixed with Aveeno Oatmeal Bath in bath water. Periguard mixed with Santyl to open wounds.	S5105		

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S5105	Continued From page 6	S5105		

Must be nickel thick. Triamcinolone 1% mixed with Nystatin. Apply to rash twice daily until cleared up. Then apply daily as needed. Prednisone 60 mg (milligrams) for 1 day, then 50 mg, then 40 mg, then 30 mg, then 20 mg, then 10 mg then stop."

Nurses Notes revealed the following:
7-22-14 at 1:00 pm: "Resident admitted to facility today from rehab. Resident has redness under abdominal fold, dry itchy skin...Resident on mechanical soft diet. Resident's bottom red and sore, complains of periarea hurting. Resident dribbles so wears briefs..." Signed by licensed staff B.
8-27-14 at 8:15 pm: "Foley catheter inserted this evening. 16 fr (french) 30 cc (cubic centimeters). Resident tolerated well. Will monitor output and watch that the skin breakdown heals up." Signed by licensed staff C.
9-12-14 (no time indicated): "Foley catheter inserted this evening 16 fr 30 cc." Signed by licensed staff I.

Observation of toileting with certified staff J on 9-23-14 at 11:40 am revealed resident ambulated with standby assist, gait belt and walker to restroom. Observation of skin revealed bilateral buttocks with deeply reddened areas with approximately 2 cm (centimeters) irregularly shaped open area on right buttock and approximately 1 - 1.5 cm irregularly shaped open area to left buttock. Resident reaching back to scratch skin on bottom. Foley catheter draining cloudy light yellow urine. Licensed staff B came in to apply topical medication to itchy skin areas on bottom and periarea.

Observation of lunch on 9-23-14 at 12:15 pm revealed resident feeding self a soft chicken

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S5105	Continued From page 7	S5105		

enchilada, refried beans and Spanish rice without difficulty.

Interviews on 9-23-14 at 12:00 pm and 1:20 pm with operator/licensed nurse A confirmed the facility stored resident's medications and certified or licensed staff administered and refilled the medications as ordered by the physician. Further confirmed the NSA lacked documentation that certified/licensed staff administered and refilled resident's medications; and lacked documentation of the pharmacy provider and party responsible to pay the pharmacy. Also confirmed the NSA lacked documentation regarding resident's Foley catheter, catheter care, interventions for impaired skin and identification of the therapeutic diet.

For resident #105, the operator failed to ensure the negotiated service agreement 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.

- Record review for resident #106 revealed admission on 9-1-14 with diagnoses Hypertension, Hypothyroidism, and Dysphagia.

The functional capacity screen (FCS) dated 9-1-14 recorded resident required physical assistance with bathing, dressing, toileting, transfer and eating; supervision with walking and unable to perform management of medications and treatments. Usually continent of bladder. Cognition: problems with decision-making. Communication: usually understands and usually understandable. Current problems/risks included impaired vision, impaired hearing and impaired

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S5105	Continued From page 8 decision-making. The negotiated service agreement (NSA) dated 9-1-14 included checked boxes that indicated the resident required services for 3 meals daily of therapeutic diet (mechanical soft/nectar thick liquids - no bread, crackers and no straws), bathing, dressing, personal hygiene, toileting, ambulation/transfer (walker), supplies (briefs). The NSA lacked a description of services for medication management including identification of the pharmacy provider and party responsible for payment of the pharmacy provider. Review of current Medication Administration Record (September 2014) revealed all medications administered by facility's certified and licensed staff. Interview on 9-23-14 at 1:20 pm with operator/licensed nurse A confirmed the facility stored resident's medications and certified or licensed staff administered and refilled the medications as ordered by the physician. Confirmed the NSA lacked documentation of the pharmacy provider and party responsible to pay the pharmacy provider. For resident #106, the operator failed to ensure the negotiated service agreement provided a description of services the resident received for medication management; identification of the pharmacy provider and identification of each party responsible for payment of the pharmacy. - Record review for resident #107 revealed admission on 12-10-13 with diagnoses Urinary Tract Infection, Hypertension, Hyperlipidemia, Osteoarthritis, Over Active Bladder, Generalized	S5105		

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S5105	Continued From page 9 Pain and Hypothyroidism. The functional capacity screen (FCS) dated 8-12-14 recorded resident unable to perform bathing, dressing, toileting, transfer, walking/mobility, and management of medications and treatments; and physical assistance with eating. Continent of bladder per urinary catheter. Cognition: problems with short term memory, memory/recall and decision-making. Communication: sometimes understandable and sometimes understands. Current problems/risks included: impaired hearing and impaired decision-making. The negotiated service agreement (NSA) dated 12-10-13 included checked boxes that indicated the resident required services for 3 meals daily (general diet) with meal assist, supervised nursing services: personal care, medication management, management of behavioral symptoms, bathing, dressing, personal hygiene, toileting (bed pan, briefs), ambulation/transfer (total assist lift), and supplies (catheter and personal). The NSA lacked a description of services including use of a urinary catheter, catheter care, physical therapy (PT), Intravenous (IV) therapy, and skilled nursing visits; identification of the home health agency providing PT, IV therapy and skilled nursing services and identification of the party responsible for payment of the home health agency. Further lacked a description of medication management services including who administers medications and identification of the pharmacy provider and party responsible for payment of the pharmacy. The NSA also lacked documentation of resident being a two-person transfer and resident's use of scooter chair for mobility.	S5105		

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S5105	Continued From page 10 Resident identified on resident roster as a two person transfer. Observations on 9-23-14 around 1:45 pm revealed resident in dining room after lunch unable to operate scooter chair safely. Scooter chair on full power when resident pushed button forward and pushed chair into the table turning it over and up against another table, pushing both into the wall. Resident unable to stop pushing button to make chair stop. Facility staff arrived and operated the buttons on the chair to turn resident around. Staff, using buttons on chair, operated the chair to take resident down the hall and back to room. Observed certified staff K and licensed staff B transfer resident from scooter chair to bed with hoyer lift. Review of current Medication Administration Record (September 2014) revealed all medications administered by facility's certified and licensed staff. Record review revealed resident received physical therapy from 3-24-14 until 5-22-14. Resident was transferred to the hospital on 8-6-14 with vomiting, labored breathing left sided weakness, incoherence and facial drooping. He/She returned on 8-12-14 with orders for "physical therapy to evaluate and treat" and "ceftazidime 1 gram injection IV every 12 hours for 1 week of therapy." The record revealed documentation of physical therapy services for 8-15-14 to 9-9-14 and skilled nursing service from 8-12-14 until present. Interview on 9-23-14 at 2:34 pm with operator/licensed nurse A stated the nurse for the home health agency was still coming to see resident #107 and the last visit was 9-22-14.	S5105		

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S5105	Continued From page 11 Confirmed the home health agency was not identified on the NSA along with a description of the services they provided and identification of the party responsible for payment of the agency. Further confirmed NSA lacked a description of services including use of a urinary catheter including catheter care; medication management services including who administers medications and identification of the pharmacy provider and party responsible for payment of the pharmacy and documentation of the resident being a two-person transfer and resident's use of scooter chair for mobility. For resident #107, the operator failed to ensure the negotiated service agreement 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.	S5105		
S5156 SS=F	26-42-204 (b) Health Care Services (b) If the functional capacity screening indicates that a resident is in need of health care services, a licensed nurse, in collaboration with the resident, the resident ' s legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, shall develop a health care service plan to be included as part of the negotiated service agreement. This REQUIREMENT is not met as evidenced by: 26-42-204(b) The facility reported a census of 11 residents.	S5156		

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S5156	Continued From page 12 The sample included 3 residents. Based on record review and interview for 3 (#105, #106, #107) of 3 sampled residents whose functional capacity screen indicated the residents needed health care services, the operator failed to ensure a licensed nurse, in collaboration with the resident and/or resident's legal representative developed a health care service plan to be included as part of the negotiated service agreement. Findings included: - Record review for resident #105 revealed admission on 7-22-14 with diagnoses Dementia without Behaviors, Cellulitis, Pityriasis Rosea, Dermatitis Factitia, Hypertension, Atrial Fibrillation, Mixed Hearing Loss, Reflux Esophagitis, Hernia, and Psoriasis. The functional capacity screen (FCS) dated 7-21-14 indicated resident required health care services for physical assistance with bathing, dressing, toileting, transfers and eating; supervision with walking/mobility. Resident unable to perform management of medications and treatments. Occasionally incontinent of bladder. Cognition: problems with short term memory, memory/recall, and decision making. Communication: sometimes understandable and sometimes understands. Current problems/risks included: Falls/unsteadiness, impaired vision, impaired hearing and impaired decision-making. The negotiated service agreement (NSA) dated 7-21-14 included checked boxes that indicated the resident required services for 3 meals daily with meal assist, bathing, dressing, personal hygiene, toileting, ambulation/transfer, and supplies. The NSA failed to describe how these services were to be delivered.	S5156		

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S5156	Continued From page 13 Interview on 9-23-14 at 12:00 pm with operator/licensed nurse A, confirmed the NSA lacked a health care service plan. For resident #105, the operator failed to ensure a licensed nurse, in collaboration with the resident and/or resident's legal representative developed a health care service plan to be included as part of the negotiated service agreement. - Record review for resident #106 revealed admission on 9-1-14 with diagnoses Hypertension, Hypothyroidism, and Dysphagia. The functional capacity screen (FCS) dated 9-1-14 recorded resident required physical assistance with bathing, dressing, toileting, transfer and eating; supervision with walking and unable to perform management of medications and treatments. Usually continent of bladder. Cognition: problems with decision-making. Communication: usually understands and usually understandable. Current problems/risks included impaired vision, impaired hearing and impaired decision-making. The negotiated service agreement (NSA) dated 9-1-14 included checked boxes that indicated the resident required services for 3 meals daily of therapeutic diet (mechanical soft/nectar thick liquids - no bread, crackers and no straws), bathing, dressing, personal hygiene, toileting, ambulation/transfer (walker), supplies (briefs). The NSA failed to describe how these services were to be delivered. Interview on 9-23-14 at 12:00 pm with operator/licensed nurse A, confirmed the NSA	S5156		

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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
S5156	Continued From page 14 lacked a health care service plan. For resident #106, the operator failed to ensure a licensed nurse, in collaboration with the resident and/or resident's legal representative developed a health care service plan to be included as part of the negotiated service agreement. - Record review for resident #107 revealed admission on 12-10-13 with diagnoses Urinary Tract Infection, Hypertension, Hyperlipidemia, Osteoarthritis, Over Active Bladder, Generalized Pain and Hypothyroidism. The functional capacity screen (FCS) dated 8-12-14 recorded resident unable to perform bathing, dressing, toileting, transfer, walking/mobility, and management of medications and treatments; and physical assistance with eating. Continent of bladder per urinary catheter. Cognition: problems with short term memory, memory/recall and decision-making. Communication: sometimes understandable and sometimes understands. Current problems/risks included: impaired hearing and impaired decision-making. The negotiated service agreement (NSA) dated 12-10-13 included checked boxes that indicated the resident required services for 3 meals daily (general diet) with meal assist, supervised nursing services: personal care, medication management, management of behavioral symptoms, bathing, dressing, personal hygiene, toileting (bed pan, briefs), ambulation/transfer (total assist lift), and supplies (catheter and personal). The NSA failed to describe how these services were to be delivered.	S5156		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	09/24/2014

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S5156	Continued From page 15 Interview on 9-23-14 at 12:00 pm with operator/licensed nurse A, confirmed the NSA lacked a health care service plan. For resident #107, the operator failed to ensure a licensed nurse, in collaboration with the resident and/or resident's legal representative developed a health care service plan to be included as part of the negotiated service agreement.	S5156		
S5230 SS=F	26-42-207 (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; (c) Each administrator or operator shall ensure the home ' 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: 26-42-207(c) The facility reported a census of 11 residents. The sample included 3 residents. Based on record review and interview for 5 (certified staff C, D, E, F, G) of 5 sampled personnel records, the operator failed to ensure the home's compliance with the department's tuberculosis guidelines for	S5230		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5230	Continued From page 16 adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Personnel record reviews conducted on 9-23-14 at 4:00 pm with the operator/licensed nurse A revealed the following: Certified staff C, date of hire 12-20-13: record lacked documentation of TB (tuberculosis) symptom screening questionnaire or 2nd step of TB skin testing. Certified staff D, date of hire 12-18-13: record lacked documentation of TB symptom screening questionnaire or 2nd step of TB skin testing. Certified staff E, date of hire 11-11-13: TB skin test result dated 1-14-13. Record lacked documentation of TB skin testing result within 6 months of date of hire and TB symptom screening questionnaire. Certified staff F, date of hire 1-6-14: record lacked documentation of TB symptom screening questionnaire or 2nd step of TB skin testing. Certified staff G, date of hire 8-20-14: record lacked documentation of TB symptom screening questionnaire or 2nd step of TB skin testing. Interview on 9-23-14 at 4:00 pm with operator/licensed nurse A confirmed the above records lacked documentation of TB symptom screening questionnaire or 2nd step of TB skin testing and for certified staff E, confirmed the TB skin test result was greater than 6 months before date of hire. For 5 (certified staff C, D, E, F, G) of 5 sampled personnel records, the operator failed to ensure the home's compliance with the department's tuberculosis guidelines for adult care homes	S5230		

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S5230	Continued From page 17 adopted by reference in K.A.R. 26-39-105.	S5230		
S5325 SS=D	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: 26-42-205(l) The facility reported a census of 11 residents. The sample included 3 residents. Based on record review and interview for 1 (#107) of 3 sampled residents whose medications are managed by the home, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. Findings included: - Record review for resident #107 revealed admission on 12-10-13 with diagnoses Urinary Tract Infection, Hypertension, Hyperlipidemia, Osteoarthritis, Over Active Bladder, Generalized Pain and Hypothyroidism.	S5325		

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S5325	Continued From page 18 The functional capacity screen (FCS) dated 8-12-14 recorded resident unable to perform management of medications and treatments. The negotiated service agreement (NSA) dated 12-10-13 included checked boxes that indicated the resident required services for medication management. Interview on 9-23-14 at 1:20 pm with operator/licensed nurse A confirmed the facility stored resident's medications and certified or licensed staff administered and refilled the medications as ordered by the physician. Further confirmed the record lacked documentation of a medication regimen review. Stated "not doing any medication regimen reviews." For resident #107, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly.	S5325		