STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N094001	A. BUILDING: _____ B. WING _____	R 08/27/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORIAL LIVING CENTER	102 E LANE DRIVE JOHNSON, KS 67855

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{S 000}	INITIAL COMMENTS The following citations are the result of a Revisit and Correction Order visit #14-71 at the above named Assisted Living Facility in Johnson City, Kansas on 8/26/14 and 8/27/14.	{S 000}		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The census equalled 11 the sample included three Residents. Based on reviews of records and interview, for three of three sampled (#1222, #1555, and #1444), the Operator failed to ensure designated facility staff completed the FCS (functional capacity screen) accurately. Findings included: - Review of record revealed #1222 admitted to facility 5/08/14 with diagnoses of Anemia, Hypothyroidism, Hypertension, Gastroesophageal reflux disease, Osteoarthritis, and Global weakness. The record contained a 04/14/14 FCS that assessed #1222 in need of physical assistance with bathing; in need of supervision with dressing; independent with toileting, transfers, mobility, eating, and medication management. The FCS failed to assess accurately #1222's functional ability in regard to Treatment	S3082		

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

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S3082	Continued From page 1	S3082		

management, documenting only "N/A" or not applicable.
The FCS failed to assess accurately #1222's functional ability in regard to Communication, documenting only check marks instead of ability codes 1, 2, or 3.

On 8/26/14 at 3:45pm, Director of Nursing confirmed the codes of this FCS not accurate according to #1222's functional status for treatment management and communication.

The Operator failed to ensure designated facility staff completed the FCS for #1222 accurately.

- Review of record revealed #1444 admitted to facility 6/01/11 with diagnoses of High blood pressure, Hypothyroidism, and Spinal stenosis. The record contained a 10/28/13 FCS that assessed #1444 in need of physical assistance with bathing, dressing, toileting, and medication management; in need of supervision with transfers; independent with mobility, and eating. The FCS failed to assess accurately #1444's functional ability in regard to Treatment management, documenting only "N/A" or not applicable.

On 8/26/14 at 3:45pm, Director of Nursing confirmed the codes of this FCS not accurate according to #1444's functional status for treatment management.

The Operator failed to ensure designated facility staff completed the FCS for #1444 accurately.

- Review of record revealed #1555 admitted to facility 5/08/14 with diagnoses of Hypertension,

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S3082	Continued From page 2 Osteopenia, Spinal stenosis, Hyperlipidemia, Chronic low back pain, and Adnerval mass. The record contained a 8/12/14 FCS that assessed #1555 in need of physical assistance with bathing; in need of supervision with dressing; independent with toileting, transfers, mobility, eating, and medication management; and unable to perform treatment management. The FCS failed to assess accurately #1555's functional ability in regard to cognitive status, documenting a "0" for cognitive total status, although "Short term memory" identified as an impairment (score would be a total of "1" instead of "0". On 8/26/14 at 2:15pm, Director of Nursing confirmed the code of this FCS not accurate according to #1555's cognitive status. The Operator failed to ensure designated facility staff completed the FCS for #1555 accurately.	S3082		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer	S3200		

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S3200	Continued From page 3 medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The census equalled 11 the sample included three Residents. Based on reviews of records and interview, for one of three sampled (#1444), the Operator failed to ensure all medications and biologicals administered to each Resident in accordance with a written medical care provider order and in accordance with professional standards of practice. Findings included: - Review of record revealed #1444 admitted to facility 6/01/11 with diagnoses of High blood pressure, Hypothyroidism, and Spinal stenosis. The record contained a 10/28/13 Functional Capacity Screen (FCS) that assessed #1444 in need of physical assistance with bathing, dressing, toileting, and medication management; in need of supervision with transfers; independent with mobility, and eating. The FCS failed to assess #1444's functional status for treatment management, documenting N/A for not applicable. The current Negotiated Service Agreement (NSA) of 11/01/13 documented facility staff to administer medications except for Aspirin at bedtime. The Resident Notes of record contained an entry dated 8/24/14 at 8:30am: sore on the outer side of right ankle... 3/4" in diameter with 1/16"-1/8" white center... complained of dull pain with	S3200		

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S3200	Continued From page 4 shooting pains intermittently... is uncomfortable... I put triple antibiotic on it with a band aid. Entry signed by Licensed Nurse #F. The Resident Notes of record contained an entry dated 8/24/14 at 10:00: small 3/4 cm (centimeter) pressure sore on right ankle bone... cleansed with saline applied triple antibiotic covered with Band-Aid... ankle boot of fleece to be used this day when napping and at night... Entry signed by Director of Nursing. On 8/26/14 at 2:25pm Director of Nursing stated no we don't have an order for triple antibiotic ointment... that is a nursing intervention... until the physician sees him/her tomorrow... we are just trying to keep it clean and moist in case it does open... The Operator failed to ensure all medications and biologicals administered to #1444 in accordance with a written medical care provider order, and in accordance with professional standards of practice.	S3200		
{S3261} SS=D	26-41-105 (f) (11) Resident Record 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 26-41-105(f)(11)	{S3261}		

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{S3261}	Continued From page 5	{S3261}		

The census equalled 11 the sample included three Residents. Based on reviews of records and interview, for one of three sampled (#1222), the Operator failed to ensure documentation of all incidents, symptoms, injury, date, time, action taken, and results of the action.

Findings included:

- Review of record revealed #1222 admitted to facility 5/08/14 with diagnoses of Anemia, Hypothyroidism, Hypertension, Gastroesophageal reflux disease, Osteoarthritis, and Global weakness.

The record contained a 04/14/14 Functional Capacity Screen (FCS) that assessed #1222 in need of physical assistance with bathing; in need of supervision with dressing; independent with toileting, transfers, mobility, eating, and medication management; the FCS failed to assess the treatment management status of #1222, being coded as "N/A" or not applicable.

The Negotiated Service Agreement of 4/14/14 documented these services to be provided.

The medical record contained an 8/09/14 Resident Note entry: "spouse stated #1222 has a open area on lower left leg. A dime size round skinned area noted, no drainage or odor noted. Two small red areas noticed also on lower leg. Cleansed area with normal saline.

The medical record lacked any additional documentation after 8/09/14. The record lacked evidence of follow up, additional treatment, or resolution to this identified open area. The record lacked documentation of time, actions taken after the initial assessment of area, and results of the

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{S3261}	Continued From page 6 action. On 8/26/14 at 3:45pm, Director of Nursing confirmed the medical record lacked follow up or resolution of the identified open area assessed and treated on 8/09/14... stated I was not aware of this... we can go observe to see if healed or worse or current status... On 8/26/14 at 3:45pm, a dry, 0.5cm (centimeter) scab with two small trace dry areas observed on lower left outer calf area of left leg. The Operator failed to ensure documentation in the record of #1222, of all incidents, symptoms, injury, date, time, action taken, and results of the action.	{S3261}		