STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B046049	A. BUILDING: _____ B. WING _____	08/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLOVER CARE HOME	6320 ZARDA DRIVE SHAWNEE, KS 66226

(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 8-6-14 and 8-7-14.	S 000		
S5080 SS=F	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(b) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 3 (#140, #258, #325) of 3 sampled residents, the operator failed to ensure a licensed nurse assessed residents whose functional capacity screening indicated the need for health care services.	S5080		

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

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S5080	Continued From page 1 Findings included: - Record review for resident #140 revealed admission on 8-3-13 with diagnoses Recurrent Urinary Tract Infections, Hypertension, Hypothyroidism, Constipation, History of Severe Head Injury and Vascular Dementia. The Functional Capacity Screen (FCS) dated 7-30-13 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility and eating; and unable to perform management of medications and treatments. Usually continent of bladder. Cognition: problems with short and long term memory, memory/recall and decision-making. Current problems/risks included: falls/unsteadiness, impaired vision, impaired hearing and impaired decision-making. The FCS lacked signature of a licensed nurse. Interview on 8-6-14 at 1:25 pm with operator confirmed the FCS lacked documentation the licensed nurse assessed the resident. For resident #140, the operator failed to ensure a licensed nurse assessed residents whose functional capacity screening indicated the need for health care services. - Record review for resident #258 revealed admission on 10-2-13 with diagnoses Hypertension, Gastroesophageal Reflux Disease, Hyperlipidemia, Depression, Dysphagia, Anxiety, Urinary Retention and Neurogenic Bladder. The Functional Capacity Screen (FCS) dated 5-21-14 recorded resident required supervision with bathing and identified falls/unsteadiness as a	S5080		

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S5080	Continued From page 2	S5080		

current problem/risk. The FCS lacked signature of a licensed nurse.

Interview on 8-6-14 at 1:25 pm with operator confirmed the FCS lacked documentation the licensed nurse assessed the resident.

For resident #258, the operator failed to ensure a licensed nurse assessed residents whose functional capacity screening indicated the need for health care services.

- Record review for resident #325 revealed admission on 2-17-14 with diagnoses Hypertension, Hyperlipidemia, Bradycardia, Dementia, Anemia, and Urinary Incontinence.

The Functional Capacity Screen (FCS) dated 1-21-14 recorded resident required physical assistance with bathing, dressing, toileting, transfers and eating; and unable to perform walking/mobility and management of medications/treatments. Occasionally incontinent of urine. Cognition: problems with short term memory, memory/recall and decision-making. Current problems/risks included falls/unsteadiness, impaired vision and impaired hearing. The FCS lacked signature of a licensed nurse.

Interview on 8-6-14 at 1:25 pm with operator confirmed the FCS lacked documentation the licensed nurse assessed the resident.

For resident #325, the operator failed to ensure a licensed nurse assessed residents whose functional capacity screening indicated the need for health care services.

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S5230	Continued From page 3	S5230		
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: KAR 26-42-207(c) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 3 (#140, #258, #325) of 3 sampled residents and 5 (D, E, F, G, H) of 5 sampled staff, the operator failed to 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. Findings included: - Record reviews revealed the following: Resident #140 with tuberculosis (TB) skin testing on 1-8-14 with result "negative" and on 3-22-14 with result "Negative Reading". Resident #258 with TB skin testing on 1-8-14 with	S5230		

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S5230	Continued From page 4	S5230		

result "Negative Reading" and 3-22-14 with result "Negative Reading".
Resident #325 with TB skin testing on 2-19-14 with result "Negative Reading and 3-22-14 with result "Negative Reading".
The TB skin testing lacked documentation of results in mm (millimeters) of induration.

Interview on 8-6-14 at 1:08 pm with operator confirmed the results lacked documentation in mm of induration.

- Personnel record review with operator revealed the following:
Certified staff D with date of hire 6-24-14: TB skin testing on 7-2-14 with result "negative". Tthe record lacked documentation of a TB symptom screening questionnaire and results of TB tesing in mm of induration.
Certified staff E with date of hire 7-14-14: The record lacked documentation of a TB symptom screening questionnaire.
Certified staff F with date of hire 2-13-14: TB test dated 4-29-14. The record lacked documentation of TB testing within 7 days of hire and a TB symptom screening questionnaire.
Certified staff G with date of hire 5-31-14: TB skin testing on 5-8-14 with result "Negative Reading". The record lacked documentation of TB skin testing result in mm of induration.
Certified staff H with date of hire 3-15-14: The record lacked documentation of TB skin testing or TB symptom screening questionnaire.

Interview on 8-6-14 at 4:30 pm with operator confirmed the above personnel files lacked either documentation of a TB symptom screening questionnaire and/or results of skin testing in mm of induration.

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S5230	Continued From page 5 For residents #140, #258, #325 and certified staff D, E, F, G, and H, the operator failed to 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.	S5230		