STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B078031	A. BUILDING: _____ B. WING _____	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RL FOUNTAINWOOD 2	2000 FOUNTAINWOOD DR HUTCHINSON, KS 67502

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 08/30/22.	S 000		
S5195 SS=E	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (f) The census equaled 3 residents. The sample included 3 residents. Based on interview and observation for all residents receiving meal services, Administrator A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 08/30/22 at 11:57 AM revealed a kitchen containing food/drinks. Observation of the pantry revealed the following food, which were not sealed: one bag of all-purpose flour, one bag of powdered sugar, one bag of sugar, one bag of brown sugar, two bags of chips, one bag of pecans.	S5195		

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

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S5195	Continued From page 1 Interview on 08/30/22 at 11:57 AM with Certified Nurse Aide (CNA) D confirmed the above listed food items were not sealed. Interview on 08/30/22 at 12:57 PM with Administrator A confirmed all food should be sealed. The facility failed to provide a policy for food storage. For all residents of the facility, Administrator A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S5195		
S5245 SS=F	26-42-105 (b) Resident Records Confidential (b) Each administrator or operator shall ensure that all information in each resident's record, regardless of the form or storage method for the record, is kept confidential, unless release is required by any of the following: (1) Transfer of the resident to another health care facility; (2) law; (3) third-party payment contract; or (4) the resident or legal representative of the resident. This REQUIREMENT is not met as evidenced by: KAR 26-42-105 (b) The census equaled 3 residents. The sample included 3 residents. Based on interview and observation for all residents, Administrator A	S5245		

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S5245	Continued From page 2 failed to ensure that all information in each resident's record, regardless of the form or storage method for the record, is kept confidential. Findings included: - Observation during the initial tour on 08/30/22 at 11:41 AM revealed an unlocked cabinet in the hallway of the facility. The cabinet contained 3 of 3 resident records. Observation on 08/30/22 at 02:20 PM revealed R200 wandering around the facility. R200 had two outside visitors with her. Interview on 08/30/22 at 11:41 AM with Certified Nurse Aide (CNA) D stated the cabinet remained unlocked with resident records. Interview on 08/30/22 at 12:57 PM with Administrator A confirmed the cabinet remained unlocked with resident records at all times. For all residents of the facility, Administrator A failed to ensure that all information in each resident's record, regardless of the form or storage method for the record, is kept confidential.	S5245		
S5301 SS=D	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is	S5301		

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S5301	Continued From page 3 administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) (3) (C) The census totaled 3 residents. The sample included 3 residents. Based on observations, interview, and record review, the facility failed to ensure a licensed nurse or medication aide remained with residents, including Resident (R) 830 until their/her medications were ingested. Findings included: - Review of the "Resident Roster" revealed 3 of 3 residents had some or all medications administered by facility staff, which included licensed nurses and/or certified medication aides. Review of R830's medical record revealed she moved into the facility on 10/01/20 with diagnoses of diabetes mellitus type II, coronary artery disease, hyperlipidemia, hypertension, hypothyroidism, cirrhosis, osteoporosis, neuropathy, celiac disease, dysphagia and restless leg syndrome.	S5301		

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S5301	Continued From page 4	S5301		

Review of the resident's "Functional Capacity Screen" dated 09/27/21 revealed the resident was unable to manage her medications.

Review of the resident's "Negotiated Service Agreement/Health Care Services Plan" dated 09/27/21 revealed R830 self-administered her insulin injections and facility staff would administer and perform all other tasks related to administering medications.

Review of residents "Self-Administration Assessment" dated 10/21/21 revealed R830 self-administered her insulin injections.

Observations on 08/30/22 at 11:52 AM revealed R830 ambulating in room with her walker. R830's walker revealed a clear medicine cup containing medications sitting on the seat of the walker.

Observation on 08/30/22 at 12:57 PM with Licensed Nurse (LN) B revealed the online medication administration record (MAR) for R830, which revealed the medication administration times. On 08/30/22 at 08:25 AM, CMA C signed out the following medications for R830: Amlodipine Besylate (hypertension medication) 2.5 milligrams (mg); Aspirin (nonsteroidal ani-inflammatory drug) 325 mg; Folic Acid (supplement) 1 mg; Furosemide (diuretic) 40 mg; Metoprolol (hypertension medication) 100 mg; Omeprazole (proton pump inhibitor) 40 mg; Potassium Chloride (supplement) 20 milliequivalent; Sertraline (depression medication) and Vitamin D3 (supplement) 5,000 units.

Interview on 08/30/22 at 11:52 AM with Certified Medication Aide (CMA) C confirmed she leaves medication in R830's rooms without observing ingestion because she is alert and oriented. CMA

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S5301	Continued From page 5 C confirmed the medications in the clear medicine cup in 830's room were from her morning medication pass. Interview on 08/30/22 at 12:57 PM with Administrator A confirmed facility staff are to stay with residents and observe until medications are ingested. Interview on 08/30/22 at 03:16 PM with R830 confirmed facility staff do not always stay with her until her medications are ingested. The facility's "Medication Administration Policy" (no date) recorded, "A licensed nurse or medication aide shall perform the following: 4. Remain with the resident until the medication is ingested or applied. 5. Document the administration of each resident's medication in the resident's MAR immediately after completion of the task." The facility failed to ensure a licensed nurse or medication aide remained with residents until their medications were ingested.	S5301		
S5335 SS=F	28-39-437 Construction (a) Each home-plus 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.	S5335		

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S5335	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The census equaled 3 residents. The sampled included 3 residents. Based on observation and interview, the facility failed to keep cleaning chemicals in a locked, secured area, posing a potential safety hazard. Findings included: - On 08/30/22, Certified Nurse Aide (CNA) D and Certified Medication Aide (CMA) C provided a "Resident Roster", which included 3 residents. Two residents (R) 200 and R703 had impaired cognitive abilities and were known wander risks. During the initial tour on 08/30/22 at 11:38 AM with CNA D, observation revealed an unlocked cabinets in the public restroom. The cabinet contained the following chemical: One 24-ounce (oz) bottle of Lysol toilet cleaner. Observation on 08/30/22 at 11:41 AM revealed an unlocked storage room in the kitchen. The storage room revealed an unlocked closet, which contained the following chemicals: Three 24 oz bottles of Lysol toilet cleaner, Two 24 oz bottles of Clorox toilet cleaner, one 56 oz bottle of Fabuloso multi-purpose cleaner, one 40 oz bottle of Pine-Sol multi-surface cleaner, eleven 15 oz cans of disinfectant spray, one container of ProSpray Wipes disinfectant/cleaner towelettes, two 12.5 oz cans of multi-surface dusting spray, one 14.5 oz can of Easy-Off oven cleaner, and two 23 oz bottles of Windex glass cleaner. All chemicals had warning labels on them.	S5335		

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S5335	Continued From page 7 Observation on 08/30/22 at 12:39 PM revealed R200 wandering in the facility. R200 opened kitchen storage room door and entered in. Interview on 08/30/22 at 11:41 AM with CNA D stated the kitchen storage room door and closet inside remain unlocked at all times. Interview on 08/30/22 at 01:15 PM with Administrator A confirmed all chemicals were to be secured at all times in a locked closet. The facility failed to provide a policy on chemical storage. The facility failed to keep cleaning chemicals in a locked secured area, posing a potential safety hazard.	S5335		