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 _____	09/21/2022

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

(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 represent the findings of a resurvey for the above named Assisted Living facility conducted on 09/21/22.	S 000		
S3229 SS=E	26-41-205 (l) (4) Medication Regimen Review Self Administration (l) (4) The administrator or operator, or the designee, shall offer each resident who self-administers medication a medication regimen review to be conducted by a licensed pharmacist at least quarterly and each time a resident experiences a significant change in condition. A licensed nurse shall document the resident ' s decision in the resident ' s clinical record. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205(l)(4) The operator reported a census of nine residents. Three residents were included in the sample. Based on observation, record review and interview the operator failed to offer a medication regimen review by a licensed pharmacist at least quarterly for two of two residents who self-administered medications. Findings included: - Resident (R)100 was admitted to the facility on 10/09/21 with a diagnosis of hypothyroidism. The 10/07/21 "Functional Capacity Screen" (FCS) revealed R100 managed her medications	S3229		

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

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S3229	Continued From page 1 independently. The 10/08/21 "Negotiated Service Agreement" (NSA) documented R100 administered her medications independently. Review of R100's medical records revealed she had medication regimen review completed on 01/12/22 but did not have any completed on a quarterly basis after this. An observation on 09/21/22 at 12:45 PM revealed R100 had medications stored in a pill organizer in the kitchen and some over the counter medications on a lamp stand next to her recliner. On 09/21/22 at 03:47 PM R100 stated she administered her own medications. On 09/21/22 at 02:19 PM Certified Medication Aide (CMA) D stated R100 self-administered all of her own medications. On 09/21/22 at 03:02 PM Licensed Nurse A stated R100 self-administered her own medications and stated it was her understanding that if a resident self-administered medications a pharmacy review only needed to be completed on a yearly basis. A policy was requested on 09/21/22 but none was provided. The operator failed to ensure a quarterly medication regimen review was offered to R100 on a quarterly basis.	S3229		

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S3229	Continued From page 2 - R102 was admitted to the facility on 11/30/05 with a diagnosis of macular degeneration. The 10/27/21 FCS revealed R102 managed her medications independently. The 11/05/21 NSA documented R102 administered her medications independently. Review of R102's medical records revealed she had medication regimen review completed on 03/24/21 and 01/12/22 but did not have any completed on a quarterly basis after this. On 09/21/22 at 03:57 PM R102's medications were observed to be contained in a pill organizer in her apartment. On 09/21/22 at 03:57 PM R102 stated she administered her own medications. On 09/21/22 at 02:13 PM CMA D stated R102 self-administered her own medications. On 09/21/22 at 02:58 PM Licensed Nurse A stated R102 self-administered her own medications and stated it was her understanding that if a resident self-administered medications a pharmacy review only needed to be completed on a yearly basis. A policy was requested on 09/21/22 but none was provided. The operator failed to ensure a quarterly medication regimen review was offered to R102 on a quarterly basis	S3229		

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S3310	Continued From page 3	S3310		
S3310 SS=F	26-41-207 (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; and (c) Each administrator or operator shall ensure the facility ' 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 26-41-207(c) The facility reported a census of nine residents. Based on record review and interview the operator failed to ensure the facility was in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Review of five newly hired staff records revealed the following: Certified Nurse Aide (CMA) B hired on 01/10/21	S3310		

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S3310	Continued From page 4 did not complete a Tuberculosis (TB) screening questionnaire upon hire. Certified Medication Aide (CMA) C hired on 04/08/22 did not complete a TB screening questionnaire or a two-step TB skin test. The facility instead referenced a screening questionnaire and TB skin test results that were more approximately one year old. On 09/21/22 at 04:32 PM Licensed Nurse A stated she expected a TB Screening Questionnaire to be completed upon hire and a two-step TB skin test to be started within a week of hire. The undated "Mantoux Testing Policy" documented, "All new employees will have a two-step Mantoux test for tuberculosis." Review of the Tuberculosis (TB) guidelines for adult care homes June 2013 revealed: "Each new employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of employment. Each new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within seven days of employment...If a new employee provides satisfactory documentation of receiving a single TST within 6 months prior to employment that read not positive, the employee shall only be required to have a single TST within 7 days of employment." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		

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