STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B079002	A. BUILDING: _____ B. WING _____	10/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING OF LARNED HOME PLUS II	712 W9TH LARNED, KS 67550

(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 a resurvey at the above named home plus facility conducted on 10/04/22 and 10/05/22.	S 000		
S5105 SS=D	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 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: KAR 26-42-202 (a) (1) The facility reported a census of 11 residents. The sample included 3 residents. Based on record review, observation and interview for 1 sampled resident (R) 105, Operator A failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services identified a description of the services the resident will receive.	S5105		

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

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S5105	Continued From page 1 Findings included: - Record review for R105 revealed he admitted on 06/15/21 with diagnoses of anxiety, depression, hypertension and hyperlipidemia. R105's "Functional Capacity Screen" dated 06/14/22 recorded the resident as independent with eating, required physical assistance with bathing, dressing, toileting and management of medications, unable to perform transfer, walk/ mobility and management of treatments. R105 was at risk for falls and had impaired vision. The resident's "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP) dated 06/14/22 recorded staff assisted R105 with bathing, dressing, toileting, transfer, walk/mobility and administered medications and treatments. The NSA identified a full lift and wheelchair used for mobility and transfer. The NSA failed to identify the use of a bed assistive device. Observation on 10/05/22 at 11:12 AM in R105's room revealed a bed assist rail to the side of his bed. Interview on 10/05/22 at 11:56 AM with Licensed Nurse (LN) B confirmed R105's current NSA/HCSP dated 06/14/22 lacked a description for a bed assistive device. Operator A failed to ensure the NSA completed for residents who required health care services identified a description of the services the resident will receive.	S5105		

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S5171 SS=D	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (i) The census totaled 11 residents. The sample included 3 residents. Based on observation, interview and record review, Operator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 2 of 3 sampled residents (R) 105 and R106. Findings included: - The "Resident Roster" obtained on 10/04/22 identified three residents as having a bed rail. Record review for R105 revealed she admitted on 06/15/21 with diagnoses of anxiety, depression, hypertension and hyperlipidemia. R105's "Functional Capacity Screen" dated 06/14/22 recorded the resident as independent with eating, required physical assistance with bathing, dressing, toileting and management of medications, was unable to perform transfer, walk/ mobility and management of treatments. R105 was at risk for falls and had impaired vision.	S5171		

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S5171	Continued From page 3	S5171		

The resident's "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP) dated 06/14/22 recorded staff assisted R105 with bathing, dressing, toileting, transfer, walk/mobility and administered medications and treatments. The NSA identified a full lift and wheelchair used for mobility and transfer. The NSA failed to identify the use of a bed assistive device.

Record review lacked any assessment of the resident to confirm the device was not a restraint, an assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment.

Observation on 10/05/22 at 11:12 AM in R105's room revealed a bed assist rail to the side of her bed.

Interview on 10/05/22 at 11:56 AM with Licensed Nurse (LN) B confirmed no safety checks or bed assistive device assessments completed on R105.

- Record review for R106 revealed he admitted on 10/27/19 with diagnoses of Parkinson's Disease, coronary artery disease, glaucoma, memory loss, insomnia and restless leg syndrome.

R106's "Functional Capacity Screen" dated 10/21/21 recorded the resident required physical assistance with management of medications and

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S5171	Continued From page 4 was unable to perform bathing, dressing, toileting, transfer, walk/ mobility, eating and management of treatments. R106 had short and long term memory impairment, memory/recall impairment and impaired decision making. R106 was at risk for falls and had impaired vision and hearing. The resident's "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP) dated 10/21/21 recorded staff assisted R106 with bathing, dressing, toileting, transfer, walk/mobility, eating and administered medications and treatments. The NSA identified a wheelchair was used for mobility. The NSA failed to identify the use of a bed assistive device. Record review lacked any assessment of the resident to confirm the device was not a restraint, an assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 10/05/22 at 11:28 AM in R106's room revealed a bed assist rail to the side of his bed. Interview on 10/05/22 at 12:00 PM with Licensed Nurse (LN) B confirmed safety checks and bed assistive device assessments for R106 was not completed annually. LN B further confirmed the current safety check and assessment was dated 08/24/20 and not signed by a licensed nurse.	S5171		

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S5171	Continued From page 5 The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Facility's "Bed Rail Policy and Procedure" (no date) recorded, "a. Any resident determined to need a bed rail will be assessed by a licensed nurse. b. Bed rail assessment will be completed at least annual and more frequently as determined by the licensed nurse." Operator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs of R105 and R106 regarding use of a bed assistive device.	S5171		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package	S5313		

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S5313	Continued From page 6 of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (g) (3) The census totaled 11 residents. The sample included 3 residents. Based on observation and interview for 1 resident (R) 106 and 4 non-sampled resident (R) 120, R121, R122, R123, Operator A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation on 10/04/22 at 11:50 AM with Certified Medication Aide (CMA) revealed medication cabinets in a locked medication room. The following over the counter medications were noted without first and last names: For R106 the cabinet contained one bottle of MiraLAX, For R120 the cabinet contained one bottle of D3 Vitamins, For R121 the cabinet contained one bottle of D3 Vitamins, For R122 the cabinet contained one bottle of	S5313		

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S5313	Continued From page 7 Tylenol (pain reliever), For R123 the cabinet contained one bottle of B-12 Vitamins. Interview on 10/04/22 at 11:50 AM with CMA C confirmed the above listed medications were without full first and last names for R106, R120, R121, R122, R123. Interview on 10/04/22 at 11:57 AM with Licensed Nurse (LN) B confirmed over the counter medications were to be labeled with full names. Facility's "Medication Management" policy (no date) recorded, "10. Over the counter drugs: the licensed pharmacist or licensed nurse shall place the full name of the resident on both the original manufacturer's medication package and the medication container." Operator A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S5313		