STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B005001	A. BUILDING: _____ B. WING _____	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLINWOOD COUNTRY LIVING	302 N MAIN STREET ELLINWOOD, KS 67526

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint (#174624) at the above named home plus facility conducted on 10/12/22 and 10/13/22.	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) (2) (3) The facility reported a census of 7 residents. The sample included 3 residents and 1 closed record review resident. Based on record review, observation and interview for 1 sampled resident (R) 113, Operator/Certified Medication Aide (CMA) A failed to ensure the Negotiated Service Agreement (NSA) completed for residents who	S5105		

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

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S5105	Continued From page 1 required health care services identified the provider of each service and identified each party responsible for payment if outside resources provided a service. Findings included: - Record review for R113 revealed an admission date of 11/19/21 with diagnoses of hypertension, hypothyroidism, congestive heart failure, anemia, anxiety disorder, neuropathy and macular degeneration. Review of resident's "Functional Capacity Screen" (FCS) dated 07/17/22 recorded the resident as independent with eating, physical assistance required for bathing, dressing, toileting, transfer, walk/ mobility and was unable to manage her medications and treatments. R113 usually understood, was at risk for falls and had impaired vision and hearing. Review of resident's "Negotiated Service Agreement/ Health Care Plan" (NSA/HCP) dated 10/12/22 recorded the facility staff would supervise bathing and mobility, physically assist with dressing (ted hose), transfer, medication administration and treatments. The NSA/HCP recorded facility staff assisted R113 with oxygen per nasal cannula. The NSA/HCP lacked identification of the agency providing oxygen services and party responsible for payment of oxygen services. Interview on 10/13/22 at 12:58 PM with Operator/CMA A confirmed R113's NSA/HCP lacked identification of the agency providing	S5105		

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S5105	Continued From page 2 oxygen services and party responsible for payment of oxygen services. Operator/CMA A failed to ensure R113's NSA identified the provider of each service and identified each party responsible for payment when outside resources provided a service for oxygen.	S5105		
S5115 SS=D	26-42-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (c) The census totaled 7 residents. The sample included 3 residents and 1 closed record review resident. Based on interview and record review for 1 resident (R) 114, Operator/ Certified Medication Aide (CMA) A failed to ensure the development of an initial negotiated service agreement upon admission. Findings included: - Record review for R114 revealed he admitted on 10/07/22 with diagnoses of Dementia, hypertension and chronic kidney disease. R114's "Functional Capacity Screen" (FCS) dated 10/07/22 recorded the resident as independent with eating and required	S5115		

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S5115	Continued From page 3 supervision with bathing, dressing, toileting, transfer and walk/mobility. R114 usually understood. The FCS failed to identify management of medication and treatment needs. The FCS failed to accurately identify R114's cognition and current and recent problems and risks. R114's "Negotiated Service Agreement (NSA)/ Health Care Plan (HCP) requested on 10/12/22. Interview on 10/12/22 at 03:39 PM with Licensed Nurse (LN) B confirmed an admission NSA/HCP was not completed upon admission on 10/07/22. LN B confirmed the NSA/HCP was not completed as of 10/12/22. Operator/ Certified Medication Aide (CMA) A failed to ensure the development of an initial negotiated service agreement upon admission for R114.	S5115		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (h) The census equaled 7 residents. The sample	S5126		

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S5126	Continued From page 4	S5126		

included 3 residents and 1 closed record review resident. Based on record review and interview for 1 closed record review resident (R)116, Operator/Certified Medication Aide (CMA) A failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement.

Findings included:

- Record review for R116 revealed he admitted on 07/28/22 with diagnoses of depression, insomnia, ulcerative colitis and organ rejection. R116 discharged home on 08/08/22 by family.

R116's "Functional Capacity Screen" (FCS) dated 07/29/22 recorded the resident as independent with eating, required supervision with toileting, transfer and walk/mobility and required physical assistance with bathing. The FCS failed to identify management of medication and treatment needs. The FCS recorded R116 had impaired short-term and long-term memory, memory/recall issues and impaired decision making. R116 was at risk for falls, had impaired hearing and was at risk for wandering.

The resident's Negotiated Service Agreement (NSA)/ Health Care Plan (HCP) dated 07/29/22 recorded facility staff would supervise toileting and mobility and physically assist with bathing and dressing. The NSA/HCP recorded facility staff would manage R116's medications and treatments and would provide supervision with cognition and memory recall. R116 used glasses and hearing aids and required nighttime safety checks.

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S5126	Continued From page 5 NSA lacked signatures of the individuals involved in the development of the agreement. Interview on 10/13/22 at 10:36 AM with Licensed Nurse (LN) C confirmed R116's admission NSA/HCP dated 07/29/22 lacked signatures. Operator/CMA A failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement.	S5126		
S5127 SS=D	26-42-202 (i) NSA Services Received (i) Each administrator or operator shall ensure that each resident receives services according to the provisions of that resident ' s negotiated service agreement. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-202 (i) The census totaled 7 residents. The sample included 3 residents and 1 closed record review resident. Based on interview and record review for 1 closed record review resident (R) 116, Operator/ Certified Medication Aide (CMA) A failed to ensure R116 received services according to the provisions of his negotiated service agreement (NSA) for bathing and medication administration. Findings included: - Record review for R116 revealed he admitted on 07/28/22 with diagnoses of depression,	S5127		

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S5127	Continued From page 6	S5127		

insomnia, ulcerative colitis and organ rejection. R116 discharged home on 08/08/22 by family.

R116's "Functional Capacity Screen" (FCS) dated 07/29/22 recorded the resident as independent with eating, required supervision with toileting, transfer and walk/mobility and required physical assistance with bathing. The FCS failed to identify management of medication and treatment needs. The FCS recorded R116 had impaired short-term and long-term memory, memory/recall issues and impaired decision making. R116 was at risk for falls, had impaired hearing and was at risk for wandering.

The resident's Negotiated Service Agreement (NSA)/ Health Care Plan (HCP) dated 07/29/22 recorded facility staff would physically assist R116 with bathing and facility staff would manage R116's medications.

Per document labeled "Flow Sheet" for the week of 07/29/22 to 07/31/22, R116 was to be showered twice weekly. The flow sheet lacked staff initials for showering for the dates of 07/29/22 to 07/31/22.

Interview on 10/13/22 at 10:36 AM with Licensed Nurse (LN) C confirmed no documentation of showers given to R116 from 07/29/22 to 08/08/22.

Interview on 10/13/22 at 11:00 AM with LN B stated no admission medication orders were obtained for R116 and further stated R116's family administered his medications from 07/29/22 to 08/02/22.

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S5127	Continued From page 7 Interview on 10/13/22 at 12:54 PM with LN B confirmed no "Flow Sheet" documents found for R116 from 08/01/22 to 08/08/22 for showers and further confirmed there was no documentation R116 received a shower from 07/28/22 to 08/08/22. Phone interview on 10/13/22 at 12:13 PM with Unidentified Resident Representative stated family administered R116 his medications from 07/29/22 to 08/02/22 due to facility staff not having medication orders from the physician. Unidentified Resident Representative stated she did not observe R116 being showered during his stay from 07/28/22 to 08/08/22. Operator/CMA A failed to ensure R116 received services according to the provisions of his negotiated service agreement for bathing and medication administration.	S5127		
S5195 SS=D	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 7 residents. Based on	S5195		

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S5195	Continued From page 8 observation and interview for all residents receiving meal services, Operator/Certified Medication Aide (CMA) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 10/12/22 at 01:15 PM revealed a kitchen containing food/drinks. Observation of kitchen cabinets revealed the following food items, which were not sealed: one bag of Cheeto chips, one bag of Rice Krispies cereal, one bag of Corn Flakes cereal, one bag of Shredded Wheat cereal, one bag of Raisin Bran cereal and one bag of sugar. Interview on 10/12/22 at 01:17 PM with Licensed Nurse (LN) B confirmed the above listed food items were not sealed. Interview on 10/12/22 at 01:43 PM with Operator/CMA A confirmed food items were to be sealed. For all residents of the facility, Operator/CMA A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S5195		
S5230 SS=E	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	S5230		

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S5230	Continued From page 9 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 census totaled 7 residents. The sample included 3 residents, 1 closed record review resident and review of 3 newly hired employees. Based on record review and interview for 2 Residents (R) 112, R114 and 1 Staff (Licensed Nurse (LN) B), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R112's "Health Record" revealed she admitted to the facility on 10/05/17 and the record lacked completion of an annual TB questionnaire since 12/20/20. R114's "Health Record" revealed he admitted to the facility on 10/07/22 and the record lacked completion of TB testing and a TB questionnaire upon admission. LN B's "Employee Record" revealed a hire date	S5230		

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S5230	Continued From page 10 of 04/08/22. LN B's record lacked evidence of second step of TB testing completed upon hire. Interview on 10/12/22 at 03:59 PM with LN B confirmed she did not complete a second step of TB testing upon hire. Interview on 10/13/22 at 09:42 AM with LN B confirmed R114 did not have TB testing or complete a TB questionnaire upon admission. Interview on 10/13/22 at 11:23 AM with LN B confirmed unable to locate a TB questionnaire completed on R112 since 12/20/20. The facility failed to follow the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S5230		
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 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.	S5313		

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S5313	Continued From page 11 This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (g) (3) The census totaled 7 residents. The sample included 3 residents and 1 closed record review resident. Based on observation and interview for 1 resident (R) 112 and 2 non-sampled residents (R) 117 and R118, Operator/Certified Medication Aide (CMA) 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 10/12/22 at 01:20 PM with Licensed Nurse (LN) B revealed a locked medication cart in the facility. The following over the counter medications were noted without first and last names: For R112, the cabinet contained one bottle of Biotin (Vitamin), For R117, the cabinet contained one bottle of Stool Softeners, For R118, the cabinet contained one bottle of Magnesium (Supplement) Interview on 10/12/22 with LN B confirmed the above listed medications were without full first and last names for R112, R117 and R118. Interview on 10/12/22 at 02:46 PM with Operator/CMA A confirmed over the counter medications were to be labeled with full names. "Facility Management of Medication" policy (no	S5313		

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S5313	Continued From page 12 date) recorded, "9. Over the counter drugs ...A pharmacist or licensed nurse shall place the full name of the resident on the package if over-the-counter drugs are removed from the original manufacturer's package." Operator/ CMA 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		
S5315 SS=D	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as	S5315		

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S5315	Continued From page 13 recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (h) (4) The facility reported a census of 7 residents. The resident roster identified the facility managed medications for all residents. Based on observation, record review and interview, Operator/ Certified Medication Aide (CMA) A failed to ensure medications were not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration. Findings included: - Observation during the initial tour on 10/12/22 at 01:09 PM with Licensed Nurse (LN) B revealed a locked medication room in the hallway of the facility. The medication room revealed a medication fridge, which contained one bottle of tuberculosis (TB) solution inside an opened pharmacy labeled box. The box was labeled with "opened 4/21" on it. The solution was accessible to staff for administration. Interview on 10/12/22 at 01:09 PM with LN B confirmed the TB solution was expired after 30	S5315		

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S5315	Continued From page 14 days of being opened. Interview on 10/12/22 at 04:02 PM with LN B confirmed she administered the expired TB solution to Certified Nurse Aide (CNA) D on 09/24/22. The FDA (Federal Drug Administration) tuberculosis (tubersol) package insert directed the tubersol testing solution would expire 30 days after the date of opening. Operator/CMA A failed to ensure medications were not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration.	S5315		