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	B043003	A. BUILDING: _____ B. WING _____	02/13/2023

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint (#171191) at the above named home plus facility conducted on 02/13/23.	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 8 residents. The sample included 3 residents. Based on record review, observation and interview for 2 sampled residents (R)1 and R2, Operator/Certified Medication Aide (CMA) A failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services identified a description of the services the	S5105		

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

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resident received, identified the provider of each service and identified each party responsible for payment if outside resources provided a service.

Findings included:

- The "Resident Roster" obtained on 02/13/23 identified two residents as having an outside provider and two residents as having a bed assistive device.

Record review for R1 revealed she admitted to the facility on 12/09/22 with diagnoses of atrial fibrillation, diastolic dysfunction and right lower lobe pneumonia.

Review of resident's current "Functional Capacity Screen" (FCS) dated 12/09/22 recorded the resident as independent with eating, physical assistance required for bathing, dressing, toileting, transfer, walk/ mobility, was unable to manage her medications and treatments and was at risk for falls.

Review of resident's NSA dated 12/09/22 recorded facility staff assisted R1 with bathing, dressing, toileting, transfer of one to two person assist, walk/mobility and administered medications and treatments. The NSA identified a walker used for mobility.

NSA lacked identification of oxygen services, agency providing oxygen services and party responsible for payment of oxygen services.

Observation on 02/13/23 at 02:41 PM revealed R1 sitting in recliner in common area of facility. Oxygen concentrator observed near resident and

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oxygen tubing observed in R1's lap. R1 stated she used oxygen when needed.

Interview on 02/13/23 at 01:44 PM with Operator/CMA and Licensed Nurse (LN) B confirmed R1's current NSA lacked a description, agency name and party responsible for payment for oxygen services.

- Record review for R2 revealed she admitted to the facility on 12/30/22 with diagnoses of asthenia, falls, hyponatremia and subdural hematoma.

R2's current "Functional Capacity Screen" (FCS) dated 12/30/22 recorded the resident as independent with eating, required physical assistance with bathing, dressing, toileting, transfers, walk/mobility and was unable to manage medications and treatments. The FCS recorded R2 had impaired short-term and long-term memory, memory/recall impaired and impaired decision-making skills. R2 was at risk for falls.

The resident's NSA dated 12/30/22 recorded facility staff assisted R2 with bathing, dressing, toileting, transfer of one to two person assist, walk/mobility and administered medications and treatments. The NSA identified a walker used for mobility. The NSA identified R2 as confused at times.

The NSA failed to identify the use of a bed assistive device.

Interview on 02/13/23 at 02:04 PM with LN B confirmed R2's NSA lacked a description for a

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S5105	Continued From page 3 bed assistive device. Operator/CMA A failed to ensure R1 and R2's NSA identified a description of the services the resident received, identified the provider of each service and identified each party responsible for payment if outside resources provided a service.	S5105		
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 8 residents. The sample included 3 residents. Based on record review and interview for 1 sampled resident (R)1, 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 R1 revealed an admission date of 12/09/22 with diagnoses of atrial fibrillation, diastolic dysfunction and right lower lobe pneumonia.	S5126		

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S5126	Continued From page 4 Review of resident's current "Functional Capacity Screen" (FCS) dated 12/09/22 recorded the resident as independent with eating, physical assistance required for bathing, dressing, toileting, transfer, walk/ mobility, was unable to manage her medications and treatments and was at risk for falls. Review of resident's current NSA dated 12/09/22 recorded facility staff assisted R1 with bathing, dressing, toileting, transfer of one to two person assist, walk/mobility and administered medications and treatments. The NSA identified a walker used for mobility. The NSA lacked identification of oxygen services, agency providing oxygen services and party responsible for payment of oxygen services. NSA lacked signatures of the individuals involved in the development of the agreement including R1, Operator/CMA A and Licensed Nurse (LN) B. Interview on 02/13/23 at 01:44 PM with Operator/CMA A confirmed R1's current NSA dated 12/09/22 lacked signatures including R1, Operator/CMA A and Licensed Nurse (LN) B. Operator/CMA A failed to ensure each individual involved in the development of the NSA signed the agreement.	S5126		
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.	S5171		

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S5171	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (i) The census totaled 8 residents. The sample included 3 residents. Based on observation, interview and record review, Operator/ Certified Medication Aide (CMA) 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 1 of 3 sampled residents (R)2. Findings included: - The "Resident Roster" obtained on 02/13/23 identified two residents as having a bed assistive device. Record review for R2 revealed she admitted to the facility on 12/30/22 with diagnoses of asthenia, falls, hyponatremia and subdural hematoma. R2's current "Functional Capacity Screen" (FCS) dated 12/30/22 recorded the resident as independent with eating, required physical assistance with bathing, dressing, toileting, transfers, walk/mobility and was unable to manage medications and treatments. The FCS recorded R2 had impaired short-term and long-term memory, memory/recall impaired and impaired decision-making skills. R2 was at risk for falls. The resident's "Negotiated Service Agreement	S5171		

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S5171	Continued From page 6 (NSA) dated 12/30/22 recorded staff assisted R2 with bathing, dressing, toileting, transfer of one to two person assist, walk/mobility and administered medications and treatments. The NSA identified a walker used for mobility. The NSA identified R2 as confused at times. 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 02/13/23 at 02:35 PM with Licensed Nurse (LN) B of R2's room revealed a bed assist device to the right side of the bed. The bed assist device was not secured to the bed. Interview on 02/13/23 at 02:04 PM with LN B confirmed no safety checks or bed assistive device assessments completed on R2. Interview on 02/13/23 at 02:34 PM with R2 stated she used the bed assist device. 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:	S5171		

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S5171	Continued From page 7 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. Operator/CMA A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice which met the needs of R2 regarding use of a bed assistive device.	S5171		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S5215		

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S5215	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (d) (4) The census equaled 8 residents. The sample included 3 residents and review of 5 employee records. Based on record review and interview, Operator/Certified Medication Aide (CMA) A failed to ensure disaster and emergency preparedness by ensuring the performance of an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents. Facility failed to perform an annual emergency drill since last survey conducted with all residents and staff that included an evacuation of all residents to a secure location. Interview on 02/13/23 with Operator/ CMA A confirmed unable to locate an annual emergency drill conducted with all residents and staff that included an evacuation of all residents to a secure location. Operator/CMA A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of an annual emergency drill with staff and residents to include an evacuation	S5215		

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S5215	Continued From page 9 of the residents to a secure location.	S5215		
S5230 SS=D	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 census totaled 8 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 2 Staff (Certified Medication Aide (CMA) D and Certified Nurse Aide (CNA) E), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - CMA D's "Employee Record" revealed a hire date of 08/03/22. CMA D's record lacked evidence of completion of a TB questionnaire	S5230		

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S5230	Continued From page 10 upon hire. CNA E's "Employee Record" revealed a hire date of 08/09/21. CNA E's record lacked evidence of TB testing upon hire. CNA E's record lacked evidence of a TB questionnaire completed upon hire. Interview on 02/13/23 at 02:16 PM with Operator/CMA A confirmed no TB questionnaire located upon hire for CMA D and further confirmed TB testing and a TB questionnaire upon hire located for CNA E. The facility failed to provide a policy on tuberculosis. 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		
S5251 SS=F	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105 (f) (11) The census totaled 8 residents. The sample included 3 residents and 2 closed record review	S5251		

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residents. Based on record review and interview for 2 of 2 closed record review residents (R)4 and R5, Operator/ Certified Medication Aide (CMA) A failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.

Findings included:

- Record review for R4 revealed she admitted on 10/11/21 with diagnoses of hypertension, gout, diabetes mellitus and end stage kidney disease.

R4's "Functional Capacity Screen" (FCS) dated 10/11/21 recorded the resident as independent with toileting, transfer, walk/mobility and eating, required physical assist with bathing and dressing, was unable to perform management of medications and treatment and was usually continent. The FCS recorded R4 as having no impaired cognition, understandable and understood.

The resident's "Negotiated Service Agreement" (NSA) 10/11/21 recorded staff assisted R4 with bathing, dressing and toileting, assistance with eating as needed, R4 was independent with transfers and ambulated with a walker with standby assist from staff. The NSA recorded facility staff provided all medications. The NSA identified R4 as confused at times, recent falls at home prior to admission, and utilized a personal alarm and oxygen per nasal canula at all times. The NSA identified hospice service as the outside resource utilized by R4.

Per documents labeled "Outside Resource Form"

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dated 04/08/22 by hospice recorded, " ...patient has ace wrap to left arm. Patient reports having a fall 04/07/22 and her arm is hurting so they put an ace wrap on. Patient reports getting dizzy ..."

Review of R4's "Nursing Notes" revealed no documentation on 04/07/22 or 04/08/22 related to the reported fall or ace wrap placed on left arm.

Per documents labeled "Outside Resource Form" dated 04/11/22 by hospice recorded, " ...Staff to try to crush pills as patient is not wanting to swallow pills. May talk with family about getting these stopped if this continues ..."

Review of R4's "Nursing Notes" revealed no documentation on 04/11/22 related to crushing medications.

Review of R4's April 2022 "Medication Administration Record" (MAR) revealed no indication daily medications were being crushed by facility staff.

Per documents labeled "Outside Resource Form" dated 08/29/22 by hospice recorded, " ...Staff had no report of fall but client herself states she fell trying to get up yesterday evening before supper- wheelchair not locked. Didn't call for any help and got self up ..."

Review of R4's "Nursing Notes" revealed no documentation on 08/28/22 or 08/29/22 related to reported fall.

Per documents labeled "Outside Resource Form" dated 09/02/22 by hospice recorded, " ...Patient

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has no complaints other than her lower back and hip and she now has a bruise on her left hip from her fall this past week ..."

Review of R4's "Nursing Notes" revealed no documentation on 09/02/22 related to bruising or pain from past fall.

Per documents labeled "Outside Resource Form" dated 10/03/22 by hospice recorded, " ...she describes fall she had last evening when missed commode and fell to floor. Hadn't called for assistance. Staff responded to her verbal call and got up ..."

Review of R4's "Nursing Notes" revealed no documentation from the month of October 2022.

Per documents labeled "Outside Resource Form" dated 11/09/22 by hospice recorded, " ...buttocks assessed 1 small spot in skin top of "buttocks" ...Start treatment with Calmoseptine and Mepilex ..."

Review of R4's "Nursing Notes" revealed no documentation from the month of November 2022 until 11/29/22. No documentation related to skin issues documented in November 2022.

Review of R4's "Nursing Notes" revealed no documentation on 01/22/23 related to R4 expiring.

Interview on 02/13/23 at 04:10 PM with Operator/CMA and Licensed Nurse (LN) B confirmed no "Nursing Notes" recorded on the following dates: 04/08/22 related to R4's reported fall and ace wrap placed, 08/29/22 related to

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R4's reported fall, 09/02/22 related to bruising from fall, 10/03/22 related to reported fall with staff assistance, 11/09/22 related to skin concern on buttocks and 01/22/23 related to R4 expiring. LN B stated she did not recall ever crushing R4's medications.

- Record review for R5 revealed he admitted on 10/11/21 with diagnoses of hypertension and wound to heel. R5 expired on 01/22/23.

R5's "Functional Capacity Screen" (FCS)dated 10/11/21 recorded the resident as independent with toileting, transfer, walk/mobility and eating, required physical assist with bathing and dressing and was unable to perform management of medications and treatment. The FCS recorded R5 as having no impaired cognition, understandable, usually understood and had impaired hearing.

The resident's "Negotiated Service Agreement" (NSA) 10/11/21 recorded staff assisted R5 with bathing, dressing and toileting, assistance with eating as needed, R5 was independent with transfers and ambulated with a walker with standby assist from staff. The NSA recorded facility staff provided all medications. The NSA identified R5 as alert and oriented, searched for words at times and written communication important. The NSA identified hospice service as the outside resource utilized by R5.

Review of R5's "Nursing Notes" revealed no documentation on 07/05/22 related to R5 expiring.

Interview on 02/13/23 at 04:10 PM with Operator/

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S5251	Continued From page 15 CMA A and LN B confirmed no documentation on 07/05/22 related to R5 expiring. Operator/ Certified Medication Aide (CMA) A failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S5251		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The census equaled 8 residents. The sample included 3 residents. Based on record review and interview for 1 Resident (R)2,	S5300		

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S5300	Continued From page 16	S5300		

Operator/Certified Medication Aide (CMA) A failed to ensure all medications and treatments were administered in accordance with professional standards of practice.

Findings included

- Record review for R2 revealed she admitted to the facility on 12/30/22 with diagnoses of asthenia, falls, hyponatremia and subdural hematoma.

R2's current "Functional Capacity Screen" (FCS) dated 12/30/22 recorded the resident recorded the resident was unable to perform management of medications and treatments.

The resident's "Negotiated Service Agreement (NSA) dated 12/30/22 recorded staff administered medications and treatments.

Current February 2023 medication administration record (MAR) recorded, "Sodium Bicarbonate (tums) take ½ tablet (325 milligrams) PO (by mouth) BID (two times a day) dissolve in small amount of fluid" and "Multivitamin 1 tablet PO daily." Both medications signed with circled staff initials once daily from 02/01/23 to 02/13/23.

"Physician Order Sheet" dated 02/01/23 recorded, "Sodium Bicarbonate take ½ tablet (325 milligrams) PO BID dissolve in small amount of fluid" and "Multivitamin 1 tablet PO daily." Orders signed by Licensed Nurse (LN) B on 01/31/23 and by nurse practitioner on 02/09/23.

Interview on 02/13/23 at 01:54 PM with LN B

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S5300	Continued From page 17 confirmed Sodium Bicarbonate and Multivitamin were both ordered 02/01/23 and further confirmed neither medication was administered from 02/01/23 to present 02/13/23. LN B confirmed circled staff initials on the February MAR indicated medication not administered due to not being available. LN B stated the facility did not have Sodium Bicarbonate or Multivitamin in house for R2. Operator/CMA A failed to ensure all medications and treatments were administered in accordance with professional standards of practice.	S5300		
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 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	S5301		

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S5301	Continued From page 18 by: KAR 26-42-205 (d) (3) (C) The census totaled 8 residents. The sample included 3 residents. Based on observations, interview, and record review for 1 non- sampled resident (R)7, the facility failed to ensure a licensed nurse or medication aide remained with R7 until their/her medications were ingested. Findings included: - Review of the Resident (R) roster revealed 8 of 8 residents had all medications administered by facility staff, which included licensed nurses and/or certified medication aides. Review of R7's medical record revealed she moved into the facility on 12/02/22 with diagnoses of asthenia and gastrointestinal hemorrhage. Review of the resident's "Functional Capacity Screen" dated 12/02/22 revealed the resident was unable to manage her medications and treatments. Review of the resident's "Negotiated Service Agreement" (NSA) dated 12/02/22 recorded facility staff administered R7's medications. Observations on 02/13/23 at 01:22 PM revealed Certified Medication Aide (CMA) C enter R7's room with a clear medication cup in hand, which was prepared at the medication closet. CMA C observed exiting R7's room. The medication cup observed on table next to R7, who was sitting in chair. R7 stated the medication cup contained	S5301		

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S5301	Continued From page 19 Gabapentin (nerve pain medication). CMA C not in R7's room when medication ingested. Observation on 02/13/23 revealed the February 2023 medication administration record (MAR) for R7, which revealed Gabapentin 300 milligrams three times daily scheduled at 08:00 AM, 02:00 PM and 08:00 PM. Interview on 02/13/23 at 01:27 PM with CMA C confirmed she left medication in R7's rooms without observing ingestion due to knowing R7 will take them. Interview on 02/13/23 with Operator/CMA A confirmed facility staff are to stay with residents and observe until medications are ingested. The facility failed to provide a policy on medication administration. The facility failed to ensure a licensed nurse or medication aide remained with residents until their medications were ingested.	S5301		
S5313 SS=D	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	S5313		

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S5313	Continued From page 20 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 8 residents. The sample included 3 residents. Based on observation and interview for 1 sampled resident (R)1 and 1 non-sampled resident (R)6, 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 02/13/23 during the initial tour with Operator/CMA A revealed a locked medication closet in the facility. The following over the counter medications were noted without first and last names: For R1, the closet contained one bottle of Aspirin (nonsteroidal anti-inflammatory drug), For R6, the closet contained one bottle of Melatonin (supplement) Interview on 02/13/23 with Operator/CMA A confirmed the above listed medication labels lacked first and last names. The facility failed to provide a policy on over the counter medications.	S5313		

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S5313	Continued From page 21 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		