STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023026	A. BUILDING: _____ B. WING _____	03/02/2023

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S 000	INITIAL COMMENTS The following citations represent the findings of an initial survey with a complaint #178539 at the above named Home Plus conducted on 03/01/23 and 03/02/23.	S 000		
S5105 SS=F	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) The facility reported a census of four residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)101, R102, R103 and	S5105		

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

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S5105	Continued From page 1 R104. Findings included: - R101's medical record revealed the resident moved into the facility on 10/05/21 with diagnoses dementia. The 12/26/22 FCS identified R101 triggered for management of medications, management of treatments, bladder incontinence, cognition, communication and impaired vision. The 12/26/22 NSA did not address R101's management of medications, management of treatments, bladder incontinence, cognition, communication and impaired vision. On 03/02/23 at 11:37 AM Licensed Nurse (LN) B acknowledged that not everything that triggered on the FCS was addressed on the NSA. The operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS. - R102's medical record revealed the resident moved into the facility on 01/05/23 with diagnoses of debility and falls. The 01/05/23 FCS identified R102 triggered for management of medications, treatments, bladder incontinence, cognition, communication, and falls. The 01/05/23 NSA did not address R102's management of medications, treatments, bladder	S5105		

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S5105	Continued From page 2 incontinence, cognition, communication, and falls On 03/02/23 at 11:18 AM LN B acknowledged that not everything that triggered on the FCS was addressed on the NSA. The operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS. - R103's medical record revealed the resident moved into the facility on 05/01/22 with a diagnosis of dementia. The 12/06/22 FCS identified R103 triggered for management of medications, treatments, cognition, impaired decision-making. The 12/06/22 NSA did not address R103's management of medications, treatments, cognition, impaired decision-making. On 03/02/23 at 11:37 AM LN B acknowledged that not everything that triggered on the FCS was addressed on the NSA. The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS. - R104's medical record revealed the resident moved into the facility on 02/14/23 with anxiety, mild cognitive impairment, major depression, vivid dreams. The 02/14/23 FCS identified R104 triggered for management of medications, treatments, bladder incontinence, communication, falls, impaired	S5105		

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S5105	Continued From page 3 vision, impaired decision-making, cognition, impaired decision-making, wandering. The 02/15/23 NSA did not address R104's management of medications, treatments, bladder incontinence, communication, falls, impaired vision, impaired decision-making, cognition, impaired decision-making, wandering. On 03/02/23 at 11:37 AM LN B acknowledged that not everything that triggered on the FCS was addressed on the NSA. The operator failed to ensure R104's NSA was fully developed to include all items that triggered in the FCS.	S5105		
S5161 SS=F	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of four residents. Based on interview and record review and interview the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)101, R102, R103 and R104.	S5161		

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S5161	Continued From page 4 Findings included: - R101's medical record revealed the resident moved into the facility on 10/05/21. R101's most recent NSA was completed on 12/06/22 and failed to identify the nurse responsible for the implementation and supervision of the health care services plan. On 03/02/23 at 11:37 AM Licensed Nurse (LN) B acknowledged the nurse responsible for the implementation of the care plan was not identified on the NSA. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R101. - R102's medical record revealed the resident moved into the facility on 01/05/23. R102's most recent NSA was completed on 01/05/23. On 03/02/23 at 11:37 AM Licensed Nurse (LN) B acknowledged the nurse responsible for the implementation of the care plan was not identified on the NSA. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for	S5161		

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S5161	Continued From page 5 R102. - R103's medical record revealed the resident moved into the facility on 05/01/22. R103's most recent NSA was completed on 05/01/22. On 03/02/23 at 11:37 AM Licensed Nurse (LN) B acknowledged the nurse responsible for the implementation of the care plan was not identified on the NSA. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R103. - R104's medical record revealed the resident moved into the facility on 01/11/23. R104's most recent NSA was completed on 02/15/23. On 03/02/23 at 11:37 AM Licensed Nurse (LN) B acknowledged the nurse responsible for the implementation of the care plan was not identified on the NSA. The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R104.	S5161		
S5210 SS=F	26-42-104 (b) Written Emergency Plan	S5210		

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S5210	Continued From page 6 b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (b) (5) The facility reported a census of four residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure the disaster and emergency plan include all required items as it failed to include information on explosion. Findings included: - On 03/02/23 review of documentation of the emergency management plan revealed it did not include information concerning explosion. On 03/02/23 at 11:15 AM, Licensed Nurse B acknowledged the disaster plan did not include information concerning explosion.	S5210		

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S5210	Continued From page 7 The operator failed to ensure the emergency management plan included all the required items.	S5210		
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. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of four residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the "Emergency Management Plan" (EMP) with employees and residents. Findings included:	S5215		

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S5215	Continued From page 8 - On 03/02/23 the facility provided documentation for EMP reviews. No documentation was provided for resident reviews and lacked documentation for staff reviews for the fourth quarter 2021, first quarter 2022 and second quarter 2022. Dates of quarterly reviews of the EMP with employees: 09/05/21, 03/22/22, 06/10/22, 07/01/22, 09/23/22, 11/20/22, 12/31/22, 02/23/23. No documentation of quarterly reviews of the EMP with staff was provided for the first, second and fourth quarters of 2021. Dates of quarterly reviews of the with residents: 09/05/21, 07/01/22, 12/31/22, 02/23/23. No documentation of quarterly reviews of the EMP with residents was provided for the first, second and fourth quarters of 2021. No documentation was provided for the first and second quarters of 2022. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff.	S5215		
S5266 SS=D	26-42-205 (a) (2) Self Administration Assessment content (a) (2) Each assessment shall include an evaluation of the resident ' s physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently or by using a prefilled medication container or prefilled syringe.	S5266		

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S5266	Continued From page 9 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(a)(2) The facility reported a census of four residents. Based on interview and record review the facility failed to ensure medical records contained documentation of a completed medication self-administration assessment to include an evaluation of the physical, cognitive and functional ability to self-inject insulin for resident (R)102. Findings included: -R102's medical record revealed he moved into the facility on 01/05/23 with a diagnosis of diabetes mellitus. The 01/05/23 "Functional Capacity Screen" (FCS) documented R102 was unable to manage his own medications. The 01/05/23 "Negotiated Service Agreement" documented staff administered R102's medications. The NSA did not identify that R102 self-administered his insulin. The "Checklist Resident Medication Administration" was completed but did not assess R102 ' s physical, cognitive and functional ability to self-inject insulin. On 03/02/23 at 11:18 AM Licensed Nurse (LN) B stated the resident took insulin injections and	S5266		

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S5266	Continued From page 10 administered it himself. Stated she used a staff competency form as an assessment for the resident. The undated, "Injections" policy documented, "If the resident administers his/her own injections, Licensed Nurse verification of the resident"s ability to do so is maintained in the resident's record." The operator failed to ensure a medication self-administration assessment was completed to include an evaluation for physical, cognitive and functional ability for R102's self-injection of insulin.	S5266		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of four residents. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for resident (R) identified the	S5286		

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S5286	Continued From page 11 responsible person for administration and management of selected medications. Findings included: - R102's medical record revealed he moved into the facility on 01/05/23 with a diagnosis of diabetes mellitus. The 01/05/23 "Functional Capacity Screen" (FCS) documented R102 required physical assistance with medication administration. The 01/05/23 NSA did not identify who was responsible for administration and management of R102's insulin. On 03/02/23 at 02:30 PM Certified Medication Aide (CMA) C stated R102 administrated his own insulin Stated staff checked R102's blood sugars then prepare the insulin Flex Pen by applying the needle, dialed the dose and then handed it over to R102 to self-inject his insulin. On 03/02/23 at 11:18 AM Licensed Nurse (LN B stated R102 administered his insulin himself. LN B stated staff prepared the Flex Pen and handed it to R102 to self-inject his insulin. The operator failed to ensure the NSA identified the responsible person for administration and management of R102's insulin.	S5286		