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	B089086	A. BUILDING: _____ B. WING _____	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaint 169361 at the above named home plus facility conducted on 03/20/23 and 03/21/23.	S 000		
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 facility reported a census of seven residents with three residents included in the sample and two closed record reviews. Based on interview and record review the operator failed to complete a "Negotiated Service Agreement" (NSA) for Resident (R) 321 at admission when he moved from another facility. Findings included: - Record review for R321 revealed an admission date of 09/03/19 with the following diagnoses: epilepsy, renal failure stage 3, and feeding tube. The 08/10/22 "Functional Capacity Screen" (FCS) identified R321 required physical assistance with bathing, was unable to perform eating, management of medications, and management of treatments, and was marked for impaired decision making.	S5115		

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

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S5115	Continued From page 1 The 08/10/22 "NSA" directed facility staff to provide R321 with one-on-one physical assistance with bathing, nutrition through his gastrostomy tube, management of medications, and simple facts and redirection as needed for impaired decision making. Management of treatments was not addressed on R321's NSA. The 08/10/22 "NSA" in R321's record documented it was a joint agreement between a previous home plus facility and the resident. R321's record lacked evidence of documentation an "NSA" was completed on or before the date of his admission to the facility. On 10/20/22 at approximately 09:05 AM Administrative Nurse B confirmed R321's record lacked evidence an "NSA" was completed between the current home plus facility and the resident at admission. The operator failed to complete an "NSA" for R321 at admission when he moved from another facility.	S5115		
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)	S5171		

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S5171	Continued From page 2	S5171		

The facility reported a census of seven residents with three included in the sample and two closed record reviews. Based on observation, interview, and record review the operator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Residents (R) 322.

Findings included:

- Record review for R322 revealed an admission date of 07/19/21 with the following diagnoses: Alzheimer's disease and bilateral contracture of knees.
The 10/12/22 "Functional Capacity Screen" (FCS) identified R322 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, management of medications, management of treatments; required physical assistance with eating; was incontinent of bladder; had short-term and long-term memory loss, memory/recall, and decision making cognitive impairments; was sometimes understandable and sometimes understood others during communication; and was marked for falls, impaired decision-making, and inappropriate behavior.

The 10/11/22 "Negotiated Service Agreement" identified facility staff provided R322 bathing with hospice two times a week; full assistance with dressing; changed briefs and provided peri care for toileting; provided assistance with gait belt for transfers; staff propelled wheelchair for walking/mobility; staff provided feeding at times for eating; staff managed medications; home

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S5171	Continued From page 3 health provided skilled nursing for wound care for treatments; facility staff checked and changed briefs every two hours for bladder incontinence; facility staff redirected for cognitive impairments, impaired decision making, and inappropriate behavior; and a motion sensor was provided to prevent falls. R322's record lacked evidence of documentation of a bed assist device assessment. Observation on 03/21/23 at 11:16 AM revealed a bed assist device was attached to the left side of R322's bed. On 03/21/23 at 11:20 AM Administrative Nurse B confirmed there was no bed assist device assessment in R322's record. The operator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R322.	S5171		
S5230 SS=F	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;	S5230		

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S5230	Continued From page 4 (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 facility reported a census of seven residents with three included in the sample. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for Resident (R) 320 and R321. Findings included: - Record review for R320 revealed an admission date of 05/29/20 with the following diagnoses: inguinal hernia and history of depression. The 06/05/22 TB skin test documented a negative result. R320's record lacked evidence of a TB symptom screen after moving to the facility. - Record review for R321 revealed an admission date of 09/03/19 with the following diagnoses: epilepsy, renal failure stage 3, and feeding tube. The 02/21/22 (most recent) TB skin test documented a negative result.	S5230		

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S5230	Continued From page 5 R321's record lacked evidence of TB symptom screen after moving to the facility. On 03/20/23 at 04:08 PM Administrative Staff A stated R320 and R321 moved from another facility in August 2022. On 03/21/23 at 11:11 AM Administrative Nurse B confirmed R320 and R321's records lacked evidence of documentation of a TB symptom screen completed after moving from another facility. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S5230		
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 seven residents with three residents included in the sample and	S5286		

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S5286	Continued From page 6	S5286		

two closed record reviews. Based on interview and record review the operator failed to ensure Resident (R) 320 and R324's "Negotiated Service Agreements" (NSA) identified who was responsible for the administration select medications.

Findings included:

- Record review for R320 revealed an admission date of 05/29/20 with the following diagnoses: inguinal hernia and history of depression.

The 08/10/22 "Functional Capacity Screen" (FCS) identified R320 was unable to perform management of medications.

The 08/10/22 "NSA" identified Certified Medication Aides (CMAs) dial R320's insulin pen then he self-injected insulin.

The 08/10/22 "NSA" failed to identify who was responsible for the administration of R320's medications other than insulin.

- Record review for R324 revealed an admission date of 01/20/22 with the following diagnoses: dementia, aphasia, and pain.

The 04/04/22 "FCS" identified R320 was unable to perform management of medications.

The 04/04/22 "NSA" identified CMAs dial R324's insulin pen then she self-injected insulin.

The 04/04/22 "NSA" failed to identify who was responsible for the administration of R324's medications other than insulin.

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S5286	Continued From page 7 On 03/21/23 at 10:14 AM Administrative Nurse B confirmed R320 and R324's "NSAs" lacked documentation of who was responsible for administration of medications other than insulin. The operator failed to ensure R320 and R324's "NSAs" identified who was responsible for the administration select medications.	S5286		
S5313 SS=F	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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of seven residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package and the container, bottle, or tube if it could be removed	S5313		

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S5313	Continued From page 8	S5313		

from the original package of over-the-counter (OTC) medications.

Findings included:

- Observation on 03/20/23 at 12:21 PM revealed the medication cabinet where the medications were stored for all the residents was unlocked. The following OTC medications were not labeled with a resident's first and last name:

One bottle of melatonin 5 milligrams (mg), 240 tablets
One bottle of advanced relief eye drops
One bottle chewable aspirin 81 mg, 36 tablets
One bottle of Levocetirizine dihydrochloride five mg, 80 tablets
One bottle of Walgreens loratadine allergry relief 10 mg, 90 tablets
One bottle of vitamin D3 25 micrograms (mcg) 450 tablets
One bottle of fish oil 1,000 mg, 300 softgels
One box of Metamucil Fiber Thins, 12 single serving packets
One bottle of Phillips Milk of Magnesia

On 03/20/23 at approximately 12:21 PM Certified Medication Aide CMA D confirmed the OTC medications were not labeled with residents' full names.

The facility's undated "Medication Administration Policy and Procedure" documented "All over-the-counter medications will be labeled with resident's full name. . . "

The operator failed to ensure all OTC medications were labeled with the residents' full

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S5313	Continued From page 9 names.	S5313		
S5315 SS=F	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 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.	S5315		

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S5315	Continued From page 10 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1) The facility reported a census of seven residents. Based on observation and interview the operator failed to ensure licensed nurses and medication aides stored noncontrolled medications in a locked medication cabinet and controlled medications in a separately locked compartment within a locked medication cabinet. Findings included: - Observation on 03/20/23 at 12:21 PM revealed the medication cabinet where the noncontrolled and controlled medications were stored for all the residents was unlocked. A locked box that contained controlled medications was inside the unlocked cabinet. The main refrigerator in the kitchen had a locked box that contained controlled medications but the refrigerator was not locked. On 03/20/23 at approximately 12:21 PM Certified Medication Aide CMA D confirmed the medication cabinet was unlocked and the refrigerator containing a locked box of controlled medications was unlocked. On 03/20/23 at 01:15 PM Administrative Staff A confirmed the medication cabinet was unlocked and the refrigerator containing a locked box of controlled medications was unlocked. The facility's undated "Medication Administration Policy and Procedure" documented "Storage of	S5315		

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S5315	Continued From page 11 all medication in a safe, secure and proper way. . . . in accordance with State Law and Federal Regulations. . . All drugs will be stored in a locked cabinet. . ." The operator failed to ensure licensed nurses and medication aides stored noncontrolled medications in a locked medication cabinet and controlled medications in a separately locked compartment within a locked medication cabinet.	S5315		