STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B085009	A. BUILDING: _____ B. WING _____	05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTION RETIREMENT RESORT LLC	626 S 3RD ST SALINA, KS 67401

(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 with complaints (#179353 and #174960) at the above named facility conducted on 05/17/23.	S 000		
S3166 SS=F	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (e) The census equaled 29 residents. The sample included 3 residents. Based on record review and interview for 2 sampled Resident (R)2 and R3 and 5 non-sampled Resident (R)4, R5, R17, R18 and R19 requiring "accuchecks" (blood sugar monitoring with a glucometer), a nursing procedure not included in the medication aide curriculum, Administrator A failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Record review for R2 revealed she admitted on	S3166		

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

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S3166	Continued From page 1	S3166		

09/22/22 with diagnoses of diabetes mellitus type II.

R2's "Functional Capacity Screen" (FCS) dated 09/22/22 recorded the resident was unable to perform management of medications and treatments.

The resident's "Negotiated Service Agreement" (NSA) dated 09/22/22 recorded facility staff administered medications but failed to identify party responsible for blood glucose monitoring.

- Record review for R3 revealed he admitted on 08/25/22 with diagnoses of diabetes mellitus type II.

R3's "Functional Capacity Screen" (FCS) dated 08/25/22 recorded the resident required physical assistance with management of medications and treatments.

The resident's "Negotiated Service Agreement" (NSA) dated 08/26/22 recorded facility staff administered medications but failed to identify party responsible for blood glucose monitoring.

Review of sampled personnel records on 05/17/23 recorded the following CMA's recently hired, competency exams for accuchecks were requested.

CMA C, hire date 11/09/21
CMA D, hire date 05/08/23
CMA H, hire date 02/09/22

Interview on 05/17/23 at 01:50 PM with Licensed Nurse (LN) B confirmed unable to locate

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S3166	Continued From page 2 competency checkoffs for accuchecks on CMA C, CMA D and CMA H. Facility failed to provide a policy on blood glucose monitoring. For residents requiring "accuchecks", a nursing procedure not included in the medication aide curriculum, Administrator A failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3166		
S3171 SS=E	26-41-204 (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 26-41 204 (i) The census equaled 29 residents. The sample included 3 residents. Based on record review, interview and observation, Administrator 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 sampled residents (R)1 and R2 and 2 non-sampled residents (R)15 and R16.	S3171		

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S3171	Continued From page 3	S3171		

Findings included:

- R1's "Medical Record" revealed she admitted to the facility on 07/28/21 with diagnoses of Alzheimer's Disease, anxiety disorder, hypertension and hyperlipidemia.

The "Functional Capacity Screen" (FCS) dated 08/01/22 recorded the resident as requiring supervision with transfer and eating, physical assistance required for bathing, dressing, toileting, walk/mobility and eating and unable to manage medications and treatments. R1 had short and long-term memory impairment, memory/ recall impairment, impaired decision making, was at risk for falls/ unsteadiness and had impaired vision.

The "Negotiated Service Agreement" (NSA) dated 08/01/22 recorded staff assisted R1 with bathing, dressing, toileting, walk/mobility and medication and treatment management. The NSA failed to identify use of a bed assistive device.

Record review lacked an annual assessment of the resident to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an annual 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 05/17/23 at 02:10 PM in R1's room revealed a bed assist device to the left side of her bed. The bed assist device was not secured to the bed.

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S3171	Continued From page 4	S3171		

- R2's "Medical Record" revealed she admitted to the facility on 09/22/22 with diagnoses of diabetes mellitus type II, hyperlipidemia, Dementia, major depressive disorder and hypertension.

The "Functional Capacity Screen" (FCS) dated 09/22/22 recorded the resident as requiring supervision with eating, physical assistance required for bathing, dressing, toileting, transfer, walk/mobility and eating and unable to manage medications and treatments. R2 had short term memory impairment, memory/ recall impairment, impaired decision making, was at risk for falls/ unsteadiness and was a known wander risk.

The "Negotiated Service Agreement" (NSA) dated 09/22/22 recorded staff assisted R2 with bathing, dressing, toileting, transfer and medication and treatment management. The NSA failed to identify use of a bed assistive device.

Record review lacked an annual assessment of the resident to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an annual 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 05/17/23 at 02:14 PM in R2's room revealed a bed assist device to the left side of her bed.

Interview on 05/17/23 at 01:46 PM with Licensed

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S3171	Continued From page 5 Nurse B confirmed no safety checks and bed assistive device assessments completed for R1, R2, R15 and R16. Administrator 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 sampled residents (R1 and R2) and 2 non-sampled residents (R15 and R16).	S3171		
S3202 SS=F	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) (4) The facility reported a census of 29 residents. The sample included 3 residents. Based on record review and interview for 2 sampled Residents (R)2 and R3 and 5 non-sampled Residents (R)4, R5, R17, R18 and R19 requiring insulin by injection, Administrator A failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents without an	S3202		

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S3202	Continued From page 6 assessment for competency by a licensed nurse. Findings included: The "Resident Roster" obtained on 05/17/23 from Licensed Nurse (LN) B identified seven residents as receiving insulin by injection (R2, R3, R4, R5, R17, R18, R19). - Record review for R2 revealed she admitted on 09/22/22 with diagnoses of diabetes mellitus type II. R2's "Functional Capacity Screen" (FCS) dated 09/22/22 recorded the resident was unable to perform management of medications and treatments. The resident's "Negotiated Service Agreement" (NSA) dated 09/22/22 recorded facility staff dialed the insulin pen and R2 self-injected. - Record review for R3 revealed he admitted on 08/25/22 with diagnoses of diabetes mellitus type II. R3's "Functional Capacity Screen" (FCS) dated 08/25/22 recorded the resident required physical assistance with medications and treatments. The resident's "Negotiated Service Agreement" (NSA) dated 08/26/22 recorded facility staff dialed the insulin pen and R3 self-injected. Review of sampled personnel records on 05/17/23 recorded the following CMA's recently hired, competency exams for dialing insulin pens were requested.	S3202		

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S3202	Continued From page 7 CMA C, hire date 11/09/21 CMA D, hire date 05/08/23 CMA H, hire date 02/09/22 Interview on 05/10/23 at 01:30 PM with Operator/LN A confirmed unable to locate competency checkoffs for dialing insulin pens on CMA C, CMA D and CMA H. Facility's failed to provide a policy on competencies for CMAs. Administrator A failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse.	S3202		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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.	S3211		

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S3211	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (3) The census totaled 29 residents. The sample included 3 residents. Based on observation and interview for 9 non-sampled residents (R)6, R7, R8, R9, R10, R11, R12, R13 and R14, Administrator 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 05/17/23 at 11:46 AM with Licensed Nurse (LN) B revealed a locked medication cart in the medication room on the first floor of the facility. The following over the counter medications were noted without full names: In R7's compartment, the cart contained one bottle of Tylenol (pain reliever/ fever reducer), In R8's compartment, the cart contained one bottle of Senna tablets (stool softener). Interview on 05/17/23 with LN B confirmed the above listed medications were without full first and last names for R7 and R8. - Observation on 05/17/23 at 12:03 PM with Licensed Nurse (LN) B revealed a locked medication cart in the medication room on the second floor of the facility. The following over the	S3211		

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S3211	Continued From page 9 counter medications were noted without full names: In R9's compartment, the cart contained one bottle of Citracal Calcium Supplement, In R10's compartment, the cart contained one bottle of Melatonin (hormone) and one bottle of Docusate Sodium (stool softener), In R11's compartment, the cart contained one bottle of Vitamin B12 (supplement) and one bottle of Vitamin C (supplement), In R12's compartment, the cart contained one bottle of Probiotic, one Wixela Inhub (inhaler) and one bottle of Vitamin Code Raw B Complex, In R6's compartment, the cart contained one bottle of Tylenol and one tube of Muro Eye Ointment, In R13's compartment, the cart contained one bottle of Advil (nonsteroidal anti-inflammatory drug) and one bottle of Vitamin B12, In R14's compartment, the cart contained one bottle of Aspirin (nonsteroidal anti-inflammatory drug and blood thinner). Interview on 05/17/23 with LN B confirmed the above listed medications were without full first and last names for R6, R9, R10, R11, R12, R13 and R14. Facility failed to provide a policy on labeling over the counter medications. Administrator 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.	S3211		

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S3213	Continued From page 10	S3213		
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (2) The facility reported a census of 29 residents and identified 28 residents received facility management of medications. Based on observation, interview and record review, Administrator A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for 2 sampled residents (R)2 and R3 and 2 non-sampled residents (R)5 and R18. Findings included: - Observation on 05/17/23 at 11:46 AM with Licensed Nurse (LN) B of the medication cart on the first floor revealed the following insulin injector pens. LN B identified the insulin injector pens as belonging to R3. One of the injector pens had a manufacture label of Tresiba FlexTouch and the other had a manufacture label of HumaLOG KwikPen. Neither injector pens had any other identification or pharmacist labeling.	S3213		

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S3213	Continued From page 11 Interview on 05/17/23 with LN B confirmed neither insulin injector pens were not labeled and further confirmed insulin injector pens were to be labeled with resident name. - Observation on 05/17/23 at 12:03 PM with LN B of the medication cart on the second floor revealed the following insulin injector pens: The cart contained two injector pens, which LN B identified as belonging to R5. One of the injector pens had a manufacture label of Insulin Glargine and the other had a manufacturer label of Insulin Aspart FlexPen. Neither injector pens had any other identification or pharmacist labeling, The cart contained two injector pens, which LN B identified as belonging to R2. One of the injector pens had a manufacture label of HumaLOG KwikPen and the other had a manufacturer label of Lantus SoloStar. Neither injector pens had any other identification or pharmacist labeling, The cart contained one injector pen, which LN B identified as belonging to R18. The injector pen had a manufacture label of Lantus SoloStar. The injector pen had no other identification or pharmacist labeling. Interview on 05/17/23 with LN B confirmed insulin injector pens were not labeled with a prescription label. Facility failed to provide a policy on prescription medication labeling. Administrator A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing	S3213		

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S3213	Continued From page 12 pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for 2 sampled residents (R)2 and R3 and 2 non-sampled residents (R)5 and R18.	S3213		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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 26-41-104 (d) (3) The census equaled 29 residents. The sample included 3 residents and review of 5 newly hired employee records. Based on record review and interview, Administrator A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of	S3280		

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S3280	Continued From page 13 the facility's entire "Emergency Management Plan" with residents. 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. Review on 05/17/23 of the facility's quarterly reviews of the emergency management plan with residents revealed no reviews completed. Interview on 05/17/23 at 01:52 PM with Administrator A confirmed unable to locate reviews with residents completed. Facility failed to provide a disaster and emergency preparedness policy. Administrator A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with residents.	S3280		
S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.	S3298		

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S3298	Continued From page 14 (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (d) The census equaled 29 residents. Based on record review, observation and interview for all residents living in the facility and receiving meal services, Administrator A failed to ensure the facility staff served food at the proper temperature. Findings included: - During the initial tour on 05/17/23, facility food temperature monitoring logs were requested on the second floor in the satellite kitchen where meals were served to residents. Record lacked lunch food temperatures for the following dates: 04/02/23, 04/03/23, 04/08/23, 04/09/23, 04/12/23, 04/14/23, 04/17/23, 04/18/23, 04/19/23, 04/21/23, 04/22/23, 04/26/23, 04/27/23, 04/28/23, 04/29/23, 04/30/23, 04/31/23, 05/01/23, 05/02/23, 05/03/23,	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B085009	A. BUILDING: _____ B. WING _____	05/17/2023

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S3298	Continued From page 15 05/04/23, 05/05/23, 05/06/23, 05/07/23, 05/08/23, 05/09/23, 05/10/23, 05/11/23, 05/12/23, 05/14/23, 05/15/23, 05/16/23. Record lacked supper food temperatures for the following dates: 04/08/23, 04/09/23, 04/14/23, 04/15/23, 04/17/23, 04/21/23, 04/22/23, 04/29/23, 04/30/23, 04/31/23, 05/01/23, 05/02/23, 05/03/23, 05/04/23, 05/05/23, 05/06/23, 05/07/23, 05/08/23, 05/09/23, 05/12/23, 05/15/23. Interview on 05/17/23 at 10:42 AM with Administrator A confirmed food temperatures were to be taken at each lunch and supper meal and further confirmed the April 2023 and May 2023 food temperature monitoring log lacked lunch and supper food temperatures conducted at each meal. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. Facility failed to provide a policy on food temperature monitoring. For all residents of the facility, Administrator A failed to ensure facility staff served food at the proper temperature.	S3298		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin	S3310		

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S3310	Continued From page 16 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; and (c) Each administrator or operator shall ensure the facility ' 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: K.A.R 26-41-207 (c) The census totaled 29 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 2 Residents (R)2 and R3 and 2 staff (Certified Medication Aide (CMA) D, Certified Nurse Aide (CNA) F and Dietary Staff G, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R2's "Health Record" revealed she admitted to the facility on 09/22/22 and the record lacked evidence of completion of TB testing and a TB questionnaire upon admission. R3's "Health Record" revealed she admitted to the facility on 08/25/22 and the record lacked	S3310		

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S3310	Continued From page 17 evidence of completion of TB testing upon admission. Review of CMA D's employee record revealed they hired onto the facility on 05/08/23. CMA D's record lacked evidence of completion of TB testing and a TB questionnaire upon hire. Review of CNA F's employee record revealed they hired onto the facility on 05/04/23. CNA F's record lacked evidence of completion of TB testing and a TB questionnaire upon hire. Review of Dietary Staff G employee record revealed they hired onto the facility on 01/16/23. Dietary Staff G's record lacked evidence of completion of TB testing and a TB questionnaire upon hire. Interview on 05/17/23 at 01:47 PM with Licensed Nurse (LN) B confirmed unable to locate TB testing and a TB questionnaire upon admission for R2 and R3. Interview on 05/17/23 at 01:59 PM with Licensed Nurse (LN) B confirmed unable to locate TB testing and a TB questionnaire upon hire for CMA D, CNA F and Dietary Staff G. The facility failed to ensure compliance with 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.	S3310		
S9999	Final Observations Kansas Statute 39-981.	S9999		

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S9999	Continued From page 18 Authorized electronic monitoring; reasonable accommodations; notice; consent; use as evidence; prohibitions. (d) A resident, or such resident's guardian or legal representative, who wishes to conduct authorized electronic monitoring shall notify the adult care home on a form prescribed by the secretary for aging and disability services. (i) Each adult care home shall post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents. This Requirement is not met as evidenced by: Scope and Severity of F: The census equaled 29 residents. The sample included 3 residents. Based on observation and interviews, for all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents. - Observation during the initial tour on 05/17/23 at 10:36 AM revealed no sign posted at the entrance of the facility and each resident's room stating video surveillance may be in progress. Interview on 05/17/23 at 02:33 PM with Administrator A confirmed Resident (R)2, R5, R6	S9999		

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S9999	Continued From page 19 and R7 had a surveillance camera in his/ her room. Administrator A confirmed a sign was posted on R2, R5, R6 and R7's door but not on each resident's room stating video surveillance may be in progress and further confirmed no sign posted on the entrance door. Facility failed to provide a policy on electronic monitoring. For all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.	S9999		