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	B087145	A. BUILDING: _____ B. WING _____	01/08/2024

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BETHEL HOUSE	1316 CHARLOTTE STREET WICHITA, KS 67208

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey with complaint investigation 184991 for the above named Home Plus Facility conducted on 01/04/24 and 01/08/24.	S 000		
S5105 SS=E	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)(1) The facility reported a census of nine residents(R). The sample included three residents and one focused record review. Based on interview, and record review for two (R3, R4) of three sampled residents, the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's	S5105		

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

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S5105	Continued From page 1 "Functional Capacity Screen" and the resident's service needs that included a description of the services the resident would receive. Findings included: - Review of R3's medical record revealed she moved into the facility on 11/29/23 with diagnoses of dementia and diabetes mellitus type II. R3's "Functional Capacity Screen" dated 11/29/23 revealed R3 needed physical assistance with dressing, had current problem with falls/unsteadiness and impaired vision. On 01/04/24 at 09:19 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R3's NSA/HCSP dated 11/29/23 failed to include a description of services the facility staff provided related to dressing needs, falls/unsteadiness, and impaired vision. On 01/08/24 at 9:57 AM, Administrative Licensed Nurse B reviewed R3's NSA/HCSP and acknowledged it did not included services for dressing, falls, or impaired vision. Review of the undated "Negotiated Service Agreement" policy revealed the operator would ensure the development of a written "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and their service needs and will include a description of the services the resident will receive.	S5105		

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S5105	Continued From page 2 The operator failed to ensure designated staff developed an NSA/HCSP for R3 based upon her service needs identified on the FCS. - Review of R4's medical record revealed she moved into the facility on 06/30/23 with diagnosis of senile dementia. R4's "Functional Capacity Screen" dated 06/30/23 revealed the resident required physical assistance with all activities of daily living, had impaired cognition and was not able to manage her medications. On 01/04/24 at 09:19 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R4's NSA/HCSP failed to include a description of the services the resident was provided including the use of a half rail to help with mobility, had an open wound on her coccyx, a low-air-loss mattress, pressure reducing cushion in the seat of her wheelchair and positioning cushions on the back and sides of her wheelchair. Observation on 01/04/24 at 10:23 AM when Certified Medication Aide (CMA) B transferred R4 out of her lift chair in the front room observations revealed the resident had a cushion on the seat and back of her wheelchair and cushions on the side of her wheelchair. CMA B took R4 to her room and transferred her to her bed which had a half bedrail up on the open side of the bed and a low air loss mattress on the bed. While CMA B provided incontinent care	S5105		

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S5105	Continued From page 3 observation revealed a very small open area on R4's coccyx. On 01/08/24 at 10:35 AM Administrative Licensed Nurse A reviewed R4's NSA/HCSP and acknowledged it did not include services related to the resident having an open pressure ulcer or that she had a half rail on her bed as a mobility assistive device. Review of the undated "Negotiated Service Agreement" policy revealed the operator would ensure the development of a written "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and their service needs and will include a description of the services the resident will receive. The operator failed to ensure designated staff developed an NSA/HCSP for R4 based upon her service needs identified on the FCS.	S5105		
S5185 SS=E	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.	S5185		

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S5185	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (c) The facility reported a census of nine residents (R). The sample included three residents and one focused record review. Based on observation, interview, and record review the operator failed to ensure one (R4) of one sampled residents record included approved instructions from a medical care provider or licensed dietitian on how to prepare R4's pureed diet. For one (R6) of one focused record review who had physicians orders to receive a full liquid diet failed to ensure staff provided R6's diet as ordered and failed to have approved instructions from a medical care provider or licensed dietitian on how to prepare R6's full liquid diet. Findings included: - Review of R4's medical record revealed she moved into the facility on 06/30/23 with diagnosis of senile dementia. R4's "Functional Capacity Screen" dated 06/30/23 revealed the resident required physical assistance with eating. On 01/04/24 at 09:19 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document.	S5185		

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S5185	Continued From page 5 R4's NSA/HCSP identified staff provided the resident a regular diet of pureed consistency, honey thickened liquids and provided physical assistance with eating. Review of R4's history and physical information revealed she received a pureed diet and her Hospice notes identified she received thickened liquids and a pureed diet. The record lacked information where R4's medical provider or the facilities licensed dietitian approved instructions for preparing a pureed diet. Observation on 01/04/24 at 12:02 Licensed Nurse (LN) C added a pieces of meat to the mixer, added gravy and then mixed a few times. LN C then added a little chicken broth to it and mixed it up a couple more times. LN C emptied the mixer onto the two plates, rinsed out the mixer and put cooked carrots with juice in it, mixed it up and put it on the same two plates. LN C added mashed potatoes and gravy on the plates and placed them in front of the resident (s). On 01/04/24 at 09:38 AM Licensed Nurse (LN) A reported the facility did not have specific directions on how to prepare pureed foods, but she checked everyone off on how to do it and said would look for additional documentation. On 01/04/24 at 09:40 AM Certified Medication Aide (CMA) B reported they did not have directions for how to puree meals. CMA B stated they just put it in the magic bullet and mix it all up.	S5185		

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S5185	Continued From page 6 On 01/04/24 at 01:06 PM LN C provided a folder that she said "just appeared" on the desk. The folder included directions for mechanically altered diets, including a pureed diet but was signed by a registered dietitian eight years ago and is no longer the dietitian for the facility. On 01/04/24 at 02:09 PM CMA D reported she did not know of any directions for how to puree meals. CMA D stated that other staff had just taught her how to do it. The operator failed to ensure designated staff obtained approval for instructions from R4's medical provider or the current licensed dietitian for preparing a pureed diet. - Review of R6's medical record revealed she moved into the facility on 08/10/18 with diagnosis of Alzheimer's disease. R6's "Functional Capacity Screen" dated 08/02/23 revealed the resident was unable to participate in the task of eating and was dependent on staff for assist. On 01/04/24 at 09:19 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document. Review of R6's NSA/HCSP dated 08/02/23 revealed the resident was on a pureed diet as of 12/20/23 with nectar thickened liquids and staff needed assistance to eat her meals. Review of the physician's orders dated 12/15/23	S5185		

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S5185	Continued From page 7	S5185		

directed staff to provide the resident a full liquid diet. R6's record lacked a physician's order to change from a full liquid diet to a pureed diet which staff have been providing her. R4's record also lacked any instructions on how to prepare/provide a full liquid or pureed diet.

Review of the "Nurse Aide's Information Sheet" in the staff documentation book revealed R6 is on a puree diet as of 12/23.

Observation on 01/04/24 at 12:02 PM Licensed Nurse (LN) C added pieces of meat to the mixer, added gravy and then mixed a few times. LN C then added a little chicken broth to it and mixed it up a couple more times. LN C emptied the mixer onto the two plates, rinsed out the mixer and put cooked carrots with juice in it, mixed it up and put it on the same two plates. LN C added mashed potatoes and gravy on the plates and placed them in front of the resident (s).

On 01/04/24 at 09:38 AM Licensed Nurse (LN) A reported they did not have specific directions, but she checked everyone off on how to puree foods and said she would look in the office for documentation of checking staff on preparing pureed diet.

On 01/04/24 at 09:40 AM Certified Medication Aide (CMA) B reported they did not have a recipe or other directions for how to puree meals. CMA B stated they just put it in the magic bullet and mix it all up.

On 01/04/24 at 12:59 PM LN C stated that she had talked to the doctor before he released her from the hospital, and she was told she was to

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S5185	Continued From page 8 "titrate up" on her diet as long as she tolerated. LN C acknowledged she did write an order to titrate her diet from full liquid to pureed diet. On 01/04/24 at 01:25 PM Certified Medication Aide (CMA) B reported since R6 returned from the hospital in December, she had been given a pureed diet. On 01/04/24 at 02:09 PM CMA D reported R6 used to be on a regular diet but always thickened liquids. CMA D stated she had not ever prepared full liquids for R6 but since she came back from the hospital R4 has had a pureed diet. The operator failed to ensure designated staff prepared and served R6 a full liquid diet as ordered upon hospital return and failed to have instructions on how to prepare a full liquid diet approved by a licensed dietitian or R6's medical provider.	S5185		
S5192 SS=F	26-42-206 (e) Food Preparation (e) 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.(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	S5192		

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S5192	Continued From page 9 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 26-42-206 (e) The facility reported a census of nine residents. Based on record review and interview, the operator failed to ensure staff prepared food using safe methods and ensured staff served foods at the proper temperature for all residents in the facility. - On 01/04/24 at 09:03 AM Surveyor looked for the food temperature logs, and they were not on the refrigerator where Certified Nurse Aide (CNA) B said they would be. On 01/04/24 at 09:08 AM Administrative Licensed Nurse A reported the food temperature logs are on the refrigerator and looked for them, but they were not there and proceeded to look for them. As of 01/04/24 at 11:52 AM Administrative Licensed Nurse A had not provided food temperature logs to ensure foods were cooked to the proper temperature and served at the proper temperature. Observation on 01/04/24 at 11:57 AM Licensed Nurse C and CNA B were preparing lunch for the residents. Licensed Nurse A had prepared pureed food in a small blender and put it on plates after adding room temperature broth to the	S5192		

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S5192	Continued From page 10 meat, prepared the carrots, and put mashed potatoes and gravy on the plates and then gave the plates to the residents without temping the food to ensure it was served at appropriate temperature. The operator failed to ensure staff temped foods as needed for all meals to ensure they were prepared and served at the proper temperatures.	S5192		
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; (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: K.A.R 26-42-207(c) The facility reported a census of nine residents (R). The sample included three residents and five newly hired staff. Based on interview and record review for two of five newly hired staff, the operator failed to ensure the facility remained in	S5230		

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S5230	Continued From page 11 compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of the five newly hired employee files revealed the following irregularities: Licensed Nurse C hired on 08/06/23 failed to have evidence of completion of a two-step TB skin test. Certified Medication Aide E hired on 09/01/23 failed to have evidence of completion of a two-step TB skin test. On 01/04/24 at 05:13 PM Administrative Licensed Nurse A looked through employee files and confirmed she did not have record of Licensed Nurse C and Certified Medication Aide E receiving a two-step TB skin test. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed - every new employee shall have a two-step skin test other means of testing within seven days of employment. The operator failed to ensure newly hired staff received a two-step TB skin test with appropriate documentation of the results in order to remain in compliance with the department's TB guidelines.	S5230		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information:	S5258		

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S5258	Continued From page 12 (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(2) The facility reported a census of nine residents. Based on record review and interview, the operator failed to provide evidence of completing the required criminal background check upon hire for one of five newly hired staff. This had the potential to affect all residents for whom the employee provides care. Findings included: - Review of newly hired employee records	S5258		

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S5258	Continued From page 13 revealed the following: Certified Medication Aide (CMA) C was hired on 06/18/23 and her employee record included a criminal background check submitted on 08/04/23, over a months after hire date. On 01/08/24 at 11:12 AM Administrative Licensed Nurse A stated she thought she had 14 days or at least seven days before they needed to have the criminal background check completed. The operator failed to ensure newly hired employee records contained evidence of completion of the required criminal background checks completed upon hire.	S5258		
S5300 SS=E	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.	S5300		

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S5300	Continued From page 14 This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The facility reported a census of nine residents (R). The sample included three residents and one focused record review. Based on record review and interview the operator failed to ensure staff administered medications according to a Medical Providers written order and professional standards of practice for one (R5) of three sampled residents and one (R6) of one focused record review for whom the facility was responsible for administering medications. Findings included: - Review of R5's medical record revealed she moved into the facility on 10/28/21 with diagnoses or recurrent falls and cognitive impairment. R5's "Functional Capacity Screen" (FCS) dated 10/27/23 revealed she had impaired cognition and was unable to manage her medications and medical treatments. On 01/04/24 at 09:19 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R5's NSA/HCSP revealed medications were managed by certified and licensed staff. Review of R5's physicians orders included the	S5300		

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S5300	Continued From page 15 following order dated 10/11/23: Estrace 0.01% cream apply a pea sized amount to urinary meatus three times a week for urinary tract infection. Review of R5's November 2024 Medication Administration Record (MAR) revealed staff administered the Estrace cream twice a week instead of three times per week. It also included documentation of administration of "as needed" Tramadol for pain 14 times with no documentation on the MAR as to date and time given, reason given, or follow up as to the effectiveness of the medication. Review of the December 2023 MAR R5's Estrace cream is not documented as being administered once during the month of December. The December 2023 MAR also indicated staff initialed administration of Robitussin as needed 12 times. On the back of the MAR staff failed to document the date, time, and reason for administration of the Robitussin 10 times and failed to document the follow-up effectiveness of the medication all 12 times. On 01/08/24 at 10:26 AM Licensed Nurse C reviewed R5's MAR related to the administration of Estrace cream and acknowledged staff did not administer the medication three times a week as ordered by the physician. She also reported that for "as needed" medications staff are supposed to document on the back the date and time given, why given, and effectiveness after given. Review of the undated "Medication Management" policy revealed medications staff were	S5300		

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S5300	Continued From page 16 responsible for administering would be administered according to physician orders and according to standards of practice. The operator failed to ensure medications the facility was responsible for administering were administered according to medical providers orders and according to 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 by: KAR 26-42-205 (d)((3)(D) The facility reported a census of nine residents	S5301		

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S5301	Continued From page 17	S5301		

(R). The sample included 3 residents and one focused record review. Based on record review and interview the operator failed to ensure the documentation of the administration of medications immediately before or after completion of the task for one (R5) of three sampled residents and one (R6) of one focused record review.

Findings included:

- Review of R5's medical record revealed she moved into the facility on 10/28/21 with diagnoses or recurrent falls and cognitive impairment.

R5's "Functional Capacity Screen" (FCS) dated 10/27/23 revealed she had impaired cognition and was unable to manage her medications and medical treatments.

On 01/04/24 at 09:19 AM Administrative Licensed Nurse B reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.

R5's NSA/HCSP revealed medications were managed by certified and licensed staff.

Review of R5's November 2023 "Medication Administration Record" (MAR) revealed staff failed to document the administration of Docusate-Senna and PreserVision at 08:00 AM on 11/26/23.

The December 2023 MAR revealed staff failed to document the administration of Lisinopril at 08:00 am on 12/07, 12/10, and 12/12/2023. They also

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S5301	Continued From page 18 failed to document the administration of Namenda and Docusate-Senna at 8:00 am on 12/26/23. - On 01/08/24 at 10:30 AM review of the change out medication cards for R6 were all empty and did not have medications in her cards that had not been administered. Review of the disposition/destruction log provided by Administrative licensed Nurse A, dated 01/08/24, did not include any medications for R6 being destroyed. On 01/08/24 at 10:26 AM Licensed Nurse C reported staff are supposed to initial on the MAR when they give a resident their medications. Review of the undated 'Medication Management" policy revealed, staff were to document the administration of medications either immediately before administration or immediately after. The operator failed to ensure staff documented medication administration of R5's medications immediately before or after administration.	S5301		
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	S5315		

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S5315	Continued From page 19 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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1) The facility reported a census of nine residents. Based on observation, interview, and record review the operator failed to ensure staff stored non-controlled medications managed by the home securely in a locked cabinet to ensure only licensed nurses and medication aides have access to the stored medications.	S5315		

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S5315	Continued From page 20 Findings included: - Observation on 01/04/24 at 07:55 AM revealed a medication cart in the front dining room area. A tall plastic storage cabinet had a pad lock on it but the lock was only connected to one door. The cabinet contained multiple plastic containers and bags with prefilled prescription cards and bottles as well as over-the-counter medications. It included the following: A plastic tub contained 22 prefilled prescription cards including Seroquel (antipsychotic) 200 milligrams (mg) for (Resident) R7, Sinemet (anti-Parkinson)25/100 mg, Keppra (antiseizure) 500 mg and two cards of Mirapex (anti-Parkinson) 0.125 mg for R8. A second tub contained 13 prefilled prescription cards including Ibuprofen 600 mg and vitamin C for R9, Vitamin C and vitamin D for R6 and Vitamin C 1000mg for R3. A third tub contained 7 prescription bottles including Lisinopril (antihypertensive) 5 mg, Atorvastatin 20mg, and tamsulosin (prostatic hypertrophy agent) 0.4mg for R3. A fourth tub contained 26 prefilled prescription cards including Cipro (antibiotic) 500mg, Potassium 10 meq., Losartan 25 mg, Lasix (diuretic) 20mg, and Eliquis (blood clot prevention) 2.5mg for R 9 and Zithromax (antibiotic) 500mg for R10. A fifth tub contained 24 cards including Lasix 20mg, Claritin 10mg for R6, Trazadone 50 mg and Seroquel 100 mg for R7, and Phenazopyridine (urinary discomfort) 200 mg and Levsin 0.125 mg for R10, and Acetaminophen 325 mg and Lasix 20 mg for R6. A sixth tub contained 26 cards including	S5315		

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S5315	Continued From page 21 potassium 10 meq and Cardizem 30 mg for R6, Atorvastatin 10mg for R8, and bumetanide 1 mg for R7. A bag containing prescription bottles for R12 included warfarin 2mg, allopurinol 100 mg, and bottles for R3 of Metoprolol (antihypertensive) and Lisinopril 20 mg. Two shelves in the unlocked cabinet, included boxes of Ipratropium Bromide for R11 filled on 12/16/22 and boxes for R13 of Ipratropium Bromide filled on 06/01/21. On 01/04/24 at 08:07 AM Administrative Licensed Nurse A arrived at the facility and reported the cabinet with medications in it was supposed to have been locked. Review of the undated "Medication Management" policy provided by Administrative Licensed Nurse A on 01/08/24 revealed all non-controlled medications and biologicals shall be stored securely and in a locked medication room, cabinet, or medication cart. The operator failed to ensure medications were stored securely in locked cabinet to ensure only "Licensed Nurses" and "Certified Medication Aides" had access to non-controlled medications.	S5315		
S5316 SS=F	26-42-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or	S5316		

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S5316	Continued From page 22 discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(i)(2)(A)(B)(C)(D) The facility reported a census of nine residents. Based on observation, interview and record review the operator failed to ensure designated staff-maintained records for the receipt and disposition of all medications managed by the home in sufficient detail for accurate reconciliation. The operator also failed to ensure non-controlled medications that were destroyed were done so according to acceptable standards of practice. Findings included:	S5316		

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S5316	Continued From page 23 - Observation on 01/04/24 at 07:55 AM revealed a medication cart in the front dining room area.. A tall plastic storage cabinet had a pad lock on it but the lock was only connected to one door. The cabinet contained multiple plastic containers and bags with prefilled prescription cards and bottles as well as over-the-counter medications. It included the following: A plastic tub contained 22 prefilled prescription cards including Seroquel (antipsychotic) 200 milligrams (mg) for (Resident) R7, Sinemet (anti-Parkinson)25/100 mg, Keppra (antiseizure) 500 mg and two cards of Mirapex (anti-Parkinson) 0.125 mg for R8. A second tub contained 13 prefilled prescription cards including Ibuprofen 600 mg and vitamin C for R9, Vitamin C and vitamin D for R6 and Vitamin C 1000mg for R3. A third tub contained 7 prescription bottles including Lisinopril (antihypertensive) 5 mg, Atorvastatin 20mg, and tamsulosin (prostatic hypertrophy agent) 0.4mg for R3 A fourth tub contained 26 prefilled prescription cards including Cipro (antibiotic) 500mg, Potassium 10 meq., Losartan 25 mg, Lasix (diuretic) 20mg, and Eliquis (blood clot prevention) 2.5mg for R 9 and Zithromax (antibiotic) 500mg for R10. A fifth tub contained 24 cards including Lasix 20mg, Claritin 10mg for R6, Trazadone 50 mg and Seroquel 100 mg for R7, and Phenazopyridine (urinary discomfort) 200 mg and Levsin 0.125 mg for R10, and Acetaminophen 325 mg and Lasix 20 mg for R6. A sixth tub contained 26 cards including potassium 10 meq and Cardizem 30 mg for R6, Atorvastatin 10mg for R8, and bumetanide 1 mg	S5316		

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S5316	Continued From page 24	S5316		

for R7.
A bag on the bottom shelf containing prescription bottles for R12 that included warfarin 2mg, allopurinol 100 mg, and bottles for R3 of Metoprolol (antihypertensive) and Lisinopril 20 mg.
Two shelves in the unlocked cabinet, included boxes of Ipratropium Bromide for R11 filled on 12/16/22 and boxes for R13 of Ipratropium Bromide filled on 06/01/21.

Review of the cards included medications filled in 2021, 2022 and 2023 for some residents who currently live in the facility, and some who have been discharged.

On 01/04/24 at 08:07 AM Administrative Licensed Nurse A reported the medications in the cabinet were for residents who no longer lived here and were to be destroyed.

- Review of the cycle fill cards that were in a crate to go back to the pharmacy revealed all cards were empty except for one which had two meloxicam (for pain) tablets in it for R6.

On 01/08/24 at 10:15 AM Administrative Licensed Nurse A stated when they do "switch out" of the medication cards for the month, she destroys the unused medications. She said she was working on it when surveyor came into the facility this morning and did not have the paper all the way filled out.

On 01/08/24 at 11:30 AM Administrative Licensed Nurse A provided surveyor with a "drugs returned or destroyed" form that included medications for R6. The only signature on the

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S5316	Continued From page 25	S5316		

form was Administrative Licensed Nurse A's. The form lacked a witness signature.

Surveyor had requested the on 01/08/24 at 11:44 AM request was made for the last four months of records for disposition of returned or destroyed medications and Administrative Licensed Nurse A had no records to provide.

Review of the undated "Medication Management" policy revealed that Licensed Nurses and Medication Aides shall maintain records of the receipt and disposition of all medications managed by the home and medications shall be destroyed according to acceptable standards of practice.
The operator failed to ensure designated staff-maintained records for the receipt and disposition of all medications managed by the home in sufficient detail for accurate reconciliation. The operator also failed to ensure non-controlled medications that were destroyed were done so according to acceptable standards of practice.

The operator failed to ensure designated staff destroyed medications in a timely manner and according to standards of practice, with two people, in combination with Licensed Nurse, Pharmacist, and Certified Medication Aide.

- During survey review of the "Narcotic Log Sign in/out Sheet" from November 2023 to current included placed for staff to sign in at the beginning of their shift and then again at the end of the shift. Per the log, staff are to document the number of narcotic cards at the beginning of their shift and then again at the end of their shift.

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S5316	Continued From page 26 However there is not a place to identify that the actual narcotic count was accurate or not. Per entrance interview with Administrative Licensed Nurse A on 01/04/23 at 09:11 AM staff work 8 hour shifts and there are times of different shifts that the certified staff in the facility are certified nurse aides and not medication aides. Based upon interview with Administrative Licensed Nurse A each day on the narcotic log sheet would have three rows for all three shifts to count the narcotics. However, if the night shift staff was a Nurse Aide there would only be two rows for that day. Review of the logs lacked sheets for 11/17/23 to 11/28/23. It also lacked documentation for 11/30/23, 12/05/23, 12/09/23, and 12/10/23. There were 14 days that only had one shift with only one name verifying the number narcotic cards. There were 26 shifts that did not have documentation of the number of cards upon arrival or upon leaving the facility and none of them indicated if the narcotic count was accurate or not. On 01/08/23 at 11:07AM Licensed Nurse C stated that it was her understanding that a Certified Nurse Aide (CNA) could not count medications with someone so they do not count medications with someone if there is a CNA in the building. She also nodded her head in acknowledgement that there are a lot of blank spaces in their Narcotic record. On 01/08/23 at 11:11 AM Certified Medication Aide B reported when she comes on shift she	S5316		

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S5316	Continued From page 27 just counts herself because the person from the previous shift is a CNA and was told they cannot count narcotic medications. The operator failed to ensure accountability of controlled medications by the failure to ensure narcotic medications were counted by an on coming and an off going staff to ensure accurate accountability of narcotic medications.	S5316		