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	B087218	A. BUILDING: _____ B. WING _____	04/10/2024

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FUSION SENIOR CARE HOMES LLC	512 N BEBE STREET WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following citations represent the findings of a Resurvey for licensure with complaint investigation, #185659 for the above named Home Plus facility conducted on 04/09/24 and 04/10/24..	S 000		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of seven residents(R). The sample include three residents and one focused record review. Based on observation, interview, and record review the operator failed to ensure designated staff completed one (R5) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability to participate in activities of daily living. Findings Included: - R5's medical record revealed he moved into the facility on 03/15/24 with diagnoses of schizophrenia. R5's "Functional Capacity Screen identified	S5095		

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

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S5095	Continued From page 1	S5095		

03/15/24 identified he was unable to participate in bathing, dressing, toileting, and transfers, needed physical assistance with walking and mobility, and was totally incontinent of urine.

R5's "Negotiated Service Agreement" dated 03/15/24 directed staff to provide physical assistance with bathing, dressing, toileting and incontinence care, transfers and he needed to use his walker.

Observation on 04/10/24 at 10:52 AM Certified Medication Aide H went into R5's room, showed him the paper that said it was time to get up and eat. After he read it he continued to lay there and closed his eyes. CMA H moved his legs off to the side of the bed and then he sat up on the side of the bed without further staff assistance. CMA H put his walker in front of him and he stood up with staff standing beside him and walked into the dining room independently and sat at the table.

Observation on 04/10/24 at approximately 11:55 AM R5 got up from the dining room table independently and walked to the recliner and put his feet up without using his walker or staff assistance.

Observation 04/10/24 at 02:54 PM CMA E lowered the foot on the recliner and put his walker in front of him. R5 then stood up with minimal assistance and followed CMA E to the kitchen using his walker without staff assistance.

On 04/10/24 08:51 CMA H reported sometimes R5 will get himself up and walk out to the dining room by himself in the mornings and other times

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S5095	Continued From page 2 we have to wake him up and cue him to get up. When he gets dressed, he will hep dress himself just have to get him started. CMA H also stated that he will not stand up if he doesn't want to but when he is ready, he can do it himself. Staff have to remind him to use his walker and we walk behind him just incase. CMA H reported R5 has always been able to help with cares and sometimes do things all on his own. On 04/10/24 at 03:00 PM CMA E reported R5 just needed prompting to do things. He can dress himself once you prompt him and get him started. He will wash himself and we just have to help with his back and legs. CMA E reported R5 has not had any changes in his ability to complete ADLs since he has been in the facility. On 04/10/24 at 12:45 PM Licensed Nurse B reported R5 did help in doing his care and could do some things on his own, but she marked ADLs a "3" for safety reasons. The operator failed to ensure designated staff completed R5's FCS accurately and according to the FCS manual, to reflect his functional ability to assist in completion of his activities of daily living.	S5095		
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	S5105		

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S5105	Continued From page 3 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)(2) The facility reported a census of seven residents(R). The sample included three residents and one focused record review. Based on interview, and record review for two (R4 and R5) of three sampled residents the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and the resident's service needs that included a description of the services the resident would receive and identification of the provider of each service. Findings included: - R4's medical record revealed he moved in on 01/30/24 from a sister facility with diagnoses of bipolar, depression and obsessive-compulsive disorder. R4's "Functional Capacity Screen" (FCS) dated	S5105		

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S5105	Continued From page 4 01/30/24 revealed he was unable to participate in his bathing, needed physical assistance with dressing and toileting, had bladder incontinence and had impaired cognition and communication and was at risk for falls. R4's "Negotiated Service Agreement" (NSA) dated 01/30/24 failed to identify who provided services related to activities of daily living, failed to address services for impaired cognition, communication, and his current problem with falls/unsteadiness. On 04/10/24 at 12:21 PM Licensed Nurse B reviewed R4's NSA and confirmed it only identified the Certified Medication Aides and Licensed Nurses would administer medications but did not identify who would provide services related to activities of daily living. She acknowledged it also did not identify services related to impaired cognition and communication or his risk for falls. The operator failed to ensure R4's NSA was developed based upon his FCS and identified a description of services to be provided and who would provide those services. - R5's medical record revealed he moved into the facility on 03/15/24 with diagnoses of schizophrenia. R5's "Functional Capacity Screen identified 03/15/24 identified he was unable to participate in bathing, dressing, toileting, and transfers, needed physical assistance with walking and mobility, and was totally incontinent of urine.	S5105		

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S5105	Continued From page 5 R5's "Negotiated Service Agreement" dated 03/15/24 identified under "Personal Services" bathing, dressing, toileting, transfers and mobility, grooming, had physical assistance circled, but failed to identify who would provide the services. On 04/10/24 at 12:43 PM Licensed Nurse B reviewed R5's NSA and confirmed it only identified the Certified Medication Aides and Licensed Nurses would administer medications but did not identify who would provide services related to activities of daily living The operator failed to ensure R5's NSA identified who provided specified services in order to meet his needs.	S5105		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (h) The facility reported a census of seven residents (R) and the sample included three residents with one focused record review. Based on interview and record review for one (R5) of three sampled	S5126		

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S5126	Continued From page 6 residents, the operator failed to ensure that everyone involved in the development of the "Negotiated Service Agreement" signed the agreement. Findings included: - R5's medical record revealed he moved into the facility on 03/15/24 with diagnoses of schizophrenia. R5's "Functional Capacity Screen identified 03/15/24 identified he had impaired decision-making ability, had impaired vision and hearing, and needed assistance with all activities of daily living. R5's "Negotiated Service Agreement" (NSA) dated 03/15/24 included the signature of the licensed nurse and the operator but failed to include the signature of R5's legal representative. On 04/10/24 at 04:50 PM Administrative staff A reported the resident's legal representative was supposed to come the day he moved in and wasn't able to and R5 was not able to sign the NSA himself. The operator failed to ensure all who participated in the development of R5's NSA signed it.	S5126		
S5192 SS=E	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.	S5192		

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S5192	Continued From page 7 (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 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 seven 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. - Observations on 04/10/24 at 07:40 AM, Certified Medication Aide (CMA) H scrambled eggs on the stove. As residents came out for breakfast she fixed their plate with eggs and toast and served it to them. On 04/10/24 at 08:07 AM CMA H removed dirty dishes from the table and put a plate that had been sitting on the table on top of the microwave and covered it with another plate. She proceeded to clean the counter area and put the skillet of scrambled eggs in the oven without turning the	S5192		

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S5192	Continued From page 8	S5192		

oven on to keep the eggs at the appropriate holding temperature. The plate remained on the microwave until 08:34 AM when CMA H put it in the microwave for one minute and then gave it to a resident without checking the temperature of the eggs.

On 04/10/24 at 10:56 AM CMA H went to get R5 out of bed and walked beside him to the breakfast table. She then got a plate, opened the over and put some eggs on the plate from the skillet. She put the plate in the microwave and was ready to serve them to the resident but checked the temperature of the eggs upon request. The temperature of the eggs read 115 degrees Fahrenheit. CMA H did not know what temperature the eggs needed to be heated to and after explaining the reheating guidelines from the "Focus on Food Safety" she put them back in the microwave for another 30 seconds and checked the temperature.

On 04/10/24 at 11:02 AM CMA H checked the temperature of the eggs that were in the skillet and the thermometer read 77 degrees F, which is below the guidelines for holding temperature of 135 degrees F for hot foods.

On 04/10/24 at 05:08 PM Administrative Staff A reported staff were supposed to check the temperature of the food whenever they reheat it. She stated if a resident is not eating right away staff should put the prepared food in a container and in the refrigerator and then reheat it for them when they are ready.

Review of the "Focus on Food Safety" guidance from the Kansas Department of Agriculture

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S5192	Continued From page 9 revised August 2017 revealed the following: The minimum hot holding temperature for foods is 135 degrees F. Reheat previously cooled foods to an internal temperature of 165 degrees F. Never allow foods to chill at room temperature as bacteria can grow. Review of the "Food Safety" policy revealed that Hot Food holding temperature needs to be at least 135 degrees F. The operator failed to ensure eggs were maintained at the appropriate temperature of 135 degrees F for hot foods and failed to reheat eggs to the proper temperature of 165 degrees before serving.	S5192		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S5215		

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S5215	Continued From page 10 This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (d)(3) The facility reported a census of two residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan with all facility staff. Findings included: - Review of the Disaster Preparedness notebook provided by Administrative Staff A on 04/10/24 at 03:55 PM included "...Disaster Preparedness Resident and Staff Signature Sheet" information: 03/09/23 included Certified Medication Aide and another unidentified employee as the only ones who reviewed the disaster plan. 07/01/23 included Licensed Nurse I as the only staff who reviewed the disaster plan. 09/01/23 included LN I and CMA C as the only staff who reviewed the disaster plan. 12/12/23 included CMA C and CMA F as the only staff who reviewed the disaster plans. 03/04/24 included CMA C as the only staff who reviewed the disaster plans. Surveyor requested a list of all current facility staff on 04/10/24 at 04:15 PM and again at 05:08 PM at which time Administrative staff A reported she would email it to surveyor. Surveyor requested complete list of current staff again on 04/11/24 at 08:19 AM and as have not received as of 03:15 PM.	S5215		

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S5215	Continued From page 11 According to the Personnel Hired List since the previous survey the following facility staff had not completed any quarterly reviews since their hire dates: CMA G hired on 07/28/23, CMA E hired on 06/13/23, and Certified Nurse Aide J hired on 06/13/24. Licensed Nurse B was not on the list of newly hired staff since the last survey and the records showed that she too had not completed any quarterly reviews of the emergency management plan. On 04/10/24 at 05:09 PM Administrative Staff A reported all facility staff were supposed to review the packet for disaster plans and document on the form that they reviewed. She acknowledged the forms did not include all facility staff. The operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the emergency management plan with all facility staff.	S5215		
S5225 SS=D	26-42-207 (a) (b) (1)(2)(3)(4) Infection Control a) The administrator or operator of each home plus shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and	S5225		

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S5225	Continued From page 12 handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; This REQUIREMENT is not met as evidenced by: KAR 26-42-207 (b)(2)(4) The facility reported a census of seven residents. Based on observations, interview and record review the operator failed to ensure the implementation of procedures to prevent the spread of infections related to the use of appropriate hand hygiene when handling food and appropriate food handling of ready to eat foods. Findings included: Observation on 04/10/23 at 07:40 AM Certified Medication Aide H prepared scrambled eggs in a skillet. As she prepared the eggs she got into the refrigerator, and different kitchen cabinets to get plates, bread, milk, and other items for breakfast. When the eggs were done, she fixed R4's plate and served it to him without washing her hands before or after. On 04/10/24 at 08:02 AM CMA H attempted to wake up R5 by handing him a written note to read, rubbing on his arm, and encouraging him to get up. R5 did not get up and CMA H went back into the kitchen. CMA H straightened up the food prep area, put her hands in the bread sack and then twisted it shut all without washing her hands. At 08:07 she removed some dirty dishes and silverware from the breakfast tables, put a	S5225		

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plate of food on top of the microwave, and then took three different residents blood pressure. At 08:11 AM CMA H finished removing all the dirty dishes and got napkins out of the bottom drawer for R4 to blow his nose. When R4 finished blowing his nose, CMA H took the used napkin bare handed, and threw it in the trash. R4 used the other napkin and CMA H again took the used napkin bare handed and threw it in the trash without washing her hands afterwards. At 08:18 AM CMA H continued to wipe off the tables with a paper towel, took a used shirt saver to the laundry, got a broom, and returned to the kitchen all without washing her hands. At 08:20 CMA H scrapped left over in the trash rinsed the plates off and put them in the dishwasher without washing her hands. At 08:34 CMA H got a bowl out of the cabinet, milk out of the refrigerator, and fixed a male resident his cereal. She then took the plate on top of the microwave and reheated it for one minute and put butter on the ready-to-eat toast without putting gloves on or washing her hands.

On 04/10/24 at 10:56 AM CMA H proceeded to get R5 up out of bed by rubbing his arm and then took her hands and moved R5's feet to the side of his bed and he sat up on the side of the bed. She put the walker in front of him and helped him to stand up and then followed behind him as he walked to the dining room. On the way to the dining room CMA H had to pull up R5's pants and straighten them out. When CMA H got back to the kitchen she got two slices of bread out of the bread sack without washing her hands or putting on gloves and put them in the toaster. She then got a plate and put some eggs on the plate and reheated it in the microwave all without

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S5225	Continued From page 14	S5225		

washing her hands after waking up the resident. She took the toast out of the toaster using her bare hands, served the resident, and put grape jelly on the toast using her bare hands to hold the toast. During this time CMA H had touched multiple surfaces in the kitchen and dining room area as well as touching the resident and his clothing and did not wash her hands or use gloves when she touched ready to eat foods or the residents plate to serve his food.

On 04/10/24 at 02:22 PM CMA E reported staff are supposed to wash their hands every time they touched something when they cooked or wear gloves and change them if she had to get into a drawer or touched a resident or something else.

On 04/10/24 at 05:08 PM Administrative Staff A reported staff were supposed to wash their hands in-between preparing foods, and when not wearing gloves. She also stated the staff were not supposed to touch ready-to-eat foods such as bread with their bare hands.

Review of the "Focus on Food Safety" book from the Kansas Department of Agriculture revised August 2017 revealed the following guidance:
-Do not touch ready-to-eat food with bare-hands.
-Wash hands after cleaning or handling garbage, using a tissue, and included other times to wash hands frequently.

Review of the facility "Infection Control" policy revised 06/14/19 did not include specifics on when staff needed to wash their hands and the "Food Safety" section did not include directions for the handling of ready-to-eat foods.

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S5225	Continued From page 15 The operator failed to ensure sanitary conditions for food service by the failure to ensure staff washed their hands according to professional health care standards and ensure staff did not touch ready-to-eat foods with their bare hands.	S5225		
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 seven residents(R). The sample included three residents with one closed record review and review of five newly hired staff records. Based on interview and record review for tow (R4 and R5) of three sampled residents and four of five newly hired staff, the operator failed to ensure the facility remained in compliance with the	S5230		

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S5230	Continued From page 16 department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - R4's medical record revealed he moved in on 01/30/24 from a sister facility with diagnoses of bipolar, depression and obsessive-compulsive disorder. R4's medical record included at TB symptom screen dated 06/23/23 that was done at a previous facility and did contain evidence that he had received a TB symptom screen or a Two-step TB skin test completed within seven days of admission to the facility. 04/10/24 at 12:20 PM Licensed Nurse B confirmed she had not completed a TB symptom screen or a TB skin test on R4 since he moved into the facility. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" dated June 2013 revealed each new resident shall have an initial TB symptom screen and a two-step TB skin test within seven days of residency. The operator failed to ensure R4 had a TB symptom screen and two-step skin test initiated within seven days of moving in. - R5's medical record revealed he moved into the facility on 03/15/24 with diagnoses of schizophrenia.	S5230		

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S5230	Continued From page 17 R5's medical record lacked evidence of completion of a TB symptoms screen, or a two-step TB skin test initiated within seven days of moving in. On 04/12/24 at 12:43 PM Licensed Nurse B confirmed she had not completed a TB symptom screen or a two-step TB skin test on R5 since he moved into the facility. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" dated June 2013 revealed each new resident shall have an initial TB symptom screen and a two-step TB skin test within seven days of residency. Review of the facility's "Infection Control" policy dated 06/14/19 revealed each new resident shall receive a two-step TB test within seven days of residency and an annual TB symptom screen. The operator failed to ensure R4 had a TB symptom screen and two-step skin test completed within seven days of moving in. - Review of the five newly hired employee files revealed the following: Certified Medication Aide (CMA) C, hired on 01//26/23 had her first TB skin test completed on 1/30/23, had her TB symptom screen completed on 04/18/23, more than two months after her hire date and did not have a second TB skin test completed. Certified Nurse Aide D, hired on 01/02/24 and 03/18/24 as his first day of work failed to have a TB symptom screen completed.	S5230		

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S5230	Continued From page 18 CMA E hired on 06/14/23 had a TB symptom screen completed on 08/16/23, more than two months after her hire date. CMA F hired on 08/03/23 had a TB symptom screen completed on 08/16/23 and did not have a second TB skin test completed. CMA G hired on 07/30/23 and her first day of work on 08/06/23 did not have her TB symptom screen completed until 08/25/23, 19 days after her first day working and had her first TB skin test on 08/15/23, nine days after her first day of working. On 04/10/24 at 11:16 AM Administrative Staff A stated the staff are supposed to have a two-step skin test or a chest x-ray but she did not realize they also needed a TB symptoms screen within seven days of hire as well. Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed each new resident and new employee shall have an initial TB symptom screen that includes the components of the TB questionnaire within seven days of residency or employment. Each new resident or new employee shall receive a two-stop skin test within seven days of residency or employment unless specific conditions are met. Review of the facility's "Infection Control" policy dated 06/14/19 revealed each new employee shall receive a two-step TB test within seven days of employment and an annual TB symptom screen.	S5230		

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S5230	Continued From page 19 The operator failed to ensure five of five newly hired staff completed TB symptom screens and TB skin testing in accordance with TB guidelines to ensure the facility remained in compliance of infection control 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: (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)(1)	S5258		

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S5258	Continued From page 20 The facility reported a census of seven residents. Based on record review and interview, the operator failed to provide evidence of registration, and certification check completion upon hire for four of five newly hired staff that required specialized education and training. This had the potential to affect all residents who resided in the facility. Findings included: - Review of five newly hired employee records revealed the following: -Review of Certified Medication Aide (CMA) C's employee record revealed her first day of work was 02/06/23 and staff checked the registry on 08/03/23, more than five months after her first day working in the facility. -Review of Certified Medication Aide (CMA) E's employee file revealed her first day of work was 06/14/23 and staff checked the registry on 06/27/23, 13 days after she started working in the facility. -Review of CMA F's employee file revealed her first day of work was 08/03/23 and staff checked the registry on 10/03/23, two months after she started working in the facility. -Review of CMA G's employee file revealed her first day of work was 07/30/24 and staff checked her registry on 08/01/23, two days after she started working in the facility. On 04/10/24 at 10:41 AM Administrative staff A	S5258		

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S5258	Continued From page 21 reported times when staff first worked in the facility according to the payroll information and then acknowledged some of the registry checks were completed after they started work. The operator failed to ensure designated staff completed registry checks for certified staff on or before their hire date/first day of working in the facility.	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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The facility reported a census of seven residents(R). The sample included three	S5300		

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residents and one closed record review. Based on record review and interview the operator failed to ensure staff administered medications according to a Medical Providers written order for one (R5) of three sampled residents and failed to obtain medical providers written medication orders for two (R3, R4) of three newly admitted residents, all of whom the facility was responsible for administering medications.

Findings included:

- R3's record revealed he moved into the facility on 07/23/22 with diagnosis of type II diabetes mellitus.

R3's "Functional Capacity Screen" dated 12/15/23 revealed he was unable to manage his own medications and was alert and oriented.

R3's "Negotiated Service Agreement dated 12/15/23 revealed medications were administered by Certified Medication Aides and Licensed Nurses.

R3's medical record included a medical providers order to decrease R3's Metformin (for diabetes) to 500 milligrams at bedtime.

R3's March 2024 "Medication Administration Record (MAR) revealed the following: R3 received Metformin 1000 mg in the morning at 08:00 am daily except for three days where staff failed to document administration. He also received the 1000 mg at 05:00 pm daily except for 5 days where staff failed to initial administration and 8 days where staff documented he did not receive. The MAR also

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included documentation that the resident received 500 mg. from the 18th through the end of the month except for two days were staff marked he did not receive.

Review of R3's April 2023 MAR from 04/01/24 to 04/09/24 revealed the following: Staff continued to administer Metformin 1000 mg at 08:00 am and 05:00 PM daily except for 3 times at 05:00 PM staff documented he did not receive. The MAR also identified that staff administered the 500 mg dosage at 06:00 PM every day.

On 04/10/24 at 03:25 PM Certified Medication Aide E reported she had cut his Metformin in half per the nurses' instructions so he should have been getting the 500mg dosage.

On 04/10/24 at 03:39 PM Licensed Nurse B reported she had talked to the pharmacy and since he had enough of the 1000mg dosage, to cut them in half until the 500mg dosage could be delivered by R3's regular pharmacy.

On 04/10/24 at 03:39 PM Administrative Staff A reported R3's blood sugars had been running very low so the order was decreased to just the 500 mg in the evening and none in the morning.

The operator failed to ensure a medical providers order to decrease R3's diabetic medication Metformin to 500 mg every bedtime.

- R4's medical record revealed he moved in on 01/30/24 from a sister facility with diagnoses of bipolar, depression and obsessive compulsive disorder.

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S5300	Continued From page 24 R4's "Functional Capacity Screen" dated 01/30/24 revealed he had impaired cognition and was unable to manage his medications. R4's "Negotiated Service Agreement" dated 01/30/24 revealed Certified Medication Aides and Licensed Nurses would administer his medications. R4's record lacked a medical providers signed order for what medications the facility staff were to administer to the resident when he moved in. On 04/10/24 at 12:22 PM Licensed Nurse B looked through R4's record and confirmed there were not clarification orders for medications when he moved to the new facility. She stated the medications order sheet faxed to the sister facility on 12/24/23 was used to order and administer his medications. The operator failed to ensure designated staff followed standards of practice for obtaining a signed medical provider's order for medications to be administered upon admission to the facility. - R5's medical record revealed he moved into the facility on 03/15/24 with diagnoses of schizophrenia. R5's "Functional Capacity Screen identified 03/15/24 identified he had impaired cognition and was unable to manage his medications. R5's "Negotiated Service Agreement" dated 03/15/24 revealed Certified Medication Aide3s and Licensed Nurses would administer R5 his medications.	S5300		

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S5300	Continued From page 25 R5's record lacked a medical providers signed order for what medications the facility staff were to administer to the resident when he moved in. On 04/10/24 at 01:03 PM Licensed Nurse B reported the papers in the chart are what came with R5 when he moved to the facility. She stated the orders faxed to the prior facility on 12/06/23 were the ones sent to the pharmacy and used to know what medications staff needed to administer. Licensed Nurse B confirmed the record did not include a medical providers signed order as to what medications the staff needed to administer the resident when he moved into the facility. The operator failed to ensure designated staff followed standards of practice for obtaining a signed medical provider's order for medications to be administered upon admission to the facility.	S5300		
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	S5315		

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S5315	Continued From page 26 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 seven residents. Based on observation and interview, the operator failed to ensure staff stored medications securely to ensure only "Licensed Nurses" and "Medication Aides" had access to the stored medications. Findings included: - Observation on 04/09/24 at 02:47 PM on top of the file cabinet by the medication cart was a lockable box. The box was unlocked and when open revealed a set of keys in it.	S5315		

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S5315	Continued From page 27 On 04/09/24 at 02:48 PM Certified Medication Aide (CMA) E confirmed the keys were to the medications cart and kept in the locked box. On 04/09/24 at 03:16 PM CMA E opened the box and used the keys to open the medication cart. On 04/09/24 at 03:55 PM Administrative Staff A confirmed the medication cart keys were kept in the lockable box by the medication cart, but the staff were supposed to keep the box locked so no one other than CMA or Licensed Nurse could get into the medication cart. The operator failed to ensure all medications were stored securely so that only Licensed Nurses and Certified Medication Aides had access to medications.	S5315		