STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N091002	A. BUILDING: _____ B. WING _____	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with attached complaints (#186344, #178025, #175328) at the above named facility conducted on 04/30/24.	S 000		
S3101 SS=D	26-41-202 (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 26-41-202 (h) The census equaled 20 residents. The sample included 3 residents. Based on record review and interview for 1 sampled Resident (R)2, the Administrator failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. Findings included: - Record review for R2 revealed an admission date of 02/26/24 with diagnoses of Parkinson's disease, hypertension, hypothyroidism, cerebral vascular accident and dementia related to Parkinson's disease. The combined "Assessment/Care	S3101		

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

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S3101	Continued From page 1 Plan/Negotiated Service Agreement" dated 02/26/24 recorded the resident was independent with dressing, toileting, transfer, walk/mobility and eating, required standby assistance from staff once a week for bathing and was unable to perform management of medications and treatments, to which the facility certified staff completed for R2. R2 had short- and long-term memory impairment, memory/ recall impairment and impaired decision making. R2 had impaired vision and was at risk for wandering. Facility staff were to provide frequent checks on R2 and supervision with cares during the night. NSA lacked signatures of the individuals involved at the time of development of the agreement including a licensed nurse and administrator. Interview on 04/30/24 at 03:05 PM with Administrator A and Licensed Nurse B confirmed R2's Negotiated Service Agreement was not signed by either of them. Facility's "Negotiated Service Agreement and Health Service Plan Policy and Procedures" (no date) recorded, "3. The Negotiated Service Agreement will be signed by the resident or resident's legal healthcare representative, each individual responsible for payment, and the licensed nurse with oversight of the Negotiated Services Agreement when healthcare services are included. It will also be signed by any other individual who participates in the development of the plan. a. When healthcare services are not part of the NSA, the administrator/operator, or licensed social worker may sign the NSA on behalf of [facility name]."	S3101		

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S3101	Continued From page 2 Administrator A failed to ensure each individual involved in the development of the NSA signed the agreement.	S3101		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (a) The census equaled 20 residents. The sample included 3 residents. Based on record review and interview for 1 resident (R)1, the Administrator failed to ensure a licensed nurse provided and coordinated the provision of necessary health care services (HCS) that meet the needs of each resident and are in accordance with the functional capacity screening (FCS) and the negotiated service agreement (NSA). Findings included: - R1's "Medical Record" revealed he admitted to the facility on 09/17/22 with diagnoses of	S3155		

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S3155	Continued From page 3	S3155		

hypertension, major depressive disorder, hyperlipidemia, coronary artery disease, chronic obstructive pulmonary disease, congestive heart failure, anemia, diabetes and neuropathy.

The combined "Assessment/Care Plan/Negotiated Service Agreement" dated 09/15/23 recorded R1 had a catheter and required physical assistance from staff in caring for the catheter and further recorded facility staff were to drain the catheter when needed.

The combined "Assessment/Care Plan/Negotiated Service Agreement" failed to include who and how often the catheter would be changed and by who and how often the site would be cleansed.

During an electronic interview on 05/02/24 at 01:08 PM with Administrator A confirmed the current combined "Assessment/Care Plan/Negotiated Service Agreement" dated 09/15/23 did not include who and how often the catheter would be changed and who and how often the site would be cleansed.

Facility's "Negotiated Service Agreement and Health Service Plan Policy and Procedures" (no date) recorded, "9. The Negotiated Services Agreement will be used to develop the Health Services Plan used by direct care staff to provide the services to the resident. The HSP will be updated with each update to the NSA."

Administrator A failed to ensure a licensed nurse provided and coordinates the provision of necessary health care services (HCS) that meet the needs of each resident and are in

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S3155	Continued From page 4 accordance with the functional capacity screening (FCS) and the negotiated service agreement (NSA) for R1.	S3155		
S3211 SS=F	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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (3) The census totaled 20 residents. The sample included 3 residents. Based on observation and interview for 3 sampled Residents (R)1, R2 and R3 and 11 non-sampled resident (R)4, R5, R6, R7, R8, R9, R10, R11, R12, R13 and R14, the Administrator 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:	S3211		

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S3211	Continued From page 5 - Observation on 04/30/24 at 10:42 AM with Certified Medication Aide (CMA) C revealed two locked medication carts in the hallway of the facility. The following over the counter medications were noted without first and last names: For R1, the cart contained one bottle of Mirilax (laxative), For R2, the cart contained one bottle of Aspirin (non-steroidal anti-inflammatory drug), For R3, the cart contained one bottle of Acidophilus (probiotic), one bottle of Citracal (calcium supplement), one bottle of Complete Multivitamins and one bottle of Colace (stool softener), For R4, the cart contained one bottle of Excedrin (pain reliever), For R5, the cart contained one bottle of Cranberry (dietary supplement), For R6, the cart contained one bottle of Melatonin (dietary supplement), For R7, the cart contained one bottle of Mucinex (expectorant) and one bottle of Colace, For R8, the cart contained one bottle of Lutein (eye vitamin and mineral supplement), one bottle of Vitamin D3 (dietary supplement), one bottle of Cranberry Extract urinary track health and one bottle of Superfoods Plus Vegetarian (herbal supplement), For R9, the cart contained one bottle of Loratadine (antihistamine), one bottle of CoQ10 (dietary supplement) and one bottle of Aspirin, For R10, the cart contained one bottle of Mucus Relief and one bottle of Milk of Magnesia (saline laxative), For R11, the cart contained one bottle of	S3211		

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S3211	Continued From page 6 Melatonin, For R12, the cart contained one bottle of Acetaminophen (pain reliever/ fever reducer), For R13, the cart contained one bottle of Magnesium (dietary supplement), one bottle of Vitamin B12 (dietary supplement), one bottle of CoQ10 and one bottle of Lubricant Eye Drops, For R14, the cart contained one bottle of GaviLAX (laxative). Interview on 04/30/24 with CMA C confirmed the above listed medications were without full first and last names for R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13 and R14. Facility's "Medication Administration Policy and Procedures" (no date) recorded, ". If an over-The-Counter medication has packaging that the medication container can be removed from the licensed nurse or pharmacist must label both the packaging and the removable container with the full resident name on both." 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		
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.	S3213		

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S3213	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (2) The facility reported a census of 20 residents and identified 20 residents received facility management of medications. Based on observation, interview and record review, the Administrator 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 1 sampled resident (R)3 and 1 non-sampled resident (R)4. Findings included: - Observation on 04/30/24 at 10:42 AM with Certified Medication Aide (CMA) C of the medication carts in the hallway of the facility revealed the following insulin injector pens, which were not labeled with resident's name. CMA C identified the insulin injector pens as belonging to R3 and R4. One of the injector pens had a manufacture label of Lantus SoloStar Insulin Glargine Injection Prefilled Pen, one had a manufacture label of Basaglar KwikPen and one had a manufacture label of Fiasp FlexTouch. None of the injector pens had any other identification or pharmacist labeling. Signed physician orders dated 04/05/24 for R3 recorded, "Fiasp FlexTouch U-100 Insulin, 100 unit/ milliliter, subcutaneous pen, inject 14 units subcutaneous three times daily with meals, scale 150-200 4 units, 201-250 8 units, 251-300 12	S3213		

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S3213	Continued From page 8	S3213		

units, 301-350 16 units, 251-400 20 units."

Review of R3's current April 2024 Medication Administration Record (MAR) revealed Fiasp FlexTouch insulin pen had been administered three times daily from 04/26/24 through 04/30/24 by certified facility staff.

Signed physician orders dated 12/23/23 for R3 recorded, "Basaglar 100 units/milliliter, 45 units subcutaneous at bedtime."

Review of R3's current April 2024 Medication Administration Record (MAR) revealed Basaglar insulin pen had been administered daily at bedtime from 04/01/24 through 04/29/24 by certified facility staff.

Signed physician orders dated 07/06/23 for R4 recorded, "Lantus 5 units subcutaneous at bedtime."

Review of R4's current April 2024 Medication Administration Record (MAR) revealed Lantus 5 units had been administered daily at bedtime from 04/01/24 through 04/29/24 by certified facility staff.

Interview on 04/30/24 at 10:42 AM with CMA C confirmed the three insulin injector pens were not labeled.

Facility's "Medication Administration Policy and Procedures" (no date) recorded, "4. All medications and biological's will be ordered form a pharmacy and dispensed in a prescription medication container or have a label provided by a dispensing pharmacist affixed to the

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S3213	Continued From page 9 medication container." 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 1 sampled resident (R)3 and 1 non-sampled resident (R)4.	S3213		
S3280 SS=F	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 20 residents. The sample	S3280		

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S3280	Continued From page 10 included 3 residents and review of 5 newly hired employee records. Based on record review and interview, the Administrator failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with staff and residents and an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location. 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 05/01/24 of the facility's quarterly reviews of the emergency management plan with staff revealed the following reviews with staff: On 01/26/23, the facility reviewed tornado, explosion, natural gas leak and loss of electrical or water services, On 03/31/23, the facility reviewed fire, flood and severe weather. The facility failed to review the procedures to manage potential emergencies including missing resident for the first quarter of 2023. The facility failed to provide documentation regarding emergency management plan reviews with staff for the second, third and fourth quarter of 2023 and the first quarter of 2024.	S3280		

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S3280	Continued From page 11 Review on 05/01/24 of the facility's quarterly reviews of the emergency management plan with residents revealed the following reviews with residents: On 01/18/23, the facility reviewed flood and severe weather, On 02/15/23, the facility reviewed tornado, loss of water services and fire, On 03/22/23, the facility reviewed flood and severe weather. The facility failed to review the procedures to manage potential emergencies including missing resident, explosion and natural gas leak for the first quarter of 2023. The facility failed to provide documentation regarding emergency management plan reviews with residents for the second quarter of 2023. On 07/23, the facility reviewed flood and severe weather, On 08/28/23, the facility reviewed tornado, loss of water services and fire. The facility failed to review the procedures to manage potential emergencies including missing resident, explosion and natural gas leak for the third quarter of 2023. On 10/13/23, the facility reviewed fire, flood and severe weather. The facility failed to review the procedures to manage potential emergencies including missing resident, explosion, natural gas leak, lack of	S3280		

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S3280	Continued From page 12 electrical, or water services and tornado for the fourth quarter of 2023. The facility failed to provide documentation regarding emergency management plan reviews with residents for the first quarter of 2024. Facility failed to perform an annual emergency drill since last survey conducted with all residents and the minimum number of staff on duty at one time that included an evacuation of all residents to a secure location. Electronic interview on 05/02/24 at 01:08 PM with Administrator A confirmed she was unable to locate an annual emergency drill. Facility's "Emergency Preparedness and Disaster Procedures" policy dated 08/10/03 recorded, "Every two months, the following procedures will be reviewed with all employees and all residents to assure continuing knowledge of what to do in these events. An annual in-service, including a stimulated disaster will assist attendants in determining appropriate responses to actual disasters." 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 staff and residents and an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.	S3280		