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	N029010	A. BUILDING: _____ B. WING _____	07/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWIND AT SPEARVILLE	102 N PINE STREET SPEARVILLE, KS 67876

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 07/15/24.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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 26-41-202 (a) (1) (2) (3) The facility reported a census of 9 residents. The sample included 3 residents. Based on record review, observation and interview for 2 sampled residents (R)2 and R3, Administrator A failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services identified a description of the services the resident received, identified the provider of	S3085		

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

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S3085	Continued From page 1	S3085		

each service and identified each party responsible for payment if outside resources provided a service.

Findings included:

- Record review for R2 revealed an admission date of 06/01/22 with diagnoses of chronic kidney disease hypertension, arthritis, major depressive disorder, dry eye syndrome and edema.

Review of resident's current "Functional Capacity Screen" dated 08/11/23 recorded the resident was independent with toileting, transfer, walk/mobility and eating, and required physical assistance with bathing, dressing and management of medications and treatments. R2 had short- and long-term memory impairment, memory/ recall impairment, impaired decision making and impaired vision. R2 used a walker for ambulation.

Review of R2's current "Kansas Negotiated Service Agreement" (NSA) dated 08/13/23 recorded facility staff assisted with bathing, donning and doffing shoes and socks, and obtained monthly weight and blood pressure checks.

The NSA failed to identify party responsible for administering medications and further failed to identify the use of a bed assistive device used for transfers and/or repositioning.

Observation on 07/15/24 at 10:48 AM in R2's room revealed CMA C administered medications to R2.

Observation on 07/15/24 at 02:25 PM in R2's room revealed a bilateral bed assist device on

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S3085	Continued From page 2 R2's bed. - Record review for R3 revealed an admission date of 05/11/22 with diagnoses of diabetes mellitus type II, hypertension, unspecified dementia, psychotic disturbances, mood disturbance and anxiety, Review of resident's current "Functional Capacity Screen" dated 08/11/23 recorded the resident as independent with bathing, dressing, toileting, transfer, walk/ mobility and eating, required physical assistance with the management of medications and treatments, had short- and long-term memory impairment, memory/ recall impairment, impaired decision making and was usually understandable. Review of resident's current "Kansas Negotiated Service Agreement" (NSA) dated 08/13/23 recorded certified staff obtained blood pressure readings and weights weekly and accuchecks (blood sugar monitoring with a glucometer) four times daily. The NSA lacked identification of party responsible for medication administration, including insulin injection. Observation on 07/15/24 at 11:36 AM in R3's room revealed CMA C dialed insulin injector pen and R3 self-administered the insulin in his abdomen. Interview on 07/15/24 at 02:09 PM with Administrator / LN A and LN B confirmed R2 and R3's NSA failed to identify party responsible for administering medications and further confirmed R2's NSA failed to identify use of a bed assistive device used for transfers.	S3085		

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S3085	Continued From page 3 Facility's "Assisted Living Negotiated Service Agreement" (no date) recorded, "A negotiated service agreement will provide the following information: a description of the services the resident will receive, identification of the provider of each service, identification of each party responsible for payment if outside resources provide a service."	S3085		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (c) The census totaled 9 residents. The sample included 3 residents. Based on interview and record review for 1 sampled Resident (R)1, Administrator/ Licensed Nurse A failed to ensure the development of an initial negotiated service agreement upon admission. Findings included: - R1's "Medical Record" revealed she admitted to the facility on 08/15/22 with diagnoses of hypertension hyperlipidemia, peripheral vascular disease, respiratory failure, heart failure and type 2 diabetes mellitus.	S3090		

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S3090	Continued From page 4 The resident's current "Resident Functional Capacity Screen" (FCS) dated 02/21/24 recorded the resident as independent with toileting and transfer, required supervision with bathing, dressing, and eating, required physical assistance with walk/ mobility and was unable to perform management of medications and treatments. The FCS recorded R1 was occasionally incontinent, was at risk for falls/ unsteadiness, had impaired vision and used a walker for ambulation. Record lacked completion of a negotiated service agreement upon admission on 08/15/22. Interview on 07/15/24 at 02:54 PM with Administrator/ LN A and LN B confirmed unable to locate a NSA completed upon admission for R1. Facility's "Assisted Living Negotiated Service Agreement" (no date) recorded, "The Administrator/Operator of this assisted living facility or residential health care facility will ensure the development of a written negotiated service agreement for each resident residing in this facility, based on the resident's Functional Capacity Screen, service needs, and preferences, in collaboration with the resident or the resident's legal representative, the Resident Care Coordinator, and, if agreed to by the resident or the resident's legal representative, the resident's family." Administrator/ LN A failed to ensure the development of an initial negotiated service agreement upon admission for R1.	S3090		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions	S3092		

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S3092	Continued From page 5 (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d) (1) The census equaled 9 residents. The sample included 3 residents. Based on record review and interview for 1 sampled resident (R)1, Administrator/ Licensed Nurse (LN) A failed to ensure the review, and if necessary, revision of the Negotiated Service Agreement (NSA) at least once every 365 days. Findings included: - R1's "Medical Record" revealed she admitted to the facility on 08/15/22 with diagnoses of hypertension hyperlipidemia, peripheral vascular disease, respiratory failure, heart failure and type 2 diabetes mellitus. The resident's current "Resident Functional Capacity Screen" (FCS) dated 02/21/24 recorded	S3092		

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S3092	Continued From page 6 the resident as independent with toileting and transfer, required supervision with bathing, dressing, and eating, required physical assistance with walk/ mobility and was unable to perform management of medications and treatments. The FCS recorded R1 was occasionally incontinent, was at risk for falls/ unsteadiness, had impaired vision and used a walker for ambulation. Record lacked completion of a negotiated service agreement. Interview on 07/15/24 at 02:54 PM with Administrator/ LN A and LN B confirmed unable to locate a NSA completed for R1. Facility's "Assisted Living Negotiated Service Agreement" (no date) recorded, "The Administrator/Operator will ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: At least once every 365 days." Administrator/ LN A failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days.	S3092		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced	S3165		

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S3165	Continued From page 7 by: KAR 26-41-204 (d) The facility reported a census of 9 residents. The sample included 3 residents. Based on record review and interview for 2 sampled Residents (R)2 and R3, with the potential to affect all residents, Administrator/ Licensed Nurse (LN) A failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan. Findings included: - Record review for R2 revealed an admission date of 06/01/22 with diagnoses of chronic kidney disease hypertension, arthritis, major depressive disorder, dry eye syndrome and edema. Review of resident's current "Functional Capacity Screen" dated 08/11/23 recorded the resident was independent with toileting, transfer, walk/mobility and eating, and required physical assistance with bathing, dressing and management of medications and treatments. R2 had short- and long-term memory impairment, memory/ recall impairment, impaired decision making and impaired vision. R2 used a walker for ambulation. Review of R2's current "Kansas Negotiated Service Agreement" (NSA) dated 08/13/23 recorded facility staff assisted with bathing, donning and doffing shoes and socks, and obtained monthly weight and blood pressure checks. The NSA failed to identify party responsible for management of medications. The NSA failed to identify the use of a bed assistive device used for transfers and/or repositioning.	S3165		

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S3165	Continued From page 8 The NSA lacked the name of the current licensed nurse responsible for the implementation of the health care service plan. Review of R2's "Service Plan" dated 06/27/23 recorded R2 was independent with a walker and staff to remind resident to use assistive device and call light. - Record review for R3 revealed an admission date of 05/11/22 with diagnosis of diabetes mellitus type II, hypertension, unspecified dementia, psychotic disturbances, mood disturbance and anxiety, Review of resident's current "Functional Capacity Screen" dated 08/11/23 recorded the resident as independent with bathing, dressing, toileting, transfer, walk/ mobility and eating, required physical assistance with the management of medications and treatments, had short- and long-term memory impairment, memory/ recall impairment, impaired decision making and was usually understandable. Review of resident's current "Kansas Negotiated Service Agreement" (NSA) dated 08/13/23 lacked identification of party responsible for medication administration, including insulin injection. The NSA recorded certified staff obtained blood pressure readings and weights weekly and accuchecks (blood sugar monitoring with a glucometer) four times daily. The NSA lacked the name of the current licensed nurse responsible for the implementation of the health care service plan. Review of resident's current "Service Plan" dated	S3165		

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S3165	Continued From page 9 05/11/22 recorded facility staff to administer medications as ordered, monitor for side effects and report to the licensed nurse. The "Service Plan" further recorded facility staff encouraged R3 in making safe decisions. The "Service Plan" dated 05/17/24 recorded R2 received supervision with showering, standby assistance with dressing, and failed to identify medication administration. Interview on 07/15/24 at 01:50 PM with Administrator/ LN A and LN B confirmed the NSA documents lacked the current licensed nurse responsible for the implementation of the health care service plan on 2 of 3 sampled residents. Administrator/ LN A failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan, which had the potential to affect all residents.	S3165		
S3166 SS=D	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (e)	S3166		

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S3166	Continued From page 10 The census equaled 9 residents. The sample included 3 residents. Based on record review, observation and interview for 1 sampled Resident (R)3 requiring "accuchecks" (blood sugar monitoring with a glucometer), a nursing procedure not included in the medication aide curriculum, Administrator/ Licensed Nurse (LN) A failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Record review for R3 revealed he admitted on 05/11/22 with diagnosis of type 2 diabetes mellitus. The resident's current "Functional Capacity Screen" (FCS) dated 08/11/23 recorded the resident required physical assistance with management of medications and treatments. The resident's current "Kansas Negotiated Service Agreement" (NSA) dated 08/13/23 recorded facility staff obtained accuchecks four times daily. The resident's "Service Plan" dated 05/11/22 recorded facility staff obtained blood sugarmonitoring checks as ordered by the physician. Review of R3's current July 2024 "Medication Administration Record" (MAR) revealed the following, "Blood sugar checks every morning and at bedtime" performed by a Certified Medication Aide (CMA) (including CMA C, CMA D and CMA E) or a LN twice daily from 07/01/24 through	S3166		

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S3166	Continued From page 11 07/15/24. Observation on 07/15/24 at 11:36 AM in R3's room revealed an accucheck performed by CMA C. Review of sampled personnel records on 07/15/24 recorded the following CMAs recently hired, competency exams for accuchecks were requested. CMA C, hire date 01/22/23 CMA D, hire date 10/13/23 CMA E, hire date 06/24/24 Interview on 07/15/24 at 12:40 PM with Administrator/ LN A confirmed competencies for CMAs to obtain accuchecks were not completed for CMA C, CMA D and CMA E. The facility provided a "Continuous Glucose Monitoring System (CGM) Competency Checklist" but failed to provide a policy on blood glucose monitoring by a CMA. For residents requiring "accuchecks", a nursing procedure not included in the medication aide curriculum, Administrator/ LN A failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3166		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice.	S3171		

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S3171	Continued From page 12 This REQUIREMENT is not met as evidenced by: KAR 26-41 204 (i) The census equaled 9 residents. The sample included 3 residents. Based on record review, interview and observation, Administrator/ Licensed Nurse (LN) A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 record review Resident (R)2. Findings included: - Record review for R2 revealed an admission date of 06/01/22 with diagnoses of chronic kidney disease hypertension, arthritis, major depressive disorder, dry eye syndrome and edema. Review of resident's current "Functional Capacity Screen" dated 08/11/23 recorded the resident was independent with toileting, transfer, walk/mobility and eating, and required physical assistance with bathing, dressing and management of medications and treatments. R2 had short- and long-term memory impairment, memory/ recall impairment, impaired decision making and impaired vision. R2 used a walker for ambulation. Review of R2's current "Kansas Negotiated Service Agreement" (NSA) dated 08/13/23 recorded facility staff assisted with bathing, donning and doffing shoes and socks, and obtained monthly weight and blood pressure checks. The NSA failed to identify party	S3171		

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S3171	Continued From page 13 responsible for management of medications. The NSA failed to identify the use of a bed assistive device used for transfers and/or repositioning. Review of R2's "Service Plan" dated 06/27/23 recorded R2 was independent with walker and staff to remind resident to use assistive device and call light. The "Service Plan" failed to identify the use of a bed assistive device used for transfers and/or repositioning. Record review lacked an assessment of the bed assistive device to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device and an annual safety check assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 07/15/24 at 02:25 PM in R2's room revealed a bilateral bed assist device on R2's bed. The bed assist device was not secured to the bed. Interview on 07/15/24 at 02:09 PM with Administrator/ LN A and LN B confirmed a bed assistive device assessment was not completed for R2 upon placement of the device or annually, and further confirmed R2 used the device to transfer in and out of bed. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06	S3171		

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S3171	Continued From page 14 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Facility's "Bed Rails" policy (no date) recorded, "If a bed or bed rail is used, the facility will ensure correct installation, use and maintenance of bed rails including but not limited to: assessment of resident for risk of entrapment from bed rails prior to installation, review of risks and benefits of bed rails with resident/representative and obtain informed consent prior to installation, ensure that bed's dimensions are appropriate for resident's size and weight, follow the manufacturer's recommendations and specifications for installing maintaining bed rails ...The facility's regular maintenance program will include regular inspections of all bed systems including but not limited to bed rails, bed frames, mattresses and operational components of each bed ...The facility will also ensure individual bed rail assessments and evaluations are performed on a regular basis." Administrator/ LN A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 record review Resident (R)2.	S3171		

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S3175	Continued From page 15	S3175		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (a) (1) The census equaled 9 residents. The sample included 3 residents. Based on record review, interview and observation for 1 Resident (R)3, the facility failed to ensure a licensed nurse (LN) performed an assessment for residents who self-administered some of their medications. Findings included: - The "Resident Roster" obtained on 07/15/24 from Administrator/ LN A identified no residents as self- administering medications and identified	S3175		

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S3175	Continued From page 16	S3175		

four residents as requiring insulin by injection.

- Record review for R3 revealed an admission date of 05/11/22 with diagnosis of diabetes mellitus type II.

Review of resident's current "Functional Capacity Screen" dated 08/11/23 recorded the resident required physical assistance with management of medications and treatments.

Review of resident's current "Kansas Negotiated Service Agreement" dated 08/13/23 lacked identification of party responsible for medication administration, including insulin administration.

Review of resident's current "Service Plan" dated 05/11/22 recorded facility staff to administer medications as ordered, monitor for side effects and report to the licensed nurse.

Review of R3's July "Medication Administration Record" (MAR) revealed the following, "Insulin Glargine Subcutaneous Solution Pen-Injector 100 unit/ milliliter, inject 25 unit subcutaneously two times a day related to type 2 diabetes mellitus" and "NovoLOG FlexPen Subcutaneous solution pen-injector 100 unit/ milliliter, inject 15 units subcutaneously three times a day related to type 2 diabetes mellitus"

Signed physician order dated 12/29/23 recorded, "NovoLOG FlexPen Subcutaneous solution pen-injector 100 units/ milliliter, inject 15 units subcutaneously three times a day related to type 2 diabetes mellitus."

Signed physician order dated 04/10/24 recorded, "Insulin Glargine Subcutaneous Solution Pen-Injector 100 unit/ milliliter, inject 25 unit

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S3175	Continued From page 17 subcutaneously two times a day related to type 2 diabetes mellitus." Review of R3's record lacked evidence a licensed nurse performed a self-administration of medication assessment. Observation on 07/15/24 at 11:36 AM in R3's room revealed Certified Medication Aide (CMA) C prepare and dial R3's NovoLOG FlexPen and R3 self-injected the insulin in his abdomen. Interview on 07/15/24 at 03:00 PM with Administrator/ LN A confirmed record lacked a self-administration assessment for R3. Facility's "AL-Injections" policy (no date) recorded, "If the resident administers own injections, physician verification of the resident's ability to do so in maintained in the resident's clinical record. Each resident will be re-assessed for self-administration quarterly or with any significant change in the resident clinical status or cognitive ability." The facility failed to ensure a licensed nurse performed an assessment for R3, who self-administered some of his medications.	S3175		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3202		

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S3202	Continued From page 18 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) (4) The facility reported a census of 9 residents. The sample included 3 residents. Based on record review and interview for 1 sampled Residents (R)3 requiring insulin by injection, Administrator/ Licensed Nurse (LN) A failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse. Findings included: - The "Resident Roster" obtained on 07/15/24 from Administrator/ LN A identified four residents as receiving insulin by injection (R1, R3, R4 and R5). - Record review for R3 revealed an admission date of 05/11/22 with diagnosis of diabetes mellitus type II. Review of resident's current "Functional Capacity Screen" dated 08/11/23 recorded the resident required physical assistance with the management of medications and treatments. Review of resident's current "Kansas Negotiated Service Agreement" dated 08/13/23 lacked identification of party responsible for medication administration, including insulin injection. Review of resident's current "Service Plan" dated 05/11/22 recorded facility staff to administer	S3202		

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S3202	Continued From page 19	S3202		

medications as ordered, monitor for side effects and report to the licensed nurse.

Review of R3's July 2024 "Medication Administration Record" (MAR) revealed the following, "Insulin Glargine Subcutaneous Solution Pen-Injector 100 unit/ milliliter, inject 25 unit subcutaneously two times a day related to type 2 diabetes mellitus" signed off by a Certified Medication Aide (CMA) (including CMA C, CMA D and CMA E) or a LN twice daily from 07/01/24 through 07/14/24,
"NovoLOG FlexPen Subcutaneous Solution Pen-Injector 100 unit/ milliliter, inject 15 unit subcutaneous three times a day related to type 2 diabetes mellitus" signed off by a CMA (including CMA C and CMA E) three times daily from 07/01/24 through 07/14/24.

Observation on 07/15/24 at 11:36 AM in R3's room revealed CMA C prepare and dial R3's NovoLOG FlexPen and R3 self-injected the insulin in his abdomen.

Review of sampled personnel records on 07/15/24 recorded the following CMAs recently hired, competency exams for dialing insulin pens were requested.
CMA C, hire date 01/22/23
CMA D, hire date 10/13/23
CMA E, hire date 06/24/24

Interview on 07/15/24 at 12:40 PM with Administrator/ LN A confirmed competencies for CMAs to dial insulin pens were not completed for CMA C, CMA D and CMA E.

Facility's "AL-Injections" policy (no date) recorded, "A CMA may dial a pre-drawn syringe dose but MAY NOT inject the medication."

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S3202	Continued From page 20 The facility provided an "Insulin Injection per Insulin Pen Competency Checklist" but failed to provide a policy on CMAs dialing insulin pens. Administrator/ LN A failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse.	S3202		
S3211 SS=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 9 residents. The sample included 3 residents. Based on observation and	S3211		

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S3211	Continued From page 21 interview for 2 sampled Residents (R)1 and R2 and 2 non-sampled residents (R)6 and R7, Administrator/ Licensed Nurse (LN) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation on 07/15/24 at 10:30 AM with Certified Medication Aide (CMA) C revealed a locked medication cart in the hallway of the facility. The following over the counter medications were noted without full names: For R1, the cart contained one bottle of Ibuprofen (non-steroidal anti-inflammatory drug), one bottle of Senna-S (stool softener/ laxative), one tube of Ayr saline nasal mist, one bottle of Colace (stool softener), one bottle of Tylenol (pain reliever and fever reducer), and one bottle of Iron (dietary supplement), For R2, the cart contained one bottle of Vitamin B12 (dietary supplement), one bottle of Vitamin B6 (dietary supplement), one bottle of Magnesium (dietary supplement), one bottle of Calcium (dietary supplement) and one bottle of Glucosamine HCL Chondroitin Sulfate (dietary supplement), For R6, the cart contained one bottle of Ibuprofen, For R7, the cart contained one bottle of Tylenol. The cart contained one bottle of Acetaminophen (pain reliever/ fever reducer) labeled "stock". Interview on 07/15/24 with CMA C confirmed the above listed medications were without full first and last names for R1, R2, R6 and R7.	S3211		

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S3211	Continued From page 22 Facility failed to provide a policy specific to labeling over the counter medications. Administrator/ LN A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the residents over the counter medication.	S3211		
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) (4) The census equaled 9 residents. The sample included 3 residents and review of 5 newly hired employee records. Based on record review and interview, Administrator/ Licensed Nurse (LN) A	S3280		

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S3280	Continued From page 23 failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents and staff 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 07/15/24 of the facility's quarterly reviews of the emergency management plan with residents and staff revealed no reviews completed in 2022, 2023 and 2024. Facility failed to perform an annual emergency drill conducted with all residents and the minimum number of staff on duty at one time. Interview on 07/15/24 at 12:20 PM with Administrator/ LN A confirmed unable to locate reviews of the emergency management plan completed with residents and staff and further confirmed unable to locate an annual emergency drill with staff and residents. Facility's "Emergency Preparedness Training and Evacuation Exercise Policy" (no date) recorded, "This facility will conduct at least one (1) tabletop evacuation exercise annually and at least one (1) full scale evacuation drill in collaboration with local and regional emergency preparedness agencies."	S3280		

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S3280	Continued From page 24 The policy failed to identify quarterly reviews of the facility's entire emergency plan with residents and staff. Administrator/ LN A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with residents and staff and an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.	S3280		
S3299 SS=D	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (e) The census equaled 9 residents. The sample included 3 residents. Based on record review, interview and observation for all residents receiving meal services, Administrator/ Licensed Nurse (LN) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 07/15/24 at 10:19 AM revealed a pantry containing three	S3299		

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S3299	Continued From page 25 freezers and one refrigerator containing food/drinks. Observation of the temperature monitoring logs for the refrigerators and freezers in the facility revealed the following dates were missing for July 2024: 07/07/24, 07/10/24, 07/11/24 and 07/12/24. Interview on 07/15/24 at 03:00 PM with Administrator/ LN A confirmed the July 2024 temperature monitoring logs were missing the above dates. The facility failed to provide a policy related to temperature monitoring logs for refrigerators and freezers. For all residents of the facility, Administrator/ LN A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105	S3310		

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S3310	Continued From page 26	S3310		

This REQUIREMENT is not met as evidenced by:
K.A.R 26-41-207 (c)

The census totaled 9 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 2 of 3 sampled residents (R)1 and R3 and 3 of 5 sampled staff (Certified Medication Aide (CMA) D, CMA E and CNA F, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines.

Findings included:

- R1's "Health Record" revealed she admitted to the facility on 08/15/22 and the record lacked evidence of completion of a TB questionnaire upon admission.

R3's "Health Record" revealed he admitted to the facility on 05/11/22 and the record lacked evidence of completion a TB questionnaire upon admission.

- Review of CMA D's employee record revealed they hired onto the facility on 10/13/23. CMA D's first step of TB testing was completed on 01/03/24, approximately 2.5 months after being hired. The record lacked completion of a TB questionnaire upon hire.

Review of CMA E's employee record revealed they hired onto the facility on 06/04/24. CMA E's record lacked evidence of completion of a TB questionnaire upon hire.

Review of CNA F's employee record revealed

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S3310	Continued From page 27 they hired onto the facility on 02/23/22. CNA F's first step of TB testing was completed on 03/10/22, approximately 2 weeks after being hired. The record lacked completion of a TB questionnaire upon hire. Interview on 07/15/24 at 02:50 PM with LN B confirmed a TB questionnaire was not completed upon admission for R1 and R3. Interview on 07/15/24 at 02:53 PM with LN B confirmed TB testing was completed late for CNA F and further confirmed a TB questionnaire was not completed upon hire. Interview on 07/15/24 at 02:58 PM with LN B confirmed TB testing was completed late for CMA D and further confirmed a TB questionnaire was not completed upon hire. Interview on 07/15/24 at 02:59 PM with Administrator/ LN A confirmed a TB questionnaire was not completed upon hire for CMA E. Facility's "Assisted Living Tuberculosis Screening/Testing Policy-Residents" (no date) recorded, "Testing will be performed on each new resident within three months prior to admission, or within one (1) week following admission to the facility." The facility failed to provide a policy related to staff TB testing and screening. The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		