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	N008009	A. BUILDING: _____ B. WING _____	10/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF EL DORADO	1650 E 12TH AVENUE EL DORADO, KS 67042

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 10/2/18, 10/3/18, 10/4/18 and 10/8/18. Revised 2567 sent to facility 10/12/18 pb	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) The facility reported a census of 39 residents. The sample included 3 residents and 4 focused reviews. Based on observation, interview and record review the administrator failed to ensure the development of the written negotiated service agreement (NSA) for reach resident, based on	S3085		

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

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the resident's functional capacity screening, service needs and preference in regards to a description of the services the resident will receive and the party responsible for payment of outside resources providing a service for 7 of 7 residents sampled (#199, #273, #310, #462, #463, #465 and #511). This deficient practice affected all residents regarding payment source for outside providers. The NSA/health service plan also failed to identify the needed service of a bed assistive device for 2 of 2 residents sampled with bed devices (#462 .

Findings included:

- Record review for resident #462 revealed an admission date of 8/6/18 with diagnoses of: hypertension, hypothyroidism, history of trans ischemic attack, iron deficiency anemia, chronic pain and constipation.

The admission functional capacity screening dated 8/7/18 indicated the resident needed physical assist with bathing and supervision for other activities of daily living (dressing, toileting, walking and transfers). He/she used a walker with no other assistive devices listed and had risks for falls.

The negotiated service agreement (NSA)/health service plan (HSP) signed 8/20/18 indicated the resident needed assistance with bathing related to pain and fatigue, may need occasional assistance with personal hygiene following toileting but was able to transfer independently to and from the bed/toilet/chair and was independent with ambulation with a slow and steady gait. The NSA/HSP included the resident used a walker with ambulation but failed to include any other assistive devices. The

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S3085	Continued From page 2 NSA/HSP listed outside provider resources for pharmacy, podiatrist, dentist but failed to indicate the responsible party for payment of these services. The facility resident roster provided on 10/2/18 failed to indicate the resident had an assistive device for the bed. The record lacked an assessment to verify the bed assistive device was not a restraint, the resident used the bed assistive device safely and the bed assistive device design/attachment/gaps and mechanisms were safe. Observation on 10/4/18 at 12:55 PM revealed the resident was in his/her room and ambulated about the room with the use of a wheeled walker. His/her bed had an assistive device on the outer side with the other side of the bed against the wall. The assistive device was not attached to the bed and freely moved with application of gentle pressure. The adjoining bedside stand restricted the movement to only about 6 inches creating a gap between the device and the bed greater than the requirement of less than 2 and 3/8-inch gap. Interview on 10/4/18 at 12:55 PM with the resident confirmed he/she used the bed assistive device to get in and out of the bed independently. Interview on 10/4/18 at 2:20 PM with licensed nurse B revealed he/she was unaware of the resident's bed assistive device and no assessment was completed to ensure the resident used the device safely, did not create a restraint and the device was safe with gaps and mechanism. He/she confirmed the NSA/HSP did not include the payer of the outside service providers. He/she said all of the facility's NSA	S3085		

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listed responsible party for financial services but did not specify if the outside services where paid for by the resident or another source.

The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 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.

The administrator failed to ensure the development of the written NSA for this resident, based on the resident's functional capacity screening, service needs and preference regarding a description of the services the resident will receive of a bed assistive device and the party responsible for payment of outside resources providing a service.

- Record review for resident #463 revealed an admission date of 1/2/14 with diagnoses of: Spinal stenosis, hypertension, hypothyroidism, heart failure, pain and diabetes mellitus type 2.

The annual functional capacity screening (FCS) dated 9/11/18 indicated the resident needed physical assistance with bathing and dressing, had short-term memory deficit, memory/memory recall deficit and impaired decision making. The FCS listed a wheelchair as an assistive device

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with no other devices listed.

The fall risk assessment dated 9/5/18 included a score of 15 with 10 or greater being considered at high risks for falls.

The negotiated service agreement (NSA)/health service plan (HSP) dated 9/11/18 indicated staff provide assistance with bathing related to confusion/forgetfulness and physical assistance needs, staff assist with application of compression socks, buttons, zippers or shoes. He/she transferred independently to/from the bed/toilet/chair and independently ambulated with a 4-wheeled walker with a slow and steady gait. He/she had fatigue at times and preferred to use a wheelchair. He/she is at a high risk for falls, used grab bars and a shower chair in his/her bathroom. He/she had a bed cane attached to his/her bed to assist with repositioning g in the bed and getting into/out of bed. The NSA/HSP listed outside resource providers for pharmacy and podiatrist but did not include the person responsible for payment of these services.

Interview on 10/4/18 at 2:20 PM with licensed nurse B confirmed the NSA/HSP did not include the payer of the outside service providers.

The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 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

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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.

The administrator failed to ensure the development of the written NSA for this resident, based on the resident's functional capacity screening, service needs and preference regarding a description of the services the resident will receive of a bed assistive device and the party responsible for payment of outside resources providing a service.

- Record review for resident #199 revealed an admission date of 2/5/15 with diagnoses of: anxiety disorder, pain, constipation, atrial fibrillation, hypertension and abnormal weight loss.

The annual functional capacity screening dated 12/11/17 identified he/she needed physical assist with all activities of daily living.

The negotiated service agreement (NSA)/health service care plan (HSP) dated 12/11/17 indicated the resident received physical assistance from facility staff with all activities of daily living. He/she received services from an outside source for Hospice care, pharmacy, and podiatrist. The NSA/HSP did not include the person responsible for payment of these services.

Interview on 10/4/18 at 2:20 PM with licensed nurse B confirmed the NSA/HSP did not include the person responsible for payment of outside services. He/she said all of the facility's NSA listed responsible party for financial services but did not specify if the outside services where paid

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for by the resident or another source.

The administrator failed to ensure the development of the written NSA for this resident, based on the resident's functional capacity screening, service needs and preference in regards included the party responsible for payment of outside resources providing a service.

- Record review for resident #273 revealed an admission date of 12/30/14 with diagnoses of: hypertension, diverticulosis, polyneuropathy, iron deficiency anemia, restless leg syndrome and chronic pain.

The annual functional capacity screening dated 9/11/18 identified the resident needed physical assistance with all activities of daily living.

The negotiated service agreement (NSA)/health service plan (HSP) dated 9/11/18 indicated the resident needed physical assistance with all activities of daily living. The NSA/HSP listed outside service providers for hospice care, pharmacy and podiatrist but failed to list the person responsible for payment of these services.

Interview on 10/4/18 at 2:20 PM with licensed nurse B confirmed the NSA/HSP did not include the person responsible for payment of outside services. He/she said all of the facility's NSA listed responsible party for financial services but did not specify if the outside services where paid for by the resident or another source.

The administrator failed to ensure the development of the written NSA for this resident, based on the resident's functional capacity screening, service needs and preference in

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regards included the party responsible for payment of outside resources providing a service.

- Record review for resident #310 revealed an admission date of 12/10/12 with diagnoses of: type 2 diabetes mellitus, heart failure, pain, vascular dementia, shortness of breath, edema, idiopathic gout and nutritional deficiency.

The annual functional capacity screening dated 9/11/18 identified the resident needed physical assistance with bathing, dressing and toileting. He/she had impaired cognition with short-term memory/memory recall and decision making.

The negotiated service agreement (NSA)/health service plan (HSP) dated 2/28/18 indicated facility staff would provide physical assistance with bathing/dressing/toileting and supervision for all other activities of daily living. The NSA/HSP listed the outside resources of pharmacy and podiatrist but failed to identify the person responsible for payment of the services.

Interview on 10/4/18 at 2:20 PM with licensed nurse B confirmed the NSA/HSP did not include the person responsible for payment of outside services. He/she said all of the facility's NSA listed responsible party for financial services but did not specify if the outside services where paid for by the resident or another source.

- Record review for resident #465 revealed an admission date of 12/19/12 with diagnoses of: age-related osteoporosis, edema, depressive disorder, chronic pain, vitamin deficiency and functional dyspepsia.

The re-admission functional capacity screen dated 9/12/17 indicated the resident required

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physical assistance with bathing and dressing. He/she had cognition deficit in short-term memory, memory recall and impaired decision making.

The negotiated service agreement (NSA)/health service plan (HSP) dated 5/30/18 indicated facility staff provided physical assistance with bathing/dressing/toileting/transfers and used a wheeled walker. The NSA/HSP listed outside resources of a pharmacy and podiatrist but failed to include the person responsible for payment of the outside services.

Interview on 10/4/18 at 2:20 PM with licensed nurse B confirmed the NSA/HSP did not include the person responsible for payment of outside services. He/she said all of the facility's NSA listed responsible party for financial services but did not specify if the outside services where paid for by the resident or another source.

The administrator failed to ensure the development of the written NSA for this resident, based on the resident's functional capacity screening, service needs and preference in regards included the party responsible for payment of outside resources providing a service.

- Record review for resident #511 revealed an admission date of 7/10/17 with diagnoses of: type 2 diabetes mellitus, hypertension, dementia, major depressive disorder and chronic kidney disease.

The admission functional capacity screening dated 7/12/17 indicated the resident was independent with all activities of daily living.

The negotiated service agreement (NSA)/health

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S3085	Continued From page 9 service plan (HSP) dated 2/28/18 included outside providers for services of pharmacy and podiatrist. The NSA/HSP failed to identify the person responsible for payment of these services. Interview on 10/4/18 at 2:20 PM with licensed nurse B confirmed the NSA/HSP did not include the person responsible for payment of outside services. He/she said all of the facility's NSA listed responsible party for financial services but did not specify if the outside services where paid for by the resident or another source. The administrator failed to ensure the development of the written NSA for this resident, based on the resident's functional capacity screening, service needs and preference in regards included the party responsible for payment of outside resources providing a service.	S3085		
S3102 SS=D	26-41-202 (i) Negotiated Service Agreement Service Received (i) Each administrator or operator shall ensure that each resident receives services according to the provisions of that resident ' s negotiated service agreement This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (I) The facility reported a census of 39 residents. The sample included 3 residents and 4 focused reviews. Based on observation, interview and record review the administrator failed to ensure 1 of 7 residents sampled (#273) received services according to the provisions of the resident's	S3102		

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S3102	Continued From page 10	S3102		

negotiated service agreement.

Findings included:

- Record review for resident #273 revealed an admission date of 12/30/14 with diagnoses of: hypertension, diverticulosis, polyneuropathy, iron deficiency anemia, restless leg syndrome and chronic pain.

The annual functional capacity screening dated 9/11/18 identified the resident needed physical assistance with all activities of daily living.

The negotiated service agreement (NSA)/health service plan (HSP) dated 9/11/18 indicated the resident needed physical assistance with all activities of daily living which included eating. The NSA/HSP indicated the resident received a regular diet with regular consistency and thin liquids. Staff shall sit with the resident during meals to encourage and cue him/her to continue eating. He/she continued to be able to feed him/herself at this time, but staff will assist as needed.

Review of the record revealed no recorded height for the resident. His/her weights over the past 90 days varied from 99 to 101 pounds.

Observation on 10/3/18 at 12:09 PM revealed the resident at the dining room table. He/she had beverages and independently drank a glass of instant breakfast milk-based drink. At 12:23 PM he/she received a plate with a slice of ham, scalloped potatoes, green beans and a dinner roll with an individual unopened package of margarine. No staff were sitting with the resident and the resident made no attempts to eat. At 12:32 PM he/she took a bite of the ham and a few

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minutes later a bite of the potatoes which he/she then spit out back onto the plate. No staff were present in the room to observe this and ask the resident if he/she wanted something else. Direct care staff A and direct care staff C sat outside of the dining room area eating. Continued observation through 12:50 PM revealed no staff sat beside the resident to encourage or assist the resident to eat and no offering of alternatives if the resident did not care for the food items provided. At this time, he/she had consumed only the 1 bite of ham and 2/3 of the 8-ounce instant breakfast milk-based drink.

Observation on 10/4/18 at 11:59 AM revealed the resident at the dining room table. At 12:19 PM he/she had a plate with salmon, seasoned rice, half slice of bread with an individual unopened tub of margarine and no staff sitting with the resident. The resident sat without attempting to eat. At 12:28 PM dietary staff D offered the resident vanilla ice cream, opened the individual container and handed a spoon to the resident. The resident independently ate 100% of the ice cream.

Interview on 10/3/18 at 1:50 PM with direct care staff C revealed the resident went through a period of not eating and staff had him/her sit in the smaller dining room, sat beside him/her and assisted/cued him/her to eat. He/she said about a month ago the resident began eating better and wanted to go back to the main dining room. He/she said the resident did not need staff to sit with him/her anymore.

Interview on 10/3/18 at 2:05 PM with direct care staff A revealed he/she in the past couple of days began caring for the resident and did not know if the resident needed assistance to eat or not. He/she confirmed the resident did not receive

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S3102	Continued From page 12 staff assistance or cueing at the noon meal on 10/3/18 and he/she asked the resident after the surveyor left the dining room if the resident would like something else. Interview on 10/3/18 at 2:21 PM with licensed nurse B revealed the resident had gained a couple pounds recently, had swallowing difficulties and would spit food out. He/she said over the past 2 & 1/2 weeks (since he/she began employment) staff have not always sat with the resident during the meals. He/she was not sure if the resident's needs had changed. The administrator failed to ensure this resident received services according to the provisions of the resident's negotiated service agreement regarding dining cueing and assistance if needed.	S3102		
S3110 SS=D	26-41-203 (a) Range of Services (a) Range of services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of the range of services specified in each resident ' s negotiated service agreement. The range of services may include the following: (1) Daily meal service based on each resident's needs; (2) health care services based on an assessment by a licensed nurse and in accordance with K.A.R. 26-41-204; (3) housekeeping services essential for the health, comfort, and safety of each resident; (4) medical, dental, and social transportation; (5) planned group and individual activities that meet the needs and interests of each resident; and	S3110		

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S3110	Continued From page 13 (6) other services necessary to support the health and safety of each resident. This REQUIREMENT is not met as evidenced by: KAR 26-41-203 (a)(6) The facility reported a census of 39 residents. The sample included 3 residents and 4 focused reviews. Based on observation, interview and record review the administrator failed to ensure 1 of 7 residents who required specific services of a memory care unit received service necessary to support health and safety by a failure to keep hazardous items out of reach. Findings included: - Record review for resident #465 revealed an admission date of 12/19/12 with diagnoses of: age-related osteoporosis, edema, depressive disorder, chronic pain, vitamin deficiency and functional dyspepsia. The re-admission functional capacity screen dated 9/12/17 indicated the resident required physical assistance with bathing and dressing. He/she had cognition deficit in short-term memory, memory recall and impaired decision making. The negotiated service agreement (NSA)/health service plan (HSP) dated 5/30/18 indicated the resident required assistance with activities of daily living completion due to lack of vision, confusion and forgetfulness. Staff should provide bathing assistance to ensure the water temperature was	S3110		

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appropriate and all toiletries and towels are at hand and a safe environment was provided. The resident may experience behaviors of restlessness and agitation.

A physician's order dated 3/9/17 included a trial recommendation of placement on the dementia unit. A physician's visit on 5/11/17 included continue protective plan for Alzheimer's dementia.

Observation on 10/3/18 at 11:00 AM licensed nurse B assisted the resident to the bathroom with several cueing directions. On shelves in the bathroom were personal care items. Observation on 10/4/18 at 12:03 PM with licensed nurse B revealed the following items on the shelves in the bathroom which were labeled with a warning to keep out of reach of children (meaning undeveloped or impaired cognition risk) as follows:
Risamine ointment 4-ounce tube (2 tubes)
Suave Max hold pump type hair spray
Aveeno lotion (2 bottles)
Gold Bond medicated powder with an additional warning if ingested call poison control
Corn starch baby powder (2 containers)
Vitamin E cream (2 containers)
Coconut and lime body wash.

Interview on 10/4/18 at 12:03 PM with licensed nurse B confirmed the items were labeled to keep out of reach of children and residents on the memory care unit were at higher risk for improper use of the items. He/she said the resident does not perform his/her own personal hygiene/grooming, so the items could be kept out of reach.

The administrator failed to ensure this resident who required specific services of a memory care

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S3110	Continued From page 15 unit received service necessary to support health and safety by a failure to keep hazardous items out of reach.	S3110		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility 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 facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 39 residents and managed the medications for 36 of the 39 residents. Based on observation, interview and record review the administrator failed to ensure medications administered by staff were administered in accordance with professional standards of practice and each manufacturer's recommendations for 1 of 1 resident regarding	S3200		

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S3200	Continued From page 16 insulin dial dosing pen (#515). Findings included: - Review of the facility roster provided on 10/2/18 revealed the facility managed resident #515's medications and he/she received insulin. Observation on 10/3/18 at 11:24 AM with certified medication aide (CMA) E removed the resident's Novolog flex pen from the medication cart and turned the dial to 20 units. He/she did not prime the flex pen by dialing to 2 units and expelling the insulin with any possible air before dialing the dose ordered. CMA E handed the flex pen to the resident and the resident placed the flex pen on his/her abdomen and pushed the plunger. Interview on 10/3/18 at 11:25 AM with CMA E revealed he/she had not primed the pen before dialing to the prescribed dose. Review of the competency checklist for CMA E dated 1/4/18 revealed he/she was checked off to perform an air shot "prime" the needle by turning the dial to 2 units, hold the pen pointing up, tap the cartridge gently with fingers to force air to the top of the cartridge, press the push button all the way in and a drop of insulin should appear at the needle tip (if not, repeat the procedure up to 6 times; do not use insulin pen if no success after 6 attempts). The manufacture of Novolog flex pen recommended the same procedure as above to prime the pen to ensure the accuracy of the insulin dose. The administrator failed to ensure medications administered by staff were administered in	S3200		

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S3200	Continued From page 17 accordance with professional standards of practice and each manufacturer's recommendations for this resident regarding insulin dial dosing pen.	S3200		
S3215 SS=E	26-41-205 (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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S3215		

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This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(h)(1)

The facility reported a census of 39 residents. The sample included 3 residents and 4 focused reviews. Based on observation, interview and record review the administrator failed to ensure licensed nurses and medication aides stored non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet or medication cart for 2 of 7 residents sampled (#462 and #465).

Findings included:

- Record review for resident #462 revealed an admission date of 8/6/18 with diagnoses of: hypertension, hypothyroidism, history of trans ischemic attack, iron deficiency anemia, chronic pain and constipation.

The admission functional capacity screening dated 8/7/18 indicated the resident needed physical assist with bathing and supervision for other activities of daily living (dressing, toileting, walking and transfers). He/she needed physical assistance with medication management and supervision for treatments.

The self-administration of medication assessment dated 8/9/18 indicated the resident did not self-administer medications, needed assistance of manual dexterity to open bottles/packages.

The negotiated service agreement (NSA)/health service plan (HSP) signed 8/20/18 indicated the

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certified medication aide (CMA)/nurse would administer medications and treatments as directed by the physician unless physician orders otherwise.

Observation on 10/4/18 at 12:55 PM revealed the following medications and over the counter medications stored in the resident's bedside drawer: Aleve 220 milligrams 9 mg) 100 tablet bottle, 2 bottles of tea tree oil, a tube of hydrocortisone 1% cream, prescription bottle of prochlorperazine 25 mg suppositories, a bottle of Nitrostat, a blue pill organizer with 1 white round tablet in 1 of the sections and a pink organizer with 2 small green tablets, a white round tablet and a tan small round tablet in one of the sections. By the resident's kitchenette sink was a container of MiraLAX and a bottle of B-12.

Interview with the resident on 10/4/18 at 12:55 PM revealed he/she would take the medications if she needed them but usually only took the Aleve when his/her knees were hurting.

Interview on 10/4/18 at 2:30 PM with licensed nurse B revealed the facility managed the resident's medication and he/she was unaware of the resident having these medications in his/her room.

The administrator failed to ensure licensed nurses and medication aides stored non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet or medication cart.

- Record review for resident #465 revealed an admission date of 12/19/12 with diagnoses of: age-related osteoporosis, edema, depressive disorder, chronic pain, vitamin deficiency and

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S3215	Continued From page 20 functional dyspepsia. The re-admission functional capacity screen dated 9/12/17 indicated the resident had cognition deficit in short-term memory, memory recall and impaired decision making. He/she was unable to manage his/her own medications. The negotiated service agreement (NSA)/health service plan (HSP) dated 5/30/18 indicated the resident required assistance with activities of daily living completion due to lack of vision, confusion and forgetfulness. Certified medication aides (CMAs)/nurses would administer medications and treatments as directed by physician. Observation on 10/3/18 at 11:00 AM licensed nurse B assisted the resident to his/her room and bathroom. In a wall shelf sat a partial used bottle of 96 Tums (an over the counter antacid). Interview on 10/4/18 12:03 PM with licensed nurse B confirmed the resident did not self-administer medications because of cognitive impairment and the Tums should not be in the room. The administrator failed to ensure licensed nurses and medication aides stored non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet or medication cart.	S3215		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:	S3280		

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S3280	Continued From page 21 (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 facility reported a census of 39 residents. Based on interview and record review the administrator failed to ensure residents had disaster and emergency preparedness by a failure to provide a quarterly review of the facility's emergency management plan. Findings included: - On 10/3/18 at 1:50 PM administrator F provided a schedule of when emergency preparedness review was planned for the last month of every quarter. Record review revealed signature type documentation of staff receiving a quarter review on the emergency management plan but none for the residents. On 10/4/18 at 3:30 PM administrator F confirmed he/she did not have evidence of the resident's	S3280		

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S3280	Continued From page 22 reviewing the emergency management plan. He/she reported maintenance staff G usually talked with the residents during the meal time about emergency preparedness. The administrator failed to ensure employees and residents had disaster and emergency preparedness by a failure to provide a quarterly review of the facility's emergency management plan.	S3280		
S3296 SS=F	26-41-206 (c) (1) Dietary Services Weekly Menu (c) (1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (c)(1) The facility reported a census of 39 residents. Based on observation, interview and record review the administrator failed to ensure menu plans were available to residents on at least a weekly basis. Findings included: - Observation on 10/2/18 at 3:50 PM revealed a menu board alongside of the dining room with the meals posted for today and the next day. Observation on 10/2/18 at 4:00 PM revealed the facility had a weekly menu posted in the kitchen along the far wall by the residential style refrigerator.	S3296		

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S3296	Continued From page 23 Interview on 10/3/18 at 1:45 PM with dietary staff D confirmed the facility only posted 2 days of menu at a time. The administrator failed to ensure menu plans were available to residents on at least a weekly basis.	S3296		
S3299 SS=F	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 facility reported a census of 39 residents. Based on observation, interview and record review the administrator failed to ensure staff stored food under safe and sanitary conditions by a failure to have documented evidence of monitoring refrigerator and freezer temperatures. Findings included: - Observation on 10/2/18 at 3:53 PM with dietary staff H of the main kitchen revealed a residential style refrigerator/freezer in the kitchen area. The refrigerator did not have a thermometer inside to ensure the food was stored at the proper temperature. In the back dry food pantry was a	S3299		

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S3299	Continued From page 24 residential style upright freezer and it did not have a thermometer in it. Record review of the temperature logs for 2018 revealed no logs for January, March, April, or May 2018. The log for February, June, July, August, September and October 2018 did not include any readings for the upright freezer in the back pantry. Interview on 10/4/18 at 10:00 AM with dietary staff D confirmed he/she did not have a log for the freezer in the back pantry. He/she confirmed the lack of logs for January, March, April and May 2018. The administrator failed to ensure staff stored food under safe and sanitary conditions by a failure to have documented evidence of monitoring refrigerator and freezer temperatures.	S3299		