STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N021007	A. BUILDING: _____ B. WING _____	01/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABILENE PLACE NORTH	1100 N VINE STREET ABILENE, KS 67410

(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 are the result of a Licensure Resurvey at the above named Assisted Living Facility on 01/13/20, 01/14/20, 01/15/20, 01/16/20, and 01/21/20.	S 000		
S 230 SS=E	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: KAR 26-39-102 (b) (1)(2) The census equalled 25 the sample included three Residents. Based on interview and record reviews for two of three sampled (#187 and #189), the Operator failed to ensure the implementation of policies and procedures for	S 230		

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

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S 230	Continued From page 1	S 230		

advanced directives, and failed to ensure if the Resident had an advanced directive a copy maintained in the Resident's medical record.

Findings included:

- Review of record revealed #187 admitted to facility 4/01/16 with diagnoses of diabetes, peripheral vascular disease, Parkinson's, atrial fibrillation, status post cerebrovascular accident, autonomic neuropathy, and pneumonia.

By observation throughout the day on 01/13/20 and 01/14/20, Resident #187's medical record contained a red adhesive dot on the chart spine. According to Facility Nurse #F and Regional Nurse #G the red dot signified DNR or "do not resuscitate". The medical record chart spine also included green marker writing "CPR" (cardiopulmonary resuscitation).
POS (physician order sheet) signed by physician 11/19/19 contained the statement "Full Code." At the bottom of this page a hand-written note "change in code status DNR."
POS signed by physician 12/08/19 contained the statement "Full Code."
A negotiated service agreement dated 12/04/19 contained the statement "CPR" with these initials crossed out and changed to "DNR."
The medical record lacked a legal document to verify the change from CPR to DNR.

On 01/14/20 at 4:51pm, Facility nurse #F and Regional Nurse #G confirmed the chart marked with both designations... at 5:01pm Facility nurse #F stated it may have changed when Resident came back from the hospital... I think they may have legal form at the hospital but none here...

The Operator failed to ensure the implementation

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S 230	Continued From page 2 of policies and procedures for advanced directives for #185 and failed to ensure a copy of an advanced directive in effect maintained in the medical record. - Review of record revealed #189 admitted to facility 9/14/19 with diagnoses of dementia, hypothyroidism, gastroesophageal reflux disease, dysthmic disorder, hypokalemia, and hyperlipidemia. By observation throughout the day on 01/13/20 and 01/14/20, Resident #189's medical record contained a red adhesive dot on the chart spine. According to Facility Nurse #F and Regional Nurse #G the red dot signified DNR or "do not resuscitate". On 01/14/20 at 3:09pm Facility Nurse #F, Regional Nurse #G, and Operator #H searched for a legal form to designate this preference... all reported no form available in the medical record or in facility. The Operator failed to ensure the implementation of policies and procedures for advanced directives for #185 and failed to ensure a copy of an advanced directive in effect maintained in the medical record.	S 230		
S3028 SS=E	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure	S3028		

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S3028	Continued From page 3 that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3) The census equalled 25 the sample included three Residents. Based on interview and record review, for two of three sampled (#189 and #187), the Operator failed to ensure each incident with injury thoroughly investigated to rule out abuse or neglect, and a written record maintained of each incident investigation. Findings: - Review of record revealed #189 admitted to	S3028		

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S3028	Continued From page 4	S3028		

facility 9/14/19 with diagnoses of dementia, hypothyroidism, gastroesophageal reflux disease, dysthmic disorder, hypokalemia, and hyperlipidemia.

The current functional capacity screen of 9/10/19 assessed #189 in need of supervision (1) with bathing; independent (0) with dressing, toileting, transfers, mobility, and eating; unable to perform (3) medication management, independent with treatment management (confirmed by staff coded inaccurately and #189 unable to perform treatment management); continent of bladder; with short term memory, long term memory, and memory recall impairments; with falls/unsteadiness, impaired vision, and used a walker.

The medical record contained a 9/09/19 pre-admission physician office visit dictation which identified Resident with confusion, with a history of dizziness and falls, and at continued risk for additional falls.

The medical record contained a 9/10/19 "Mobility Management Planning Tool" signed by Facility Nurse #F. This tool documented Resident with confusion, history of falls, impaired vision, and other pre-disposing conditions that may increase the risk of falling or fracturing a bone.

Although this assessment/planning tool identified fall risks and directed the development of interventions to address these risks, the medical record lacked specific planned interventions to address the risks.

On 01/14/20 at 4:36pm Facility Nurse #F confirmed the intervention tool not completed.
On 01/14/20 at 4:40pm Regional Nurse #G

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S3028	Continued From page 5 confirmed the intervention tool not completed. The admission 9/11/19 NSA/HSP (negotiated service agreement/health service plan) documented: #189 has a cane and a walker for use #189 has had several recent falls and long history of falls #189 will be invited to participate in exercise program and reminded to use walker at all times. The NSA/HSP lacked specific prevention interventions identified from previous falls. By review medical record Resident Service Notes (RSN) and Short Term Monitoring Notes (STMN) documented the following: RSN - 9/14/19 - 9:30am - admitted today... arrives walking in with family member holding on... confused, alert and oriented to person only... has history of falls to ambulate with walker and stand by assistance RSN - 9/18/19 - 7:15am - Resident found on floor at bedside, Reports fell out of bed. Incontinent of bowel assisted with clean up STMN - 10/01/19 - no time - rolled out of bed - abrasion on right knee An NSA/HSP dated 10/01/19 documented no changes or additional interventions from the 9/11/19 NSA/HSP. By review RSN and STMN documented the following: RSN - 10/16/19 - 0900 - sent to ER (emergency room)... patient starts to pass out, very confused, unable to ambulate... returned to facility 12:00pm with diagnosis urinary tract infection and antibiotic ordered RSN - 11/04/19 - 2:15am - fell from bed. Has abrasion to left knee. Denies pain	S3028		

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S3028	Continued From page 6 STMN - 11/04/19 - states rolled out of bed was found sitting on the floor STMN - 11/19/19 - Unwitnessed fall head injury RSN - 11/19/19 - 0745 - Resident found in recliner with bruising to face, swollen sore nose and swollen lip/bleeding... cool cloth applied... Resident reports up at 5AM trying to go to the bathroom when fell... back from doctor at 11:30am... two fractures to nose... orders for ice packs and Tylenol... STMN - 11/24/19 - Fall in room Time?? RSN - 11/24/19 - 4:15am - Resident fell next to bed... denies hitting head or pain... assisted Resident to bed An NSA/HSP dated 12/11/19 documented no changes or additional interventions from the 9/11/19 or the 10/01/19 NSA/HSP. The medical record lacked evidence/documentation a thorough investigation completed to identify the cause of the fall that resulted in facial bruising, bleeding, and fractures. On 01/14/20 at 4:25pm Facility Nurse #F and Regional Nurse #G confirmed the medical record lacked a thorough investigation and provided "the only documentation (handwritten note by facility staff #K)available for investigation or assessment of facial bruising, fracture, bleeding": "I facility staff #K checked on #189 at 4:10am on 11/19/19... was lying in bed facing the closet with eyes closed and breathing normally... did not have any bruising or injury on face." The Operator failed to ensure for #189 each incident with injury thoroughly investigated to rule out abuse or neglect and a written record maintained of each incident investigation.	S3028		

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S3028	Continued From page 7 - Review of record revealed #187 admitted to facility 4/01/16 with diagnoses of diabetes, peripheral vascular disease, Parkinson's, atrial fibrillation, status post cerebrovascular accident, autonomic neuropathy, and pneumonia. The current functional capacity screen of 02/07/19 assessed #187 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility; incontinent of bladder; with short term memory and memory recall impairment; unable to perform medication and treatment management. The current NSA/HSP (negotiated service agreement/health service plan) of 12/04/19 documented facility and home health staff to provide physical assistance with these identified needs. By review medical record Resident Service Notes (RSN) dated 10/21/19 at 8:00am recorded: "Resident found to have a large bruise to left hand. When asked what happened states was assisted up this morning by hands and pulled." On 01/14/20 at 4:25pm Facility Nurse #F and Regional Nurse #G confirmed the medical record lacked any further documentation or investigation notes... stated at the time we had a lot of agency in and they transferred Resident... was perhaps transferred by them incorrectly... confirmed no investigation completed. The Operator failed to ensure for #187 each incident with injury thoroughly investigated to rule out abuse or neglect and a written record maintained of each incident investigation.	S3028		

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S3081	Continued From page 8	S3081		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c) The census equalled 25 the sample included three Residents. Based on interview and review of record for one of three sampled (#187) the Operator failed to ensure designated facility staff conducted a functional capacity screening (FCS) following any significant change in condition as defined in K.A.R. 26-39-100. Findings included: - Review of record revealed #187 admitted to facility 4/01/16 with diagnoses of diabetes, peripheral vascular disease, Parkinson's, atrial fibrillation, status post cerebrovascular accident, autonomic neuropathy, and pneumonia. The current FCS of 02/07/19 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; independent with eating; unable to perform	S3081		

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S3081	Continued From page 9 medication and treatment management. The current NSA/HSP (negotiated service agreement/health service plan) of 12/04/19 documented the facility to manage #187's medications, "has no treatments at this time," home health to manage diabetes and assist with bathing, facility staff to assist with dressing, toileting, transfers, mobility, "requires assistance with cutting up meats and foods,opening packets and extra portion of protein" for eating. By review the previous NSA/HSP of 8/19/19 also recorded "requires assistance with cutting up meats and foods,opening packets and extra portion of protein" for eating. By interview on 01/14/20 at 1:00pm #187 stated they help me... I can't use my right arm... have you ever tried to eat with your left hand?... it's a challenge. On 01/14/20 at 4:51pm Facility Nurse #F confirmed #187 does need help with cutting up foods and opening items, needs help to prepare to eat, not independent as the FCS is coded... Facility Nurse #F stated #187's ability changed in November 2019... had the stroke... I did not go in and change the functional capacity screen... it's due to be re-done annually in February... The Operator failed to ensure designated facility staff conducted an FCS for #187 following a significant change in condition as defined in K.A.R. 26-39-100.	S3081		
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	S3085		

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S3085	Continued From page 10 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 census equalled 25 the sampled included three Residents. Based on interviews and reviews of records, for three of three sampled (#185, #187, and #189), the Operator failed to ensure a Negotiated Service Agreement (NSA) developed that provided a description of the services the Resident to receive, identified the provider of each service and identified each party responsible for payment if outside resources provided a service. Findings included: - Review of record revealed #185 admitted to facility 10/23/19 with diagnoses of hypertension, ulcerative esophagitis, gastric ulcer, history of depression and mood disorder, disorder of	S3085		

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S3085	Continued From page 11	S3085		

peripheral nervous system, and closed fracture of tibia and fibula.

The current functional capacity screen of 10/23/19 assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers; unable to perform walking/mobility, medication and treatment management; with Foley catheter, used walker and wheelchair, and at risk for falling.

The current NSA/HSP (negotiated service agreement/health service plan) of 11/21/19 documented the facility to manage #185's medications, Resident with no treatments, Resident with brace to lower extremity, home health to do showers, two staff to transfer Resident, staff to provide incontinent care, staff to assist with dressing and grooming.

The NSA/HSP included home health to provide bathing assistance but lacked home health services for catheter care and treatments ordered by the physician.
The NSA/HSP lacked the payment source for the outside provider home health.

On 01/14/20 at 5:25pm Facility Nurse #F, Regional Nurse #G, and Operator #H confirmed the NSA/HSP lacked all services by home health, the name of the home health company, and the payment source.

The Operator failed to ensure an NSA/HSP developed for #185 that provided a description of the services the Resident to receive, identified the provider of each service and identified each party responsible for payment if outside resources provided a service.

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S3085	Continued From page 12 - Review of record revealed #187 admitted to facility 4/01/16 with diagnoses of diabetes, peripheral vascular disease, Parkinson's, atrial fibrillation, status post cerebrovascular accident, autonomic neuropathy, and pneumonia. The current functional capacity screen of 02/07/19 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; incontinent of bladder; with short term memory and memory recall impairment; unable to perform medication and treatment management. The current NSA/HSP (negotiated service agreement/health service plan) of 12/04/19 documented facility staff to provide medication and treatment management; home health to provide diabetes management, wound management, and assistance with bathing; facility staff to provide physical assistance with dressing, toileting, transfers, mobility, cutting up food at meal time, and managing incontinence and incontinent supplies. The NSA/HSP contained the name of the home health company to provide diabetes monitoring, skilled nursing for wound care, and bathing assistance. The NSA/HSP lacked the payment source for these services. On 01/14/20 at 4:51pm Facility Nurse #F, Regional Nurse #G, and Operator #H confirmed the NSA/HSP lacked the payment source of the outside provider. The Operator failed to ensure the NSA/HSP developed for #187 that include the payment	S3085		

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S3085	Continued From page 13 source for the outside provider services Resident received. - Review of record revealed #189 admitted to facility 9/14/19 with diagnoses of dementia, hypothyroidism, gastroesophageal reflux disease, dysthmic disorder, hypokalemia, and hyperlipidemia. The current functional capacity screen of 9/10/19 assessed #189 in need of supervision with bathing; independent with dressing, toileting, transfers, mobility, and eating; unable to perform medication management, independent with treatment management (confirmed by staff coded inaccurately and #189 unable to perform treatment management); continent of bladder; with short term memory, long term memory, and memory recall impairments; with falls/unsteadiness, impaired vision, and used a walker. The current NSA/HSP (negotiated service agreement/health service plan) of 12/11/19 documented facility staff to provide medication management, assistance with showers, assistance with dressing and grooming, reminders to use walker. The NSA/HSP lacked skilled nursing services for wound care ordered by the physician. The NSA/HSP lacked the name of the outside provider and the payment source. On 01/14/20 at 3:09pm Facility Nurse #F, Regional Nurse #G, and Operator #H confirmed the NSA/HSP lacked all services by home health, the name of the home health company, and the payment source.	S3085		

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S3085	Continued From page 14 The Operator failed to ensure the NSA/HSP developed for #189 that include the service, the name of the outside provider, and the payment source for the outside provider.	S3085		
S3105 SS=D	26-41-202 (j) Negotiated Service Agreement Outside Resource (j) If a resident's negotiated service agreement includes the use of outside resources, the designated facility staff shall perform the following: (1) Provide the resident, 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, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (j)(1)(2)(3) The census equalled 25 the sampled included three Residents. Based on interviews and reviews of records, for one of three sampled (#189), the Operator failed to ensure designated facility staff monitored the services provided by outside resources. Findings included:	S3105		

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S3105	Continued From page 15 - Review of record revealed #189 admitted to facility 9/14/19 with diagnoses of dementia, hypothyroidism, gastroesophageal reflux disease, dysthmic disorder, hypokalemia, and hyperlipidemia. The current functional capacity screen of 9/10/19 assessed #189 in need of supervision with bathing; independent with dressing, toileting, transfers, mobility, and eating; unable to perform medication management, independent with treatment management (confirmed by staff coded inaccurately and #189 unable to perform treatment management); continent of bladder; with short term memory, long term memory, and memory recall impairments; with falls/unsteadiness, impaired vision, and used a walker. The current NSA/HSP (negotiated service agreement/health service plan) of 12/11/19 documented facility staff to provide medication management, assistance with showers, assistance with dressing and grooming, reminders to use walker. The NSA/HSP lacked skilled nursing services for wound care ordered by the physician. The NSA/HSP lacked the name of the outside provider and the payment source. On 01/14/20 at 3:09pm Facility Nurse #F, Regional Nurse #G, and Operator #H confirmed: #189 received skilled nursing services through home health with a start date of 10/29/19 to wounds on buttock and left foot #189 with orders for PT/OT (physical therapy/occupational therapy) but not picked up for that service/refused PT/OT	S3105		

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S3105	Continued From page 16 Facility Nurse #F stated I do not know when skilled nursing stopped, no addendum to the NSA/HSP completed... I don't have any notes from home health on the treatment of the wounds... think maybe I saw it once... The Operator failed to ensure designated facility staff monitored the services for #189 provided by an outside resource.	S3105		
S3155 SS=G	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) KAR 26-41-204(a) The census equalled 25 the sample included three Residents. Based on interviews and review of record for one of three sampled with an identified risk of falls and history of recent falls (#189) the Operator failed to ensure a licensed nurse provided or coordinated necessary health care services. Resident #189, identified with a history of falls	S3155		

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S3155	Continued From page 17 and assessed to be at continued risk for falls. Resident #189 experienced five falls with the fifth fall resulting in facial bruising, bleeding and fractures. Findings included: - Review of record revealed #189 admitted to facility 9/14/19 with diagnoses of dementia, hypothyroidism, gastroesophageal reflux disease, dysthmic disorder, hypokalemia, and hyperlipidemia. The current functional capacity screen of 9/10/19 assessed #189 in need of supervision (1) with bathing; independent (0) with dressing, toileting, transfers, mobility; continent of bladder; with short term memory, long term memory, and memory recall impairments; with falls/unsteadiness, impaired vision, and used a walker. The admission 9/11/19 NSA/HSP (negotiated service agreement/health service plan) documented: Resident #189 has a cane and a walker for use; has had several recent falls and long history of falls; will be invited to participate in exercise program and reminded to use walker at all times. The NSA/HSP lacked interventions to address resident's fall risk. An NSA/HSP dated 10/01/19 documented: Resident #189 needs staff help to get dressed in the morning; has a cane and a walker for use; has had several recent falls and long history of falls; will be invited to participate in exercise program and reminded to use walker at all times. The NSA/HSP lacked specific prevention interventions identified from previous falls.	S3155		

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S3155	Continued From page 18 Current NSA/HSP dated 12/11/19 documented: Resident #189 needs staff help to get dressed in the morning; has a cane and a walker for use; has had several recent falls and long history of falls; will be invited to participate in exercise program and reminded to use walker at all times. The NSA/HSP continued to lack specific interventions to address continued fall risk. The medical record contained a 9/09/19 pre-admission physician office visit dictation: "in for one month follow-up... patient has fallen twice but doing pretty good... also wants to discuss medication given in the ER (emergency room) for dizziness... Fall Screening Positive... confusion onset 3 to 4 days ago, severity level moderate... associated symptoms include ataxia, falling and gait disturbances... pertinent negatives include agitation and fever." The medical record contained a 9/10/19 "Mobility Management Planning Tool" signed by Facility Nurse #F which identified Resident to be at risk for falls. The Planning tool referenced an Intervention which was absent. These tools lacked documentation of interventions for falls to be added to the NSA. On 01/14/20 at 4:36pm asked Facility Nurse #F what is the Mobility Management Interventions Tool? Facility Nurse #F responded "I have no idea." Confirmed she failed to develop interventions for falls. By review medical record Resident Service Notes documented the following: 9/14/19 - 9:30am - admitted today... arrives walking in with family member holding on... confused, alert and oriented to person only... has history of falls to ambulate with walker and stand	S3155		

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S3155	Continued From page 19 by assistance 9/18/19 - 7:15am - Resident found on floor at bedside, Reports fell out of bed. Incontinent of bowel assisted with clean up 10/01/19 - no time - rolled out of bed - abrasion on right knee 10/16/19 - 0900 - sent to ER (emergency room)... patient starts to pass out, very confused, unable to ambulate... returned to facility 12:00pm with diagnosis urinary tract infection and antibiotic ordered 11/04/19 - 2:15am - fell from bed. Has abrasion to left knee. Denies pain 11/04/19 - states rolled out of bed was found sitting on the floor 11/19/19 - Unwitnessed fall head injury 11/19/19 - 0745 - Resident found in recliner with bruising to face, swollen sore nose and swollen lip/bleeding... cool cloth applied... Resident reports up at 5AM trying to go to the bathroom when fell... back from doctor at 11:30am... two fractures to nose... orders for ice packs and Tylenol... 11/24/19 - Fall in room Time?? 1/24/19 - 4:15am - Resident fell next to bed... denies hitting head or pain... assisted Resident to bed On 01/14/20 at 3:35pm interview with Facility Nurse #F and Regional Nurse #G regarding falls stated we have tried to get therapy but Resident refused therapy. We started hourly checks through the night after the 11/19/19 fall with fractured nose, confirmed the record lacked documentation of hourly checks being done. Further confirmed the record lacked documentation of any specific interventions to address Resident's fall risk. On 01/14/20 Facility Nurse #F and Regional	S3155		

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S3155	Continued From page 20 Nurse #G provided "the only documentation available for investigation or assessment of facial bruising, fracture, bleeding": Handwritten note documented "I facility staff #K checked on Resident #189 at 4:10am on 11/19/19... was lying in bed facing the closet with eyes closed and breathing normally... did not have any bruising or injury on face." The record lacked further documentation of an investigation to determine root cause of Resident's falls. Facility staff received pre-admission information that identified a history of falls. Facility staff assessed ongoing unsteadiness and potential risk for additional falls at admission. Facility staff failed to provide or coordinate health care services to address the risk and potential for falls. Resident #189 experienced repetitive non-injury falls with an unwitnessed fall on 11/19/19 which resulted in actual harm evidenced by facial bruising, bleeding, and fractures. Resident #189 experienced an additional non-injury fall in the absence of revision to the provided or coordinated health care services. For Resident #189, the Operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to address the Resident's fall risk. Resident #189, identified with a history of falls upon admission and assessed to be at continued risk for falls experienced five falls with the fifth fall resulting in facial bruising, bleeding and fractures.	S3155		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any	S3175		

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S3175	Continued From page 21 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 equalled 25 the sample included three Residents. The Resident roster identified three who self administered medications. Based on interview and review of record for one of three sampled who self administered medications (#189) the Operator failed to ensure a licensed nurse performed an assessment to determine the Resident could safely self administer medications without staff assistance. Findings included: - Review of record revealed #189 admitted to facility 9/14/19 with diagnoses of dementia, hypothyroidism, gastroesophageal reflux disease, dysthmic disorder, hypokalemia, and hyperlipidemia.	S3175		

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S3175	Continued From page 22 The current functional capacity screen of 9/10/19 assessed #189 unable to perform medication management. The current NSA/HSP (negotiated service agreement/health service plan) of 12/11/19 and the admission NSA/HSP of 9/11/19 documented the Resident to self administer medications from a "Medication Buddy" pre-filled by #189's family member. An NSA/HSP dated 10/01/19 documented facility staff to administer/manage Resident's medications. The medical record lacked a Self Administration Assessment of #189 prior to Resident self administering medications from 9/14/19 to 10/01/19. By review physician's signed admission orders of 9/11/19 documented #189 may not keep medications in apartment to self-administer; #189 should not store medications; #189 not capable of maintaining OTC (over the counter) medications/creams to use as directed; may not keep toxic agents and cleaning supplies/detergents/cosmetics in apartment. By review Resident Service Note of 9/20/19 documented a call to family member to change times on "Medication Buddy" so Resident doesn't miss medications. The October 2019 MAR (medication administration record) recorded staff administration of Resident's medications beginning after the 8:00am doses on 10/01/19. On 01/14/20 at 3:09pm Facility Nurse #F and Regional Nurse #G confirmed the medical record lacked a self administration assessment... stated an assessment not completed because	S3175		

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S3175	Continued From page 23 Resident's daughter set the medications up for #189 in a Medication Buddy... Facility Nurse #F confirmed #189 was missing medications between 9/14/19 and 9/20/19 and that's what prompted to call to family... stated #189 continued to attempt administration for about another week and then family member directed facility to administer medications... stated that's when the new NSA/HSP of 10/01/19 completed and staff began to administer... do not know why most recent NSA/HSP again reflects Medication Buddy... we are administering #189's medications... not using that. The Operator failed to ensure a licensed nurse completed a self administration assessment for #189 prior to #189 self administering medications.	S3175		
S3200 SS=F	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.	S3200		

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S3200	Continued From page 24 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The census equalled 25 the sample included three Residents. The Resident Roster identified 22 Residents with facility managed medications. Based on interview and review of records, for three of three sampled (#189, #187, and #185) with facility managed medications, the Operator failed to ensure medications administered to each resident in accordance with a medical care provider's written order and professional standards of practice. Findings: - Review of record revealed #189 admitted to facility 9/14/19 with diagnoses of dementia, hypothyroidism, gastroesophageal reflux disease, dysthmic disorder, hypokalemia, and hyperlipidemia. Current functional capacity screen of 9/10/19 assessed #189 unable to perform medication management. Current NSA/HSP (negotiated service agreement/health service plan) of 12/11/19 and the admission NSA/HSP of 9/11/19 documented Resident to self administer medications from a "Medication Buddy" pre-filled by #189's family member. An NSA/HSP dated 10/01/19 documented facility staff to administer/manage Resident's medications.	S3200		

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S3200	Continued From page 25 Comparison of the current January 2020 MAR (medication administration record) with current signed physician orders revealed a discrepancy: Signed physician orders of 12/08/19 included an order for Acetaminophen 500mg (milligrams) one tab every six hours PRN (as needed) pain. The medical record lacked an order to discontinue this medication. This Acetaminophen order not included on the January 2020 MAR. On 01/14/20 Facility Nurse #F confirmed the order not discontinued since the signed orders of December but for some reason was dropped from the January 2020 MAR... we send order sheets to pharmacy and they print the MAR's... may have taken off incorrectly... was missed in review for transition between December and January MAR's. The Operator failed to ensure all medications administered to #189 in accordance with physician's written order and professional standards of practice. - Review of record revealed #187 admitted to facility 4/01/16 with diagnoses of diabetes, peripheral vascular disease, Parkinson's, atrial fibrillation, status post cerebrovascular accident, autonomic neuropathy, and pneumonia. Current functional capacity screen of 02/07/19 assessed #187 unable to perform medication and treatment management. Current NSA/HSP (negotiated service agreement/health service plan) of 12/04/19 documented the facility to manage #187's medications.	S3200		

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S3200	Continued From page 26 Comparison of the current January 2020 MAR (medication administration record) with current signed physician orders of 12/08/19 revealed discrepancies. The January 2020 MAR lacked orders for: Vitamin C (supplement) 550mg 1 tablet by mouth one time a day Naproxen (non-steroidal anti inflammatory) 220mg three times a day as needed The January 2020 MAR included orders not in the 12/08/19 signed orders: Proctozone-HC 2.5% (hemorrhoid cream) one applicator rectally as needed Aspirin EC (cardiac protection) 81mg by mouth once daily Atorvostatin calcium (cholesterol) 20mg one tab by mouth at bedtime On 01/14/20 at 5:00pm Facility Nurse #F confirmed the January 2020 MAR failed to match the most recently signed physician's orders. The Operator failed to ensure all medications administered to #187 in accordance with physician's written order and professional standards of practice. - Review of record revealed #185 admitted to facility 10/23/19 with diagnoses of hypertension, ulcerative esophagitis, gastric ulcer, history of depression and mood disorder, disorder of peripheral nervous system, and closed fracture of tibia and fibula. Current functional capacity screen of 10/23/19 assessed #185 unable to perform medication and	S3200		

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S3200	Continued From page 27 treatment management. Current NSA/HSP (negotiated service agreement/health service plan) of 11/21/19 documented the facility to manage #185's medications. Comparison of the current January 2020 MAR (medication administration record) with current signed physician orders of 12/08/19 revealed discrepancies. The January 2020 MAR contained an order for Miralax powder 8.5 grams in 8 ounces of water and give by mouth one time a day for constipation. The physician signed order for this medication dated 12/05/19 recorded this medication PRN (as needed) instead of daily. The January 2020 MAR contained an order for Thorazine (antipsychotic) 25mg (milligrams) by mouth one time day three times weekly on Monday, Wednesday, Friday. This order crossed out on the January MAR. A signed physician's order dated 12/24/19 directed "keep the Thorazine PRN (as needed)." The January 2020 MAR contained an order for Calcium + D3 600mg/800u (units) one tablet by mouth two times a day with breakfast, lunch and dinner. The physician signed order for this medication dated 12/05/19 recorded this medication as "2 tablets by mouth three times a day with breakfast, lunch, and dinner." The January 2020 MAR contained an order for Lovenox (anti-coagulant) injection 40mg/0.4milliliter inject 40mg every shift one time a day. The order was crossed out on the MAR, but the chart lacked a signed physician's order to discontinue the medication. On 01/14/20 at 5:00pm Facility Nurse #F	S3200		

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S3200	Continued From page 28 confirmed the January 2020 MAR failed to match the most recently signed physician's orders. The Operator failed to ensure all medications administered to #185 in accordance with physician's written order and professional standards of practice.	S3200		
S3211 SS=E	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 equaled 25 Residents, the sample included three. The Resident Roster identified 22 Residents of facility as receiving facility management of medications. Based on observations and interview, for two of three sampled (#189 and #185) and five non-sampled (#177, #175, #179, #171, and #170), the Operator failed to ensure licensed nurses or	S3211		

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ABILENE PLACE NORTH	1100 N VINE STREET ABILENE, KS 67410

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S3211	Continued From page 29	S3211		

pharmacists placed the full name of Resident on each package of the Resident's over the counter (OTC) medication.

Findings included:

- Observation on 01/13/19 at 10:35am revealed a medication cart inside a locked medication storage room.
The following OTC medications lacked first and last names with ownership identified by certified staff #A:

#170 - one bottle acetaminophen (analgesic) 325mg (milligrams) tablets, no first or last name; one box with acetaminophen 325mg with first name only
#189 - two bottles vitamin D3 (supplement) 25mcg (micrograms) with a smeared first name; bottle of sennosides (laxative) with first name and last initial; one bottle Tylenol (analgesic) 650mg with a smeared first name; small bottle of acetaminophen 500mg with no name; larger bottle of acetaminophen 500mg with no name; and bottle of naproxen (non-steroidal anti-inflammatory) with no name
#171 - bottle of Tylenol 325mg with first and last initials
#173 - bottle of acetaminophen 650mg with a first name only
#179 - box of Align probiotics with no name; box with tube of Capzasin (topical pain relief) cream
#175 - box of Mucus Relief DM (expectorant/cough suppressant) tablets with first name and last initial; bottle of aspirin 81mg (cardiac protection) tablets with first initial and last name
#177 - bottle of niacinamide (vitamin B supplement) 500mg with no name; vitamin D3 25mcg with no name; bottle of calcium 500mg

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S3211	Continued From page 30 with no name #185 - bottle of Natural fiber (laxative powder) with no name; box of anti-diarrheal capsules 2mg with first name and last initial On 01/13/20 at 10:35am certified staff #A confirmed these items lacked the first and last name applied by a nurse or a pharmacist... at 12:30pm Facility Nurse #F reported I have now added the completed first and last names to all the OTC in the medication cart. The Operator failed to ensure licensed nurses or pharmacists placed the first and last name of Resident on each package of the Resident's OTC medication.	S3211		
S3227 SS=F	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced	S3227		

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S3227	Continued From page 31 by: KAR 26-41-205(l)(2) The census equalled 25 the sample included three Residents. The Resident roster identified 22 Residents with facility managed medications. Based on interview and reviews of records for three of three sampled (#189, #185, and #187) and all non-sampled Residents, the Operator failed to ensure the licensed pharmacist or licensed nurse notified the medical care provider upon discover of any variance identified in the medication regimen review. Findings included: - Review of record revealed #189 admitted to facility 9/14/19 with diagnoses of dementia, hypothyroidism, gastroesophageal reflux disease, dysthmic disorder, hypokalemia, and hyperlipidemia. The current functional capacity screen of 9/10/19 assessed #189 unable to perform medication management. The current NSA/HSP (negotiated service agreement/health service plan) of 12/11/19 and the admission NSA/HSP of 9/11/19 documented the Resident to self administer medications from a "Medication Buddy" pre-filled by #189's family member. An NSA/HSP dated 10/01/19 documented facility staff to administer/manage Resident's medications. The medical record lacked a medication regime review as required quarterly.	S3227		

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S3227	Continued From page 32 - Review of record revealed #185 admitted to facility 10/23/19 with diagnoses of hypertension, ulcerative esophagitis, gastric ulcer, history of depression and mood disorder, disorder of peripheral nervous system, and closed fracture of tibia and fibula. The current functional capacity screen of 10/23/19 assessed #185 unable to perform medication and treatment management. The current NSA/HSP (negotiated service agreement/health service plan) of 11/21/19 documented the facility to manage #185's medications. The medical record lacked a medication regime review. - Review of record revealed #187 admitted to facility 4/01/16 with diagnoses of diabetes, peripheral vascular disease, Parkinson's, atrial fibrillation, status post cerebrovascular accident, autonomic neuropathy, and pneumonia. The current functional capacity screen of 02/07/19 assessed #187 unable to perform medication and treatment management. The current NSA/HSP (negotiated service agreement/health service plan) of 12/04/19 documented the facility to manage #187's medications. The medical record lacked a medication regime review since 8/22/19. On 01/14/20 at 4:25pm Regional Nurse #G phoned the consulting pharmacist #I and inquired	S3227		

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S3227	Continued From page 33	S3227		

if a medication regime review completed at facility since 8/22/19... pharmacist #I reported a review completed 11/25/19 for all Residents of facility but no documentation left in facility... pharmacist #I emailed reviews of 11/25/19 to Regional Nurse #G.

Documentation of review on 11/25/19 forwarded from pharmacist included:

#189 - a variance report completed for #189's physician: "currently receives Naproxen 220mg (milligrams) twice daily and Aspirin 81mg once daily without any gastroprotective therapy."
This variance lacked acknowledgement by a licensed nurse or by a physician. (By review of January 2020 medication administration record #189 received two doses of Naproxen and one dose of Aspirin daily, no administration of Omeprazole).

#185 - a variance report completed requesting licensed nurse consultation with the physician: "currently receives Enoxaparin (Lovenox) for deep vein thrombosis prevention. At this time this medication does not have a stop date... please clarify the clinical plan for this medication by clarifying the order with the physician to include a stop date if appropriate."
The variance lacked acknowledgement by a licensed nurse or order clarification by a physician. (By review of January 2020 medication administration record #185 no longer received the Lovenox).

#187 - a variance report completed requesting: "please get current copies of the lab results listed below for our reference in order to better monitor current therapy - CBC (complete blood count), CMP (comprehensive metabolic panel), and

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S3227	Continued From page 34 hemoglobin A1C (blood glucose monitoring). On 01/14/20 at 4:36pm Regional Nurse #G confirmed the variance reports of 11/25/19 not sent to the physician as required and no licensed nurse inquiry for response after five days, as required. For #189, #185, and #187 and all Residents with facility managed medications, the Operator failed to ensure the licensed pharmacist or licensed nurse notified the medical care provider upon discovery of any variance identified in the medication regimen review.	S3227		
S3228 SS=F	26-41-205 (l) (3) Medication Regimen Review Record (l) (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l)(3) The census equalled 25 the sample included three Residents. The Resident roster identified 22 Residents with facility managed medications. Based on interview and reviews of records for three of three sampled (#189, #185, and #187) and all non-sampled Residents, the Operator failed to ensure medication regimen reviews kept in each Resident's medical record. Findings included:	S3228		

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S3228	Continued From page 35 - Review of record revealed #189 admitted to facility 9/14/19 with diagnoses of dementia, hypothyroidism, gastroesophageal reflux disease, dysthmic disorder, hypokalemia, and hyperlipidemia. The current functional capacity screen of 9/10/19 assessed #189 unable to perform medication management. The current NSA/HSP (negotiated service agreement/health service plan) of 12/11/19 and the admission NSA/HSP of 9/11/19 documented the Resident to self administer medications from a "Medication Buddy" pre-filled by #189's family member. An NSA/HSP dated 10/01/19 documented facility staff to administer/manage Resident's medications. The medical record lacked a medication regime review as required quarterly. - Review of record revealed #185 admitted to facility 10/23/19 with diagnoses of hypertension, ulcerative esophagitis, gastric ulcer, history of depression and mood disorder, disorder of peripheral nervous system, and closed fracture of tibia and fibula. The current functional capacity screen of 10/23/19 assessed #185 unable to perform medication and treatment management. The current NSA/HSP (negotiated service agreement/health service plan) of 11/21/19 documented the facility to manage #185's medications.	S3228		

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S3228	Continued From page 36 The medical record lacked a medication regime review. - Review of record revealed #187 admitted to facility 4/01/16 with diagnoses of diabetes, peripheral vascular disease, Parkinson's, atrial fibrillation, status post cerebrovascular accident, autonomic neuropathy, and pneumonia. The current functional capacity screen of 02/07/19 assessed #187 unable to perform medication and treatment management. The current NSA/HSP (negotiated service agreement/health service plan) of 12/04/19 documented the facility to manage #187's medications. The medical record lacked a medication regime review since 8/22/19. On 01/14/20 at 4:25pm Regional Nurse #G phoned the consulting pharmacist #I and inquired if a medication regime review completed at facility since 8/22/19... pharmacist #I reported a review completed 11/25/19 for all Residents of facility but no documentation left in facility... pharmacist #I emailed reviews of 11/25/19 to Regional Nurse #G. Documentation forwarded from review on 11/25/19 included a compilation list of all records reviewed by the pharmacist on 11/25/19. Documentation included recommendations requiring attention from the physician or a licensed nurse which lacked responses. On 01/14/20 at 4:36pm Regional Nurse #G	S3228		

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S3228	Continued From page 37 confirmed the medication regime reviews not kept in the Residents' medical records... confirmed the compilation of all reviews completed not appropriate for placement in a Resident record due to privacy violations with all reviewed Residents referenced. For #189, #185, and #187 and all Residents with facility managed medications, the Operator failed to ensure medication regimen reviews kept in each Resident's medical record.	S3228		
S3310 SS=E	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 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The census equalled 25 the sample included three Residents. The facility identified nine employees hired since the last resurvey and five	S3310		

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S3310	Continued From page 38	S3310		

of these sampled. Based on interview and record review for two of three sampled (#189 and #185) and one of five employees reviewed (#E), the Operator failed to ensure the facility's compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105

Findings included:

- On 01/13/20 and 01/14/20 reviewed new employee files provided by Operator and sampled Residents' medical records. The reviewed records lacked the following:

#185 - admitted 10/23/19 - no TB skin testing results or TB symptom screen in the record

#189 - admitted 9/14/19 - no TB testing completed within seven days of admission as required. Medical record contained a TB symptom screen dated 10/01/19 and a two step TB skin test administered on 10/07/19 and 10/12/19 with zero millimeter induration results.

On 01/14/20 at 3:09pm Facility Nurse #F stated for #189 we may have been out of solution and had to get a new bottle for the skin test... not sure why it wasn't done... had to wait for a family member to answer questions on the TB screening... for #185 that Resident lived in another facility on this campus... I am pretty sure Resident's TB testing is up to date... we did not get a copy from the previous facility to put in #185's medical record here...

#E - certified nurse aide hired 02/25/19 - first of two step skin test completed more than six months prior (6/03/18) to the skin test completed at time of hire (02/25/19) as required; employee

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S3310	Continued From page 39 file did contain a TB symptom screen completed 02/25/19 at time of hire as required. Operator #H confirmed first TB skin test more than six months prior to the second step. The Operator failed to ensure TB testing completed as required for #189, #185, and #E.	S3310		