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 _____	09/27/2018

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 in Abilene, Kansas on 9/25/18, 9/26/18, and 9/27/18.	S 000		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The census equalled 19 the sample included three Residents. Based on interview and reviews of records, for one of five sampled (#189), the Operator failed to ensure designated facility staff completed a functional capacity screen (FCS) that included each element and definition specified by the department. Findings included:	S3080		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3080	Continued From page 1 Review of record revealed #189 admitted to facility 01/31/18 with diagnoses of recurrent urinary tract infection, atrial fibrillation, hypertension, anemia, neutropenia, osteoporosis, Addison's, Sjrogren's, malignant tumor of bladder, degenerative disorder of macula, polymyalgia, reumatica, fibromyalgia, and autoimmune disorder. The prior 01/31/18 FCS (functional capacity screen) assessed #189 in need of physical assistance with bathing, dressing, medication and treatment management, used a walker and a wheelchair. The cognitive assessment portion of the FCS was left blank. A current 9/22/18 FCS assessed #189 independent with all activities of daily living, in need of physical assistance with medication and treatment, with falls/unsteadiness, vision and hearing impairments, and used a wheelchair. The bladder continence assessment portion of the FCS was left blank. On 9/26/18 at 3:08pm facility nurse #A confirmed the FCS's above had blanks... stated the 01/31/18 FCS completed prior to me coming on duty at facility... confirmed the 9/22/18 FCS contained a blank, but added that he/she had added a descriptive note beside the blank bladder coding. The Operator failed to ensure designated facility staff completed FCS's for #189 that included each element and definition specified by the department.	S3080		

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S3085	Continued From page 2	S3085		
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 census equalled 19 the sample included three Residents. Based on observations, interviews, and reviews of records, for two of three sampled (#185 and #187), the Operator failed to ensure the negotiated service agreement (NSA) included a description of service the Resident would receive, identification of the provider of each service, and identification of each party responsible for payment if outside resources provide a service. Findings included:	S3085		

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S3085	Continued From page 3 - Review of record revealed #185 admitted 8/30/18 with diagnoses of diabetes, peripheral neuropathy, chronic kidney disease, hypothyroidism, angina, and chronic obstructive pulmonary disease. Current functional capacity screen dated 8/29/18 assessed #185 in need of physical assistance with management of medications and treatments, with falls/unsteadiness, used a cane, walker,and wheelchair. The medical record contained a 9/18/18 physician's order for "PT (physical therapy)." The current negotiated service agreement (NSA) dated 8/30/18 lacked the service of PT, a provider name, a payment source. On 9/25/18 at 4:10pm facility nurse #A confirmed the NSA lacked the service of PT... stated #185 hadn't been seen by a physician in last 30 days so guidelines not met... apparently home health wasn't able to pick up that service... no word from them... On 9/26/18 at 3:03pm facility nurse #A stated the PT has not been added to the NSA... stated I sent a fax to home health to see if there was any new information... confirmed no progress notes or nurses' notes in the record about the delay of service on the NSA or attempts to obtain the services. The Operator failed to ensure the development of an NSA for #185 which included a description of services #185 to receive, the name of the outside provider of services, and the payment source of the outside provider.	S3085		

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S3085	Continued From page 4 - Review of record revealed #187 admitted to facility 4/01/16 with diagnoses of diabetes, peripheral vascular disease, arteriosclerotic vascular disease, and autonomic neuropathy. The 10/25/17 FCS (functional capacity screen) assessed #187 in need of physical assistance with bathing, dressing, transfers, mobility; supervision with toileting, physical assistance with medication and treatment management, used a walker and wheelchair. The medical record contained a 02/19/18 physician's order for PT (physical therapy) to evaluate and treat. The current 01/31/18 NSA/HSP (negotiated service agreement/health service plan) documented #187 to receive services for bathing and diabetes management by a home health agency. The NSA/HSP lacked the addition of physical therapy, the name of the provider or the payment source. On 9/26/18 at 2:28pm facility nurse #A confirmed the NSA lacked the specification of home health for physical therapy services... stated we don't do addendums... wasn't added... already had home health for diabetes and bathing but wasn't added for the physical therapy. The Operator failed to ensure the development of an NSA for #187 which included the service, the name of the outside provider of services, and the payment source of the outside provider.	S3085		

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S3175	Continued From page 5	S3175		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The census equalled 19 the sample included three Residents. Based on interviews, and reviews of record, for one of one sampled who self-administered medication (#189), the Operator failed to ensure a licensed nurse performed an assessment of the Resident's ability to safely and accurately self-administer medications. Findings included: - Review of record revealed #189 admitted to facility 01/31/18 with diagnoses of recurrent	S3175		

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S3175	Continued From page 6 urinary tract infection, atrial fibrillation, hypertension, anemia, neutropenia, osteoporosis, Addison's, Sjrogren's, malignant tumor of bladder, degenerative disorder of macula, polymyalgia, reumatica, fibromyalgia, and autoimmune disorder. The 01/31/18 FCS (functional capacity screen) assessed #189 in need of physical assistance with medication and treatment management. The 9/22/18 NSA/HSP (negotiated service agreement/health service plan) documented #189 to receive medication and treatment management. Comparison of September 2018 MAR (medication administration record) with signed physician orders revealed orders for eye drops not included on the MAR. By observation with facility nurse #A and certified medication aide #B on 9/25/18 at 5:25pm, no eye drops located on the medication cart in the medication room. At this time staff determined #189 self administered eye drops, and that was the reason physician ordered eye drops not included on the MAR. By review, the medical record for #189 lacked a self administration assessment completed by a licensed nurse prior to self administration of a medication. The Operator failed to ensure a licensed nurse conducted a self-administration assessment of #189 prior to #189 self-administering medications.	S3175		

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S3200	Continued From page 7	S3200		
S3200 SS=E	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 census equalled 19 the sample included three Residents. The facility identified 15 Residents with medication and treatment management, three included in the sample. Based on interview and record review, for two of three sampled (#185 and #189), the Operator failed to ensure all medications and biological's administered to Residents in accordance with a medical care provider's written orders and in accordance with professional standards of practice. Findings included:	S3200		

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S3200	Continued From page 8 - Review of record revealed #185 admitted 8/30/18 with diagnoses of diabetes, peripheral neuropathy, chronic kidney disease, hypothyroidism, angina, and chronic obstructive pulmonary disease. Current functional capacity screen dated 8/29/18 assessed #185 in need of physical assistance with management of medications and treatments. Current negotiated service agreement (NSA) dated 8/30/18 documented facility staff to provide medication management. Comparison of September 2018 medication administration record (MAR) with signed physician orders revealed discrepancies. MAR contained orders: Albuterol 2.5/3ml (milliliters) give one vial via nebulizer TID (three times daily) PRN (as needed) for SOA (shortness of air); the order page of 8/31/18 contained an order for 3ml six times a day by nebulizer route. The medical record lacked a clarification order specifying TID instead of six times daily. Hydrocortisone cream apply thin layer topically to affected areas two times daily as needed; the order page of 8/31/18 lacked this order. The medical record lacked a clarification order. Diphenhydramine 25mg (milligrams) take one tab/cap by mouth every 4-6 hours as needed for itching; the order page of 8/31/18 lacked this order. The medical record lacked a clarification order. Acetaminophen 325mg take 2 tabs by mouth every 4-6 hours as needed for pain/headache; the order page of 8/31/18 lacked this order. The medical record lacked a clarification order.	S3200		

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S3200	Continued From page 9 On 9/26/18 at 4:00pm facility nurse #A confirmed the record lacked written/signed orders for the above listed medications on the September 2018 MAR... stated I faxed a request to physician this morning for clarification. The Operator failed to ensure all medications administered to #185 in accordance with written medical care provider orders, and in accordance with professional standards of practice. - Review of record revealed #189 admitted to facility 01/31/18 with diagnoses of recurrent urinary tract infection, atrial fibrillation, hypertension, anemia, neutropenia, osteoporosis, Addison's, Sjrogren's, malignant tumor of bladder, degenerative disorder of macula, polymyalgia, reumatica, fibromyalgia, and autoimmune disorder. The 01/31/18 FCS (functional capacity screen) assessed #189 in need of physical assistance with medication and treatment management. The 9/22/18 NSA/HSP (negotiated service agreement/health service plan) documented #189 to receive medication and treatment management. Comparison of September 2018 MAR (medication administration record) with signed physician orders revealed discrepancies. MAR contained order Ferrous Gluconate 324mg (milligrams) one tablet by mouth twice a day; the medical record lacked a written physician's order for this medication.	S3200		

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S3200	Continued From page 10 On 9/25/18 at 5:25pm and on 9/26/18 at 4:00pm facility nurse #A confirmed no written order available for this medication on the MAR. The Operator failed to ensure all medications administered to #189 in accordance with written medical care provider orders, and in accordance with professional standards of practice.	S3200		
S3202 SS=D	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(4) The census equalled 19 the sample included three Residents. The facility identified 15 Residents with medication and treatment management, three who used insulin, with one included in the sample. Based on interview and record review, for one of one sampled (#185) who used insulin, the Operator failed to provide documentation that a licensed nurse delegated insulin pen preparation, a nursing procedure not included in the medication aide curriculum, to medication aides performing these procedures test under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included:	S3202		

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S3202	Continued From page 11 - Review of record revealed #185 admitted 8/30/18 with diagnoses of diabetes, peripheral neuropathy, chronic kidney disease, hypothyroidism, angina, and chronic obstructive pulmonary disease. Current functional capacity screen dated 8/29/18 assessed #185 in need of physical assistance with management of medications and treatments. A physician's order of 8/31/18 directed insulin injections four times daily. MAR (medication administration record) included orders for: Humalog insulin 25 units injected three times a day Lantus 80 units injected every night Current negotiated service agreement (NSA) dated 8/30/18 documented "facility will... assist with dialing up correct dose of insulin per Dr order stand by as he/she injects and dispose of the sharps safely... #185 is able to administer own insulin in pen form... facility staff will apply a new needle each time and dial in accordance with Dr's orders and #185 will self administer, insulin will be kept in the medication room and given to #185 when administration times arise... staff will ensure safe administration of insulin and disposal of all sharps... August and September 2018 medication administration records (MAR) documented certified medication aides prepared his/her insulin pen for self injection prior at meal times and at bed time. On 9/25/18 at 1:00pm Operator #C confirmed no documentation available for insulin pen preparation delegation process by licensed nurse	S3202		

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S3202	Continued From page 12 to certified medication aides. Facility nurse #A provided documentation of licensed nurse delegated insulin pen preparation to certified medication aides (in regard to #185) completed later in the day on 9/25/18 and early 9/26/18. The Operator failed to provide documentation that a licensed nurse delegated insulin pen preparation for self injection, to medication aides performing these tasks under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3202		
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 equalled 19 the sample included	S3211		

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S3211	Continued From page 13	S3211		

three Residents. The Resident roster identified two Residents who self administered medications. Based on observations and interview, for five non sampled (#170, #172, #174, #176, and #178), the Administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the Resident on each accepted original, unbroken manufacturer's package of over-the-counter (OTC) medication for Resident administration.

Findings included:

- By observation on 9/25/18 at 11:10am, in review of the medication room and cart of facility with certified medication aide #B, the following noted to lack the first and last name of each Resident:

#170 - bottle of Omega DHA 500 enteric coated (two), Bone Builder calcium (two), Vitamin D3, Tumeric (two), Peak Performance Brain Health (two)

#189 - Ocuvite (two), Folic acid (two), Calcium, Aspirin 81mg (milligrams)

#172 - Tums

#174 - Acetaminophen 325mg

#187 - triple antibiotic ointment

#176 - Refresh eye drops

In addition the medication cart contained a tube of "stock" Sensi Care body cream (not open), to be used for skin issues, and a partial bottle of hydrogen peroxide to be used for skin issues. These containers lacked the first and last name

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S3211	Continued From page 14 of a Resident. On 9/25/18 at 12:15pm facility nurse #A confirmed these containers of medications lacked the first and last name of the Residents... was not aware of the need to have first and last name on over-the-counter medications. The Operator failed to ensure the licensed nurse or licensed pharmacist placed the first and last names of #170, #189, #172, #174, #187, and #176, on each accepted, original, unbroken manufacturer's package of OTC medication for Resident administration.	S3211		
S3227 SS=E	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 by: KAR 26-41-205(l)(2)	S3227		

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 _____	09/27/2018

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
S3227	Continued From page 15 The census equalled 19 the sample included three Residents. The facility identified 15 Residents with medication and treatment management, three included in the sample. Based on reviews of records and interviews, for two of three sampled (#189 and #187), the Operator failed to ensure the licensed nurse sought a response from the medical care provider as the result of the pharmacist' variance reports, within five working days. Findings included: - Review of record revealed #189 admitted to facility 01/31/18 with diagnoses of recurrent urinary tract infection, atrial fibrillation, hypertension, anemia, neutropenia, osteoporosis, Addison's, Sjrogren's, malignant tumor of bladder, degenerative disorder of macula, polymyalgia, reumatica, fibromyalgia, and autoimmune disorder. The 01/31/18 FCS (functional capacity screen) assessed #189 in need of physical assistance with medication and treatment management. The 9/22/18 NSA/HSP (negotiated service agreement/health service plan) documented #189 to receive medication and treatment management. The medical record lacked an NSA/HSP prior to 9/22/18. Medication regime review of the record included a 02/05/18 note "see report." The medical record lacked the variance report referred to in this review. On 9/26/18 at 3:08pm facility nurse #A confirmed no variance report available for #189	S3227		

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	N021007	A. BUILDING: _____ B. WING _____	09/27/2018

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S3227	Continued From page 16	S3227		

recommendation of 02/2018.

Facility nurse #A located an 02/2018 compilation report with a recommendation for physician to consider discontinuation of pravastatin (cholesterol medication). The record lacked evidence this variance presented to physician or a response requested.

The Operator failed to ensure the licensed nurse sought a response from the medical care provider as the result of the pharmacist's variance reports for #189 within five working days.

- Review of record revealed #187 admitted to facility 4/01/16 with diagnoses of diabetes, peripheral vascular disease, arteriosclerotic vascular disease, and autonomic neuropathy.

The 10/25/17 FCS (functional capacity screen) assessed #187 in need of physical assistance with medication and treatment management.

The 01/31/18 NSA/HSP (negotiated service agreement/health service plan) documented #187 to receive medication and treatment management.

Medication regime review of the record included a 02/05/18 note "see report" and an 8/09/17 note "see report." The medical record lacked the variance reports referred to in this review.

On 9/26/18 at 2:00pm facility nurse #A confirmed no variance reports available for #187 recommendation of 8/09/17.

On 9/26/18 at 2:20pm facility nurse #A located an 8/09/17 compilation report. These included

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	N021007	A. BUILDING: _____ B. WING _____	09/27/2018

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S3227	Continued From page 17 recommendations for physician to consider the discontinuation of metformin. The Operator failed to ensure the licensed nurse sought a response from the medical care provider as the result of the pharmacist's variance reports for #187 within five working days.	S3227		
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(b)(5-6)(c) The census equalled 19 the sample included three Residents. The facility identified 25 employees hired since the last Resurvey with five reviewed. Based on interviews and reviews of records, for three of three sampled (#189, #187, and #185), and for four of five employees reviewed (#F, #G, #H, and #I), the Operator failed	S3310		

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S3310	Continued From page 18 to ensure the facility's compliance with the Departments' tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of employee records on 9/25/18 with Operator #C revealed the following: #F - RCP (Resident care partner)/CNA (certified nurse aide) hired 5/29/18 - required TB symptom screen not completed within seven days of hire as required, screen completed 7/11/18 #G - RCP/CNA - hired 5/21/18 - required TB symptom screen not completed within seven days of hire as required, screen completed 9/25/18 #H - RCP/CNA - hired 3/02/18 - required TB symptom screen not completed within seven days of hire as required, screen completed 8/10/18 #I - QMA (qualified med assistant)/CMA (certified medication aide) - hired 9/25/17 - required TB symptom screen not completed within seven days of hire as required - Review of Resident records on 9/25/18 and 9/26/18 revealed the following: #189 - admitted 01/31/18 - required TB symptom screen not completed #187 - admitted 4/01/16 - required TB symptom screen not completed #185 - admitted 8/30/18 - required TB symptom screen not completed	S3310		

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S3310	Continued From page 19 On 9/25/18 at 1:00pm Operator #C confirmed the TB symptom screens not completed as required. On 9/26/18 at 3:08pm facility #A confirmed no other TB testing available for Residents #189, #187, and #185. The Operator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for employees #189, #187, and #185, and for employees #F, #G, #H, and #I.	S3310		