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	N044007	A. BUILDING: _____ B. WING _____	06/21/2018

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F W HUSTON MEDICAL CENTER - JEFFERSON SUITE	408 DELAWARE STREET WINCHESTER, KS 66097

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S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey conducted at the above named attached assisted living unit in Winchester, KS on 6/19/18, 6/20/18 and 6/21/18.	S 000		
S3080 SS=F	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: 3080 KAR 26-42-201(a) The facility reported a census of 6 residents. The sample included 3 residents. For all residents, the administrator failed to ensure that facility's screening form to determine the resident's functional capacity included each element and definition as specified by the department. Based on record review and interview and observation for 3 residents sampled (#619, 620 and 621).	S3080		

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

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S3080	Continued From page 1 Findings included: - Review of facility functional capacity screen for residents #619, 620 and 621 documented elements of functional capacity failed to include the definition and code prescribed by the department. Department instructions for the functional capacity screen (FCS) require the following entries: Section I "identification information" to include resident name, date of assessment, primary reason for screen, gender and birthdate. Section "II: Functional Screen" (sections A and B, activities of daily living/ instrumental activities of daily living) to be as follows: (0) independent (1) supervision needed (2) physical assistance needed and (3) unable to perform. Section "II: Functional Screen" (section C continence) (0) continent, (1) usually continent, (2) occasionally incontinent, (3) frequently incontinent, (4) incontinent. Section II D. Cognition-memory, recall (A) short term memory, (B) long term memory, (C) memory/recall, (D)decision-making. Section E: communication, to be as follows: Expresses information (0) understandable (1) usually understandable and ability to understand others (0) understandable and (1) usually understandable. Sections III "recent problems and risks" section IV "mobility appliance/devices", and Section V	S3080		

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S3080	Continued From page 2 "ADL/IADL Rehab potential". Section VI "medications", section VII "ordered therapies and treatments, Section VIII "support" section IX "comments", section X "participation in screen" and XI "signature of those completing the screen" required entries. Facility FCS form "assisted living manager's assessment" for section I lacked entries for C: reason for screen, D: gender and E: birthdate. Facility form lacked the following sections: Section IIA: 3: toileting. 7: management of medications 8: management of treatments. Facility FCS form recorded coding to be as follows: Section IIA (0) independent, (1) supervision needed (2) physical assistance/ one-person physical assistance (3) complete assistance/ two- person physical assistance. Section IIB: coding to be entered as "ABCD" Section "IIC: Functional Screen "(0) independently, (1) with supervision, or stand-by or set-up or cuing and coaching, (2) needs physical assistance from one other person, (3) incontinent needs complete assistance. Facility FCS form lacked information required for Section IID, IIE and sections III, IV, V, VI, VII, VIII, IX, X and XI. Record review for resident #619 recorded admission date of 5/2/16 with diagnoses of: Diabetes Mellitus type 2, hypertension, hypothyroidism, Alzheimer's, peptic ulcer disease, seizures, poly-osteoarthritis and depression. FCS dated 4/12/18 recorded section II for	S3080		

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S3080	Continued From page 3	S3080		

resident as (0) independently for bathing, dressing, transfer, walk/mobility, eating and continence. Form lacked entries for sections toileting, management of medications and treatments. Form lacked sections II, IV, V, VI, VII, VIII, IX, X and XI.

Record review for resident #620 recorded admission date of 3/19/13 with diagnoses of: depression, chronic obstructive pulmonary disease, hypertension, hyperlipidemia, parkinsonism, chronic kidney disease, gastroesophogeal reflux disease, hypokalemia, and atrial fibrillation.

FCS dated 5/1/18 recorded section II for resident as (2) physical assistance needed for bathing and dressing, transfer one-person physical assist, (1) supervision needed for walk/mobility, (0) independently for eating and continence. Form lacked sections/coding for toileting, management of medications and treatments. Form lacked sections II, IV, V, VI, VII, VIII, IX, X and XI.

Record review for resident #621 recorded admission date of 7/10/17 with diagnoses including: hypertension, chronic fatigue, chronic pain, hypothyroidism, hyperlipidemia, constipation, diabetes mellitus type 2 and dementia

FCS dated 7/101/7 recorded section II coding for resident as (1) needs physical assistance for: bathing. (0) independently for dressing, transfer, walk/mobility, eating and continence. Form lacked sections/coding for toileting, management of medications and treatments. Form lacked sections II, IV, V, VI, VII, VIII, IX, X and XI

Interview on 6/19/18 at 3:35pm with licensed

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S3080	Continued From page 4 nurse #B confirmed facility's FCS lacked the required coding and entries. He/she stated all the residents have that form. For resident #619,620, 621 and all residents in the facility, the administrator failed to ensure that facility's screening form included each element and definition as specified by the department.	S3080		
S3155 SS=F	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 6 residents. The sample included 6 residents. Based on record review and interview for 3 (#619, 620, 621) sampled residents requiring health care services, the administrator failed to 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.	S3155		

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S3155	Continued From page 5 Findings included: - Record review for resident #619 recorded admission date of 5/2/16 with diagnoses of: Diabetes Mellitus type 2, hypertension, hypothyroidism, Alzheimer's, peptic ulcer disease, seizures, poly-osteoarthritis and depression. FCS dated 4/12/18 lacked coding toileting, management of medications and treatments. NSA/HCSP dated 5/7/18 lacked entries for toileting and management of medications and treatments. Record review for resident #620 recorded admission date of 3/19/13 with diagnoses of: depression, chronic obstructive pulmonary disease, hypertension, hyperlipidemia, parkinsonism, chronic kidney disease, gastroesophogeal reflux disease, hypokalemia, and atrial fibrillation. FCS dated 5/1/18 lacked coding for toileting, management of medications and treatments. NSA/HCSP dated 5/1/18 lacked entries for toileting and management of medications and treatments. Record review for resident #621 recorded admission date of 7/10/17 with diagnoses including: hypertension, chronic fatigue, chronic pain, hypothyroidism, hyperlipidemia, constipation, diabetes mellitus type 2 and dementia FCS dated 7/10/17 lacked sections/coding for toileting, management of medications and	S3155		

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S3155	Continued From page 6 treatments. NSA/HCSP dated 7/11/17 lacked sections for toileting, management of medications and treatments. Interview on 6/19/18 at 3:35pm with licensed nurse #B confirmed NSA/HCSP lacked entries for toileting and management of medications and treatments and the computerized form is used for all residents. He/she confirmed all residents receive management of medications and treatments in the assisted living unit. For all residents of the facility, the administrator failed to 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.	S3155		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 86 residents. The sample included 3 residents. Based on record review and interview, for all residents, the	S3165		

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S3165	Continued From page 7 administrator failed to ensure the negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan as evidenced by review of resident records for residents (#619,620,621) who required health care services. Findings included: - - Record review for resident #619 recorded admission date of 5/2/16 with diagnoses of: Diabetes Mellitus type 2, hypertension, hypothyroidism, Alzheimer's, peptic ulcer disease, seizures, poly-osteoarthritis and depression. FCS dated 4/12/18 lacked coding for management of medications and treatments. NSA/HCSP dated 5/7/18 lacked entries for management of medications and treatments. Record review for resident #620 recorded admission date of 3/19/13 with diagnoses of: depression, chronic obstructive pulmonary disease, hypertension, hyperlipidemia, parkinsonism, chronic kidney disease, gastroesophogeal reflux disease, hypokalemia, and atrial fibrillation. FCS dated 5/1/18 lacked coding for management of medications and treatments. NSA/HCSP dated 5/1/18 lacked entries for management of medications and treatments.	S3165		

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S3165	Continued From page 8 Record review for resident #621 recorded admission date of 7/10/17 with diagnoses including: hypertension, chronic fatigue, chronic pain, hypothyroidism, hyperlipidemia, constipation, diabetes mellitus type 2 and dementia FCS dated 7/10/17 lacked sections/coding for, management of medications and treatments. NSA/HCSP dated 7/11/17 lacked section for management of medications and treatments. NSA/HCSP for residents #619, 620 and 621 lacked the name of the licensed nurse responsible for the implementation and supervision of the Health care service plan. Interview on 6/19/18 at 3:35pm with licensed nurse #B confirmed all residents in the assisted living unit receive assistance with management of medications and treatments. He/she confirmed all residents' NSA/HCSPs lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. For all residents, the administrator failed to ensure the negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan as evidenced by review of resident records for residents (#619,620,621) who required health care services.	S3165		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure	S3280		

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S3280	Continued From page 9 disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-4-104(d)(3) The census equaled 6 residents, the sample included 3 residents. Based on observation, interviews and review of records, for all residents, the administrator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with employees and residents. Findings included:	S3280		

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S3280	Continued From page 10 - On 6/19/18 at 10:25am licensed nurse #B stated facility's complete emergency management plan was over 1000 pages on the computer. He/she stated review is done with staff and residents annually. He/she presented binder from nursing station area titled "Nursing staff: emergency operations plan essentials" binder contained instructions for the following: The plan was reviewed with staff on 6/29/17 and is reviewed upon staff hire. Resident review was conducted with the annual tornado drill with staff (covered fire/tornado) on 3/5/18. "code red-fire, code-severe weather warning, code blue-cardiac/respiratory arrest, code black-bomb threat, code pink-child abduction, code orange- hazmat, code 1000-combative individual, and missing resident" Available disaster plan lacked instructions/plan for the following required topics: flood, tornado, explosion, natural gas leak and loss of water/electricity. On 6/19/18 at 11:10am reviewed fire drills/evacuation drills with administrative staff #C: Fire drills are conducted every other month on day shift and twice a year on night shift. Most recently on 3/30/18 and 5/17/18. Twice annually staff and residents evacuate to outside: 8/22/17(most recent). Emergency management plan not reviewed with staff and residents quarterly. For all residents, the administrator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly	S3280		

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S3280	Continued From page 11 review of the facility's emergency management plan with employees and residents.	S3280		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review, and interview, for all residents of the facility, the administrator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included:	S3310		

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S3310	Continued From page 12 - On 6/19/18 at 10:50am during personnel review with licensed nurse #B, facility records lacked documentation for tuberculosis (TB) symptom screen questionnaires, 1st and 2nd step TB skin test for the following recent staff hired: Certified staff #D, hire date 2/13/18; Licensed staff #E, hire date 3/7/18; Facility records also lacked documentation of TB symptom screen questionnaires and 2 step TB skin tests within 7 days for 2 recent staff hired: Licensed staff #F, hire date 2/9/18 TB skin test on 5/2/18, no 2nd test on record. Certified staff #G, hire date 12/29/17, TB skin test on 5/2/18, no 2nd test on record. The following lacked documentation of a 2nd TB skin test for 1 recent staff hired: Certified staff #H, hire date 4/17/17, no 2nd TB test on record. Interview on 6/19/18 with facility administrative staff #I, confirmed further documentation of TB skin testing could not be found. For all residents of the facility, the administrator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		