STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046044	A. BUILDING: _____ B. WING _____	02/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BICKFORD AT MISSION SPRINGS II	5350 WEST 61ST PLACE MISSION, KS 66205

(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 re-survey conducted at the above named assisted living facility on 2/15/17, 2/16/17 and 2/20/17.	S 000		
S3155 SS=E	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 51 residents. The sample included 3 residents. Based on record review, observation and interview for 2 (#215 and #217) sampled residents, requiring health care services, the operator 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. Findings included: - Record review for resident #215 recorded admission date of 7/5/16 and diagnoses of: B12	S3155		

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

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S3155	Continued From page 1 vitamin deficiency, Coronary Artery Disease, hypertension, (GERD) Gastroesophogeal reflux disease, hyperlipidemias, hypothyroidism, macular degeneration, anemia, osteoporosis and atrial fibrillation. Functional capacity screen (FCS) dated 1/31/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and unable to perform management of medications and treatments. Negotiated service agreement/ Health care service plan (NSA/HCSP) dated 2/1/17 recorded staff to assistance with bathing, dressing, toileting, transfer, walk/mobility, staff to perform management of medications and treatments. Observation on 2/15/17 at 4:12pm in resident ' s room revealed 2 metal half rails attached to head of the bed. Resident stated he/she used them to help turn in bed. Interview on 2/16/17 at 10:00am with licensed nurse #B confirmed HCSP lacked entry for use of side rails. Record review for resident #217 with admission date of 2/13/15 and diagnoses of: dementia, hypertension, chronic constipation, GERD, anxiety and depression. FCS dated 1/6/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility, and unable to perform management of medications and treatments. Resident has problems with short term memory, memory/recall and decision making. NSA/HCSP dated 1/6/17 recorded facility staff to	S3155		

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S3155	Continued From page 2 assist resident with bathing, dressing, toileting, transfer, walk/mobility, management of medications. Observation on 2/15/17 at 5:10pm in resident ' s room revealed 2 metal half rails attached to the head of the bed in the up position. Interview on 2/16/17 at 9:23am with licensed nurse #B confirmed resident uses the side rails for bed mobility and the HCSP lacked entry for use of side rails. He/she also confirmed facility does not do assessments prior to placement of side rails for resident need/ability to use and does not have a program for safety checks of side rails. For residents #215 and #216 who required health care services, the operator 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=E	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 51 residents.	S3165		

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S3165	Continued From page 3 The sample included 3 residents. Based on record review and interview, the operator 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 (#215, #216 and #217) who required health care services. Findings included: - Record review for resident #215 recorded admission date of 7/5/16 and diagnoses of: B12 vitamin deficiency, Coronary Artery Disease, hypertension, (GERD) Gastroesophogeal reflux disease, hyperlipidemias, hypothyroidism, macular degeneration, anemia, osteoporosis and atrial fibrillation. Functional capacity screen (FCS) dated 1/31/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and unable to perform management of medications and treatments. Negotiated service agreement/ Health care service plan (NSA/HCSP) dated 2/1/17 recorded staff to assistance with bathing, dressing, toileting, transfer, walk/mobility, staff to perform management of medications and treatments and " The RNC (resident care coordinator) will monitor health, cognition and function and provide referrals and interventions as indicated. " Record review for resident #216 recorded admission date of 2/7/17 with diagnoses including: Transient ischemic attacks (TIA),	S3165		

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S3165	Continued From page 4	S3165		

cerebrovascular accident, hyperlipidemia, GERD, history of fracture of humerus, depression, hypotension and hypertension.

FCS dated 2/7/17 recorded resident required assistance with bathing, dressing, toileting, transfer and walk, mobility.

NSA/HCSP dated 2/7/17 recorded staff to assist resident with bathing, dressing, toileting, transfer and walk, mobility and RNC (licensed nurse #B) will coordinate all needs from outside services.

Record review for resident #217 with admission date of 2/13/15 and diagnoses of: dementia, hypertension, chronic constipation, GERD, anxiety and depression.

FCS dated 1/6/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility, and unable to perform management of medications and treatments.

NSA/HCSP dated 1/6/17 recorded facility staff to assist resident with bathing, dressing, toileting, transfer, walk/mobility, management of medications and " The RNC will monitor health, cognition and function and provide referrals and interventions as indicated.

All 3 NSAs lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.

For residents #215, #216 and #217, residents who required health care services, the operator failed to ensure the NSA contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.

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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 facility reported a census of 51 residents. The sample included 3 residents and 4 focus review residents. Based on record review, observation and interview for 2 sampled residents (#215 and #217) and 4 focus review residents (#218, #219, #220 and #221), the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer ' s recommendations.	S3200		

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S3200	Continued From page 6 Findings included: - On 2/15/17 at 10:40am during facility tour of medication room, observed in the medication refrigerator a basket filled with insulin pens in plastic baggies. The following insulin pens were open: Levemir Flexpen for resident #218, open dated 1/25/17. Lantus Solostar 100Uml pen for resident #219, no open date. Lantus solostar pen for resident #220, no open date. Levemir flexpen for resident #221, open dated 1/25/17 Novolog flexpen for resident #221 open dated 1/31/17. Residents #218, #219, #220 and #221 are listed on the facility ' s current resident roster as receiving insulin injections. Interview on 2/15/17 at 10:40am with licensed nurse #C when told open insulin pens should not be stored in the refrigerator, he/she stated, " That ' s what I always thought. " He/she confirmed the open insulin pens were stored in the refrigerator and that staff administered the medications to the residents. Website www.consumermedsafety.org <http://www.consumermedsafety.org> regarding insulin pen storage, recorded: once used for the first time, insulin pens should not be stored in the refrigerator. Instead they should be stored at controlled room temperature. The number of	S3200		

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S3200	Continued From page 7 days you can use the pen will depend on which pen you use. On 2/15/17 at 10:40am during facility tour of medication room, observed in the medication refrigerator an opened vial of Aliposol (Tuberculosis skin testing solution), no open date recorded, pharmacy fill date of 3/23/16, and manufacturer expiration date of 4/17. Interview on 2/15/17 at 10:40am with licensed nurse #C stated he/she did not know when vial was opened. Facility licensed nurses failed to properly store and label medications. Record review for resident #215 with admission date of 7/5/16 and diagnoses of: B12 vitamin deficiency, Coronary Artery Disease, hypertension, (GERD) Gastroesophogeal reflux disease, hyperlipidemias, hypothyroidism, macular degeneration, anemia, osteoporosis and atrial fibrillation. Functional capacity screen (FCS) dated 1/31/17 recorded resident unable to perform management of medications. Negotiated service agreement/ Health care service plan (NSA/HCSP) dated 2/1/17 recorded staff to administer medications. Physician ' s telephone order dated 2/10/17 and signed by licensed nurse #B, recorded doxycycline (antibiotic) 100mg (milligrams) po (by mouth) BID (twice a day) for 10 days for wound infection and possible UTI (urinary tract infection) Observation of the resident ' s medications	S3200		

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S3200	Continued From page 8	S3200		

revealed 2 medication punch cards for Doxycycline 100mg for resident with 11 doses punched out.

Resident ' s MAR (medication administration record) for February 2017 lacked record of medication or administration of medication by staff.

Interview on 2/16/17 at 10:00am with licensed staff #B confirmed he/she recorded the order and staff did not chart as administered.

For resident #215 the licensed nurse failed to record update the MAR with a new medication and staff failed to ensure medications were administered according to standards of practice when they administered a medication not list on the MAR, failed to notify the nurse and failed to document administration of a medication.

Record review for resident #217 with admission date of 2/13/15 and diagnoses of: dementia, hypertension, chronic constipation, GERD, anxiety and depression.

FCS dated 1/6/17 recorded resident in unable to perform management of medications.

NSA/HCSP dated 1/6/17 recorded facility staff to administer all medications.

Most current signed physician ' s orders dated November 1, 2016 recorded the following medications not recorded on resident ' s current February 2017 MAR:

Esomepra Magnesium (stomach acid) CAPS (capsules) 40mg DR (delayed release) take one capsule by mouth every day before breakfast.

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S3200	Continued From page 9	S3200		

Preparation H Suppository (hemorrhoids), unwrap and insert 1 suppository rectally every night at bedtime with lubrication.
Valsartan (high blood pressure) tab (tablet) 160mg take one tablet by mouth every day.
Vitamin B12 1000mcg (microgram) take two tablets every day.
Biofreeze Gel (muscle pain) apply to bilateral (both) knees twice daily as needed.
Cetaphil lotions (dry skin) apply to abdominal fold twice daily until healed.
Proctosol HC creams (hemorrhoids) 2.5 percent apply to hemorrhoids twice daily as needed.

Resident ' s February 2017 MAR recorded the following medications as given by staff, not listed on resident ' s most current physician ' s orders:

Ferrous sulfate (iron) tab 325 mg EC (enteric coated) take one tablet by mouth every day.
Metoprolol tartrates (blood pressure) 25mg take one tablet by mouth every day for high blood pressure.
Nystatin powder 10,000 unit/gm (gram) powder (fungal) apply to affected areas three times a day.
Preparation H creams (hemorrhoids) apply rectally twice daily.
Lorazepam (anxiety) 1mg take one tablet by mouth every six hours as needed for severe agitation.

Review of facility policy #71200 medication storage recorded: the medications shall be labeled and maintained in compliance with label instructions, as well as state and federal laws.

For residents #215, #217, #218, #219, #220 and #221, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written

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S3200	Continued From page 10 order, professional standards of practice and each manufacturer ' s recommendations.	S3200		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 51 residents. The sample included 3 residents. Based on record review and interview for 3sampled residents (#215, #216 and #217), the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident #215 recorded admission date of 7/5/16 and diagnoses of: B12 vitamin deficiency, Coronary Artery Disease, hypertension, (GERD) Gastroesophogeal reflux disease, hyperlipidemias, hypothyroidism,	S3261		

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S3261	Continued From page 11	S3261		

macular degeneration, anemia, osteoporosis and atrial fibrillation.

Functional capacity screen (FCS) dated 1/31/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and unable to perform management of medications and treatments.

Negotiated service agreement/ Health care service plan (NSA/HCSP) dated 2/1/17 recorded staff to assistance with bathing, dressing, toileting, transfer, walk/mobility, staff to perform management of medications and treatments.

Review of resident progress notes (nursing notes) dated 7/5/16 to 2/16/17, revealed the following dated entries lacked record of the time of the entries: 7/5/16, 7/13/16, 9/13/16, 10/6/16, 11/7/16, 11/23/16, 2/1/17 and 2/16/17.

Interview on 2/16/17 at 10:00am with licensed nurse #B confirmed nursing notes lacked times of entry.

Record review for resident #216 recorded admission date of 2/7/17 with diagnoses including: Transient ischemic attacks (TIA), cerebrovascular accident, hyperlipidemia, GERD, history of fracture of humerus, depression, hypotension and hypertension.

FCS dated 2/7/17 recorded resident required assistance with bathing, dressing, toileting, transfer and walk, mobility.

NSA/HCSP dated 2/7/17 recorded staff to assist

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S3261	Continued From page 12 resident with bathing, dressing, toileting, transfer and walk, mobility. Review of resident progress notes (nursing notes) dated 2/7/15 (year incorrect, resident admission date 2/7/17), note lacked time of entry. " Resident admitted to [facility name] ..... " Interview on 2/16/17 at 9:45am with licensed nurse #B confirmed nursing notes lacked times of entry. Record review for resident #217 with admission date of 2/13/15 and diagnoses of: dementia, hypertension, chronic constipation, GERD, anxiety and depression. FCS dated 1/6/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility, and unable to perform management of medications and treatments. Resident has problems with short term memory, memory recall and decision making. NSA/HCSP dated 1/6/17 recorded facility staff to assist resident with bathing, dressing, toileting, transfer, walk/mobility, management of medications. Review of resident progress notes (nursing notes) dated 9/15/15 to 1/6/17 revealed the following dated entries lacked record of the time of the entries: 9/15/15, 6/17/16, 6/17/16, 6/17/16, 8/9/16 12/6/16 and 1/6/17.	S3261		

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S3261	Continued From page 13 Physician communication sheet (fax) dated 2/7/17 recorded resident had a fall with injury/ abrasion to right elbow. Record lacked entry for fall, including date, time, the events of the fall, resident condition/assessment, physician notification, family notification and follow up of resident condition after the fall. Interview on 2/16/17 at 9:23am with licensed nurse #B confirmed nursing notes lacked times of entries and lacked record of 2/7/17 fall. For residents #215, #216 and #217, the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S3261		