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	N001006	A. BUILDING: _____ B. WING _____	03/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYSTONE RESIDENTIAL CARE	2620 N KENTUCKY STREET IOLA, KS 66749

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named residential health care facility conducted on 3-6-17 and 3-7-17.	S 000		
S3155 SS=D	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 24 residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#255) of 3 sampled residents, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of the resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #255 revealed admission on 1-3-17 with diagnoses Hypertension, Hyperlipidemia, Dementia, Gastroesophageal Reflux Disease, and Atrial-Fibrillation.	S3155		

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

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S3155	Continued From page 1 The Functional Capacity Screen (FCS) dated 1-3-17 recorded resident required physical assistance with bathing, dressing and toileting; supervision with transfers, walking/mobility and eating; and unable to perform management of medications/treatments. Occasionally incontinent of urine. Cognition: problems with short term memory, memory/recall and decision-making. Current problems identified included falls, impaired vision, impaired hearing and impaired decision-making. The Negotiated Service Agreement (NSA) signed on 1-3-17 recorded services for staff assist as follows: Toileting: 1 assist with walker to bathroom. Frequency: daily and as needed. Assist with cleaning as needed. Transfers and Mobility: assist with walker when needed. Ambulates independently at times. Frequency: as needed. Fall Risk: Resident is at risk for falls. Report any gait changes. The NSA lacked documentation of interventions to address resident's fall risk and actual impaired skin. Observation of resident on 3-7-17 at 11:15 am revealed resident #255 sitting in chair in room with roller walker in front of him/her. Alert with mild confusion as to time (stated "I've been out here a long time" when asked how long has lived at facility). Oriented to self. Resident is aware of living in a nice place but does not know where he/she is or how long here. 1-4-17 (no time documented): "Resident arrived to facility via private vehicle on 1-3-17...Skin is	S3155		

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S3155	Continued From page 2	S3155		

warm/dry not intact due to Stage II ulcer to coccyx. Covered with polymem and secured with tape. No drainage noted." Signed by Administrative Nurse A.

1-10-17 at 6:30 am: "Resident rolled out of bed and crawled over to door...." Signed by Certified Staff D
1-11-17 at 11:00 am: "Staff observed resident on hands and knees in doorway to his/her room on 1-10-17 at 6:30 am. Resident stated he/she rolled out of bed and crawled over to door..." Signed by Administrative Nurse A.
1-13-17 at 10:30 pm: " Heard a noise, upon investigating the source of the noise, opened resident's door and in the bathroom I observed the resident laying on right side in front of toilet ...Skin tear on right elbow. Resident stated I slipped and fell down going to bathroom ..." Signed by Certified Staff E.
2-8-17 "7:00 am: Went to see if resident was ready for breakfast and resident was sitting on floor..." Signed by Certified Staff D.
2-27-17 at 2:15 am: "Came out of another resident ' s room and observed this resident sitting on floor in his/her bedroom doorway ...Resident stated that he/she was going to the bathroom, fell down and hit the back of his/her head on the floor. He/She has a bump and scrape on the lower back of his/her head..." Signed by Certified Staff E.

Interview on 3-6-17 at 4:30 pm with Administrative Nurse A confirmed the NSA/HCSP lacked documentation of interventions to address resident's fall risk, interventions to address resident's actual skin impairment. Further confirmed he/she failed to document a root cause analysis in an effort to address the cause of the falls and reduce the frequency. Regarding

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S3155	Continued From page 3 resident ' s Stage II ulcer to coccyx, stated he/she had contacted resident ' s physician for a protein/albumin level to be drawn because "it wasn't healing". Confirmed the NSA/HCSP lacked instructions to certified staff regarding increased toileting frequency and positioning to encourage healing. For resident #255, the operator failed to ensure the licensed nurse provided or coordinated the provision of health care services to address resident's fall risk and actual skin impairment.	S3155		
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 facility reported a census of 24 residents and one day care resident. The sample included 3 residents. Based on observation and interview,	S3211		

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S3211	Continued From page 4 the licensed nurse failed to ensure over the counter medications shall be labeled with the resident's full name. Findings included: - Observation of medication room during tour on 3-6-17 at 2:10 pm revealed a cabinet labeled "Staff Stock" with the following medications labeled as "stock": 1 open bottle of Fiber Therapy tablets (laxative). 3 open bottles of Milk of Magnesia (laxative). 1 open bottle of Miralax powder (laxative). 1 open bottle of Mintox (antacid). 1 open bottle of antacid tablets (almost empty). 1 prescription bottle of acetaminophen 325 mg (milligrams) labeled House Stock. 1 opened bottle of multiple vitamins (almost empty). 1 opened tube of Voltaren Gel (prescription label torn off). All medications lacked a resident's name. Interview on 3-6-17 at 2:10 pm with Administrative Nurse A and Certified Staff C confirmed the containers of over the counter medications lacked resident names and stated the medications were not used by staff except for the acetaminophen. The licensed nurse failed to ensure all over the counter medications were labeled with the resident's full name.	S3211		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and	S3215		

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S3215	Continued From page 5 biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 24 residents. The sample included 3 residents. Based on observation and interview for 1 (#256) of 3	S3215		

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S3215	Continued From page 6	S3215		

sampled residents, and all residents requiring tuberculosis skin testing, the administrator failed to ensure licensed nurses and medication aides stored all medications and biologicals in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations.

Findings included:

- Observation during tour on 3-6-17 at 2:10 pm of refrigerator in medication room with 1 opened bottles of TB (tuberculosis) skin testing solution documented as opened on 1-12-17.

Manufacturer ' s package insert states: "Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency."

Interview on 3-6-17 at 3:30 pm with Administrative Nurse A stated the solution was last used when resident #254 was admitted on 2-23-17. Confirmed this was after the manufacturer's recommendation to discard the solution 30 days after rubber stopper is punctured. Vial removed and discarded by Administrative Nurse A.

For all residents requiring TB skin testing, the operator failed to ensure licensed nurses and medication aides stored TB skin testing solution in accordance with the manufacturer ' s recommendations by discarding after 30 days.

- Observation of the refrigerator revealed it also contained two open "in-use" Levemir insulin pens for Resident #256. The pens lacked

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S3215	Continued From page 7 documentation of dated opened. - Record review for resident #256 revealed admission to facility on 11-13-15 with diagnoses of Type 2 Diabetes Mellitus. The Functional Capacity Screen dated 11-13-16 recorded resident required physical assistance for management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan dated 11-13-16 stated " Staff will provide physician ordered medications. Resident will self-administer (inject) some medications: insulin. " Manufacturer ' s instructions for storage and handling of Levemir FlexTouch insulin pens: After initial use, the Levemir FlexTouch must NOT be stored in a refrigerator and must NOT be stored with the needle in place." "In-use (opened) pen: Do not refrigerate. " Interview on 3-6-17 at 2:20 p.m. with Administrative Nurse A and Certified Staff C confirmed the opened insulin pens should not be stored in the refrigerator per manufacturer's recommendations and removed the pens from the refrigerator. For resident #256, the administrator failed to ensure licensed nurses and medication aides stored Levemir insulin pens in accordance with the manufacturer ' s recommendations.	S3215		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions.	S3299		

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S3299	Continued From page 8 (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 24 residents. The sample included 3 residents. Based on observation and interview for all residents, the operator failed to ensure facility staff shall store all food under safe and sanitary conditions. Findings included: - Observation of kitchen during entrance tour on 3-6-17 at 11:55 a.m. revealed the following: Homestyle Refrigerator/Freezer with moderate amount of spilled orange juice inside from top to bottom. One bottle of Thousand Island Salad Dressing with "Use by" date 2-2-17. Bowl with unidentified cooked meat lacked label stating what it was and date prepared. In freezer portion: medium sized Ziploc bag of white substance the dietary supervision identified as "Fish Fry" lacked label stating what it was and date prepared. One plastic container of Italian Marinade with use by date 4-4-16. Upper cabinet contained an uncovered bowl with remnants of a brown powdery substance, two open bags of potato chips and two open rolls of crackers (no longer in box) which lacked the date when opened. The bottom of the cabinet was	S3299		

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S3299	Continued From page 9 covered with spilled powdery substance and cereal. A plate sitting on top of the toaster contained several strips of bacon and two sausages. Another upper cabinet contained unorganized jars of spices, some spilled and some with tops open. Drawers contained powdery sticky spilled food debris with open packages of drink mix. Microwave on counter with dried on food debris. Interview on 3-6-17 at 11:55 am and ongoing during kitchen tour with operator, confirmed the above unlabeled food items and removed them. For all residents receiving dietary services, the operator failed to ensure facility staff stored all food under safe and sanitary conditions.	S3299		