STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008009	A. BUILDING: _____ B. WING _____	08/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PLACE OF ELDORADO	1650 EAST 12TH AVE EL DORADO, KS 67042

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigations 87236 and 88672 for the above named residential health care facility conducted on 8-11-15, 8-12-15, 8-13-15, 8-19-15 and 8-20-15.	S 000		
S3130 SS=D	26-41-203 (d) Special Care Services (d) Special care. Any administrator or operator of an assisted living facility or residential health care facility may choose to serve residents who do not exceed the facility ' s admission and retention criteria and who have special needs in a special care section of the facility or the entire facility, if the administrator or operator ensures that all of the following conditions are met: (1) Written policies and procedures are developed and are implemented for the operation of the special care section or facility. (2) Admission and discharge criteria are in effect that identify the diagnosis, behavior, or specific clinical needs of the residents to be served. The medical diagnosis, medical care provider ' s progress notes, or both shall justify admission to the special care section or the facility. (3) A written order from a medical care provider is obtained for admission. (4) The functional capacity screening indicates that the resident would benefit from the services and programs offered by the special care section or facility. (5) Before the resident ' s admission to the special care section or facility, the resident or resident's legal representative is informed, in writing, of the available services and programs that are specific to the needs of the resident. (6) Direct care staff are present in the special care section or facility at all times.	S3130		

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

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S3130	Continued From page 1 (7) Before assignment to the special care section or facility, each staff member is provided with a training program related to specific needs of the residents to be served, and evidence of completion of the training is maintained in the employee's personnel records. (8) Living, dining, activity, and recreational areas are provided within the special care section, except when residents are able to access living, dining, activity, and recreational areas in another section of the facility. (9) The control of exits in the special care section is the least restrictive possible for the residents in that section. This REQUIREMENT is not met as evidenced by: KAR 26-41-203(d)(3)(5) The facility reported a census of 40 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 1 (#324) of 3 residents, the operator failed to ensure that before resident #324's admission to the special care section of the facility: a written order from a medical care provider was obtained for admission; and the resident's legal representatives were informed, in writing, of the available services and programs that were specific to the needs of resident #324. Findings included: - Observation during tour of the facility accompanied by administrative nurse A on 8-11-15 at 5:30 pm revealed a locked unit designated as a special care unit. Doors to unit with keypadded entry which required code to go in and out. Administrative nurse A confirmed the	S3130		

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S3130	Continued From page 2	S3130		

census of unit 8 residents per the resident roster.

- Record review for resident #324 revealed admission on 5-12-15 with diagnoses Type 2 Diabetes Mellitus, Hypertension, Hyperlipidemia, Senile Dementia, and Chronic Kidney Disease Stage 3.

The functional capacity screen dated 5-12-15 recorded resident required physical assistance with bathing and management of treatments; independent with dressing, toileting, transfers, waling/mobility and eating; and unable to perform management of medications. Usually continent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. No problem with communication. Current problems/risks identified included impaired decision-making.

The negotiated service agreement/health care service plan (NSA/HCSP) dated 5-12-15 recorded services for facility staff to administer medications, and provide physical assistance with bathing twice a week.

Nurse's Notes:
5-12-15 at 3:00 pm: "Admit to facility, alert with periods of confusion. Ambulates independently ...states will need help with bathing. Able to make needs known, family accompanied resident." Signed by administrative nurse A.
5-13-15 at 4:00 pm: " Resident out to meals, ambulates independently, states he/she is not getting fed. Staff visually watched (resident) eat. Given another plate. " Signed by administrative nurse A.
5-14-15 at 3:00 pm: " Denies any concerns. Continues to have trouble remembering he/she ate. " Signed by administrative nurse A.

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S3130	Continued From page 3 (Note: resident was admitted to hospital on 6-1-15 for observation and returned to facility on 6-2-15.) 6-5-15 (no time documented): "Out of building to see (physician) for follow up of hospital visit. New order Ativan and increased Lantus to 13 units at bedtime. Resident at times unable to feed self. Family will come at meals for help with feeding. Family states (physician) believes this to be behavioral." Signed by administrative nurse A. 6-8-15 at 11:00 am: "Continues to take Ativan ...resident has difficulty with memory, remembering if he/she ate, where his/her room is and that it is time to get up from table after eating. Family aware." Signed by administrative nurse A. 6-26-15 at 10:00 am: "Resident moved to memory care unit. Followed a staff member outside. Confused and aggressive at times. Dr./family notified. After meeting with family, agreed to move to unit. Rent increased." Signed by administrative nurse A. The record lacked a medical care provider's written order to transfer resident #324 to the special care unit. Interview on 8-12-15 at 4:33 pm with administrative nurse A confirmed resident #324 was moved to the memory care unit on 6-26-15. Further confirmed nothing in writing was provided to the family regarding the programs and services available on the special care unit specific to the needs of resident #324; and that there was no physician's order to transfer the resident to the special care unit. For resident #324, the operator failed to ensure that before resident #324's admission to the special care section of the facility: a written order	S3130		

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S3130	Continued From page 4 from a medical care provider was obtained for admission; and the resident's legal representative was informed, in writing, of the available services and programs that were specific to the needs of resident #324.	S3130		
S3166 SS=F	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(e) The facility reported a census of 40 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 1 (#324) of 1 sampled residents receiving blood glucose monitoring (accuchecks) and insulin, nursing procedures not included in the medication aide curriculum, the operator failed to ensure a licensed nurse delegated the procedure to certified medication aides (CMAs) under the Kansas Nurse Practice Act, K.S.A. 65-1124 and amendments thereto. Findings included: - Personnel record review for 2 certified medication aides on 8-12-15 at 3:25 pm with	S3166		

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S3166	Continued From page 5	S3166		

operator revealed the records lacked documentation of blood glucose monitoring and use of insulin pen competency.

- Record review for resident #324 revealed admission on 5-12-15 with diagnoses Type 2 Diabetes Mellitus, Hypertension, Hyperlipidemia, Senile Dementia, and Chronic Kidney Disease Stage 3.

The functional capacity screen dated 5-12-15 recorded resident unable to perform management of medications and required physical assistance with treatments.

The negotiated service agreement/health care service plan (NSA/HCSP) dated 5-12-15 recorded services for facility staff to administer medications. (The NSA/HCSP lacked documentation of who is responsible for blood glucose monitoring, certified staff to prepare and dial the insulin pen for the resident and resident to inject own insulin.)

Review of resident's Medication Administration Record (MAR) for August 2015 revealed documentation of administration of Lantus insulin 18 units at bedtime nightly by certified medication aides and blood glucose readings recorded by certified medication aides (CMAs).

Review of facility policy for "Delegation of Nursing Procedures" provided by operator on 8-13-15 stated: "All nursing procedures including, but not limited to administration of medication, developed by a licensed nurse to designated unlicensed persons shall be supervised. The licensed nurse shall determine the degree of supervision required after an assessment of appropriate factors. Staff

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S3166	Continued From page 6 requirements...Medications shall be administered by licensed nurses or certified medication aides under supervision of a licensed nurse. A licensed nurse must provide supervision of unlicensed staff who perform nursing procedures onsite or through delegation at nursing tasks. There must be evidence that nurse aides are competent to perform the nursing procedures through training and periodic onsite supervision by the licensed nurse responsible for the delegation in accordance with the Kansas Nurse Practice Act. In-services will be provided for ongoing employee evaluation and needed updated training. The facility's licensed professional nurse responsible for the nursing plan shall provide on-site supervision of the delivery of personal care. Interviews on 8-12-15 at 9:45 am and 8-12-15 at 4:15 pm with administrative nurse A identified 3 residents who were receiving blood glucose monitoring and insulin injections. Administrative nurse A confirmed he/she did not document competency for the CMAs and staff records lacked documentation of competency checklists for each CMA performing blood glucose monitoring and preparing insulin pens. For all residents receiving blood glucose monitoring and/or insulin injections, the licensed nurse failed to appropriately delegate nursing procedures/tasks to CMAs under the Kansas Nurse Practice Act K.S.A. 65-1124 related to the performance of blood glucose monitoring with the use of glucometers for resident #137 and all residents receiving blood glucose monitoring.	S3166		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications	S3200		

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S3200	Continued From page 7 (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 40 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 1 (#324) of 1 sampled resident who self-injected insulin, the operator failed to ensure insulin was administered in accordance with professional standards of practice when the licensed nurse failed to perform an assessment and determine that the resident could safely self inject insulin. Findings included: - Record review for resident #324 revealed admission on 5-12-15 with diagnoses Type 2 Diabetes Mellitus, Hypertension, Hyperlipidemia,	S3200		

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S3200	Continued From page 8 Senile Dementia, and Chronic Kidney Disease Stage 3. The functional capacity screen dated 5-12-15 recorded resident unable to perform management of medications and required physical assistance with treatments. The negotiated service agreement/health care service plan (NSA/HCSP) dated 5-12-15 recorded services for facility staff to administer medications. (The NSA/HCSP lacked documentation of who is responsible for blood glucose monitoring and certified staff to dial the insulin pen for the resident and resident to inject own insulin.) Review of resident's Medication Administration Record (MAR) for August 2015 revealed documentation of administration of Lantus insulin 18 units at bedtime nightly by certified medication aides. Interview on 8-12-15 at 4:33 pm with administrative nurse A stated resident self-injected insulin with a pen prepared by certified medication aides; confirmed the record lacked documentation of an assessment to determine resident's ability to self-inject insulin with an insulin pen initially before the resident began self injecting. For resident #324, the operator failed to ensure a licensed nurse performed an assessment and determined that the resident could safely self inject insulin with an insulin pen initially before resident began self injections.	S3200		

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S3215	Continued From page 9	S3215		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and 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)(1)	S3215		

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S3215	Continued From page 10 The facility reported a census of 40 residents. The sample included 3 residents and 2 focus review residents. Based on observation and interview, the operator failed to ensure that all medications and 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. 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. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. Findings included: - Confidential interview on 8-13-15 revealed staff talking about putting medications in the microwave in the laundry room. - Observation on 8-13-15 at 12:10 pm accompanied by certified staff L of laundry room microwave revealed a trashbag with the following medications: Ibuprofen 200 mg (milligrams) filled 6-17-15 open bottle of 500 tabs (tablets); Antacid liquid filled 3-14-15 opened bottle; Acetaminophen 325 mg filled 7-14-15 opened bottle; Diabetic Tussin filled 3-18-15 unopened bottle; Diabetic Tussin filled 3-18-15 opened bottle of approximately 1/4 bottle; Milk of Magnesia filled 7-6-15 opened bottle; Antidiarrheal 2 mg tabs opened bottle approximately 35 tabs; Q-Tussin DM cough syrup filled 3-13-15 opened on 8-7-15;	S3215		

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S3215	Continued From page 11	S3215		

Cough drops filled 3-6-15, opened bag of approximately 25 drops;
Acetaminophen 500 mg bottle of 1000 tabs filled 7-15-15 marked as opened on 7-18-15;
Diphenhydramine capsules 25 mg filled 7-14-15, 32 capsules;
Pradaxa 75 mg capsules filled 12-24-14, 63 capsules for current resident #603.

Observations of laundry room on 8-11-15 and 8-12-15 during survey process revealed laundry room door to be unlocked and open with staff coming and going. On 8-13-15, the door was locked. Certified staff L stated keys to the laundry room were kept on a table in the hallway next to the medication cart and accessible to all staff including visitors. The housekeeper had a key to the laundry room and was observed unlocking door and going in and out. The microwave was sitting on the counter.

Facility policy for "Medication Storage in the Facility" stated: "Medication and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel or staff members lawfully authorized to administer medications." Procedures included: "2. Only licensed nurses, the consultant pharmacist and those lawfully authorized to administer medications are allowed access to medications. Medication rooms, carts and medication supplies are locked or attended by persons with authorized access."

Interview on 8-13-15 at 12:10 pm with administrative nurse A stated, "I knew we had ibuprofen in there because we were taking it out of the building. I forgot about it. Someone told us

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S3215	Continued From page 12 they put ibuprofen in the microwave because I told them we were going to have to dispose of it...I forgot he/she told me that." Also stated he/she did not know the microwave was not in a cabinet. Unable to state why staff placed medications in the laundry room instead of medication room with his/her knowledge and why staff was not redirected to place all medications in the medication room for return or destruction per facility policy. Interview on 8-13-15 at 12:10 pm with operator stated, "I knew there was ibuprofen in the microwave, I did not know there was anything else." Confirmed facility lacked a policy for management of facility keys (who has access to keys). The operator failed to ensure that all medications and biologicals were securely and properly stored in accordance with federal and state laws and regulations. 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. Only licensed nurses and medication aides shall have access to the stored medications and biologicals.	S3215		
S3216 SS=F	26-41-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and	S3216		

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S3216	Continued From page 13 biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(i) The facility reported a census of 45 residents. The sample included 3 residents, 2 focus review residents. Based on observation and interview, for 2 (#111, #578) of 3 sampled residents; 7 (#600, #601, #602, #603, #604, #605) non-sampled residents; and 6 (#606, #607, #608, #609, #610, #611, #612) discharged or deceased residents, the operator failed to ensure licensed nurses and medication aides maintained records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. Findings included: - Observation of a double locked cabinet inside of locked medication room on 8-11-15 at 5:00 pm accompanied by administrative nurse A, revealed	S3216		

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VINTAGE PLACE OF ELDORADO	1650 EAST 12TH AVE EL DORADO, KS 67042

(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
S3216	Continued From page 14 the following narcotics: Resident #111: Hydrocodone 5/325 mg (milligrams) filled 6-4-14: 13 30 tabs (tablets). Resident #578: Lorazepam 0.5 mg filled 1-29-15, 20 tabs; Ambien 5 mg filed 5-13-15, 1 tab; Clonazepam 0.5 mg filled 7-16-15, 20 tabs; Norco 7.5/325 mg filled 8-7-15, 32 tabs; Hydrocodone 7.5/325 mg filled 7-29-15, 2 tabs; Dilaudid 2 mg filled 8-4-15, 2 cards with total of 120 tabs; Dilaudid 2 mg filled 7-20-15, 4 tabs. Current resident #600: Tramadol 50 mg filled 7-2-14, 30 tabs; Tramadol 50 mg filled 7-2-14, 20 tabs. Current resident #601: Clonazepam 1 mg filled 6-18-15, 1 tab; Clonazepam 1 mg filled 7-22-15, 32 tabs; Clonazepam 1 mg filled 7-21-15, 31 tabs. Current resident #602: Hydrocodone 7.5/325 mg filled 7-18-15, 9 tabs; Vicoprofen 7.5 mg filled 6-3-15, 4 tabs; Vicoprofen 7.5 mg filled 6-3-15, 30 tabs; Vicoprofen 7.5 mg filled 6-27-15, two cards of 30 tabs. Current resident #603: Ambien filled 4-30-15, 14 tabs; Hydrocodone filled 11-24-14, 26 tabs; Hydrocodone filled 12-16-14, four cards of 30 tabs each. Current resident #604: Lorazepam filled 1-31-14, 28 tabs; Comfort Kit filled 7-8-14 with note on box stating " opened 8-8-14 " " Roxanol and Ativan Removed " Atropine Sulfate Ophthalmic Solution 5 ml bottle unopened; Bisacodyl 10 mg supp (suppositories), 2 suppositories; Compazine 25 mg sup, 2 supp; Haloperidol 15 ml bottle; Lorazepam 0.5 mg, 12 tabs; Compazine 10 mg, 6 tabs; Morphine Sulfate 20 mg/ml, 15 ml. Current resident #605: Hydrocodone 7.5/325 mg filled 8-16-14, 17 tabs.	S3216		

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S3216	Continued From page 15 Resident #606 (who died 3-18-15): Tramadol 50 mg filled 1-16-15, 32 tabs; Tramadol 50 mg filled 12-4-14, 12 tabs; Lorazepam 0.5 mg filled 1-16-15, 1 tab; Roxanol bottle with 21.25 ml. Resident #607 (who moved 5-23-15): Tramadol 50 mg filled 4-21-15, 2 cards, 8 tabs and 20 tabs. Resident #608 (who discharged 5-28-15): Ativan 0.5 mg filled 5-21-15, 27 tabs. Resident #609 (who died 9-30-14): Comfort kit filled 8-25-14 with Acetaminophen 650 mg supp, 5 supps; Lorazepam 0.5 mg, 12 tabs; Compazine 10 mg, 6 tabs; Bisacodyl 10 mg supps, 2 supp; Compazine 25 mg supp, 2 supps. Resident #610 (who died 9-10-14): comfort kit filled 5-18-14 scopolamine 2.5 ml; acetaminophen suppositories, 3 supps; promethazine 25 mg/0.1 ml gel in 2 syringes with 0.05 ml and 0.35 ml. Resident #611 (who died 9-29-14): comfort kit filled 5-8-14, written on box "Roxanol removed on 6-25-14" "Lorazepam removed 5-24-14" medications left in box: Compazine 25 mg sup, 2 supp; acetaminophen 650 mg sup, 5 supp; Bisacodyl 10 mg sup, 2 supp; haloperidol 2 mg/ml, 15 ml. Resident #612 (who discharged the end of March, 2015): Tramadol 50 mg filled 3-24-15, 60 tabs. Interview on 8-13-15 at 5:05 pm with administrative nurse A stated he/she did not know what medications the locked cabinet contained as all count sheets were wrapped around the	S3216		

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S3216	Continued From page 16	S3216		

narcotics and other medications were not listed. Confirmed medication destruction forms were filled out at the time medications were destroyed, until then, does not know what medications are in the cabinet or whether any medications have been removed. Confirmed unable to accurately reconcile medications, further confirmed the count was inaccurate on some medications.

Review of facility policy and procedure for "Controlled Medications - Disposal" on 8-13-15 and provided by operator stated: "Policy: Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling , storage, disposal and record keeping in the facility in accordance with federal and state laws and regulations. Procedure: 1. The professional nurse is responsible for the facility ' s compliance with federal and state laws and regulations in the handling of controlled medications. Only authorized licensed nursing, pharmacy personnel and Certified Medication Aides have access to controlled medications...3. Controlled medications remaining in the facility after a resident has been discharged, or the order discontinued, are disposed of either in the facility by the licensed clinician; by returning to the DEA or by retaining for destruction by an agent of the DEA, as directed by state laws, regulations and/or the DEA."

Review of facility policy and procedure for "Medication Destruction" on 8-13-15 and provided by operator stated: "Discontinued medications and medications left in the facility after a resident's discharge, if not qualifying for return to the pharmacy for credit, are destroyed. Procedure: 1. Ointments, creams and similar substances are placed in trash receptacles in the

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S3216	Continued From page 17 medication room. Tablets, capsules and liquids are washed down the toilet or hopper sink or disposed of in another acceptable manner. The provider pharmacy is contacted if the facility is unsure of proper disposal methods for medication. 2. Controlled substances are destroyed as detailed in the policy and procedures outlines elsewhere in this manual. 3. Medication destruction occurs only in the presence of two license nurses or one licensed nurse and a pharmacist or as required by state law. 4. The nurse or pharmacist witnessing the destruction ensures that at least the following information is entered on the medication disposition form or the Medication Administration Record (MAR) according to facility policy or state regulations (date of destruction, resident ' s name, name/strength of medication, prescription number, amount of medication destroyed, witness signatures, and name of pharmacy). 5. The Medication Disposition Form is kept on file in the facility for a time period designated by state regulations." The policies lacked current guidelines for proper destruction of medications, a procedure for documentation of what medications are being held for destruction, how the medications are to be secured and who will have access to them. The operator failed to ensure licensed nurses and medication aides maintained records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation.	S3216		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

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S3280	Continued From page 18 (d) Each administrator or operator shall ensure 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 26-41-104(d)(3) The facility reported a census of 40 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees. Findings included: - Review of the facility's emergency management plan on 8-12-15 at 10:30 am with maintenance staff C revealed the following: Review with staff on 1-30-15 of "Fire Safety, Maintenance and Weather Safety." Review with residents on 1-19-15 of "Alarms and	S3280		

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S3280	Continued From page 19 Fire Doors and Evacuation." "Disaster In-service" with all residents and staff on 4-30-15. Review of "Fire Safety" with staff on 3-11-15. "Disaster In-Service" review with residents, date not documented. "Fire Safety and Disaster In-service " with 3rd shift staff on 6-22-15. The facility lacked documentation of quarterly reviews of the Emergency Management Plan in 2014 and consistent quarterly review of the entire emergency management plan with all staff and residents in 2015. Observation on 8-11-15 at 4:18 pm of front entryway revealed a table with two framed notices for what to do in case of Fire or Tornado; and evacuation routes posted throughout building observed during tour. Interview on 8-12-15 at 10:30 am with maintenance staff C stated he/she reviewed the emergency plan with residents and staff, which included Fire and Tornado. Confirmed he/she did not review the rest of the plan and did not know where the facility's Emergency Management Plan was located. Stated the " Disaster In-service " includes tornado, fire and electrical outage. Confirmed the facility lacked documentation of quarterly reviews of the complete emergency management plan (fire, flood, severe weather, tornado, explosion, natural gas leak, lack of water service, and missing residents) with staff and residents. Interviews on 8-12-15 at 3:09 pm with certified staff E, certified staff F and housekeeping staff D stated they did not know where the emergency management plan was located. Certified staff G	S3280		

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S3280	Continued From page 20 found it in the laundry room. For all employees, the operator failed to ensure emergency preparedness by ensuring the entire emergency management plan was reviewed quarterly with employees and residents.	S3280		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 40 residents. The sample included 3 residents and 2 focus review residents. Based on observation, record review and interview for all residents, the operator failed to ensure food shall be prepared using safe	S3298		

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S3298	Continued From page 21	S3298		

methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.

Findings included:

- During tour of the kitchen on 8-11-15 at 4:30 pm with administrative nurse A and dietary staff B, surveyor requested food temperature logs.

Observation at 4:22 pm with administrative nurse A revealed dietary staff B in dining room putting fruit cocktail at all place settings and beverages already served. Observations of meal preparation revealed no food temperatures taken.

Interview with dietary staff B on 8-11-15 at 4:35 pm when asked for food temperature log stated "I don't have one. We used to keep them all the time, haven't seen it for a while." Confirmed the facility lacked documentation of food temperatures. Further stated he/she serves dinner on special care unit around 4:45 to 5:00 pm then comes back to assisted living to serve dinner. Confirmed the fruit cocktail will be sitting on the table for at least 30 min before meal is served. Confirmed he/she failed to serve the fruit cocktail at the proper temperature.

Facility "Dietary Services" policy stated the following:
"The assisted living shall provide or coordinate the provision of dietary services to residents as identified in the residents negotiated service agreement. Staffing: ...4. Foods shall be prepared by safe methods that conserve the nutrition value, flavor, appearance and shall be attractively served at the proper temperatures."
Though listed in the Table of Contents, the facility lacked documentation of a policy and procedure

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S3298	Continued From page 22 for "Food Preparation" and Food Temperatures" including safe temperature ranges. Interview on 8-13-15 at 2:13 pm with operator confirmed there were no further documentation of policies and procedures for dietary and the current policy failed to address food temperature monitoring and recording. For all residents, the facility dietary staff failed to ensure food was served at the proper temperature to prevent food borne illness by taking and recording temperature of food prior to serving.	S3298		
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)	S3310		

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S3310	Continued From page 23 The facility reported a census of 40 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 2 (#213, #324) of 3 sampled residents and 4 (certified staff H, I, J, K) of 5 personnel records, the administrator failed to 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. Findings included: - Record review for resident #213 revealed admission on 7-30-15 with diagnoses Anemia, Hypothyroidism, Congestive Heart Failure, Hepatosplenomegaly, Coronary Artery Disease, Anticoagulation Therapy Secondary to Prosthetic Valve, Depression, Hypertension, Gastroesophageal Reflux Disorder, and Inflammatory Bowel Disease. Administrative nurse A provided a copy of an undated "Tuberculosis Symptom Review Questionnaire" which was not in the resident's record with only administrative nurse A's signature (not signed as completed by resident or resident's legal representative) and lacked documentation of tuberculosis (TB) skin testing. - Record review for resident #324 revealed admission on 5-12-15 with diagnoses Type 2 Diabetes Mellitus, Hypertension, Hyperlipidemia, Senile Dementia, and Chronic Kidney Disease Stage 3. Administrative nurse A provided a copy of an undated "Tuberculosis Symptom Review Questionnaire" which was not in the resident's record with only administrative nurse A's signature (not signed as completed by resident or resident's legal representative) and lacked documentation of tuberculosis (TB) skin testing.	S3310		

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S3310	Continued From page 24 Interview on 8-12-15 at 3:50 pm with administrative nurse A confirmed the records lacked documentation of TB skin testing. - Review of personnel records on 1-7-15 at 4:00 pm revealed the following: Certified staff H with date of hire 8-7-15: The record lacked documentation of TB skin testing or documentation of a two view chest x-ray to rule out tuberculosis. Certified staff I with date of hire 9-16-14: TB skin test completed on 11-21-14 and again on 1-6-15. The record lacked documentation of a TB skin test within 7 days of date of hire and repeat test within 1 to 3 weeks of the first test. Certified staff J with date of hire 5-5-15: The record lacked documentation of a TB skin test. Certified staff K with date of hire 6-23-15: The record lacked documentation of a TB skin test. Interview on 8-12-15 at 3:50 pm with administrative nurse A he/she could not locate TB skin test results for the above listed staff. Confirmed the personnel records for these staff members lacked documentation of TB skin testing or a two view chest x-ray as appropriate. For residents #213, #324, certified staff H, I, J, and K, the operator failed to 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.	S3310		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health	S3320		

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S3320	Continued From page 25 and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-29-254(a) The facility reported a census of 40 residents. The sample included 3 residents and 2 focus review residents. Based on observation and interview for all cognitively impaired residents, the operator failed to maintain the facility to protect the health and safety of these residents and the public. Findings included: - Observation of unattended housekeeping cart on 8-13-15 at 1:30 pm in hallway (and all day on 8-12-15) revealed chemicals sitting on the bottom and the top as follows:	S3320		

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S3320	Continued From page 26 1 bottle of Comet liquid cleanser 1 can Lysol spray 2 bottles of CLR (Calcium, Lime, Rust) remover 1 can Shine-Up Furniture Polish 1 bottle Clorox Urine Remover 1 can Glass and Surface Cleaner 1 bottle of Goo Gone 2 bottles of Comet Cleanser with Bleach The housekeeping cart lacked a locking compartment. Observation on 8-11-15 during the tour of the housekeeping cart on the Special Care Unit revealed it also lacked a locking compartment. The resident roster identified 9 residents with cognitive impairment on the assisted living unit and 6 residents with cognitive impairment on the special care unit. Interview on 8-13-15 around 1:33 pm with operator stated he/she "didn't think anyone would mess with the things on the cart, but couldn't be sure." Confirmed the housekeeping carts (assisted living and special care unit) lacked locking compartments and chemicals were unsecured when the carts were left unattended in the hallways. For all cognitively impaired residents, the operator failed to maintain the facility to protect the health and safety of these residents and the public.	S3320		