| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N023021 | A. BUILDING: _____ B. WING _____ | R 06/11/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NEUVANT HOUSE OF LAWRENCE EAST | 1216 B BILTMORE DRIVE LAWRENCE, KS 66049 |

| (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<br><br>The following citations are the result of a re-visit for re-licensure conducted at the above named assisted living facility on 6/7/18 and 6/11/18. | {S 000} | | |
| {S3261} SS=E | 26-41-105 (f) (11) Resident Record Documentation of Incidents<br><br>(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<br><br>This REQUIREMENT is not met as evidenced by:<br>3261 documentation<br><br>KAR 26-41-105(f)(11)<br><br>The facility reported a census of 10 residents. The sample included 4 residents. Based on record review and interview for 2 sampled residents (#1606, 1609), the administrator failed to ensure documentation of all indications of illness or injury including date, time of occurrence, action taken and results of the action.<br><br>Findings included:<br><br>- Record review for resident #1606 recorded admission date of 5/25/18 with diagnoses of: Parkinson's, elevated blood pressure and | {S3261} | | |

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

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| {S3261} | Continued From page 1<br>dementia.<br><br>Functional Capacity Screen (FCS) dated 5/22/18 recorded resident unable to perform management of medications and treatments.<br><br>Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 6/1/18 recorded: [facility staff] will administer [resident's] medications and treatments per physician's orders with registered nurse oversight.<br><br>Record contained the following physician orders:<br><br>6/1/18: psychologist evaluation please; polyethylene glycol (laxative) 17g (grams) PO (by mouth) daily mixed with 8 oz. (ounces) of fluid (scheduled not PRN (as needed)); Ibuprofen (pain) 200 mg (milligrams) 1 PO three times daily pain; acetaminophen (pain) 500 mg 1 PO three times daily pain.<br><br>6/4/18: decrease K-Dur (potassium) 20 meq (milliequivalents) PO from TID (3 times daily) to BID (2 times daily). Recheck BMP (basic metabolic panel) 2 weeks.<br><br>6/5/18: discontinue K-Dur.<br><br>Resident Notes (nurse's notes) last recorded entry on: 5/30/18 at 3:10pm: Resident resting in room. Received order for PT/OT/speech. (physical therapy/ occupational therapy). Faxed to [Home health agency] signed by licensed nurse #C.<br><br>Record lacked documentation of physician's orders, reason for changes, notification of family, initiation of psychologist evaluation process and follow up for medication effectiveness. | {S3261} | | |

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|---|---|---|---|---|
| {S3261} | Continued From page 2<br><br>Interview on 6/7/18 at 1:07pm with licensed nurse #C confirmed record lacked documentation.<br><br>Record review for resident #1609 recorded admission date of 7/11/15 with diagnoses of: weakness and falls.<br><br>FCS dated 3/22/18 recorded resident unable to perform management of medications and treatments.<br><br>NSA/HCSP dated 5/23/18 recorded [facility] staff to manage resident's medications and treatments per physician's orders with RN oversight. He/she can keep his/her rescue asthma inhaler at bedside.<br><br>Physician's order date 5/23/18 recorded: doxycycline (antibiotic) 100 mg PO BID (twice daily) for 10 days and Mucinex (expectorant) 600mg PO BID for 10 days.<br><br>Resident notes last recorded entry on 4/20/18 at 1:30pm: "Resident continues to come to dining room for meals ..." signed by licensed nurse #C.<br><br>Record lacked entry for physician's orders, reason for medication changes/nurse evaluation of illness, follow up for medication effectiveness and notification of family.<br><br>Interview on 6/7/18 at 1:25pm with licensed nurse #C stated resident called the physician him/herself and physician called facility with orders. Resident "had a cold." He/she confirmed record lacked documentation.<br><br>For residents #1606 and 1609 the administrator failed to ensure documentation of all indications | {S3261} | | |

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|---|---|---|---|---|
| {S3261} | Continued From page 3<br>of illness or injury including date, time of occurrence, action taken and results of the action. | {S3261} | | |