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 _____	05/24/2018

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

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S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey conducted at the above named assisted living facility on 5/23/18 and 5/24/18 in Lawrence, Ks.	S 000		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The census equaled 9 residents, the sample included 3 residents. Based on record review for 2 (#523, 524) sampled residents, the administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement. Findings included: - Record review for resident #523 recorded admission date of 3/20/17 with diagnoses of: dementia, debility, history of falls and hypertension. Functional Capacity Screen (FCS) dated 3/8/18	S3101		

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

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S3101	Continued From page 1	S3101		

recorded resident required assistance with bathing and dressing and is unable to perform toileting, transfer, walk/mobility and management of medications and treatments.

Negotiated service agreement/ Health care service plan (NSA/HCSP) dated 3/8/18 recorded facility staff to provide physical assistance with bathing, dressing, toileting, transfer, walk/mobility and staff to manage medications and treatments per physician's orders with registered nurse (RN) oversight.

NSA/HCSP recorded signatures for the facility administrator and facility nurse. Document lacked signatures of resident and/or responsible party.

- Record review for resident #524 recorded admission date of 7/11/15 with diagnoses including: arthritis, hyperlipidemia, glaucoma, hypertension, heart disease, pulmonary fibrosis, dementia, history of fall, asthma and congestive heart failure.

Functional Capacity Screen (FCS) dated 3/22/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility, and is unable to perform management of medications and treatments.

Negotiated service agreement/ Health care service plan (NSA/HCSP) dated 3/22/18 recorded facility staff to provide physical assistance with bathing, dressing, toileting, transfer and walk/mobility. Staff will manage medications and treatments with RN oversight.

NSA/HCSP recorded signatures for the facility administrator and facility nurse. Document

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S3101	Continued From page 2 lacked signatures of resident and/or responsible party. Interview on 5/23/18 at 4:40pm with licensed nurse #C stated he/she has emailed the residents' families requesting signatures of the documents. He/she confirmed the documents have not been signed by the resident or responsible party. For residents #523, 524 the administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement.	S3101		
S3165 SS=D	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 9 residents. The sample included 3 residents. Based on record review and interview, for 1 sampled resident (#524), 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 for a resident who required health care services.	S3165		

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S3165	Continued From page 3	S3165		

Findings included:

- Record review for resident #524 recorded admission date of 7/11/15 with diagnoses including: arthritis, hyperlipidemia, glaucoma, hypertension, heart disease, pulmonary fibrosis, dementia, history of fall, asthma and congestive heart failure.

Functional Capacity Screen (FCS) dated 3/22/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility, and is unable to perform management of medications and treatments.

Negotiated service agreement/ Health care service plan (NSA/HCSP) dated 3/22/18 recorded facility staff to provide physical assistance with bathing, dressing, toileting, transfer and walk/mobility. Staff will management medications and treatments with registered nurse (RN) oversight.

NSA/HCSP lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.

Interview on 5/23/18 at 4:40pm with licensed nurse #C and administrative staff #B confirmed NSA lacked the name of the licensed nurse responsible for implementation and supervision of the health care service plan.

For resident #524 the administrator failed to ensure the negotiated service agreement shall

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S3165	Continued From page 4 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 for a resident who required health care services.	S3165		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 The facility reported a census of 9 residents. The sample included 3 residents. Based on record review, observation and interview for 2 sampled resident (#523. 524), the administrator failed to ensure the resident could perform medication self-administration safely and accurately without	S3175		

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S3175	Continued From page 5 staff assistance. Findings included: - Record review for resident #523 recorded admission date of 3/20/17 with diagnoses of: dementia, debility, history of falls and hypertension. Functional Capacity Screen (FCS) dated 3/8/18 recorded resident required assistance with bathing and dressing and is unable to perform toileting, transfer, walk/mobility and management of medications and treatments. Cognition: resident has no problems with long term memory (0), short term memory (0) or memory recall (0), resident has some difficulty with decision making (1). Negotiated service agreement/ Health care service plan (NSA/HCSP) dated 3/8/18 recorded facility staff to provide physical assistance with bathing, dressing, toileting, transfer, walk/mobility and staff to administer medications with RN (registered nurse) oversight. Resident physician orders signed 4/11/18 recorded the following medications as "may keep at bedside". (indicates resident may keep at bedside to administer): 1. Aspercreme (topical analgesic) 10% lotion apply topically to painful joints up to 4 times daily PRN (as needed). 2. AYR saline nasal mist (dry nose) use as needed for dry nasal passages. 3. Saline mist nasal spray (dry nose) instill one spray in each nostril PRN dryness. 4. Maximum strength blue EMU spray (joint pain) apply topically QID (4 times a day) PRN	S3175		

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S3175	Continued From page 6	S3175		

joint pain.
5. Antacid 500mg (milligram) (stomach upset) chew one tablet by mouth for heartburn.

Record lacked an assessment for resident self-administration of these medications.

Interview on 5/24/18 at 9:30am with licensed nurse #C stated resident is unable to self-administer medications and if at bedside staff administer.

Observation on 5/24/18 at 9:30am in resident's room revealed medications #1 and 4 (aspercreme and EMU spray) were locked in resident's medication cabinet. Medications #2, #3 and #5 (eye drops, nasal spray and antacid chews) were sitting on a tray on resident's bathroom counter.

Physician orders allow resident to keep medications at bedside to self-administer, medications were (some) at bedside as ordered allowing for resident self-administration when a self-administration assessment had not been conducted for resident ability to safely self-administer the medications.

Record review for resident #524 recorded admission date of 7/11/15 with diagnoses including: arthritis, hyperlipidemia, glaucoma, hypertension, heart disease, pulmonary fibrosis, dementia, history of fall, asthma and congestive heart failure.

Functional Capacity Screen (FCS) dated 3/22/18 recorded resident is unable to perform management of medications and treatments.

Negotiated service agreement/ Health care

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S3175	Continued From page 7 service plan (NSA/HCSP) dated 3/22/18 recorded staff will manage medications and treatments with registered nurse (RN) oversight. "He/she can keep his/her rescue Asthma inhaler at beside. He/she has been instructed to notify medication administrator of use for charting." Interview and observation with resident on 5/23/18 at 2:00pm in resident's room, observed a red Pro-air inhaler (for asthma) on resident's bedside stand. Resident confirmed that he/she uses the inhaler when he/she needs it for asthma symptoms. Interview on 5/24/18 at 9:30am with licensed nurse #C confirmed resident has a rescue inhaler for asthma he/she self-administers. He/she confirmed record lacked an assessment for resident self-administration of the medication. For residents #523 and 524 the administrator failed to ensure the residents could perform medication self-administration safely and accurately without staff assistance.	S3175		
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)	S3261		

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S3261	Continued From page 8 The facility reported a census of 9 residents. The sample included 3 residents. Based on record review and interview for 2 sampled residents (#524, 525), the administrator 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 #524 recorded admission date of 7/11/15 with diagnoses including: arthritis, hyperlipidemia, glaucoma, hypertension, heart disease, pulmonary fibrosis, dementia, history of fall, asthma and congestive heart failure. Functional Capacity Screen (FCS) dated 3/22/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility, and is unable to perform management of medications and treatments. Negotiated service agreement/ Health care service plan (NSA/HCSP) dated 3/22/18 recorded facility staff to provide physical assistance with bathing, dressing, toileting, transfer and walk/mobility. Staff will management medications and treatments with registered nurse (RN) oversight. Physician's order form dated 3/14/18 recorded: Purpose of visit: hypoxia and weakness. New physician's orders: Increase O2 (Oxygen)	S3261		

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S3261	Continued From page 9	S3261		

delivery via (by) nasal cannula to 3 and 4 LPM (liters per minute) to keep O2 saturation above 90% for exercise.

Resident notes (nurse's notes) recorded entries for:
2/26/18 at 9:31am: "Resident complaint of increased anxiety notified nurse, she said to give PRN (as needed) Lorazepam (anxiety medication) so I did." Signed by unknown CMA (certified medication aide).

Next entry: 3/30/18 at 10:15am: "Resident continues to go outside for PT (physical therapy). No complaints pain, discomfort. Continue to use O2 at 2LPM." Signed by licensed nurse #C.

Nurse's notes lacked entry for physician's visit and orders to increase O2 for exercise, follow up for evaluation of effectiveness of order change and notification of family/resident of order change.
Interview on 5/23/18 at 4:40pm with licensed nurse #C confirmed record lacked documentation of O2 order change.

Record review for resident #525 recorded admission date of 10/31/14 with diagnoses of: hypertension, history alcoholism, transaminitis, and gastroesophogeal reflux disease.

FCS dated 5/4/18 recorded resident as unable to perform management of medications and treatments.

NSA/HCSP dated 5/4/18 recorded CMA's (certified medication aides) and nurses to administer medications and treatments.

Resident notes (nurse's notes) recorded the

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S3261	Continued From page 10 following: 1/3/17 (year incorrect, follows note written 12/11/17) at 5:00pm "Held Amilodipine (blood pressure) 10 mg (milligrams) ....." Next entry 1/5/17 (year incorrect, follows note written 12/11/17) (no time recorded): "Phoned daughter to report a fall last night, non-injury." Next entry: 3/24/18 at 10:45pm: "Call from CMA, reporting during rounds resident on floor in room ....." Nurse's notes of 1/5/18 lacked time of entry. Nurse's notes lacked documentation of details of resident fall on night prior to nurse's note, including assessment of the resident by a nurse, notification of physician and follow up of resident condition after the fall. Interview on 5/23/18 at 4:40pm with licensed nurse #C confirmed record lacked documentation of resident fall. For residents #524 and 525, the administrator 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		