STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023023	A. BUILDING: _____ B. WING _____	11/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARBORS AT MONTEREY VILLAGE	3905 PETERSON ROAD LAURENCE, KS 66049

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S 000	INITIAL COMMENTS The following citations are the result of a licensure survey at the above named residential care facility in Lawrence, KS on 11/2/17 and 11/6/17.	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 5 residents. The sample included 3 residents. Based on record review, observation and interview for 2 sampled residents (#131,#132) , the administrator 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 #131 recorded	S3155		

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

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S3155	Continued From page 1	S3155		

admission date of 5/26/17with diagnoses of: Dementia, depression, glaucoma, vitamin deficiency, acute pain, restlessness, agitation, hypertension, constipation and insomnia.

Functional Capacity Screen (FCS) dated 10/9/17 recorded resident required supervision with bathing and dressing, unable to perform management of medications and treatments, has problems with long term memory, short term memory and memory recall. Has a history of falls, impaired decision making, inappropriate behavior and wandering.

Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 10/9/17 recorded staff to supervise bathing and dressing, staff to administer medications and treatments and staff to watch for unsteadiness due to high risk medications.

Nurses notes dated 6/18/17 at 11:07pm recorded: "At 10am staff noted resident had a small cut on head and slight bump. Asked him/her what happened and he/she could not recall ...."

Nurses notes dated 10/17/17 at 4:19pm recorded: "[Spouse] returned and stated that the resident had fallen trying to get him/herself out of the car without help ..."

Nurses notes dated 10/15/17 at 1:40pm recorded: "Resident very upset today, he/she kept trying to exit the building through the front door. When staff would redirect him/her he/she became very agitated and started to flip over the dining room chairs and yell."

Observations on 11/2/17 at 11:45am and 1:15pm resident walked independently to an exit, pushed

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S3155	Continued From page 2	S3155		

on an exit door and alarms sounded. Resident was redirected by staff.

HCSP lacked entries for interventions for falls, use of a wandergard device and interventions for staff redirection during wandering and behavior episodes.

Interview on 11/2/17 at 2:45pm with licensed nurse #B stated resident wears a wandergard device (alarm for elopement).

Interview on 11/2/17 at 3:20pm with licensed nurse #B confirmed HCSP lacked interventions for wandergard use/exit seeking/behaviors.

Record review for resident #132 recorded admission date of 10/6/17 with diagnoses of: chronic pain, asthma, deficiency group B vitamins, constipation, dementia, allergic rhinitis, osteoarthritis, overactive bladder and hyperlipidemia.

FCS dated 10/6/17 recorded resident required supervision with dressing, physical assistance with bathing, unable to perform management of medications and treatments, has problems with long term memory, short term memory and memory recall. Has a history of falls, impaired decision making, inappropriate behaviors and wandering.

NSA/HCSP dated 10/6/17 recorded staff to supervise dressing, assist with bathing, staff to administer medications and treatments.

Nurses notes recorded resident falls on 10/20/17 at 7:53am, "I found resident on his/her floor laying/sitting up against his/her bed at 6:25am ...." And 10/21/17 at 3:36am, "Resident was on the

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S3155	Continued From page 3 floor on the side of his/her bed by the door ... He/she has a bump (swelling/bruising) on his/her left eye ...." Observation on 11/2/17 at 2:35pm revealed resident in wheelchair outside of nursing office. Nurses notes dated 11/1/17 at 4:36am recorded: "Resident up in wheelchair wandering the halls. 4am-4:30am. Resident states that he/she is confused. Interview on 11/2/17 at 2:45pm with licensed nurse #B stated resident wears a wandergard device (alarm for elopement). Interview on 11/2/17 at 3:00pm with licensed nurse #B stated resident is totally independent with the wheelchair; he/she can transfer self but is unable to walk. Interview on 11/2/17 with licensed nurse #B stated fall interventions are: staff are to check resident every 2 hours and he/she has a low bed. Confirmed HCSP lacked entries for these interventions. For residents #131 and 132 who required health care services, the administrator 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		
S3201 SS=F	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall	S3201		

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S3201	Continued From page 4 perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(3)(D) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for all residents with facility managed medications, the administrator failed to ensure the licensed nurse or medication aide documented actual clock times medications were administered, when the medication administration record identified only time intervals. Findings included:	S3201		

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S3201	Continued From page 5 - Review of facility's resident roster revealed all 5 residents received facility medication management. Review of residents' medication administration records for residents #131, #132 and #133 recorded AM, PM, Noon, HS or PRN for medication administration times. Interview on 11/2/17 at 3:00pm with licensed nurse #B and administrator #A, confirmed all facility residents receive medication administration assistance, facility uses liberalized time parameters on MAR/TARs (medication administration and treatment administration records) and that no record of specific medication administration times are recorded for the liberalized time entries. Interview on 11/2/17 at 3:00pm with licensed nurse #B and administrator #A confirmed facility does not have a policy for administration of medications and treatments using liberalized time parameters. For all residents of the facility the administrator failed to ensure the licensed nurse or medication aide documented actual clock times medications were administered, when the medication administration record identified only time intervals.	S3201		

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S3280	Continued From page 6	S3280		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 26-4-104(d)(3) The census equaled 5 residents, the sample included 3 residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with employees and residents. Findings included:	S3280		

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S3280	Continued From page 7 - On 10/31/17 reviewed facility's disaster plan. Record contained quarterly reviews with staff on 6/9/17 and on 9/1/17 and 10/16/17(fire safety only) and a tornado drill on 2/2/17. Interview on 11/2/17 at 3:00pm with administrator #A confirmed emergency preparedness reviews had not been completed quarterly with staff, no reviews have been conducted with residents and no evacuation drill has been completed. For all residents, the operator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with employees and residents.	S3280		