STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N044004	A. BUILDING: _____ B. WING _____	C 06/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ESTATES	PO BOX 346 NORTONVILLE, KS 66060

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure conducted on 5/29/19, 5/30/19 and 6/3/19 at the above named assisted living facility in Nortonville, KS.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c)(1)(2) The census equaled 7 residents; the sample included 3 residents. Based on interviews and review of records, for 1 of 3 sampled residents (#530), the administrator failed to ensure designated facility staff conducted a screening to determine each resident's functional capacity at least once every 365 days and following any significant change in condition as defined in K.A.R. 26-39-100. Findings included: - Record review for resident #530 recorded admission date of 2/4/15 with diagnoses of:	S3081		

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

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S3081	Continued From page 1 Coronary Artery disease, chronic obstructive pulmonary disease, hypertension, edema, degenerative arthritis of the lumbar spine, depression, hyperlipidemia, pain, insomnia, hyperlipidemia and atherosclerosis. Most recent Functional Capacity Screen (FCS) dated 2/8/18 recorded resident unable to perform management of medications and treatments. Interview on 5/30/19 at 9:20am with licensed nurse #B confirmed FCS dated 2/8/18 is the most recent and FCS was not completed every 365 days. For resident #530, the administrator failed to ensure designated facility staff conducted a screening to determine each resident's functional capacity at least once every 365 days and following any significant change in condition as defined in K.A.R. 26-39-100.	S3081		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of 7 residents. The sample included 3 residents. Based on record review, observation and interview for 2 sampled residents (#529, 531) residents, the administrator	S3082		

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S3082	Continued From page 2	S3082		

failed to ensure that each resident's functional capacity at the time of screening is accurately reflected on that resident's screening form.

Findings included:

- Record review for resident #529 recorded admission date of 8/26/17 with diagnoses of CLL (chronic lymphocytic leukemia), Alzheimer's, vitamin B12 deficiency.

Functional Capacity Screen (FCS) dated 8/26/18 recorded resident unable to perform management of medications and treatments. Resident is independent with bathing and dressing.

Interview on 5/29/19 at 9:20am with licensed nurse #B stated resident required cueing and supervision for bathing and staff lays out resident clothing and cues the resident to change his/her clothing. Confirmed FCS coded incorrectly.

Record review for resident #531 recorded admission date of 1/4/19 with diagnoses of: hypertension, hyperlipidemia, diabetes mellitus type 2 and depression.

FCS dated 1/4/19 recorded resident unable to perform management of medications and treatments. Resident is independent with bathing.

Interview on 5/29/19 at 9:20am with licensed nurse #B stated resident required physical assistance with bathing and will request assistance from staff. He/she confirmed with licensed nurse #C that facility does not have a copy of the FCS manual/instructions for coding.

For residents #529, 531 the administrator failed to

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S3082	Continued From page 3 ensure that each resident's functional capacity at the time of screening is accurately reflected on that resident's screening form.	S3082		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-202 (d) (1)(2) The census equaled 7 residents; the sample included 3 residents. Based on interviews and review of records, for 1 sampled resident (#530), the administrator failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days. Findings included:	S3092		

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S3092	Continued From page 4 - Record review for resident #530 recorded admission date of 2/4/15 with diagnoses of: Coronary Artery disease, chronic obstructive pulmonary disease, hypertension, edema, degenerative arthritis of the lumbar spine, depression, hyperlipidemia, pain, insomnia, hyperlipidemia and atherosclerosis. Most recent Functional Capacity Screen (FCS) dated 2/8/18 recorded resident unable to perform management of medications and treatments. Most recent Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 2/8/18 recorded medication to be managed by nurse and doctor and given by nurse and or certified medication aide (CMA). Treatments will be done by a nurse and/or a CMA. Interview on 5/30/19 at 9:20am with licensed nurse #B confirmed NSA dated 2/8/18 is the most recent. He/she confirmed NSA not completed every 365 days. For resident #530, the administrator failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days.	S3092		
S3201 SS=E	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall 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;	S3201		

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S3201	Continued From page 5 (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)(C)(D) The facility reported a census of 7 residents. The sample included 3 residents. Based on observation, review of records and interview for 2 sampled residents (#530, 531) the administrator failed to ensure the certified staff administered medications to residents and remained with the residents until the medication is ingested or applied and failed to document the administration of each resident's medications in the resident's medication administration record immediately before or following completion of the task. Findings included: - Record review for resident #530 recorded admission date of 2/4/15 with diagnoses of: Coronary Artery disease, chronic obstructive pulmonary disease, hypertension, edema,	S3201		

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S3201	Continued From page 6	S3201		

degenerative arthritis of the lumbar spine, depression, hyperlipidemia, pain, insomnia, hyperlipidemia and atherosclerosis.

Most recent Functional Capacity Screen (FCS) dated 2/8/18 recorded resident unable to perform management of medications and treatments.

Most recent Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 2/8/18 recorded medication to be managed by nurse and doctor and given by nurse and or certified medication aide (CMA). Treatments will be done by a nurse and/or a CMA.

Resident medication administration record (time stamped) for 5/29/19 recorded certified staff #D administered 4 medications to resident that were scheduled for 8:00pm, including: melatonin 5mg (milligrams) and Lortab (pain) 5-325mg. The 4 medications recorded as administered at 10:24pm according to time stamp.

Observation 5/29/19 at 4:00pm in resident #530 room revealed certified staff #D enter resident's apartment, prepare resident's medications from a locked medication drawer in the kitchen and set them on the table by the resident. Certified staff stated to resident "Here's your pain pill and Melatonin (supplement for sleep) and the rest." Certified staff then left the apartment prior to resident taking the medications. Same medications were recorded by time stamp as administered 2 times by certified staff #E on 5/29/19 at 1:14pm.

Interview on 5/29/29 at 4:00pm with resident stated "I go to bed around 4 o'clock." Resident stated he/she doesn't eat supper but takes the medications with crackers.

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S3201	Continued From page 7 Record review for resident #531 recorded admission date of 1/4/19 with diagnoses of: hypertension, hyperlipidemia, diabetes mellitus type 2 and depression. FCS dated 1/4/19 recorded resident unable to perform management of medications and treatments. NSA/HCSP dated 1/4/19 recorded medication to be managed by [facility] staff. Interview on 5/29/19 at 4:15 with resident in his/her apartment, when asked if certified staff gave him/her medications already, he/she confirmed "yes, [certified staff #D] brought me my supper pills, they are here somewhere." Resident looked about for them at chairside until phone rang. Interview on 5/29/19 at 4:25pm with certified staff #D confirmed resident #529 takes his/her bedtime (8:00pm) medications at 4:00pm because he/she goes to bed at 4:00pm. Interview on 5/30/19 at 4:00pm with licensed nurse #B confirmed certified staff will let medications sit for residents to take later and that resident #529 goes to bed around 4:00pm and her medications are scheduled for 8:00pm. He/she also confirmed certified staff #E failed to document resident 8:00pm medications on 5/27/19 and 5/28/19, it was discovered by licensed nurse #B and certified staff came in on 5/29/19 and documented the medications. Facility policy titled "medication administration" recorded: 1. Observe the 5 rights of administering medications: The right resident,	S3201		

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S3201	Continued From page 8 the right drug, the right dose, the right time, the right route. 6. Observe the resident swallow the medication, 7. Initial medication record at this time. For residents #530, 531, the administrator failed to ensure the certified staff administered medications to residents and remained with the residents until the medication is ingested or applied and failed to document the administration of each resident's medications in the resident's medication administration record immediately before or following completion of the task.	S3201		
S3225 SS=F	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (l) The facility reported a census of 7 residents. The sample included 3 residents. Based on record	S3225		

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S3225	Continued From page 9	S3225		

review and interview for 3 sampled residents (#529, 530, 531), the administrator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. The administrator, or the designee, shall ensure that the medication regimen review is kept in each resident's clinical record.

Findings included:

- On 5/30/19 requested medication regimen reviews for residents #904, 905, 906 who received medication assistance.

Resident roster recorded all residents received medication assistance.

Record review for resident # 529 recorded admission date of 8/26/17.
Record review for resident #530 recorded admission date of 2/4/15,
Record review for resident #531 recorded admission date of 1/4/19

Records lacked evidence of quarterly pharmacy reviews.

Interview on 5/30/19 at 9:10am with Licensed nurse #B and Administrator #A, stated the facility changed pharmacies at one point in time and the pharmacy reviews did not get done. They confirmed all resident records lacked pharmacy reviews.

For all residents, (based on review of records for residents #529, 530 and 531) the administrator

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S3225	Continued From page 10 failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. The administrator failed to ensure that the medication regimen review is kept in each resident's clinical record.	S3225		