| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046050 | A. BUILDING: _____ B. WING _____ | 06/18/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BICKFORD OF OVERLAND PARK | 10665 BARKLEY OVERLAND PARK, KS 66212 |

| (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 |
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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a resurvey at the above named residential health care facility in Overland Park, KS conducted on 6-12-18, 6-13-18, 6-14-18 and 6-18-18. | S 000 | | |
| S3095 SS=D | 26-41-202 (f) NSA Refusal of Service<br><br>(f) If a resident or the resident's legal representative refuses a service that the administrator or operator, the licensed nurse, the resident's medical care provider, or the case manager believes is necessary for the resident's health and safety, the negotiated service agreement shall include the following:<br>(1) The service or services refused;<br>(2) identification of any potential negative outcomes for the resident if the service or services are not provided;<br>(3) evidence of the provision of education to the resident or the resident ' s legal representative of the potential risk of any negative outcomes if the service or services are not provided; and<br>(4) an indication of acceptance by the resident or the resident's legal representative of the potential risk.<br>.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(f)(1)(2)(3)(4)<br><br>The facility reported a census of 57 residents (38 assisted living residents and 19 memory care residents). The sample included 3 residents and 3 focus review residents. Based on record review and interview for 1 (#121) of 3 sampled residents, the administrator failed to ensure if a resident refuses a service, the administrator, licensed | S3095 | | |

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

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| S3095 | Continued From page 1 | S3095 | | |

nurse, resident's medical care provider or case manager believes is necessary for the resident's health and safety, the negotiated service agreement included 1) the service or services refused; 2) identification of any potential negative outcomes for the resident if the service or services are not provided: 3) evidence of the provision of education to the resident or the resident's legal representative of the potential risk of any negative outcomes if the service or services are not provided; and 4) an indication of acceptance by the resident or the resident's legal representative of the potential risk.

Findings included:

- Record review for Resident #121 revealed admission on 8-17-15 with diagnoses Diabetes Mellitus, Constipation, Senile Dementia, Renal Failure, Hypertension, Hyperlipidemia, Debility, Peripheral Vascular Disease, Obesity, and Anemia.

The Functional Capacity Screen (FCS) dated 12-20-17 recorded resident unable to perform bathing, dressing, toileting, transfers, walking/mobility, eating. Incontinent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 12-20-17 stated:
Food Service: Low Concentrated Sweets Diet. Mechanical Soft with nectar thick liquids. Needs assistance with cutting food but does not require assistance with eating at this time.
A.M./P.M. Care: Assist of two with transfers. Staff assistance with clothing selection, dressing.
Toileting: Incontinent of bowel and bladder.

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| S3095 | Continued From page 2 | S3095 | | |

Assist to the bathroom upon rising and before going to bed. Check routinely through out the night for incontinence or the need to toilet. Requires 2 person assist for transfers with toileting.
Bathing: Assist with bathing 1-2 times weekly on Tuesday and Saturday nights. Physical assistance with bathing, assist of two with transfers.
Mobility/Escort: Requires assist of 2 caregivers for transfers. Unable to propel wheelchair, requires staff assistance for locomotion.
Note: The NSA/HCSP lacked documentation of the diet change to pureed on 5-28-18 and aspiration precautions.

Physician's Order:
5-28-18: Speech Therapy evaluation/treatment. Patient pocketing food - change to pureed diet.
6-5-18: Puree Diet, Nectar thick liquids.

Physician's Progress Notes:
5-28-18: "Reports that patient is pocketing his/her food. Evaluation for speech. Aspiration risk. He/She was on mechanical soft, nectar thick liquids consider possible advance in diet as determined...1. Pocketing food. Have speech evaluate. Recommend possible puree diet - nectar thick liquids
6-5-18: "Further decline. He/She is pocketing food, decreased appetite. Puree diet with nectar thick liquids...2. Dysphagia - pocketing food, changed diet to puree with nectar thick. Risk for aspiration.."

Nurse's Notes:
5-15-18 at 9:20 am: "Notified physician regarding resident's choking on liquids. New order thicken liquids to nectar consistency." Signed by Licensed Staff C.

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| S3095 | Continued From page 3<br><br>5-22-18 at 9:30 am: "...Diet pureed, use thickener for nectar consistency liquids, aspiration precautions." Signed by Licensed Staff C.<br><br>Interviews on 6-13-18 at 3:00 pm Certified Staff D and Certified Staff J stated staff fed resident. Confirmed resident does not like pureed food and will not eat it prepared in that manner.<br><br>Interview on 6-13-18 at 1:30 pm with Administrative Nurse B stated "we tried the pureed diet, he/she won't eat that." Stated resident's family member was notified and the family member agreed the resident was not going to eat pureed food. Administrative Nurse B confirmed he/she failed to document the conversation with the family member and notification of the physician of the resident's refusal of the pureed diet. Confirmed the NSA lacked documentation of a refusal of the pureed diet, including provision of education regarding potential risk to the resident if he/she did not eat the diet pureed and an indication of acceptance of the potential risk by the resident and his/her legal representative.<br><br>For Resident #121, the administrator failed to ensure the NSA included the services refused by the resident (pureed diet); identification of any potential negative outcomes for the resident if these services were not provided; evidence of the provision of education to the resident and resident's legal representative of the potential risks if the services were not provided; and an indication of acceptance by the resident and the legal representative of the potential risks. | S3095 | | |
| S3101 SS=E | 26-41-202 (h) NSA Signatures | S3101 | | |

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| S3101 | Continued From page 4 | S3101 | | |

(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 facility reported a census of 57 residents (38 assisted living residents and 19 memory care residents). The sample included 3 residents and 3 focus review residents. Based on record review and interview for 2 (#104, #218) of 3 sampled residents and 1 (#300) of 3 focus review residents, the administrator failed to ensure each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator shall ensure that a copy of the agreement is provided to the resident or the resident's legal representative.

Findings included:

- Record review for resident #104 revealed admission on 8-3-16 with diagnoses Dementia with Behaviors, Osteoporosis, Macular Degeneration, and Gait Instability.

The Functional Capacity Screen dated 2-1-18 recorded resident required health care services.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 2-1-18 recorded services for staff assistance with dressing, monitoring of toileting, assistance with showers

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| S3101 | Continued From page 5 | S3101 | | |

and reminders to use walker at all times. Facility staff to set up and administer all medications.

The NSA/HCSP was signed by the Administrative Nurse B. The NSA lacked signature of the resident's legal representative.

Interview on 6-13-18 at 4:35 pm with Administrative Nurse B confirmed the NSA/HCSP was not signed by the resident's legal representative or a designated family member.

For Resident #104, the administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement.

- Record review for Resident #218 revealed admission on 6-11-18 with diagnoses Dementia, Macular Degeneration, Osteoarthritis, Osteoporosis, Urinary Urgency, Depression and Allergic Rhinitis.

The Functional Capacity Screen dated 6-7-18 recorded resident required health care services.

The Negotiated Service Agreement/Health Care Service Plan dated 6-8-18 recorded services for staff assistance with dressing, toileting, bathing, reminders and escort to meals, and reminders to use walker. Facility staff to set up and administer medications.

The NSA/HCSP was signed by the Administrative Nurse B. The NSA lacked signature of the resident and/or the resident's legal representative.

Interview on 6-13-18 at 3:00 pm with

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| S3101 | Continued From page 6 | S3101 | | |

Administrative Nurse B confirmed the NSA/HCSP was not signed by the resident and/or the resident's legal representative. Stated resident's family was "coming today" and would sign the agreement.

For Resident #218, the administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement.

- Record review for Resident #300 revealed admission on 8-28-17 with diagnoses Hypertension, Hypothyroidism, Depression, Hearing Loss, and Abnormal Gait.

The Functional Capacity Screen dated 5-18-18 recorded resident required health care services.

The Negotiated Service Agreement/Health Care Service Plan dated 5-18-18 recorded services for nurse coordinator to monitor health, cognition and functional status and provide interventions/referrals as indicated. Resident independent with cares and self administers medications which family member sets up on a weekly basis.

The NSA/HCSP was signed by Administrative Nurse B. The NSA lacked signature of the resident and/or the resident's legal representative.

Interview on 6-13-18 at 5:00 pm with Administrative Nurse B confirmed the NSA/HCSP was not signed by the resident and/or the resident's legal representative.

For Resident #300, the administrator failed to

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| S3101 | Continued From page 7<br>ensure each individual involved in the development of the negotiated service agreement signed the agreement. | S3101 | | |
| S3155 SS=D | 26-41-204 (a) Health Care Services<br>. (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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(a)<br><br>The facility reported a census of 57 residents (38 assisted living residents and 19 memory care residents). The sample included 3 residents and 3 focus review residents. Based on record review and interview for 1 (#121) of 3 sampled residents, the administrator failed to ensure the licensed nurse provides or coordinates the provision of health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.<br><br>Findings included:<br><br>- Record review for Resident #121 revealed admission on 8-17-15 with diagnoses Diabetes | S3155 | | |

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| S3155 | Continued From page 8 | S3155 | | |

Mellitus, Constipation, Senile Dementia, Renal Failure, Hypertension, Hyperlipidemia, Debility, Peripheral Vascular Disease, Obesity, and Anemia.

The Functional Capacity Screen (FCS) dated 12-20-17 recorded resident unable to perform bathing, dressing, toileting, transfers, walking/mobility, eating. Incontinent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 12-20-17 stated:
Food Service: Low Concentrated Sweets Diet. Mechanical Soft with nectar thick liquids. Needs assistance with cutting food but does not require assistance with eating at this time.
A.M./P.M. Care: Assist of two with transfers. Staff assistance with clothing selection, dressing.
Toileting: Incontinent of bowel and bladder. Assist to the bathroom upon rising and before going to bed. Check routinely through out the night for incontinence or the need to toilet. Requires 2 person assist for transfers with toileting.
Bathing: Assist with bathing 1-2 times weekly on Tuesday and Saturday nights. Physical assistance with bathing, assist of two with transfers.
Mobility/Escort: Requires assist of 2 caregivers for transfers. Unable to propel wheelchair, requires staff assistance for locomotion.

The NSA/HCSP lacked documentation of the pureed diet and interventions for aspiration precautions. The NSA/HCSP further lacked interventions to address resident's skin impairment.

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| S3155 | Continued From page 9<br><br>Physician's Order:<br>5-28-18: Speech Therapy evaluation/treatment. Patient pocketing food - change to pureed diet.<br>6-5-18: Puree Diet, Nectar thick liquids.<br><br>Physician's Progress Notes:<br>4-16-18: "pressure ulcer to sacral/coccyx region...1. Stage I pressure ulcer will order for home health nursing to evaluate/treat for wound care.<br>5-28-18: "Reports that patient is pocketing his/her food. Evaluation for speech. Aspiration risk. He/She was on mechanical soft, nectar thick liquids consider possible advance in diet as determined...1. Pocketing food. Have speech evaluate. Recommend possible puree diet - nectar thick liquids<br>6-5-18: "Further decline. He/She is pocketing food, decreased appetite. Puree diet with nectar thick liquids...2. Dysphagia - pocketing food, changed diet to puree with nectar thick. Risk for aspiration.."<br><br>Nurse's Notes:<br>7-23-17 at 3:30 pm: "Shearing /scant sanguinous drainage noted to coccyx. Area cleansed, calmoseptine applied. Resident resting in bed on side to reduce pressure to coccyx. Frequent repositioning every 2 hours in place. Notified nurse on next shift during report..." Signed by Licensed Staff I.<br>10-12-17: "Skin Assessment...bottom with excoriation and redness. Barrier cream used..." Signed by Administrative Nurse B.<br>4-16-18 at 2:00 pm: "Primary Care Provider evaluation...Home health nursing evaluate and treat wound to buttocks - recommend treatment..." Signed by Administrative Nurse B.<br>4-23-18 at 12:00 pm: "Notified by (home health | S3155 | | |

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| S3155 | Continued From page 10 | S3155 | | |

agency) that resident was discharged after one visit. Resident noted to have chronic associated dermatitis on and off, has scarring, dry and flaky skin to buttocks. Home health suggests managing with continued good hygiene and cream to area...staff educated on continued proper peri-care..." Signed by Licensed Staff I.
5-15-18 at 9:20 am: "Notified physician regarding resident's choking on liquids. New order thicken liquids to nectar consistency." Signed by Licensed Staff C.
5-22-18 at 9:30 am: "...Diet pureed, use thickener for nectar consistency liquids, aspiration precautions." Signed by Licensed Staff C.

Observation of resident on 6-13-18 at 3:00 pm revealed resident in high back wheelchair. Able to stand with walker for peri-care. Incontinent of bladder. Required two staff to assist with care. Skin of buttocks is dark purple with sluggish return when pressure applied. Buttocks had two irregularly shaped areas approximately 1.5 centimeters slightly raw, top layer of skin is off. No drainage noted. Staff provided hygiene care and skin care with barrier cream. Certified Staff D stated staff fed resident. Confirmed resident pockets food and staff gave sips of water to help clear mouth. After meals, "we clean his/her mouth." Certified Staff D and Certified Staff J failed to provide additional instructions for management of aspiration risk or impaired skin.

Interview on 6-13-18 at 1:30 pm with Administrative Nurse B confirmed the NSA/HCSP lacked interventions to address resident's pocketing of food, aspiration risk and potential for skin impairment. Stated staff has been laying resident down after meals to offload buttocks. Confirmed this intervention was not included on service plan nor any additional interventions to

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| S3155 | Continued From page 11<br>promote healing of impaired skin.<br><br>For Resident #121, the administrator failed to ensure the licensed nurse provided or coordinated the provision of health care services to address the resident's aspiration risk, risk for skin impairment then actual skin impairment. | S3155 | | |
| S3166 SS=F | 26-41-204 (e) Delegation of Duties<br><br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(e)<br><br>The facility reported a census of 57 residents (38 assisted living residents and 19 memory care residents). The sample included 3 residents and 3 focus review residents. A licensed nurse failed to delegate a nursing procedure not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, KSA 65-1124 and amendments thereto as evidenced by record review and interview for 1 (Certified Staff E) of 1 certified medication aides sampled and affecting all CMAs who perform blood glucose monitoring.<br><br>Findings included: | S3166 | | |

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| S3166 | Continued From page 12<br>- Personnel records reviewed on 6-13-18 at 11:36 pm with Administrator.<br><br>- Personnel record review for Certified Staff E, a CMA (certified medication aide), revealed date of hire 5-30-17. The personnel record lacked documentation of a competency check for delegation of blood glucose monitoring.<br><br>- Record review for Resident #121 revealed admission on 8-17-15 with diagnosis of Diabetes Mellitus. The Functional Capacity Screen dated 12-20-17 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement stated Accuchecks (blood glucose monitoring) and insulin before meals and at bedtime.<br><br>Review of Medication Administration Record for June 2018 stated: Check blood glucose before meals.<br>Documented results initialed by Certified Staff F (6-2-18 at 5:00 pm), Certified Staff G (6-8-18 at 12:00 pm and 5:00 pm) and Certified Staff H (6-11-18 at 8:00 am and 12:00 pm).<br><br>Interviews on 6-12-18 during completion of entrance tour checklist and 6-13-18 at 2:00 pm with Administrative Nurse B stated certified medication aides perform blood glucose monitoring. For Resident #121, upon review of MAR, confirmed Certified Staff F, G, and H had performed blood glucose monitoring and documented the results. Administrative Nurse B confirmed staff personnel files lacked documentation of a competency checklist and return demonstration for delegation of blood glucose monitoring. Stated he/she had not performed any delegations for blood glucose | S3166 | | |

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| S3166 | Continued From page 13<br>monitoring since beginning of his/her employment.<br><br>For Certified Staff E, F, G and H and affecting all CMAs who perform blood glucose monitoring, a licensed nurse failed to delegate a nursing procedure not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, KSA 65-1124 and amendments thereto. | S3166 | | |
| S3175 SS=D | 26-41-205 (a) (1) Self Administration of Medication<br><br>(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.<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(a)(1)<br><br>The facility reported a census of 57 residents (38 | S3175 | | |

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| S3175 | Continued From page 14 | S3175 | | |

assisted living residents and 19 memory care residents). The sample included 3 residents and 3 focus review residents. Based on record review and interview for 1 (#300) of 3 focus review residents, the administrator failed to ensure any resident may self-administer and manage medications independently if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. An assessment shall be completed before the resident initially begins self-administration of medication.

Findings included:

- Record review for Resident #300 revealed admission on 2-28-17 with diagnoses Hypertension, Hypothyroidism, Depression, Hearing Loss, and Abnormal Gait and Coordination.

The Functional Capacity Screen dated 5-18-18 recorded resident required supervision of management of medications and treatments.

The Negotiated Service Agreement dated 5-18-18 stated (resident) is independent with medication administration. Able to distinguish between colors and shapes and identify medication. Resident's (family member) assists in the set-up of his/her medication. (Facility) is responsible for ordering (Resident's) medications and (family member) will pick up the monthly medications and set up the pill box.

The record lacked documentation of an assessment of the resident's ability to self-administer medication by a licensed nurse.

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| S3175 | Continued From page 15<br>Physician's order dated 8-29-17 stated "may self administer medication".<br><br>Interview on 6-13-18 at 4:48 pm with Administrative Nurse B confirmed the resident takes medications independently and further confirmed the record lacked documentation of as assessment of the resident's ability to self administer medications by a licensed nurse.<br><br>Observations on 6-13-18 at 5:15 pm of Resident #300 revealed him/her to be eating dinner in the main dining room. Alert and oriented to person, place and time. Confirmed he/she self administered medications. Gave permission to look at medication pill container in his/her room. Observation of resident's room revealed a weekly pill box in bathroom with medications set up to be taken twice a day.<br><br>For Resident #300, the administrator failed to ensure a licensed nurse had performed and documented an assessment of resident's ability to safely self-administer medications before the resident initially began self-administration of medication. | S3175 | | |
| S3248 SS=F | 26-41-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following documentation:<br>(1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training;<br>(2) supporting documentation for criminal | S3248 | | |

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| S3248 | Continued From page 16<br>background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto;<br>(3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and<br>(4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-102(d)(2)<br><br>The facility reported a census of 57 residents (38 assisted living residents and 19 memory care residents). The sample included 3 residents and 3 focus review residents. The administrator failed to ensure employee records contained supporting documentation for criminal background checks of facility staff pursuant to K.S.A. 39-970 and amendments thereto as evidenced by record review and interview for 3 (Certified Staff C, D, E) of 3 certified employee records reviewed.<br><br>Findings included:<br><br>- Review of employee records on 6-13-18 at 11:30 a.m. with Administrator revealed the employee records contained background checks through Kansas Bureau of Investigation as | S3248 | | |

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| S3248 | Continued From page 17<br>follows:<br><br>Certified Staff C with date of hire 6-6-18. The record lacked evidence of certification and supporting documentation of a criminal background check obtained through the department as required by K.S.A. 39-970.<br><br>Certified Staff D with date of hire 1-24-18. The record lacked evidence of certification and supporting documentation of criminal background check obtained through the department as required by K.S.A. 39-970.<br><br>Certified Staff E with date of hire 5-30-17. Employee record lacked evidence of criminal background check obtained through the department as required by K.S.A. 39-970.<br><br>Interview on 6-13-18 at 11:36 a.m. with Administrator confirmed all the criminal background checks were performed through Kansas Bureau of Investigation and the records lacked documentation of criminal background checks through the department as required by K.S.A. 39-970.<br><br>The administrator failed to ensure the employee records contained criminal background checks obtained through the department as required by K.S.A. 39-970. | S3248 | | |
| S3280 SS=E | 26-41-104 (d) Disaster and Emergency Preparedness<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of | S3280 | | |

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| S3280 | Continued From page 18<br>employment to the facility ' s emergency management plan;<br>(2) education of each resident upon admission to the facility regarding emergency procedures;<br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-104(d)(3)<br><br>The facility reported a census of 57 residents (38 assisted living residents and 19 memory care residents). The sample included 3 residents and 3 focus review residents. Based on record review and interview for all residents and staff, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with all residents.<br><br>Findings included:<br><br>- Review of the facility emergency management plan on 6-12-18 at 4:25 pm with Administrator who provided documentation of quarterly review of the emergency management plan with staff and residents. Documentation of review with residents revealed the following:<br><br>Residents reviewed portions of the emergency | S3280 | | |

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| S3280 | Continued From page 19 | S3280 | | |

management plan during resident council meetings in assisted living as follows:
4-25-18 with 14 residents - Tornado protocol.
2-28-18 with 16 residents - Tornado procedures; watch versus warning. Where the safe spot is. Fire emergency procedures.

The plan failed to provide documentation of review with memory care residents and any assisted living residents who did not attend the resident council meetings. Further failed to review all components of the emergency management plan.

Employees reviewed the emergency management plan during staff meetings as follows:
5-17-18 - Fire Prevention and Safety
2-28-18 - Disaster Preparedness and Tornado Safety
9-8-17 - Fire Prevention and Safety
8-2-17 - Emergency Procedures
2-2017 Disaster Preparedness and Tornado Safety

The plan failed to provide documentation of review of the entire emergency management plan with the employees.

Interview on 6-12-18 at 4:25 pm with Administrator stated for those who don't attend the resident council meetings they have a chat during lunch to cover what happened at the meeting. This is done in both assisted living and memory care. Confirmed the facility lacked documentation of these reviews to include all of the residents. Further confirmed the facility lacked documentation of quarterly review of the entire emergency management plan.

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| S3280 | Continued From page 20<br><br>Review of the facility "Disaster Policy and Procedure" lacked requirement for education of each resident upon admission and each staff member at time of employment regarding emergency procedures and quarterly review thereafter for all residents and employees.<br><br>The administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's entire emergency management plan with all residents. | S3280 | | |
| S3420 SS=F | 28-39-256 MECHANICAL REQUIREMENTS<br><br>(c) Mechanical requirements.<br><br>(1) Heating, air conditioning, and ventilating systems.<br><br>(A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC.<br><br>(B) Each apartment or individual living unit shall allow the resident to control the temperature.<br><br>(2) Plumbing and piping systems.<br><br>(A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached.<br><br>(B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. | S3420 | | |

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| S3420 | Continued From page 21<br><br>(3) Electrical requirements.<br><br>(A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting.<br><br>(B) Minimum lighting intensity levels shall be as required in Table 1.<br><br>(C) Each corridor and stairway shall remain lighted at all times.<br><br>(D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-39-256(c)(2)(B)<br><br>The facility reported a census of 57 residents (38 assisted living residents and 19 memory care residents). The sample included 3 residents and 3 focus review residents. Based on observation, record review and interview for all residents, the administrator failed to ensure the temperature of hot water shall range between 98 degrees F (Fahrenheit) and 120 degrees F at bathing facilities, sinks and lavatories in resident use areas.<br><br>Findings included:<br><br>- Observations on 6-12-18 between 1:18 pm and 3:45 pm during entrance tour accompanied by administrator, revealed the following hot water temperatures: | S3420 | | |

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| S3420 | Continued From page 22<br><br>Kitchen Galley sink adjacent to main dining room: 125.6 degrees F.<br>Second Floor Public Restroom sink: 125.2 degrees F.<br>Second Floor Spa/Whirlpool bathroom sink: no hot water.<br>Maintenance Director notified of the above by Administrator.<br><br>Recheck of second floor public restroom sink on 6-12-18 at 2:55 pm with Maintenance Director for comparison:<br>Surveyor thermometer: 123.2 degrees F<br>Facility laser thermometer: 119.5 degrees F<br>Maintenance Director stated he/she was not monitoring hot water temperatures and confirmed the facility had no system in place for the routine monitoring of hot water temperatures throughout the facility and lacked a hot water temperature log. Further stated the sink in the spa/whirlpool bathroom had a broken valve on the hot water side and would be repaired. Later, upon checking the boilers, stated one boiler had been turned up to 125 degrees F and was now adjusted back down to 120 degrees F.<br><br>Check of surveyor thermometer in ice on 6-12-18 at 3:45 pm: 32.3 degrees F.<br><br>For all residents, the administrator failed to ensure the temperature of hot water shall range between 98 degrees F and 120 degrees F at bathing facilities, sinks and lavatories in resident use areas. | S3420 | | |