STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046055	A. BUILDING: _____ B. WING _____	12/07/2016

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VINTAGE PARK AT GARDNER LLC	869 JUNIPER TERRACE GARDNER, KS 66030

(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 The following citations are the result of a licensure re-survey with attached complaint at the above named assisted living facility on 12/5/16, 12/6/16 and 12/7/16.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall	S 225		

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

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S 225	Continued From page 1 execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(1)(C)(3) The facility reported a census of 31 residents. The sample included 3 residents, one focus review resident and one closed chart review resident. Based on record review and interview for resident #125, the operator failed to execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and good the resident will receive and specifies the obligations that the resident has toward the adult care home. Findings included: - Record review for resident #125 recorded admission date of 10/31/15 with diagnoses of: diabetes mellitus type 2, hypertension, hypothyroidism, Parkinson ' s, obesity and organic brain syndrome. Functional Capacity Screen (FCS) dated 10/31/16	S 225		

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S 225	Continued From page 2 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement (NSA) and Health Care Service plan (HCSP) dated 10/31/16 recorded resident to receive assistance with management of medications and treatments, qualified staff to administer medications and treatments and resident may administer own insulin. On 12/5/16 at 2:48pm requested resident #125 signed admission agreement from facility operator #C. He/she stated resident refused to sign the admission agreement and confirmed resident moved into the facility on 10/31/15. Operator stated facility does not have a copy of the admission agreement, that resident had a wreck and resident ' s lawyers called and wanted a copy of the agreement, the original may have been sent to the lawyers. He/she then called to request law office look for the agreement. On 12/6/16 at 10:40am and again at 2:28pm, requested to see the admission agreement for resident #125. Was informed agreement had not been located. For resident #125, the operator failed to the operator failed to execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and good the resident will receive and specifies the obligations that the resident has toward the adult care home..	S 225		
S3080 SS=F	26-41-201 (a) (b) Functional Capacity Screen on Admission	S3080		

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S3080	Continued From page 3 a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of 31 residents. The sample included 3 residents, one focus review resident and one closed review resident. For all residents, the operator failed to ensure that facility ' s screening form to determine the resident ' s functional capacity included each element and definition as specified by the department. Based on record review and interview and observation for 3 residents sampled (#125, #126 and #127) Findings included: - Review of facility functional capacity screen for resident #125, #126 and #127 documented elements of functional capacity failed to include the definition and code prescribed by the department.	S3080		

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S3080	Continued From page 4 Department instructions for the functional capacity screen (FCS) require coding for section " II: Functional Screen " to be as follows: (0) independent (1) supervision needed (2) physical assistance needed and (3) unable to perform. Facility FCS form recorded section II coding to be as follows: (1) independent, (2) supervision needed (3) physical assistance needed and (4) unable to perform. Department instructions for the FCS require coding for communication section to be as follows: Expresses information (0) understandable (1) usually understandable and ability to understand others (0) understandable and (1) usually understandable. Facility FCS form recorded coding for communication section to be as follows: Expresses information (1) understandable and ability to understand others (1) understandable. Record review for resident #125 recorded admission date of 10/31/15 with diagnoses of: Diabetes Mellitus type 2, hypertension, hypothyroidism, Parkinson ' s, obesity and organic brain syndrome. Functional capacity screen (FCS) dated 10/31/16 recorded section II for resident as (3) physical assistance needed bathing and transfer; (1) independent for dressing, toileting walking/mobility and eating; and (2) supervision needed for management of medications and treatments and communication section recorded resident ability to express information as (1) understandable and ability to understand others as (1) understandable.	S3080		

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S3080	Continued From page 5 Observation on 12/6/16 at 3:35pm observed resident drive up in a large silver pickup truck with a scooter on a rack on the back, get out of the truck independently, unload the scooter and then move the truck. Record review fore resident #126 recorded admission date of 2/19/01 with diagnoses of: depression, coronary artery disease, hypothyroidism and osteoporosis. FCS dated 8/11/16 recorded section II for resident as (3) physical assistance needed for bathing, dressing, toileting, transfer, walk/mobility, a (2) supervision needed for eating, (4) unable to perform for management of medications treatments and communication section recorded resident ability to express information as (1) understandable and ability to understand others as (1) understandable. Record review for resident #127 recorded admission date of 10/29/15 with diagnoses of atrial fibrillation, anemia, chronic obstructive pulmonary disease, diabetes mellitus type 2, osteoarthritis, hyperlipidemia and multifocal atrial tachycardia. FCS dated 10/29/16 recorded section II coding for resident as (1) independent for: bathing, dressing, toileting, transfer, walk/mobility, and eating. Management of medications (4) unable to perform, and management of treatments (3) Physical assistance required and the communication section recorded resident ability to express information as (1) understandable and ability to understand others as (1) understandable.	S3080		

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S3080	Continued From page 6 Interview on 12/6/16 at 1:48pm with licensed nurse #D stated facility computer prints FCS with name, date of birth, date of assessment and responsible party and he/she fills the codes in by hand. Confirmed he/she uses same form for each resident in the facility and he/she has a FCS manual. He/she stated believed coding on form was changed when the new management company took over facility on 1/1/16 and stated he/she thought management company just " bumped it up " (coding). Interview on 12/6/16 at 2:34pm with administrative staff #C stated the facility does not have a policy on Functional Capacity screenings. He/she stated " We go off the state regulation. " For resident #125, #126 and # 127 and all residents in the facility, the operator failed to ensure that facility ' s screening form included each element and definition as specified by the department.	S3080		
S3095 SS=D	26-41-202 (f) NSA Refusal of Service (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: (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	S3095		

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S3095	Continued From page 7 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. . This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (f) The facility reported a census of 31 residents. The sample included 3 residents, one focus review resident and one closed chart review resident. Based on record review and interview for one sampled resident (#125), the operator failed to ensure that if a resident refuses a service that the 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 services refused, identification of any potential negative outcomes for the resident if the service are not provided, evidence of the provision of education to the resident of the potential risk of any negative outcomes if the service is not provided and an indication of acceptance by the resident of the potential risk. Findings included: - Record review for resident #125 recorded admission date of 10/31/15 with diagnoses of: diabetes mellitus type 2, hypertension, hypothyroidism, Parkinson ' s, obesity and organic brain syndrome. Functional Capacity Screen (FCS) dated 10/31/16	S3095		

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S3095	Continued From page 8	S3095		

recorded resident required assistance with management of medications and treatments.

Negotiated Service Agreement (NSA) and Health Care Service plan (HCSP) dated 10/31/16 recorded resident to receive assistance with management of medications and treatments, qualified staff to administer medications and treatments and resident may administer own insulin.

Physician ' s progress note dated 10/20/16 recorded: " resident is refusing insulin at times and out of the facility almost daily not taking insulin with him/her, his/her sugars are consistently over 400. " Signed by resident ' s primary care provider.

Nurses notes recorded resident ' s blood glucose results for 10/1/16 to 10/20/16. Document recorded 13 episodes of resident refusal to take insulin. Blood glucose results recorded 18 episodes of blood glucose results over 300.

Nurses notes lacked record of the provision of education to the resident of the potential risk of any negative outcomes if he/she continued to refuse to take prescribed insulin.

Interview on 12/5/16 at 2:48pm with licensed nurse #D stated resident is very non-compliant; he/she drives off, won ' t take medications, goes from doctor to doctor, and has gone to 4 doctors in the past 6 months.

Resident record lacked a negotiated risk agreement for medication refusal.

Interview on 12/5/16 at 2:48pm with facility operator #C stated resident has not been given a

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S3095	Continued From page 9 30 day notice for non-compliance or a negotiated risk agreement for refusing medications. Interview on 12/6/16 at 2:00pm with licensed nurse #D confirmed resident self-injects insulin, but he/she is non-compliant and won ' t take it. Licensed nurse #D stated he/she has talked to resident about the non-compliance but has no record of it. Review of resident handbook for facility residents recorded the following: " You may exercise your right to refuse medications or refuse to follow your doctor ' s advice. If these events are occurring regularly, resident will be required to sign a statement of resident choice or a negotiated risk agreement. " For resident #125, the operator failed to ensure that if a resident refuses a service that the 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 services refused, identification of any potential negative outcomes for the resident if the service are not provided, evidence of the provision of education to the resident of the potential risk of any negative outcomes if the service is not provided and an indication of acceptance by the resident of the potential risk.	S3095		
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	S3155		

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S3155	Continued From page 10 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 31 residents. The sample included 3 residents, 1 focus review resident and 1 closed chart resident. Based on record review, observation and interview for 3 sampled residents (#125, #126, #127) and 1 (#129) closed chart review resident, the operator 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 #125 recorded admission date of 10/31/15 with diagnoses of: diabetes mellitus type 2, hypertension, hypothyroidism, Parkinson ' s, obesity and organic brain syndrome. Functional Capacity Screen (FCS) dated 10/31/16 recorded resident required assistance with bathing, transfers, management of medications and treatments, and has a history of falls/unsteadiness. Negotiated Service Agreement (NSA) and Health	S3155		

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S3155	Continued From page 11 Care Service plan (HCSP) dated 10/31/16 recorded resident to receive staff assistance with bathing, transfers when resident is experiencing symptoms of Parkinson ' s disease (resident is independent with cane, walker, wheelchair and scooter most of the time), qualified staff to administer medications and treatments and resident may administer own insulin. Review of nurses notes recorded resident fell on 3/16/16, 5/17/16, and twice on 7/4/16 and on 9/5/16. Observation on 12/6/16 at 12:48 in resident ' s room revealed a floor to ceiling transfer bar and a trapeze bar attached to the head of the bed. Interview on 12/6/16 at 3:45pm resident stated he/she uses both the transfer pole and trapeze bar. HCSP lacked interventions for falls and entries for use of a transfer pole and trapeze bar. Interview on 12/6/16 at 2:00 pm with licensed nurse #D confirmed HCSP lacked appropriate interventions for falls and entries for resident use of a transfer pole and trapeze bar. Record review fore resident #126 recorded admission date of 2/19/01 with diagnoses of: depression, coronary artery disease, hypothyroidism and osteoporosis. FCS dated 8/11/16 recorded resident required physical assistance with transfer, walking/mobility, and has a history of falls/unsteadiness. NSA and HCSP dated 8/11/16 recorded resident	S3155		

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S3155	Continued From page 12	S3155		

to receive staff assistance with transfers (can self-propel wheelchair) and resident has a side rail for bed mobility.

Nurses notes recorded resident fell on 1/7/16, 2/17/16, 4/18/16 and 11/18/16.

Interview on 12/6/16 at 1:57pm with licensed nurse #D stated resident has a fall mat as a fall intervention, confirmed lack of entry for fall mat on HCSP, confirmed lack of appropriate fall interventions on HCSP.

HCSP lacked entry for use of a fall mat and interventions for falls.

Record review for resident #127 recorded admission date of 10/29/15 with diagnoses of atrial fibrillation, anemia, chronic obstructive pulmonary disease, diabetes mellitus type 2, osteoarthritis, hyperlipidemia and multifocal atrial tachycardia.

FCS dated 10/29/16 recorded resident unable to perform management of medications and required assistance with management of treatments. Resident has a history of falls/unsteadiness.

NSA and HCSP dated 10/29/16 recorded qualified staff to administer medications and treatments and resident may give own insulin.

Nurses notes recorded resident fell on 7/6/16 in the closet.

HCSP lacked interventions for falls.

Interview on 12/6/16 at 1:40pm with licensed nurse #D confirmed HCSP lacked appropriate

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S3155	Continued From page 13 interventions for falls. Record review for resident #129 recorded admission date of 2/5/16 with diagnoses of anemia, chronic kidney disease stage 4, protein/calorie malnutrition, ischemic cardiomyopathy, atrial fibrillation and systolic congestive heart failure. FCS dated 2/4/16 recorded resident unable to perform management of medications and treatments and had a history of falls/unsteadiness. NSA and HCSP dated 2/5/16 recorded resident medications and treatments to be given per qualified staff as ordered by physician. Fall risk assessment and interventions form dated 2/5/16 recorded resident score of 9 (high risk for falls and intervention of " observe resident while in view for safety. " Nurses notes recorded resident falls on 3/11/16 in resident room, 4/27/16 at son ' s residence and 6/6/16 in resident room. HCSP lacked appropriate fall interventions. Interview on 12/6/16 at 1:30pm with licensed nurse #D stated fall of 3/11/16 resulted in a fractured hip. Confirmed HCSP lacked appropriate interventions for falls. For sampled residents #125, #126 and #127 and closed review resident #129 who required health care services, the operator 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	S3155		

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S3155	Continued From page 14 accordance with the functional capacity screening and the negotiated service agreement.	S3155		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 31 residents. The sample included 3 residents, one focus review resident and one closed chart review resident. Based on record review, observation and interview for 2 sampled residents (#125 and #126), the operator failed to ensure all medications and treatments were administered in	S3200		

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	N046055	A. BUILDING: _____ B. WING _____	12/07/2016

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S3200	Continued From page 15 accordance with a medical care provider's written order, professional standards of practice and each manufacturer ' s recommendations. Findings included: - Record review for resident #125 recorded admission date of 10/31/15 with diagnoses of: diabetes mellitus type 2, hypertension, hypothyroidism, Parkinson ' s, obesity and organic brain syndrome. Functional Capacity Screen (FCS) dated 10/31/16 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement (NSA) and Health Care Service plan (HCSP) dated 10/31/16 recorded resident to receive assistance with management of medications and treatments, qualified staff to administer medications and treatments and resident may administer own insulin. Medication administration record for 12/01/16 through 12/31/16 recorded Silver sulfadiazine 1% cream (used for burns and wounds) apply to affected area twice a day for 14 days, staff initialed as given twice daily on December 1,2,3,4 and once on December 5. Pharmacy electronic prescription recorded medication order written on 11/17/16. Medication administration records for November 2016 lacked record medication was administered.	S3200		

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S3200	Continued From page 16 Observation on 12/6/16 at 2:43pm in facility medication cart box of Silver sulfadiazine 1% cream filled 11/17/16. Interview on 12/6/16 at 2:43pm with licensed #E stated medication is being applied to open area on resident ' s coccyx. Confirmed medication should have been started on the 17th and has been given for longer than 14 days. He/she stated area is healing but is not healed yet. Record lacked a signed physician ' s order for the medication, record of administration of medication in November 2016 and medication has been administered longer than prescription label instructed. Interview on 12/6/16 at 2:30pm with licensed nurse #D confirmed medication administration record (MAR) lacked entries for administration of medication in November 2016 and lacked signed physician ' s order for medication. Stating he/she believed the order came from an urgent care clinic. Page one of MAR for 12/01/16 through 12/31/16 recorded Levemir Flextouch (insulin for diabetes) inject 60 units subcutaneously (under the skin) twice daily. Initialed as given on December 1,2,3,4 and 5. Page two of MAR for 12/01/16 through 12/31/16 recorded Levemir 60 units SQ (subcutaneously) BID (twice daily). Initialed as given on December 1,2,3,4 and 5. Levemir insulin was double charted in December. Interview on 12/5/16 at 2:48pm with licensed	S3200		

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S3200	Continued From page 17 nurse #D confirmed Levemir insulin is double charted and resident only received it twice daily. Record review fore resident #126 recorded admission date of 2/19/01 with diagnoses of: depression, coronary artery disease, hypothyroidism and osteoporosis. FCS dated 8/11/16 recorded resident unable to perform management of medications and treatments. NSA and HCSP dated 8/11/16 recorded resident to receive assistance with management of medications and treatments, qualified staff to administer medications and treatments. Physician ' s orders signed 10/8/16 recorded Mineral oil, heavy; instill 5 drops into each ear once weekly for wax buildup. MAR for 12/1/16 through 12/31/16 lacked record of administration of the medication as ordered. MAR for November 2016 also lacked record of administration of the medication. MAR for October lacked record of administration of the medication and " refused " was written on MAR. Interview on 12/6/16 at 1:57pm with licensed nurse #D confirmed medication is not recorded as given in October, November or December 2016 and record does not contain an order to discontinue the medication. For residents #125 and #126, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer ' s recommendations.	S3200		

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S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-205(h)(1)	S3215		

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S3215	Continued From page 19 The facility reported a census of 31 residents. The sample included 3 residents, one focus review resident and one closed chart review resident. For all residents, the operator failed to ensure that licensed nurses or medication aides stored non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. . Based on record review and interview and observation for 2 residents sampled (#125 and #127) and 3 residents non-sampled (#130, #131 and #132) who received insulin injections. Findings included: Observation on 12/5/16 at 1:50pm in therapy bath room (door open), an unlocked cabinet with 5 baskets containing blood glucose monitoring equipment labeled with resident names/room numbers, and one purple basket with no label. Interview on 12/5/16 at 1:50pm with licensed nurse #D stated the therapy room door is left open so residents may use the toilet because it has a call light near it. During interview on 12/6/16 at 2:00pm with licensed nurse #D, inquired where residents ' insulin pens are kept after they are opened. He/she replied insulin pens are kept in the spa room cupboard with the blood glucose monitoring equipment. Observation on 12/6/16 at 3:28pm in the therapy bath room (spa room) (door to room was open), in an unlocked cabinet, (for diabetes) in the blood glucose monitoring baskets, the following insulin pens:	S3215		

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S3215	Continued From page 20 For resident #125, Levemir flex touch insulin pen For resident #127, Levemir flex touch insulin pen For resident #130, Humalog insulin pen For resident #131, Lantus solostar insulin pen and Novolog flex insulin pen For resident #132, Novolog flex insulin pen For all residents, the operator failed to ensure that licensed nurses or medication aides stored non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart.	S3215		
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) The facility reported a census of 31 residents. The sample included 3 residents, one focus review resident and one closed chart review resident Based on record review and interview for one sampled resident (#125) and one closed chart review resident (#129), the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the	S3261		

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S3261	Continued From page 21 action. Findings included: - Record review for resident #125 recorded admission date of 10/31/15 with diagnoses of: diabetes mellitus type 2, hypertension, hypothyroidism, Parkinson ' s, obesity and organic brain syndrome. Functional Capacity Screen (FCS) dated 10/31/16 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement (NSA) and Health Care Service plan (HCSP) dated 10/31/16 recorded resident to receive assistance with management of medications and treatments, qualified staff to administer medications and treatments and resident may administer own insulin. Medication administration record for 12/01/16 through 12/31/16 recorded Silver sulfadiazine 1% cream (used for burns and wounds) apply to affected area twice a day for 14 days, staff initialed as given twice daily on December 1,2,3,4 and once on December 5. Pharmacy electronic prescription recorded medication order written on 11/17/16. Observation on 12/6/16 at 2:43pm in facility medication cart box of Silver sulfadiazine 1% cream filled 11/17/16.	S3261		

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S3261	Continued From page 22 Nurses notes: last entry recorded on 11/15/16 resident continues on antibiotic ..... Interview on 12/6/16 at 2:30pm with licensed nurse #D, stated he/she believed the prescribing physician worked at the urgent care clinic, did not know what the medication was being administered for and confirmed nurses notes record lacked entry regarding new medication. Interview on 12/6/16 at 2:43pm with licensed #E stated medication is being applied to open area on resident ' s coccyx. Record lacked entry for initiation of new medication, what it was prescribed for, notification of primary care provider, notification of family, and measurement of open area. Record review for resident #129 recorded admission date of 2/5/16 with diagnoses of anemia, chronic kidney disease stage 4, protein/calorie malnutrition, ischemic cardiomyopathy, atrial fibrillation and systolic congestive heart failure. Functional Capacity Screen (FCS) dated 2/4/16 recorded resident unable to perform management of medications and treatments and had a history of falls/unsteadiness. Under comments section: " 4/7/16 Resident returned from rehabilitation after having broke his/her hip. No changes in the FCS, NSA or Care Plan. " Signed by licensed nurse #D. Negotiated Service Agreement (NSA) and Health Care Service Plan dated 2/5/16 recorded resident medications and treatments to be given per qualified staff as ordered by physician.	S3261		

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S3261	Continued From page 23 Nurses notes recorded the following: 3/11/16, 9:00pm, resident fell, complained of right upper leg pain, 911 called at 8:45pm, resident refused to go to the emergency room. Nurses note lacked time of fall. 3/12/16, 9:00am, resident agreed to go to the emergency room for evaluation. 4/7/16, 6:00pm resident returned from (rehabilitation facility name) at 9:30am. Nurses notes lacked record of admission to hospital and reason for hospitalization. Interview on 12/6/16 at 1:30pm with licensed nurse #D confirmed resident was in the hospital for a fractured hip from 3/12/16 to 4/7/16 and record lacked documentation of hospitalization. Nurses notes recorded the following: 6/6/16, 10:45am, resident stated he fell into door frame causing a skin tear and bruise on right arm. Doctor ' s appointment tomorrow 6/7/16. 6/10/16, 12:00pm, resident ' s son came to facility and stated resident passed away at (hospital name). Nurses notes lacked record of admission to hospital and reason for hospitalization. Interview on 12/6/16 at 1:30pm with licensed nurse #D confirmed resident was admitted to the hospital for a low hemoglobin level and passed away at the hospital. Confirmed nurses notes	S3261		

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S3261	Continued From page 24 lacked record of admission to hospital and reason for admission. For residents #125 and #129, the operator 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		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a)	S3320		

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S3320	Continued From page 25 The facility reported a census of 31 residents. The sample included 3 residents, 1 focus review resident and 1 closed chart review resident. Based on observation and interview for all cognitively impaired residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in a resident use area. Findings included: Review of facility resident roster on 12/5/16 recorded 3 residents with cognitive impairment. Observation on 12/5/16 during facility tour at 11:50am with licensed nurse #D, observed the following unsecured chemicals in an unlocked cabinet below the sink in the therapy bath: Eco Lab antibacterial clean and smooth soap 1 gallon Eco Lab Peroxide disinfectant and glass cleaner 32 ounces Zip Hospital spray disinfectant 16.5 ounces Meyer Cling On bowl cleaner 32 ounces (1/4 full) Meyer Attack enzyme odor digester drain opener 32 ounces (1/2 full) Observed the door to therapy bath open on 12/5/16 at 11:50 am. Interview on 12/15/16 at 11:50am with licensed nurse #D confirmed the therapy bath door is left open for residents to use the toilet as it has a call light available.	S3320		

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S3320	Continued From page 26 The operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured in a resident use area.	S3320		