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BENTON HOUSE OF LENEXA	22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220

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S 000	INITIAL COMMENTS The following citations represent the findings of an initial survey at the above named assisted living facility conducted on 10-17-17, 10-18-17, 10-19-17, 10-23-17 and 10-24-17.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced	S3028		

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

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S3028	Continued From page 1 by: KAR 26-41-101((f)(3) The facility reported a census of 30 residents (23 assisted living and 7 memory care). The sample included 3 residents, one focus review resident and one closed record review. Based on record review and interview for 1(#105) closed record review, the administrator failed to ensure an allegation of abuse or neglect was reported to the department when the resident was administered the wrong medication. Findings included: - Record review for resident #105 revealed admission on 2-28-17 with diagnoses Hypertension, Anxiety, Depression and Status Post Cerebrovascular Accident. The Functional Capacity Screen (FCS) dated 2-28-17 recorded resident independent with management of medications and treatments. (Note: The FCS lacked documentation of reassessment when the resident experienced a significant change of condition and became unable to manage medications and treatments.) The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 4-9-17 stated: A licensed nurse and/or medication aide will administer resident's medications as prescribed by physician. Self-Administration of Medication Assessment Tool dated 3-3-17 recorded resident not approved to self-administer medications. "Community to do medication administration." Signed by Administrative Nurse B.	S3028		

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S3028	Continued From page 2 Resident Observation Notes stated: "Resident was given wrong medications at med pass this evening. Called the physician, physician said the medication that was given has no severe side effects, and patient has no known allergic reaction to the medications. Physician said it was fine and to hold his/her medications this evening..." Signed by Licensed Staff G. A report of the error revealed the resident received the following medications at 9:30 pm on 9-6-17: Aspirin 81 mg (milligrams) (blood thinner and anti-inflammatory) Gabapentin 100 mg (anticonvulsant, nerve pain relief) Oxybutynin 5 mg (antispasmodic) Pantoprazole 40 mg (proton pump inhibitor used to treat gastric reflux) Preservision capsule AREDS 2 (vitamin supplement) Facility policy for "Medication Discrepancies and Adverse Reactions" stated: "...medication discrepancies and adverse medication reactions are documented and reported to the resident's attending physician, the pharmacy, the manager and to Corporate office. In addition to reporting, discrepancies that have the potential for but do not actually result in the resident receiving an incorrect medication are documented and reported. Medication Discrepancy: An inappropriate or incorrect medication prescribed for, dispensed for, or taken by a resident. It is also an omission of a vital medication due to a prescribing, dispensing, or administering error...the attending physician and family are notified promptly of the error...and the resident is monitored closely for 24 to 72 hours or as directed..."	S3028		

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S3028	Continued From page 3 The policy lacked documentation of the requirement to report to the department. Facility policy for reporting abuse neglect and exploitation stated: Abuse is defined as any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to a resident. Neglect is defined as the failure or omission by one's self, caretaker or another person with a duty to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness. The Executive Director or Resident services Director will report this (allegations of abuse, neglect or exploitation) to the Kansas Department for Aging and Disability Services (KDADS) by calling 1-800-432-3535 within 24 hours of learning about an incident. Interview on 10-17-17 at 12:55 pm during entrance tour with Administrative Staff A stated there had been "a medication error issue. We went through our protocol and contacted the physician." Stated staff was getting ready to pass medications to a resident who was not ready to take them. The staff member mixed up the medication and administered them to Resident #105. He/She caught the error and contacted Administrative Nurse B, the physician and family. Administrative Staff A confirmed he/she did not report the medication error to the department (KDADS) because, "there was no adverse effect to the resident and the physician was not concerned." For Resident #105, the administrator failed to ensure an allegation of abuse or neglect was reported to the department.	S3028		

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S3081	Continued From page 4	S3081		
S3081 SS=E	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) The facility reported a census of 30 residents (23 assisted living and 7 memory care). The sample included 3 residents, one focus review resident and one closed record review. Based on observation, record review and interview for 1 (#104) of 3 sampled residents and 1 (#105) closed record review, the administrator failed to ensure designated facility staff shall conduct a screening to determine each resident's functional capacity following any significant change in condition as defined in KAR 26-39-100. Finding included: - Record review for Resident #104 revealed admission on 2-6-17 with diagnoses Dementia and Type 2 Diabetes Mellitus. The Functional Capacity Screen (FCS) dated 1-31-17 recorded resident independent with	S3081		

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S3081	Continued From page 5	S3081		

bathing, dressing, toileting, transfers, walking/mobility, eating and management of medications and treatments. Continent of bladder. Cognition: problems with decision-making.

The FCS lacked documentation of reassessment regarding ability to manage medications and treatments and changes in cognition when the resident experienced a significant change in condition.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 8-21-17 for a change in condition recorded the following services:
Orientation: alert to person, place and time. Sometimes confused in the morning and at night.
Medication Administration: licensed nurse and/or medication aide will administer medications as prescribed by physician.

Unable to observe resident as he/she is currently hospitalized with a fractured ankle.

Self-Administration of Medication Assessment Tool recorded assessments on 2-7-17 and 6-14-17 with approval for family to set up pills in pillbox for resident to self-administer.
The assessment dated 8-1-17 recorded resident unable to self-administer, stated "Resident declining ...to move to memory care. Signed by Administrative Nurse B.

Interview on 10-19-17 at 2:36 pm with Administrative Nurse B confirmed the resident experienced a significant decline in cognition and ability to self-administer medications. Stated "the FCS are done annually" and confirmed the FCS lacked documentation of reassessment with the

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S3081	Continued From page 6 significant change in condition. For Resident #104, the administrator failed to ensure designated facility staff conducted a screening to determine the resident's functional capacity to self-administer medications following a significant decline in cognition. - Record review for resident #105 revealed admission on 2-28-17 with diagnoses Hypertension, Anxiety, Depression and Status Post Cerebrovascular Accident. (Note: resident moved out of facility on 9-30-17) The Functional Capacity Screen (FCS) dated 2-28-17 recorded resident required supervision of bathing, physical assistance with dressing and independent with toileting, transfers, walking/mobility and management of medications and treatments. Continent of bladder. No problems with cognition or communication. No current problems/risks identified. Resident uses walker. The FCS lacked documentation of reassessment when the resident experienced a significant change of condition regarding ability to manage medications and increased fall risk. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 4-9-17 recorded the following services: Dressing: Uses compression hose and would like some assistance putting them on in the morning and taking off at night. Also needs assist pulling pants up and taking them off at night. Toileting: currently independent. Has an ostomy that he/she manages on own.	S3081		

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S3081	Continued From page 7	S3081		

Transfers: independent with transfers and ambulation.
Orientation: alert and oriented to person, place and time.
Medication Administration: A licensed nurse and/or medication aide will administer resident's medications as prescribed by physician.
5-22-17: "counseled and encouraged to request staff assistance to assist when feeling weak ..."
8-26-17: "Resident returned to facility with a prescription to treat a urinary tract infection. (Administrative Nurse B) to re-educate resident on calling for help when he/she needs to use the bathroom ...."

Self-Administration of Medication Assessment Tool dated 3-3-17 recorded resident not approved to self-administer medications. "Community to do medication administration." Signed by Administrative Nurse B.

Observation nurses notes documented the following:

4-25-17 at 2:38 pm: "Resident told me he/she has fallen the last 2 days. Stated he/she just went sideways and didn't truly go to the ground. Advised him/her should stand slowly and wait til vision clears and to call for assistance." Signed by Licensed Staff C.

5-22-17 at 9:10 am: (Staff member) came to me and told me that he/she went to check on (Resident #105) because he/she had pushed pendant and resident #105 was on the ground. When I went into his/her room, he/she was sitting on his/her porch with legs out straight. He/She said was trying to hold the door open with his/her foot and started to lose balance. He /She said he/she just sat back on the ground ...Denied

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S3081	Continued From page 8	S3081		

hitting head ...has a small scratch on the back of right arm, a bruise on the top side of right wrist and bruising on the inside of left hand at the base of pointer finger and middle finger ...agreed to call for help with taking dog out if he/she felt weak." Signed by Licensed Staff H.

5-23-17 at 6:54 pm: "Resident fell again tonight, (staff member) came to get me and told me (Resident #105) was on the floor and he/she was bleeding. When I went into apartment, he/she was on the floor by the kitchen area propped up on left elbow facing away from me, walker was close by. I looked him/her over and he/she has a gash on left eyebrow ..." Signed by Licensed Staff H.

Interviews on 10-19-17 at 2:30 pm and 10-23-17 at 3:10 pm with Administrative Nurse B confirmed the resident had experienced a significant change in condition. Stated Resident #105 was mostly independent when he/she was admitted to the facility. He/she had a small dog and started experiencing difficulty with taking the dog out and had some falls possible as a result of tripping over the dog's leash. Stated family came and removed the dog for resident's safety. He/she became depressed and started to decline. Confirmed the NSA/HCSP was updated but he/she failed to reassess the resident's functional capacity to regarding his/her change in ability to manage medications and increased fall risk. Further stated the resident had an ostomy which he/she cared for when first admitted. Prior to discharge, the resident was unable to care for the ostomy and home health came to change it.

For Resident #105, the administrator failed to ensure designated facility staff conducted a screening to determine the resident's functional

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S3081	Continued From page 9 capacity regarding ability to manage medications and identification of fall risk after the resident began experiencing falls.	S3081		
S3160 SS=D	26-41-204 (c) HEALTH CARE SERVICES (c) The health care services provided by or coordinated by a licensed nurse may include the following: (1) Personal care provided by direct care staff or by certified or licensed nursing staff employed by a home health agency or a hospice; (2) personal care provided gratuitously by friends or family members; and (3) supervised nursing care provided by, or under the guidance of, a licensed nurse. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(c)(1) The facility reported a census of 30 residents (23 assisted living and 7 memory care). The sample included 3 residents, one focus review resident and one closed record review. Based on record review and interview for 1 (#101) of 3 sampled residents, the administrator failed to ensure the health care services coordinated by a licensed nurse which included personal care were provided by direct care staff or by certified or licensed nursing staff employed by a home health agency licensed through Kansas Department for Health and Environment (KDHE).	S3160		

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S3160	Continued From page 10 Findings included: - Record review for resident #101 revealed admission on 8-4-17 with diagnoses L2 Fracture, Decreased Hearing, Dysphagia, Weakness, Hypertension, Hyperlipidemia, Depression, Osteoporosis, History of Stroke, Mild Cognitive Impairment and History of Depression. The functional capacity screen (FCS) dated 8-3-17 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility; independent with eating; and unable to perform management of medications and treatments. Occasionally incontinent of urine. Cognition: problem with memory/recall and decision-making. Current problems/risks included impaired hearing and impaired decision-making. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 9-4-17 recorded the following services: Dining: Family to provide 1:1 sitter to sit with resident at meals. Regular diet. Ambulation/Transfers: full assist with all aspects of ambulation and transfers. Staff will assist in and out of wheelchair as needed; to and from meals and activities. Uses wheelchair most of the time and uses walker for therapy. Bathing: one person assist with all bathing needs. Dressing: one person assist with all dressing needs. Staff will assist in the AM and PM and as needed with dressing and undressing. Family to provide 1:1 sitter that with assist with dressing in the AM and PM. Toileting: one person assist with all toileting needs. Orientation: alert and oriented to person, place	S3160		

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and time. Forgetful at times. Staff will redirect as needed.
8-31-17: Family to provide private sitter 24 hours per day, 7 days per week and until lab work/physician visit accomplished.

Nurses Notes:
8-5-17 at 11:59 am: "(Resident #101) moved in yesterday late afternoon and was accompanied by (family members) ...appears a little stiff upon transfers and is not holding weight well. It took 2 people to transfer from wheelchair to bed. Resident's aid (1:1 sitter) was present. Family will be providing 1:1 care for (resident) with 12 hour shifts the first two days while he/she becomes acclimated to new surroundings. After this, (Administrative Nurse B) and family will discuss hours for 1:1 sitter.." Signed by Administrative Nurse B.
8-23-17 at 8:42 am: "...Sitters with him/her through meals..." Signed by Administrative Nurse B.

Observations on 10-17-17, 10-18-17 and 10-19-17 during survey revealed a private duty care giver pushed resident to and from meals in wheelchair and sat with resident while eating. Also pushed resident in wheelchair to some activities.

Interview on 10-19-17 at 10:55 am with private duty care giver stated he/she was employed by "outside agency C" and works for resident one day per week. Stated has worked for the resident for one year. Stated he/she provides reminders for exercises, assists resident from chair to wheelchair and onto toilet; goes with resident to meals. Confirmed resident follows a regimen for safe swallowing which he/she manages his/herself and includes taking small bites,

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chewing well, drinking between bites and clearing his/her throat. Resident confirmed "usually has someone with me, but I hear that will end as of tonight." Care giver confirmed the night shift sitters would no longer be coming. Resident would have sitters from 9am to 9pm every day.

Interview on 10-19-17 at 11:25 am with Administrative Staff A stated Resident #101 was the only resident in the facility with an outside caregiver. Stated he/she had contacted the agency which provided caregivers for Resident #101 and confirmed the agency failed to provide documentation of licensure with KDHE. Confirmed the agency was not a home health agency or hospice licensed through KDHE. Further confirmed he lacked documentation of agency staff TB tests and criminal background results.

Facility failed to provide a schedule or list of certified caregivers providing care to Resident #101, including documentation of registry check, TB testing and criminal background checks.

Interview on 10-19-17 at 3:28 pm with Administrative Staff A and Administrative Nurse B stated the agency had reported that their plan of care for Resident #101 was for "sitting services only" and was not to include any hands on care. Administrative Nurse B confirmed agency staff had been providing hands on care and had been added to the resident's NSA/HCSP because he/she did not realize the staff was not certified to provide these services.

Facility policy for "Maximizing the Contributions of Third Party Providers" stated "Community will have available for referral one or more providers willing to provide services to resident in the

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S3160	Continued From page 13 following service areas: home health, podiatry and hospice. Attached was a copy of the Private Duty Attendant Agreement" which stated the following: 1. Private Duty Attendants must have the following information available for review: TB (tuberculosis) screening and successful criminal background check. The policy lacked requirement for registry verification of nurse aide/home health aide certification. "Resident Care Policies and Procedures for Private Duty Attendants" stated "Private Duty Attendant responsibilities for the resident may include: bathing, toileting, good skin and nail care and proper oral hygiene ...Resident will be assisted with incontinence as needed and specifically checked and attended to just prior to end of each shift." The policy lacked documentation of requirement for the individual care giver providing personal care to be certified and employed by a home health agency or hospice licensed through KDHE; and further, all certified staff providing hands on care must be supervised by a licensed nurse employed by the home health agency or hospice. For resident #101, the administrator failed to ensure the health care services coordinated by a licensed nurse which included personal care were provided by direct care staff or by certified or licensed nursing staff employed by a home health agency licensed through Kansas Department for Health and Environment (KDHE).	S3160		
S3166 SS=F	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing	S3166		

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S3166	Continued From page 14 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(e) The facility reported a census of 30 residents (23 assisted living and 7 memory care). The sample included 3 residents, one focus review resident and one closed record review. 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 2 (Certified Staff F, J) of two certified medication aides sampled and affecting all CMAs who perform blood glucose monitoring. Findings included: - Personnel records reviewed on 10-18-17 at 3:00 pm with Administrative Nurse B. - Personnel record review for Certified Staff F, a CMA (certified medication aide), revealed date of hire 3-30-17. The personnel record lacked documentation of a competency check for delegation of blood glucose monitoring. - Personnel record review for Certified Staff J, a CMA, revealed date of hire 10-12-17. The personnel record lacked documentation of a	S3166		

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S3166	Continued From page 15 competency check for delegation of blood glucose monitoring. Interview on 10-18-17 at 3:34 pm with Administrative Nurse B stated certified medication aides do perform blood glucose monitoring. Stated CMAs have orientation and training on the computer on the computer before they pass medications. Administrative Nurse B confirmed he/she had failed to perform a competency checklist with any current CMAs who are performing blood glucose monitoring and sign off on documentation along with the CMA to indicate delegation of the task. For Certified Staff F and Certified Staff J 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		
S3200 SS=D	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.	S3200		

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S3200	Continued From page 16 (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 30 residents (23 assisted living and 7 memory care). The sample included 3 residents, one focus review resident and one closed record review. Based on record reviews and interviews for 1 (#104) of 3 sampled residents whose medications are managed by the facility, the administrator failed to ensure all medications and biologicals are administered to the resident in accordance with a medical care providers written order and professional standards of practice. Findings included: - Record review for Resident #104 revealed admission on 2-6-17 with diagnoses Dementia and Type 2 Diabetes Mellitus. The Functional Capacity Screen (FCS) dated 1-31-17 recorded resident independent with management of medications and treatments. The FCS lacked documentation of reassessment regarding ability to manage medications and treatments when the resident experienced a significant change in condition. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 8-21-17 for a change in condition recorded for Medication	S3200		

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S3200	Continued From page 17 Administration: licensed nurse and/or medication aide will administer medications as prescribed by physician. Review of Medication Administration Record (MAR) for October 2017 revealed: Sertraline Tablet 25 mg (milligrams) for Depression documented as administered at 9:00 am daily starting 8-17-17. The electronic and paper records lacked documentation of a physician's order for Sertraline. Interview on 10-18-17 at 3:58 pm with Administrative Nurse B confirmed the discrepancy between the MAR and physician's orders stating he/she was unable to find an order for the Sertraline in either the resident's electronic or paper record. Stated the medical care providers sometimes send the order directly to the pharmacy. The pharmacy then updates the MAR electronically and sends the medication. This causes the facility to not have the signed written order. Stated he/she had "contacted the pharmacy for the order and they are faxing it." For Resident #104, the licensed nurse failed to ensure all medications and biologicals were administered in accordance with a medical care provider's written order and professional standards of practice.	S3200		
S3216 SS=E	26-41-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in	S3216		

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S3216	Continued From page 18 sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(i) The facility reported a census of 30 residents (23 assisted living and 7 memory care). The sample included 3 residents, one focus review resident and one closed record review. Based on observation and interview for 1 (#105) of 1 closed record review, the administrator failed to ensure licensed nurses and medication aides shall maintain records of the receipt and disposition of all medication managed by the facility in sufficient detail for an accurate reconciliation. Findings included: - Observation of medication room on 10-19-17 at	S3216		

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S3216	Continued From page 19 12:43 pm with Licensed Staff C revealed the following: Electronic Medication Administration Record on laptop. When medications are administered, a licensed nurse or certified medication aide initials the medication in the electronic system. Narcotics are "signed out" in the electronic system as well. Narcotic count performed with Licensed Staff C. When the count was incorrect, corrected by Licensed Staff C. Noted Licensed Staff C was able to sign out a narcotic previously given by another staff. Electronic and paper records for residents lacked documentation of reconciliation of narcotic counts when all medications taken. - Record review for Resident #105 revealed admission on 2-28-17 with discharge on 9-30-17. The record lacked documentation of list of medications released to resident including a count of narcotics. When surveyor requested documentation of resident's receipt and disposition of medications, facility unable to provide. Contacted pharmacy who provided documentation of medications delivered to the facility. The records lacked documentation of the number of doses of each medication remained when resident was discharged for an accurate reconciliation. Review of electronic Medication Administration Record for Resident #105 from 2-28-17 through 9-30-17 revealed multiple instances of routinely administered narcotics documented as given PRN (as needed). Some examples: Physician's order dated 4-4-17: "Lorazepam 0.5 mg take 1 tablet by mouth daily; take 1 tablet by mouth every 6 hours PRN (as needed)." May 2017 Medication Administration Record	S3216		

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S3216	Continued From page 20	S3216		

documented routine order for Lorazepam administered daily at 9:00 am.
Under "PRNs Administered" section of the record staff recorded the following doses administered when the 9:00 am dose would be administered:
5-7-17 9:24 am Lorazepam 0.5 mg 1 tab given by Licensed Staff C with result documented as "calmer".
5-9-17 at 9:00 am Lorazepam 0.5 mg 1 tab given by Licensed Staff C with result documented as "tolerated well".
5-10-17 at 8:44 am Lorazepam 0.5 mg 1 tab given by Licensed Staff C with result documented as "calmer".
5-13-17 at 9:19 am Lorazepam 0.5 mg 1 tab given by Licensed Staff C with result documented as "calmer"
5-16-17 at 9:00 am Lorazepam 0.5 mg 1 tab given by Licensed Staff C with result documented as "improved".
5-22-17 at 8:58 am Lorazepam 0.5 mg 1 tab given by Licensed Staff C with result documented as "much more relaxed"
5-26-17 at 9:17 am Lorazepam 0.5 mg 1 tab given by Licensed Staff C with result documented as "resident is feeling less anxious at this time."
5-27-17 at 9:03 am Lorazepam 0.5 mg 1 tab given by Licensed Staff C with result documented as "resting in recliner feels better than yesterday."
5-28-17 at 8:50 am Lorazepam 0.5 mg 1 tab given by Licensed Staff C with result documented as "much more relaxed".

Unable to determine from the documentation if resident received a PRN dose of Lorazepam in addition to the routine 9:00 am dose.

Interview on 10-19-17 at 3:29 pm with Administrative Nurse B stated Resident #105 took all medication with him/her when discharged and

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S3216	Continued From page 21 confirmed unable to locate documentation of a medication list detailing the name and number of the medications resident took with him/her when discharged. Further confirmed unable to provide an accounting of receipt and disposition of resident's medications. Stated could only pull up a resident's narcotics "by each shift" in the electronic record and was unable to show a full narcotic count record for an individual resident (from receipt of medication to zero balance). Further stated "if the count is wrong anyone can correct it", can be corrected without (Administrative Nurse B's) knowledge or investigation. For 1 (#105) discharged resident, the administrator failed to ensure licensed nurses and medication aides maintained records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation.	S3216		
S3227 SS=D	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care	S3227		

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S3227	Continued From page 22 provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l)(2) The facility reported a census of 30 residents (23 assisted living and 7 memory care). The sample included 3 residents, one focus review resident and one closed record review. Based on record review and interview for 1 (#104) of 3 sampled residents, the licensed nurse failed to notify the medical care provider upon discovery of any variance identified in the medication regimen review. Findings included: - Record review for Resident #104 revealed admission on 2-6-17 with diagnoses Dementia and Type 2 Diabetes Mellitus. The Functional Capacity Screen (FCS) dated 1-31-17 recorded resident independent with bathing, dressing, toileting, transfers, walking/mobility, eating and management of medications and treatments. (Note: The FCS lacked documentation of reassessment regarding ability to manage medications and treatments when the resident experienced a significant change in condition.) The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 8-21-17 for a change in condition recorded the following services: Medication Administration: licensed nurse and/or medication aide will administer medications as prescribed by physician.	S3227		

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S3227	Continued From page 23 The Medication Regimen Review dated 8-10-17 stated: "Resident is diabetic and is not currently taking an ACE inhibitor. This medication is recommended for nephroprotection (protections of kidneys) in diabetic patients. Recommend initiating Lisinopril 5 milligrams daily increasing as blood pressure tolerates. Monitor patient for hypotension, angioedema, cough and lightheadedness/dizziness." The record lacked documentation this recommendation sent to the physician for a response. Interview on 10-18-17 at 3:36 pm with Administrative Nurse B confirmed the record lacked documentation of notification of physician regarding consulting pharmacist recommendations. For Resident #104, the licensed nurse failed to seek a response from the medical care provider upon discovery of a variance identified in the medication regimen review.	S3227		
S3280 SS=E	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	S3280		

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S3280	Continued From page 24 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 26-41-104(d)(3) The facility reported a census of 30 residents (23 assisted living and 7 memory care). The sample included 3 residents, one focus review resident and one closed record review. Based on record review and interview for all residents, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with residents. Findings included: - Review of the facility emergency management plan on 10-19-17 around 11:30 am with Administrative Staff A who provided documentation of quarterly review of the emergency management plan with staff and residents. Documentation revealed the following: 1-23-17 All Staff - disaster plan and evacuation overview. 2-15-17 Resident Meeting - disaster plan reviewed: Tornado, Fire and Evacuation 3-15-17 Resident Meeting - disaster plan reviewed: Tornado 4-6-17 Fire Drill with resident evacuation - Resident in 200 hallway evacuated to Bus	S3280		

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S3280	Continued From page 25 Parking Spot Location. 4-19-17 Resident Meeting - disaster plan reviewed: Evacuation 4-21-17 All Staff Meeting - Evacuations and Emergency Procedures 5-17-17 Resident Meeting - Disaster plan review: Fire 6-21-17 Resident Meeting - Disaster plan review: Tornado 8-16-17 Resident Meeting - Disaster plan reviewed: Fire 8-22-17 All Staff Meeting - Evacuation - Fire 9-19-17 All Staff Meeting - Disaster plan review - Active Shooter (Lenexa Police Department) 10-18-17 Resident Meeting - Disaster Plan - Fire. Interview on 10-18-17 at 10:48 am with Certified Staff D stated he/she in the event of a tornado, would bring residents to the "safest hallways away from windows. Denied participating in a tornado drill. Stated he/she had done disaster training "on the computer" but denied he/she had received facility-specific training. He/She was unable to state what steps to take in the event of a power/water outage, bomb threat/explosion, gas leak, flood or during severe weather. Confirmed participation in an elopement drill. Interview on 10-18-17 at 10:50 am with Certified Staff E stated he/she had participated in both fire drills and tornado drills. Stated had completed disaster training on the computer but denied had received facility-specific training for gas leak, electrical outage, water outage, bomb threat/explosion, flood or severe weather. Stated in the event of an electrical outage, he/she would use a flashlight and go around to reassure residents and confirmed he/she "had not been told specifically what to do here." Confirmed participation in an elopement drill.	S3280		

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S3280	Continued From page 26 Interview on 10-19-17 at 3:20 pm with Certified Staff F stated the disaster plan was reviewed last month and in the event of a tornado, would take the memory care residents to the back hallway by the laundry room. Could not remember participating in a tornado drill. Confirmed he/she was unable to state what to do in the event of a gas leak, electrical outage or bomb threat/explosion. Stated he/she was shown how to shut off the water in the event of a pipe burst and has participated in elopement drills. Interview on 10-19-17 around 11:30 am with Administrative Staff A confirmed the facility lacked documentation of quarterly review of all components of the emergency management plan with all residents (including memory care residents) and staff. Confirmed the staff and residents had been instructed on what to do in the event of a fire, tornado, evacuation, elopement (staff only), and active shooter but had failed to instruct on the remaining components of the disaster plan specific to the facility including natural gas leak, explosion, electrical/water outage, flood and severe weather. Confirmed the staff receive training per computer and new residents are instructed upon moving in. Administrative Staff A confirmed a "partial evacuation" of the facility had been performed but not an entire evacuation of all residents. Facility policy for "Disaster Preparedness Plan for Long Term Care Facilities" stated under Pre-Emergency: schedule employee orientation training and in-service training programs on the operations of the emergency plan. Distribute personal preparedness checklists (Fire Safety, Natural Disasters, Water/Electrical Outage, Bomb Threat, Missing Resident). The policy stated	S3280		

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BENTON HOUSE OF LENEXA	22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220

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S3280	Continued From page 27 under Preparedness: Review the Disaster Preparedness Plan including evacuation routes with staff and residents. The policy lacked requirement for quarterly review of the entire plan with residents and staff. The facility failed to provide documentation of quarterly review of the emergency management plan with all residents and further failed to ensure adequate training to staff regarding facility-specific procedures to follow. For all residents, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's entire emergency management plan with residents.	S3280		