STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059002	A. BUILDING: _____ B. WING _____	04/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VILLAGE	86 TWENTY-SECOND AVENUE MOUNDRIDGE, KS 67107

(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 Resurvey at the above named Residential Health Care Facility in Moundridge, Kansas on 4/23/18, 4/24/18, and 4/25/18.	S 000		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The census equalled 18 the sample included three Residents. The Resident roster identified 14 Residents who self administered medications, two included in the sample. Based on review of record, and interview; For two of two sampled who self administered some medications (#187 and #189), the Administrator failed to ensure the negotiated service agreement reflected this service and identified who was responsible for the administration and management of selected medications.	S3186		

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

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S3186	Continued From page 1 Findings included: - Review of record revealed #187 admitted to facility 9/21/15 with diagnoses of muscle weakness, osteoarthritis, lumbago, varicose veins, neuritis, and neuralgia. The current 7/20/17 functional capacity screen (FCS) assessed #187 in need of physical assistance with medication management and unable to perform treatment management. The current 7/20/17 negotiated service agreement (NSA) lacked the service "medication management" and indicated treatment management provided by staff "as needed." The NSA lacked documentation of any medications self administered by Resident, or which ones. Review of the April 2018 MAR revealed initials of facility staff for administration of medications. In addition, the MAR contained "May self administer HS meds after set up." Although Travatan (glaucoma eye drops), Tylenol (for pain and fever), Synthroid (thyroid replacement therapy), and Intense softening urea stick (for calluses) indicated self administration, Travatan and Tylenol initialed on the MAR as administered daily by staff (no times); the Intense softening urea stick and Synthroid initialed by staff on four dates only (no times). - Review of record revealed #189 admitted to facility 9/23/16 with diagnoses of E Coli sepsis, pneumonia, hip degenerative joint disease, syncope, porphyria, and general anxiety disease.	S3186		

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S3186	Continued From page 2 The current 9/22/17 functional capacity screen (FCS) assessed #189 in need of physical assistance with medication management and unable to perform treatment management. The current 9/22/17 negotiated service agreement (NSA) lacked the service "medication management" and indicated treatment management provided by staff "as needed." The NSA lacked documentation of any medications self administered by Resident, or which ones. Review of the April 2018 MAR revealed initials of facility staff for administration of medications. In addition, the MAR contained the following: "May leave HS meds in room for Resident to self administer after set up" - this section of the MAR with staff initials on six dates only, and failed to define if these dates an exception to the Resident self administering HS medications, or the dates staff actually set up meds and left with Resident. Medications with the time "HS" included: Latanoprost (glaucoma eye drops), sodium chloride moisturizing eye drops, Ranitidine (gastric reflux), Flomax (urinary retention), and Celexa (depression). Although indicated as self administered medications, these all initialed daily by staff. On 4/24/18 at 1:57pm, director of nursing #B and Administrator #A confirmed the NSA lacked medication management and lacked Resident self administration of any medications... stated the admission agreement records facility provides medication management... Residents can do self administration if they want to...	S3186		

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S3186	Continued From page 3 On 4/25/18 at 12:08pm director of assisted living #C stated I don't think the "self administer at HS" box on the MAR was necessarily meant to be initialed... more of a reminder... not sure why some dates (four on #187 and six on #189) are initialed by staff and the rest are not... confirmed the doses of self administer medications all initialed by staff... For #187 and #189 and all Residents with self administered, the Administrator failed to ensure the negotiated service agreement reflected this service and identified who was responsible for the administration and management of selected medications.	S3186		
S3201 SS=F	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered.	S3201		

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S3201	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(3) The census equalled 18 the sample included three Residents. The Resident roster identified 14 Residents who self administered medications, two included in the sample. Based on review of record, and interview; For two of two sampled who self administered some medications (#187 and #189), the Administrator failed to ensure staff who prepared medications remained with the Resident until the medication ingested; and For three of three sampled with facility administered medications the Administrator failed to ensure an actual clock time documented for medications on the MAR (medication administration record) with only time intervals or events for administration. Findings included: - Review of record revealed #185 admitted to facility 3/22/18 with diagnoses of intraparenchymal hemorrhage of brain, Hypertension, degenerative joint disease, depression, and urinary tract infection. The current 3/21/18 functional capacity screen (FCS) assessed #185 unable to perform medication management and in need of physical assistance with treatment management. The current 3/22/18 negotiated service agreement (NSA) lacked the service "medication management" and indicated treatment management provided by staff "as needed."	S3201		

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S3201	Continued From page 5 Review of the April 2018 MAR revealed initials of facility staff for administration of medications. The MAR lacked documentation of the time the medications actually administered to #185 as required. The MAR contained the following medications: Tramadol (narcotic like pain medication) 50mg (milligrams) PO (by mouth) BID (twice daily) - "AM" and "PM" Gabapentin (nerve pain) 300mg PO TID (three times daily) - "AM", "PM1", and "PM2" PreserVision Areds (eye vitamins) 2 Formula BID - "AM" and "PM" Calcium 600 + D (3) (supplement) one PO BID - "AM" and "PM" Duloxetine (depression) 60mg PO every day - "HS" (bedtime) Baclofen (muscle relaxant) 10mg PO every day - "HS" Atorvastatin (cholesterol) 80mg PO at HS - "HS" Alendronate 70mg PO weekly - "AM" Lisinopril (blood pressure) 5mg PO every day - "AM" Vitamin B-12 (supplement) 1000 micrograms intra muscularly every month - "6-4" The MAR contained staff initials for administration of these medications, but lacked the clock time medications administered by staff. - Review of record revealed #187 admitted to facility 9/21/15 with diagnoses of muscle weakness, osteoarthritis, lumbago, varicose veins, neuritis, and neuralgia. The current 7/20/17 functional capacity screen (FCS) assessed #187 in need of physical assistance with medication management and unable to perform treatment management.	S3201		

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S3201	Continued From page 6 The current 7/20/17 negotiated service agreement (NSA) lacked the service "medication management" and indicated treatment management provided by staff "as needed." Review of the April 2018 MAR revealed initials of facility staff for administration of medications. The MAR lacked documentation of the time the medications actually administered to #187 as required. The MAR contained the following medications: Calcium carbonate 500/vitamin D3 200 (supplement) one PO (by mouth) daily - "PM" Hydrocortisone (corticosteroid hormone) 10mg (milligrams) PO daily - "W/Supper" and "AM" Acetaminophen (analgesic) 500mg PO BID (twice daily) - "PM1" and "AM" Multivitamin (supplement) one PO daily - "AM" Hydrochlorothiazide (blood pressure) 25mg one PO every day - "AM" The MAR contained staff initials for administration of medications, but lacked the clock time medications administered by staff. In addition, the MAR contained the following: "May self administer HS meds after set up" - this section of the MAR with staff initials on four dates only, and failed to define if these dates an exception to the Resident self administering HS medications, or the dates staff actually set up meds and left with Resident. The initials on these dates lacked the time of the event. Although the medications listed below indicated self administration, Travatan and Tylenol initialed on the MAR as administered daily by staff (no times); the Intense softening urea stick and Synthroid initialed by staff on four dates only (no	S3201		

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S3201	Continued From page 7 times). Travatan 0.004% eye drops (glaucoma) one drop both eyes every HS (bedtime) may self administer and keep at bed side - "HS" Tylenol Extra Strength (analgesic) 500mg PO at HS may self administer and keep at bed side - "HS" Synthroid (replacement therapy) 75 micrograms one PO daily may self administer and keep at bed side - no time scheduled Intense softening urea stick for callused skin and toe cap (may self administer) - no time scheduled - Review of record revealed #189 admitted to facility 9/23/16 with diagnoses of E Coli sepsis, pneumonia, hip degenerative joint disease, syncope, porphyria, and general anxiety disease. The current 9/22/17 functional capacity screen (FCS) assessed #189 in need of physical assistance with medication management and unable to perform treatment management. The current 9/22/17 negotiated service agreement (NSA) lacked the service "medication management" and indicated treatment management provided by staff "as needed." Review of the April 2018 MAR revealed initials of facility staff for administration of medications. The MAR lacked documentation of the time the medications actually administered to #189 as required. The MAR contained the following medications: Lisinopril (blood pressure) 2.5mg (milligrams) PO QID (four times daily) - "AM1", "AM2", "PM1", "PM2"	S3201		

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S3201	Continued From page 8	S3201		

Celexa (antidepressant) 20mg PO every HS (bedtime) - "HS"
Flomax (urinary retention) 0.4mg PO every HS - "HS"
Ranitidine (reflux) 150mg PO every HS - "HS"
latanoprost (glaucoma) 0.005% eye drops one drop both eyes at HS - "HS"
Docusate sodium (stool softener) 100mg PO daily - "AM"
Aspirin 81mg PO every other day - "AM"
Ascorbic acid (vitamin C supplement) 500mg PO daily - "AM"
Pantaprazole (reflux) one PO daily - "AM"

The MAR contained staff initials for administration of medications, but lacked the clock time medications administered by staff.

In addition, the MAR contained the following: "May leave HS meds in room for Resident to self administer after set up" - this section of the MAR with staff initials on six dates only, and failed to define if these dates an exception to the Resident self administering HS medications, or the dates staff actually set up meds and left with Resident. The initials on these dates lacked the time of the event.

Although the medication listed below indicated self administration, Sodium chloride initialed on the MAR as administered daily by staff (no times).

Sodium chloride 0.9% diluent 3 drops to both eyes QID (may keep in room and self administer)

On 4/24/18 at 1:57pm, director of nursing #B and Administrator #A confirmed the NSA lacked medication management... stated the admission agreement talks about we provide medication management... can do self administration if they

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S3201	Continued From page 9 want to... for those orders on MAR the CMA's (certified medication aides) are setting up the HS meds and leaving them in the room for the Residents to take when they go to bed... sometimes 8:00pm and sometimes 11:00pm... and they want them right then... do it this way to appease so they don't have to wait... the "AM" and "PM" etc. are our liberalized medication pass times... you can see the clock time medication administered when you hover the mouse over the initials of the dose... confirmed the MAR itself did not specify the clock time of administration... confirmed staff initials on doses they did not personally administer but just set up and left for Residents to take at a later time... Director of nursing #B provided a "Physician Visit Form (Out of Facility)". This printed form did allow the time of the "Last Dose" to be printed beside the medication, but failed to print the times of all medications each time given to allow a full review of the regime (for example the print out did not display the QID or four times daily administration to allow review of time span between doses). On 4/25/18 at 12:08pm director of assisted living #C stated I don't think the "self administer at HS" box on the MAR was necessarily meant to be initialed... more of a reminder... not sure why some dates (four on #187 and six on #189) are initialed by staff and the rest are not... confirmed the "Physician Visit Form (Out of Facility)" did not allow a complete review of the drug administration time spans. For #185, #187, #189, and all Residents with medications administered by facility staff, the Administrator failed to ensure an actual clock time of administration documented for medications on the MAR.	S3201		

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S3201	Continued From page 10 For #187 and #189 and all Residents with medications set up and left for self administration, the Administrator failed to ensure staff who prepared medications remained with the Resident until the medication ingested.	S3201		