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COUNTRY CLUB ESTATES LP	2 LEWIS DRIVE PAOLA, KS 66071

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named residential health care facility conducted on 9-24-18, 9-25-18 and 9-26-18.	S 000		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a) The facility reported a census of 14 residents. The sample included 3 residents. Based on record review and interview for 1 (#402) of 3 sampled residents, the operator failed to ensure the negotiated service agreement provided a description of services including identification of the provider of each service for the resident who	S3085		

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

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S3085	Continued From page 1	S3085		

received blood glucose monitoring and self administered selected medications.

Findings included:

- Record review for resident #402 revealed admission on 5-30-16 with diagnoses Diabetic Retinopathy, Diabetes Mellitus Type 2, Neuropathy, Urinary Retention.

The functional capacity screen dated 11-15-17 recorded resident unable to perform management of medications and treatments.

The negotiated service agreement/health care service plan (NSA/HCSP) dated 12-27-17 stated medications will be administered by certified medication aide and nurse.

The NSA/HCSP lacked documentation of resident's self-administration of selected medication, who is responsible for management of the selected medications and who is responsible for blood glucose monitoring.

Review of resident's Medication Administration Record (MAR) for September 2018 stated: "Check blood sugar every morning."

The record documented that resident was assessed and approved on 3-1-18 to self administer the following over the counter supplements and treatments:
Multivitamin, Vitamin B Complex, Calcium/Magnesium/Zinc tablets, Chromium, Ferrous Sulfate (iron), Optigold, Selenium, Vitamin C, Vitamin D3, Oral Hydrogen Peroxide and Garlic Oil.

Interview on 9-25-18 at 10:49 am with Licensed

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S3085	Continued From page 2 Staff B confirmed the NSA/HCSP lacked documentation of resident's self-administration of selected medications and who was responsible to perform blood glucose monitoring. For Resident #402, the operator failed to ensure the negotiated service agreement provided a description of services including identification of the provider of each service for the resident who received blood glucose monitoring and self administered selected medications.	S3085		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 14 residents. The sample included 3 residents. Based on record review and interview for 3 (#141, #237, #402) of 3 sampled residents, the operator failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. Findings included: - Record review for resident #141 revealed admission on 5-1-13 with diagnoses Peri-rectal	S3101		

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S3101	Continued From page 3	S3101		

abscess, Crohn's Disease, Iron Deficiency Anemia, Vitamin B-12 deficiency and Hypotension. The Functional Capacity Screen (FCS) dated 5-30-16 recorded resident required health care services.

The negotiated service agreement (NSA) dated 12-27-17 was signed by the operator and resident. The NSA lacked signature of the licensed nurse.

- Record review for resident #237 revealed admission on 5-31-18 with diagnoses Bipolar Mood Disorder, Depression, Hypothyroidism, Diabetic Neuropathy, Hypertension and Borderline Personality Disorder. The Functional Capacity Screen (FCS) dated 5-25-18 recorded resident required health care services.

The negotiated service agreement (NSA) dated 5-31-18 was signed by the resident and operator. The NSA lacked signature of the licensed nurse.

Record review for resident #402 revealed admission on 5-30-16 with diagnoses Diabetic Retinopathy, Diabetes Mellitus Type 2, Neuropathy, Urinary Retention.

The functional capacity screen dated 11-15-17 recorded resident required health care services.

The negotiated service agreement/health care service plan (NSA/HCSP) dated 12-27-17 was signed by the resident and operator. The NSA lacked signature of the licensed nurse.

Interview on 9-25-18 at 10:34 am with operator and Licensed Staff B confirmed the NSA lacked

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S3101	Continued From page 4 the signature of the licensed nurse who participated in the development of the NSA. Stated the form lacked a line for the nurse's signature and the licensed nurse had not signed the above agreements. For Residents #141, #237, #402, the operator failed to ensure each individual involved in the development of the NSA signed the agreement.	S3101		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(e) The facility reported a census of 14 residents. The sample included 3 residents. Based on record review and interview for 1 (#402) of 1 sampled residents receiving blood glucose monitoring; and 2 (certified staff C, D) of 2 certified medication aides performing blood glucose monitoring, a nursing procedure not included in the medication aide curriculum, the operator failed to ensure a licensed nurse delegated the procedure to certified medication aides (CMAs) under the Kansas Nurse Practice Act, K.S.A. 65-1124 and amendments thereto.	S3166		

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S3166	Continued From page 5 Findings included: - Record review for resident #402 revealed admission on 5-30-16 with diagnoses Diabetic Retinopathy, Diabetes Mellitus Type 2, Neuropathy, Urinary Retention. The functional capacity screen dated 11-15-17 recorded resident unable to perform management of medications and treatments. The negotiated service agreement/health care service plan (NSA/HCSP) dated 12-27-17 stated medications will be administered by certified medication aide and nurse. (The NSA/HCSP lacked documentation of who is responsible for blood glucose monitoring.) Review of resident's Medication Administration Record (MAR) for September 2018 revealed documentation of blood glucose readings recorded by certified medication aides (CMAs). - Personnel record review for 2 CMAs on 9-24-18 at 12:30 p.m. with operator revealed the following: Certified staff C, with date of hire 9-19-17: the record lacked documentation of delegation of blood glucose monitoring. Certified staff D, with date of hire 12-28-16: the record lacked documentation for delegation blood glucose monitoring. The facility lacked a policy for Delegation of Nursing Procedures. Interview on 9-25-18 at 10:49 am with Licensed Staff B upon review of MAR identified Certified Staff C and D as staff who initialed performance of daily blood sugars and recorded the results. Stated he/she had not documented delegation of	S3166		

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S3166	Continued From page 6 blood glucose monitoring by Certified Staff C and D. The licensed nurse failed to appropriately delegate nursing procedures/tasks to CMAs under the Kansas Nurse Practice Act K.S.A. 65-1124 related to the performance of blood glucose monitoring with the use of glucometers for resident #402 and all residents receiving blood glucose monitoring.	S3166		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of 14 residents. The sample included 3 residents. Based on observation and interview, the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the	S3211		

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S3211	Continued From page 7	S3211		

package of all over the counter medications.

Findings included:

- Observation of medication cart in the common area next to dining room on 9-24-18 at 4:30 pm revealed the following over-the-counter medications in the bottom drawer which lacked documentation of a resident's full name:
Cranberry tablets (supplement) 4200 mg (milligrams) 2 unopened bottles
Acetaminophen Extra Strength (pain reliever, fever reducer) 500 mg tablets 1 large bottle with pharmacy label as "Stock Medication"
Acetaminophen Regular Strength (pain reliever, fever reducer) 325 mg 5 bottles (1 opened and 4 unopened) with pharmacy labels as "Stock Medication"
Milk of Magnesia (laxative) 1 opened half filled bottle with pharmacy label as "Stock Medication"
Geri-Lanta (Antacid) liquid 3 bottles (2 unopened) with pharmacy labels as "Stock Medication"
Gas-X tablets (antacid) 1 opened box with "Stock" written on the box.

Interview on 9-24-18 at 4:30 pm with Certified Medication Aide C stated he/she did not know who the cranberry tablets belonged to. Further stated when a resident requests an over the counter medication as a PRN (as needed) he/she would check the resident's medication administration record to see if the medication was listed. "if they are able to have it, I would dispense it as written" from one of the above bottles of medication.

Interview on 9-24-18 at 4:35 pm with Licensed Staff B confirmed the above medications lacked documentation of a residents full name and removed the bottles from the medication cart.

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S3211	Continued From page 8 The operator failed to ensure that a licensed pharmacist or licensed nurse labeled the over-the-counter medications with the full name of the resident on the bottle/container.	S3211		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by:	S3248		

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S3248	Continued From page 9 KAR 26-41-102(d)(1) The facility reported a census of 14 residents. The sample included 3 residents. The facility identified 6 employees hired since last resurvey, with 4 certified staff and 1 licensed staff reviewed. Based on record review and interview for 5 (#B, #C, #D, #E, #F) of 5 certified staff and 1 (#I) of 2 licensed staff reviewed, the operator failed to ensure the employee records contained evidence of licensure or certification for each employee performing a function that requires specialized education or training verified before providing care to residents and supporting documentation for criminal background checks. Findings included: - Record review on 9-24-18 at 12:30 pm with operator revealed the following: Licensed Staff #B (date of hire 12-15-16) licensure verification form lacked the date when it was checked. Certified Staff #C (date of hire 9-19-17): nurse aid registry form lacked the date when it was checked and lacked supporting documentation of a criminal background check. Certified Staff #D (date of hire 12-28-16): nurse aid registry form lacked the date when it was checked Certified Staff #E (date of hire 1-25-18): nurse aid registry form lacked the date when it was checked and lacked supporting documentation of a criminal background check. Certified Staff #F (date of hire 9-21-17): nurse aid registry form lacked the date when it was checked. Interview on 9-24-18 at 12:30 pm with operator	S3248		

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S3248	Continued From page 10 confirmed the registry forms lacked dates when checked. For all residents, the operator failed to ensure the employee records contained supporting documentation of a criminal background check for certified staff #C, #E and documentation that the registry was checked before providing care to residents for certified staff #C, #D, #E, #F; and licensed staff #B.	S3248		
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 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 14 residents.	S3280		

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S3280	Continued From page 11 The sample included 3 residents. Based on record review and interview for all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees. Findings included: - Review of the facility emergency management plan on 9-25-18 at 10:10 am with operator revealed documented review with staff July 2016, June 2017 and June 2018; review with all residents on 6-14-18 and 2-1-18. The facility lacked documentation of quarterly reviews of the Emergency Management Plan with all staff and documentation of review with residents for 2017. Facility "Emergency Management Policy" stated: "It is the policy of (facility) to provide a quarterly review of the facility's emergency management plan with employees and residents..." Observations on 9-24-18 from 11:30 am to 12:06 pm during tour of facility revealed framed notices for what to do in case of Fire or Tornado; and evacuation routes posted throughout building. Interviews on 9-25-18 at 10:10 am and 3:50 pm with operator, confirmed the record lacked documentation of quarterly review of the emergency management plan with staff and review with residents in 2017. Operator stated he/she reviews the emergency management plan with residents during noon meal when all residents are present in the dining room but confirmed he/she failed to document this and failed to follow facility policy.	S3280		

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S3280	Continued From page 12 For all employees and residents, the operator failed to ensure emergency preparedness by ensuring the emergency management plan was reviewed quarterly and documented.	S3280		