STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N063012	A. BUILDING: _____ B. WING _____	04/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASBURY VILLAGE	3800 ASBURY DRIVE COFFEYVILLE, KS 67337

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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 3-29-17, 3-30-17 and 4-3-17.	S 000		
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 21 residents. The sample included 3 residents. Based on record review and interview for 2 (#114, #115) of 3 sampled residents, the administrator failed to ensure each individual involved in the development of the negotiated service agreement shall sign the agreement. Findings included: - Record review for resident #114 revealed admission on 2-18-17 with diagnoses Hyponatremia, Arthritis, Depression Anxiety, Glaucoma and Gastroesophageal Reflux Disorder. The Functional Capacity Screen dated 2-18-17 recorded resident required health care services.	S3101		

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

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S3101	Continued From page 1 The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 2-18-17 recorded the following health care services: Dietary: three meals per day with snacks, no special dietary requirements. 1 liter fluid restriction per 24 hours and self manages. Coordination of Third Party Services: Home Health. Medication Assistance: Resident to self-administer eye drops. NSA/HCSP lacked documentation of staff storage, ordering and administration of oral medications. The NSA/HCSP lacked documentation of signature of resident, resident's legal representative, licensed nurse and facility administrator. Interview on 3-29-17 at 12:15 pm with Administrative Staff A confirmed the NSA/HCSP lacked signatures. For resident #114, the administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement. - Record review for resident #115 revealed admission on 4-7-16 with diagnoses Coronary Artery Disease, Pacemaker, Open Reduction Internal Fixation of Hip. The Functional Capacity Screen (FCS) dated 11-18-16 recorded resident required health care services. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 3-13-17 recorded the following services:	S3101		

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S3101	Continued From page 2 Bathing: Care staff will assist with showering twice weekly. Dressing: Care staff does assist with dressing as needed. Nutrition: Care staff will observe; requires/requests monitoring of modified diet: No added salt, no concentrated sweets. Bladder Management: Care staff is assisting resident with catheter care. Care staff assists resident with removing/emptying bag in morning and attaching bag to tubing in evening. Coordination of third party services: Resident is receiving home health for monthly catheter changes. Medication Assistance: Medications will be stored in secured medication room and will be administered per physicians orders, ordered from pharmacy of choice. The NSA/HCSP lacked documentation of signature of resident, resident's legal representative, licensed nurse and facility administrator. Interview on 3-29-17 at 12:30 pm with Administrative Nurse B confirmed the NSA/HCSP lacked signatures. For resident #115, the administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement.	S3101		
S3155 SS=D	26-41-204 (a) Health Care Services . (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	S3155		

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S3155	Continued From page 3 care services that meet the needs of each 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 21 residents. The sample included 3 residents. Based on record review and interview for 1 (#114) of 3 sampled residents, the administrator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of the resident and were in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #114 revealed admission on 2-28-17 with diagnoses Hyponatremia, Arthritis, Depression, Anxiety, Gastroesophageal Reflux Disease and Glaucoma. The Functional Capacity Screen (FCS) dated 2-18-17 recorded resident required supervision of bathing; independent with dressing, toileting, transfers, walking/mobility and eating; unable to perform management of medications and treatment. Continent of bladder. Cognition: no problems with short term memory, long term memory, memory/recall or decision-making. No problems or risks identified.	S3155		

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S3155	Continued From page 4 The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 2-18-17 recorded the following services: Dietary: three meals per day with snacks, no special dietary requirements. Coordination of Third Party Services: Home Health. Medication Assistance: Resident to self-administer eye drops. NSA/HCSP lacked documentation of staff storage, ordering and administration of oral medications. The NSA/HCSP lacked interventions to address the resident's anxiety. Hospital History and Physical dated 2-15-17 recorded the following: "The patient was recently admitted from 1-31-17 to 2-3-17...final diagnosis was Acute Benzodiazepine Overdose, Major Depression with Suicide Attempt, Hyponatremia, Acute Cystitis, History of Sjogren's Syndrome, Gastroesophageal Reflux Disease, Glaucoma and Degenerative Arthritis of Right Hip with possible aseptic necrosis. The patient was admitted to intensive care from 1-31-17 to 2-1-17..." Nurse's Notes revealed the following: 2-19-17 10:00 pm to 6:00 am shift: "Resident was awake off and on. Out wandering and confused. Resident states that he/she wants to go home and if he/she had his/her car, he/she would leave. Resident also states he/she lives close enough that he/she could just walk home. Passed on to oncoming shift to monitor resident's behavior..." Signed by Certified Staff F. 2-19-17 6:00 am to 2:00 pm: "Resident was at the beginning of shift asking questions about	S3155		

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S3155	Continued From page 5 everything. Anxious at times. Confused about medicine..." Signed by Certified Staff G. Interview on 3-29-17 at 3:50 pm with resident stated, he/she had "overdosed" on lorazepam at home because "was tired of all this". Resident very anxious and concerned about health issues. Interview on 3-29-17 around 4:15 pm with Administrative Staff A stated he/she was not aware of resident's attempt to harm self prior to admission to facility and confirmed the NSA/HCSP lacked interventions to address resident's anxiety or instructions to staff to monitor for suicidal remarks/ideation. Confirmed the resident experienced anxiety and was obsessive regarding his/her medications and his/her health regimen. For resident #114, the administrator failed to ensure the licensed nurse provided or coordinated the provision of services necessary to address resident's anxiety.	S3155		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of	S3175		

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S3175	Continued From page 6 medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 21 residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#114) of 1 resident self-administering medications, the administrator failed to ensure an assessment shall be completed before the resident initially begins self-administration of medication. Findings included: - Record review for resident #114 revealed admission on 2-28-17 with diagnoses Hyponatremia, Arthritis, Depression, Anxiety, Gastroesophageal Reflux Disease and Glaucoma. The Functional Capacity Screen (FCS) dated 2-18-17 recorded as unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 2-18-17 recorded the services for Medication Assistance: Resident to self-administer eye drops. NSA/HCSP lacked documentation of staff storage, ordering and administration of oral medications.	S3175		

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S3175	Continued From page 7	S3175		

"Provider Orders Fax" dated 2-19-17 stated: "Resident prefers to administer own eye drops. Order requested: May keep eye drops at bedside for self-administration per physician order." The order lacked documentation of physician signature.

Resident Notes lacked documentation of self administration of eye drops by resident.

Facility "Self Administration of Medications" policy stated:
"Resident may self-administer medications based on the resident's ability to do so safely as determined by an assessment and specified in the Negotiated Service Agreement.
I. An assessment of the resident's ability to self-administer medications will be conducted by a licensed nurse using the Self-Medication Assessment.
II. A resident may manage and self-administer their own medications if an assessment by a licensed nurse has determined that the resident can perform this function safely and accurately.
III. An assessment should be completed when the resident moves in and before the resident begins to self-administer medications...
IV. A resident who self-administers medications may select specific medications to be administered by a licensed nurse employed by the Residence, a home health agency, or a hospice or by medication aide employed by the Residence. The NSA should reflect this service and identify who will be responsible for management of the selected medications..."

Interview on 3-29-17 at 12:15 pm with Administrative Staff A confirmed the record lacked documentation of a self-administration of medication assessment and later confirmed the

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S3175	Continued From page 8 licensed nurse failed to follow facility policy to perform the assessment before resident #114 started self-administering the eye drops. Observation of resident's room on 3-29-17 at 3:50 pm revealed multiple bottles of eye drops and over-the-counter medications in room and top dresser drawer. Stated he/she had eye drops for Glaucoma and dryness. Interview on 3-29-17 at 3:50 pm, with resident #114 confirmed he/she self-administered all eye medications. For resident #114, the administrator failed to ensure an assessment was completed before the resident initially and subsequently self-administered medications.	S3175		
S3215 SS=E	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.	S3215		

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S3215	Continued From page 9 (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: KAR 26-41-205(h)(1) The facility reported a census of 21 residents. The sample included 3 residents. Based on observation and interview for 2 (#203, #207) non-sampled residents, the administrator failed to ensure licensed nurses and medication aides stored all medications and biologicals in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. 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. Findings included: - Observation during entrance tour on 3-29-17 at 10:30 am of medication room revealed an open	S3215		

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S3215	Continued From page 10	S3215		

plastic box on the floor beneath the sink overflowing with a variety of medications. The box contained the following controlled medications:
For resident #203: 1 bubble-pack card of Temazepam (for sleep) 15 mg, with 13 capsules;
For resident #207: 2 bubble-pack cards of Tramadol (for pain) 50 mg, with 18 tablets and 30 tablets.

Facility policy for "Storage of Medications" stated the following:
I. All drugs managed by the residence shall be stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier and in accordance with federal and state laws and regulations." and "IV. All drugs and biologicals managed by the residence shall be stored in a locked cabinet or locked medication cart and only those persons authorized to administer medications shall have access to the keys to the cabinet or cart."
The policy lacked procedure for storage of controlled substances and use of the medication room.

Interview on 3-29-17 at 10:40 am with Administrative Staff A and Administrative Nurse B confirmed the medications were controlled medications which should have been "double locked". Removed the medications from medication room and placed in a locked drawer in nurse's office until they could be destroyed. Door of nurse's office to be closed and locked when office unattended.

For residents #203, #207, the administrator failed to ensure licensed nurses and medication aides stored controlled medications managed by the facility in a separately locked compartment within

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S3215	Continued From page 11 a locked medication room, cabinet, or medication cart.	S3215		
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 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 21 residents. The sample included 3 residents. Based on observation and interview for 1 (#114) of 3 sampled residents, and 6(#200, 201, 202, 203,	S3216		

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S3216	Continued From page 12	S3216		

204, 205) non-sampled residents, and 1 (#207) discharged resident, 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 during entrance tour on 3-29-17 at 10:30 a.m. revealed a plastic box on the floor beneath the sink with a variety of medications. The box contained the following:
For resident #114: Clearlax Over the counter (OTC) laxative, 1 opened bottle.
For resident #200: Colchicine (gout) 0.6 mg (milligrams) filled 2-20-16, 30 tabs (tablets).
For resident #201: Fluoxetine (antidepressant) 20 mg filled 2-23-17, 19 caps; Fiber Powder ½ bottle.
For resident #202: Tylenol (pain/fever) 500 mg filled 12-18-15, 28 tabs; Mirtazepine 15 mg filled 2-7-17, 22 tabs.
For resident #203: Potassium (supplement) 20 meq (milliequivalents) filled 2-21-17, 25 tabs, Milk of Magnesia 1 unopened bottle filled 6-15-16.
For resident #204: Miralax (laxative) 1 opened bottle filled 8-24-15, Milk of Magnesia 1 opened bottle filled 4-13-16.
For resident #205: Spironolactone (diuretic) 50 mg filled 1-27-17, 17 tabs, Lisinopril (hypertension) 5 mg filled 1-27-17, 11 tabs.
For resident #206: Milk of Magnesia 1 unopened bottle.

OTC medications included: Digestive Enzymes, 19 caps (capsules); Ginkgo Biloba 120 mg 4 caps; L-Lysine 1000 mg, Imodium Liquid

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S3216	Continued From page 13 (antidiarrheal) 1 unopened bottle. Interview on 3-29-17 at 10:40 am with Certified Staff D stated resident #206 "moved last year." Interview on 3-29-17 at 10:30 am with Administrative Staff A stated the box contained medications that were to be destroyed. Stated staff had documented some of the medications but confirmed he/she did not know specifically what medications were in the box and would not have known if any had been removed. Confirmed he/she would be unable to do an accurate reconciliation of the resident's medications. Facility policy for "Medication Disposal" stated the following: "I. Disposal of medications must be recorded on Drug Destruction Log that will include the name, reason for disposal, method of disposal and signature of staff... IV. The Drug Destruction Log will be completed separately for each resident and place in the resident's file...." The policy lacked documentation of a time frame for disposal and method of securing the medications until they are disposed of. For 1 of 3 sampled residents, 6 non-sampled residents and 1 discharged resident, the administrator failed to ensure licensed nurses and medication aides maintained records of the receipt and disposition of all medication managed by the facility in sufficient detail for an accurate reconciliation.	S3216		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N063012	A. BUILDING: _____ B. WING _____	04/03/2017

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S3280	Continued From page 14 (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 21 residents. The sample included 3 residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - Review of the facility's emergency management plan on 3-29-17 at 5:35 pm revealed the plan lacked documentation of quarterly review with residents and employees.	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N063012	A. BUILDING: _____ B. WING _____	04/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASBURY VILLAGE	3800 ASBURY DRIVE COFFEYVILLE, KS 67337

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S3280	Continued From page 15 Interview on 3-29-17 at 5:35 pm with Administrative staff A stated he/she was unable to locate any documentation for quarterly review of emergency management plan with residents and employees. For all residents and employees, the administrator failed to ensure emergency preparedness by ensuring the emergency management plan reviewed quarterly with residents and employees.	S3280		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 21 residents. The sample included 3 residents. Based on	S3310		

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S3310	Continued From page 16	S3310		

record review and interview for 3 (Administrative Nurse B; Certified Staff C, and E) of 5 sampled staff and 1 (#114) of 3 sampled residents the administrator failed to ensure the home's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

Findings included:

- Personnel record review on 3-29-17 at 4:55 pm with Administrative Staff A revealed the following:

Administrative Nurse B with date of hire 3-6-17: The record lacked documentation of a 2-step TB skin test.

Certified Staff C with date of hire 10-11-16: The record lacked documentation of a 2-step TB skin test.

Certified Staff E with date of hire 2-6-17: The record contained documentation of a TB skin test on 9-8-14 with result 10.5 mm induration "positive". The record lacked documentation of a chest x-ray.

Interview on 3-29-17 at 4:55 pm with Administrative Staff A confirmed the above personnel files lacked documentation of TB skin testing or chest x-ray in accordance with the department's tuberculosis guidelines.

- Resident record review for resident #114 revealed admission on 2-18-17. The record lacked documentation of TB skin testing.

Interview on 3-29-17 at 12:39 pm with Administrative Nurse B confirmed the record

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S3310	Continued From page 17 lacked documentation of TB skin testing. For resident #114, Administrative Nurse B and Certified Staff C and E, the administrator failed to ensure the home's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		