STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N066008	A. BUILDING: _____ B. WING _____	07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF SENECA	1700 COMMUNITY DRIVE SENECA, KS 66538

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Assisted Living facility conducted 07/12/22 - 07/13/22.	S 000		
S3186 SS=D	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 facility reported a census of 20 residents. The sample included three residents. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R)713, and R714 identified the responsible person for administration and management of selected medications administered. Findings included:	S3186		

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

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S3186	Continued From page 1 - R713's medical record revealed she moved into the facility on 03/22/21 with a diagnosis of diabetes mellitus and hypertension. The 09/20/21 "Functional Capacity Screen" (FCS) documented R713 required staff assistance with medication administration. The 09/24/21 "Negotiated Service Agreement" (NSA) documented R713 passed the self-med test and had a beside order for eye drops and glucose checks. Staff to administer rest of her medications at the prescribed times. Review of the physician orders revealed the following orders: 12/29/21 Diphenhydramine 25 milligrams (mg.), two tablets at bedtime for insomnia (may keep bottle in room). 12/29/21 Airborne, three times daily, as needed (PRN) for immune system support (may keep bottle in room). 12/29/21 Tums, two tablets, as needed for acid reflux (may keep bottle in room). 12/29/21 Loratadine 10 mg, one tablet, by mouth, daily/PRN for seasonal allergies (may keep bottle in room). 12/29/21 Dayquil as directed on box PRN for cold symptoms (may keep bottle in room). 12/29/21 Omega XL 1 capsule, daily for arthritis (may keep bottle in room). 01/31/22 Asmanex Twisthaler 220 micrograms (mcg.) per actuation, inhale two puffs, twice daily for asthma (may keep bottle in room). 12/07/21 Ventolin Inhaler two puffs every four hours PRN for asthma (may keep bottle in room). 12/07/21 Refresh Optic eyedrops twice	S3186		

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S3186	Continued From page 2	S3186		

daily/PRN for dry eyes (may keep bottle in room).
12/29/21 Nyquil as directed on box PRN for cold symptoms (may keep bottle in room).
12/29/21 Phenylephrine HCL 1% two sprays each nostril at bedtime for sinus congestion (may keep bottle in room).

On 07/13/22 at 02:12 PM revealed resident had the following medications in her nightstand: Wal-Four Nasal Spray (Phenylephrine 1%), Asmanex Twisthaler, Benadryl HCL, Airborne, Tums, Ventolin Inhaler, Dayquil, Nyquil, and Refresh Eyedrops

On 07/13/22 at 02:09 PM R713 stated she took some of her medications by herself and kept it in her bedside table and stated the staff gave her the rest of her medications.

On 07/13/22 at 02:37 PM Licensed Nurse B stated it was her expectation if the resident was going to self-administer some of their medications and the policy states these medications should be listed on their NSA then this should be done.

The 2015 "Medication Management" policy documented, "Each resident who self-administers medication ...The Negotiated Service Agreement/Health Care Plan shall reflect this service ..."

The Operator failed to ensure designated staff included select medications in the NSA R713 self-administered.

- R714's medical record revealed she moved into the facility on 09/18/2 with a diagnosis of

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S3186	Continued From page 3 constipation. The 03/17/22 "Functional Capacity Screen" (FCS) documented R714 required staff assistance with medication administration. The 03/17/22 "Negotiated Service Agreement" (NSA) documented staff will manage medications per doctor's order. An order dated 05/04/22 for Castor Oil as needed for constipation. (May keep at bedside). On 07/13/22 a bottle of castor oil was stored in a medicine cabinet in R714's bathroom. On 07/13/22 at 04:26 PM R714 stated staff administered his medications but he had a bottle of castor oil he used to treat warts. On 07/13/22 at 04:47 PM Administrative Staff A stated it was her expectation if the resident was going to self-administer some of their medications and the policy states these medications should be listed on their NSA then this should be done. The Operator failed to ensure designated staff included select medications in the NSA R714 self-administered.	S3186		
S3200 SS=F	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	S3200		

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S3200	Continued From page 4 medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 20 residents. Based on interview and record review, the operator failed to ensure that all medications were administered within professional standards of practice. The Certified Medication Aide pre-popped medications into medication cups for administration to residents at a future time and failed to follow professional standards of practice designed to safeguard each resident. Findings included: On 07/12/22 at 04:35 PM observed multiple clear plastic medication cups labelled with room numbers on them and had medications that were pre-popped into the cups. On 07/12/22 at 04:35 PM, Certified Medication	S3200		

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S3200	Continued From page 5 Aide (CMA) G stated she popped resident pills at about 04:10 PM into medicine cups labelled with room numbers on them. CMA G she did this just prior to a meal and dinner was at 05:00 PM. CMA G stated the facility did not use any medication cards to document any resident information. On 07/13/22 at approximately 05:30 PM, Licensed Nurse B stated the practice of pre-popping resident medications for future administration was not good practice. The February 2011 Kansas Certified Medication Curriculum page 165 documented, "All medications must be identified to point of administration. For medications removed from a package or container with the prescription label, a medication card must be used which contains the resident's name, the name of the medication, the route of administration, special instructions for administration and time of administration. This card must be checked against the MAR before administering the medication to a resident." Facility's 2015 "Medication Management" policy documented, "All drugs are administered ...in accordance with ...professional standards of practice ..." The operator failed to ensure staff followed professional standards of practice designed to safeguard each resident when administering medications.	S3200		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

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S3280	Continued From page 6 (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 20 residents. Based on record review for all residents and all faciliy employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with residents. Findings included: On 07/12/22 at approximately 02:00 PM documentation of quarterly reviews with residents over the emergency management plan was requested of Administrative Staff A.	S3280		

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S3280	Continued From page 7 On 07/12/22 at approximately 04:30 PM documentation of quarterly reviews with residents over the emergency management plan was again requested of Administrative Staff A. On 07/13/22 at approximately 05:45 PM documentation of quarterly reviews with residents over the emergency management plan was requested of Administrative Staff A but none was provided. The facility failed to ensure disaster and emergency preparedness by failing to supply documentation of quarterly reviews of the emergency management plan with all residents.	S3280		
S3310 SS=F	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	S3310		

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S3310	Continued From page 8 by: KAR 26-41-207(c) The facility reported a census of 20 residents. The sample included three residents. Based on interview and record review for three residents and five new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure affected all residents who live in the assisted living facility. Findings included: - Review of five newly hired staff records revealed the following: Certified Medication Aide (CMA) C hired 02/12/21 lacked a "Tuberculosis Symptom Screen Questionnaire" completed within seven days of employment. Licensed Nurse (LN) E hired 08/16/21 lacked a "Tuberculosis Symptom Screen Questionnaire" completed within seven days of employment. CMA F hired 09/06/21 lacked a "Tuberculosis Symptom Screen Questionnaire" completed within seven days of employment. LN D hired on 04/11/22 lacked the second step of the two-step TB Skin Test (TST). On 07/13/22 at 04:35 PM Administrative Staff A stated she expected the TB Screening Questionnaire to be completed within seven days	S3310		

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S3310	Continued From page 9 of staff being hired and the two-step TB skin test should be completed according to the TB Guidelines. Facility's 2006 "TB Skin Tests" policy documented, "Each new employee and resident shall be required to have a TB Skin Test as soon as employment/residency begins ...If the first test is read as insignificant (less than 10mm induration), repeat the test 7 to 30 days from the date the first one was given." Review of the TB guidelines for adult care homes, dated June 2013, documented each new resident and new employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of residency or employment. If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks. The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		