STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N073002	A. BUILDING: _____ B. WING _____	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING OF LARNED	714 W 9TH STREET LARNED, KS 67550

(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 represent the findings of a resurvey with complaints (#174822 and #161643) at the above named facility conducted on 10/25/22.	S 000		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41 204 (i) The census totaled 19 residents. The sample included 3 residents. Based on observation, interview and record review, Operator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 of 3 sampled residents (R) 125. Findings included: - The "Resident Roster" obtained on 10/25/22 identified three residents as having a bed rail. Record review for R125 revealed she admitted on 12/20/17 with diagnoses of hypertension, osteoarthritis, bradycardia and muscle weakness.	S3171		

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

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S3171	Continued From page 1 R125's "Functional Capacity Screen" dated 01/04/22 recorded the resident as independent with toileting and eating, supervision required transfer and walk/ mobility, physical assistance required for bathing, dressing and management of medications and was unable to perform management of treatments. R125 had short term memory impairment, was at risk for falls and had impaired vision. The resident's "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP)" dated 01/04/22 recorded staff assisted R125 with bathing, dressing, transfer, walk/mobility and administered medications and treatments. The NSA identified a bed assistive device used for safe transfers. Record review lacked an annual assessment of the resident to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an annual assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 10/25/22 at 01:45 PM in R125's room revealed a bed assist rail to the side of her bed. R125 stated she used the bed rail to get out of bed. Interview on 10/25/22 at 01:16 PM with Operator A confirmed safety checks and bed assistive device assessments for R125 were not completed annually. Operator A further confirmed	S3171		

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S3171	Continued From page 2 the current safety check and assessment was dated 01/10/20. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 03/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Operator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs of R125 regarding use of a bed assistive device.	S3171		
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	S3175		

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S3175	Continued From page 3 without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of 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 census equaled 19 residents. The sample included 3 residents. Based on record review, observation, and interview for 1 Resident (R) 125, the facility failed to ensure a licensed nurse performed an assessment annually for residents who self-administered some/all of their medications. Findings included: - The "Resident Roster" obtained on 10/25/22 identified two residents who self-administered some of their medications. Record review for R125 revealed she admitted on 12/20/17 with diagnoses of hypertension, osteoarthritis, bradycardia and muscle weakness. R125's "Functional Capacity Screen" dated 01/04/22 recorded the resident required physical assistance with management of medications.	S3175		

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S3175	Continued From page 4 The resident's "Negotiated Service Agreement (NSA)/Health Care Service Plan (HCSP)" dated 01/04/22 recorded staff administered medications to R125. R125's current October 2022 "Medication Administration Record" (MAR) identified Refresh Liquigel Gel 1% eye drops and Refresh Tears Solution eye drops as "unsupervised self-administration." Review of R125's record lacked evidence a licensed nurse performed an annual self-administration of medication assessment since 04/13/21. Observation on 10/25/22 at 01:45 PM in R125's room revealed two boxes of eye drop medication next to her bed. R125 stated she self-administered her eye drops. Interview on 10/25/22 at 01:59 PM with Operator A confirmed R125's self-administration of medication assessment was not completed annually. The facility failed to ensure a licensed nurse performed an assessment annually for R125, who self-administered some of her medications.	S3175		