STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N079003	A. BUILDING: _____ B. WING _____	12/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY PLACE SENIOR LIVING OF BELLEVILLE	530 23RD STREET BELLEVILLE, KS 66935

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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Assisted Living Facility in Belleville, Kansas on 12/06/18 and 12/10/18.	S 000		
S3175 SS=E	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 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 equalled 16 the sample included three Residents. The Resident Roster identified four Residents who self administered medications. Based on observation, interviews, and reviews of record, for two of two sampled who self-administered medication (#189 and #185), the Operator failed to ensure a licensed	S3175		

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

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S3175	Continued From page 1 nurse performed an assessment and determined the Resident could perform the function safely and accurately without staff assistance. Findings included: - Review of record revealed #189 admitted to facility 6/15/18 with diagnoses of shingles, back pain, atrial fibrillation, hypertension, dementia, anxiety, depression, and coronary artery disease. The 7/19/18 FCS (functional capacity screen) assessed #189 unable to perform medication and treatment management. The 7198/18 NSA/HSP (negotiated service agreement/health service plan) documented caregiver will set up medications weekly and administer at 9:00am, noon, and 9:00pm. If caregiver is out of town Resident needs reminders by staff to take medications out of med box at appropriate times. The record contained a self medications test dated 6/18/18. This assessment documented #189's inability to safely recognize medications, correctly state what each medication is used for, correctly state how often to take each medication, correctly state the number of tablets, etc. On 12/06/18 at 3:45pm in #189's room observed a medication container with designated days and times of medications in partitioned areas, sitting on kitchen counter. At this time #189 stated I forgot to take my one and a half pills at noon... he/she pointed at a brown round tablet and a white half tablet in the open 12:00pm/noon slot. #189 stated I do not know what pills I take... when the slot opens the medication container beeps at me... #189 not sure why he/she missed the noon	S3175		

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S3175	Continued From page 2 dose... stated I went to the dining room for lunch but not sure why/how I missed taking these. Observation revealed a bright pink sticky note on the kitchen cupboard directly above this kitchen countertop with note "#189 take your noon pills" and a smiley face. On 12/06/18 at 4:55pm Director of Nursing (DON) #B confirmed #189 did not pass self administration test... confirmed he/she does not know all medications, purposes, times, dosages, etc... DON #B stated the family hired a caregiver to set up and administer medications to #189... if he/she is not here facility staff is to remind Resident... but we are not always aware of the times he/she is not here... we did an addendum for a planned weekend absence... however we don't set the pills up so don't really know what is in the mediation storage box... The Operator failed to ensure a licensed nurse performed an assessment of #189 and determined the Resident could perform the function safely and accurately without staff assistance. - Review of record revealed #185 admitted to facility 7/28/18 with diagnoses of dementia, chronic back pain, prostrate cancer, atrial fibrillation, chronic obstructive pulmonary disease, hypertension, anemia, asthma, benign prostratic hypertrophy, osteoarthritis, and rheumatoid arthritis. The 8/29/18 FCS (functional capacity screen) assessed #185 in need of physical assistance with medication and treatment management. The 8/29/18 NSA/HSP (negotiated service	S3175		

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S3175	Continued From page 3 agreement/health service plan) documented family member will set up medications in monthly medication box. Staff will remind Resident to take meds in morning and evening if he/she hasn't already taken. The record contained a self medications test dated 7/26/18. This assessment documented #185's inability to safely recognize medications, correctly state what each medication is used for, correctly state how often to take each medication, correctly state the number of tablets, etc. On 12/06/18 at 4:55pm Director of Nursing (DON) #B confirmed #185 did not pass self administration test... confirmed he/she does not know all medications, purposes, times, dosages, etc... DON #B stated a family member sets them up... the family member gets directions from the VA (veteran's administration) physician however the list doesn't always match the local clinic list... we don't set the pills up so don't really know what is in the mediation storage box... The Operator failed to ensure a licensed nurse performed an assessment of #185 and determined the Resident could perform the function safely and accurately without staff assistance.	S3175		
S3215 SS=F	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.	S3215		

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S3215	Continued From page 4 (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. (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) The census equalled 16 the sample included three Residents. The facility identified four Residents who self administered medications. Based on observation and interviews, for all Residents with facility managed medications (sampled #187 and 11 non sampled Residents), the Licensed Nurses and Certified Medication Aides (CMA) failed to ensure that all medications	S3215		

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S3215	Continued From page 5 and biologicals were stored in a locked medication room, cabinet, or cart, not accessible to anyone not authorized to administer medications. Findings included: - By interview on 12/06/18 at 11:00am, Director of Nursing (DON) #B stated we do have a CNA (certified nurse aide) on duty for the night shift approximately four to five nights per week... when that happens a nurse is on call to come and give any "prn" (as needed) medications when requested... the evening shift hides the keys... he/she described an area that would be accessible to anyone in search of the keys. At this time, Director #A joined the conversation. DON #B and Director #A described the practice of the evening medication person "hiding the keys" when departing from the evening shift so the next morning oncoming medication person could use them to access medications. Director #A and DON #B confirmed the hiding places were occasionally changed... confirmed if a person or persons searched for the keys, the keys could ultimately be located and used to access all medications in the medication room... confirmed this could potentially include persons not authorized to administer medications. DON #B and Director #A confirmed "the keys" included one to open the medication room door, one to open cabinets, and the narcotic storage area. The Licensed Nurses and CMA's failed to ensure that all medications and biologicals for Residents with medications management were stored in a locked medication room, cabinet, or cart, not accessible to anyone not authorized to administer medications.	S3215		

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S3227	Continued From page 6	S3227		
S3227 SS=D	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l)(2) The census equalled 16 the sample included three Residents. The facility identified four Residents who self administered medications. Based on reviews of records and interviews, for one of three sampled (#185), the Operator failed to ensure the licensed nurse sought a response from the medical care provider as the result of the pharmacist' variance reports, within five working days. Findings included: - Review of record revealed #185 admitted to facility 7/28/18 with diagnoses of dementia,	S3227		

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S3227	Continued From page 7	S3227		

chronic back pain, prostrate cancer, atrial fibrillation, chronic obstructive pulmonary disease, hypertension, anemia, asthma, benign prostratic hypertrophy, osteoarthritis, and rheumatoid arthritis.

The 8/29/18 FCS (functional capacity screen) assessed #185 in need of physical assistance with medication and treatment management.

The 8/29/18 NSA/HSP (negotiated service agreement/health service plan) documented family member will set up medications in monthly medication box. Staff will remind Resident to take meds in morning and evening if he/she hasn't already taken.

The record contained a self medications test dated 7/26/18. This assessment documented #185's inability to safely recognize medications, correctly state what each medication is used for, correctly state how often to take each medication, correctly state the number of tablets, etc.

Medication regime review of the record included a 9/24/18 note regarding order discrepancies between the current medication administration record and current physician's orders. The pharmacist's variance report described these discrepancies and included the signature of the Director of Nursing #B with a note of consulting with family member regarding discrepancies. This variance report lacked a response by the physician and lacked any indication the form sent to the physician for consideration or response.

On 12/06/18 at 5:15pm Director of Nursing #B confirmed the 9/28/18 variance report from the medication review not sent to the physician for response and clarification.

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S3227	Continued From page 8 The Operator failed to ensure the licensed nurse sought a response from the medical care provider as the result of the pharmacist's variance reports for #185 within five working days.	S3227		
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(b)(5-6)(c) The census equalled 16 the sample included three Residents. The facility identified 18 employees hired since the last Resurvey. Based on interviews and reviews of records, for three of five employees reviewed (#G, #H, and #J), the Operator failed to ensure the facility's compliance with the Departments' tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		

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S3310	Continued From page 9 Findings included: - Review of employee records on 12/06/18 with Director #A revealed the following: #G - CMA (certified medication aide) - hired 10/02/17 - record included a two step TB skin test administered 10/03/17 and 10/27/17, no TB symptom screen completed #H - CNA (certified nurse aide) - hired 11/21/18 - record included a one step TB skin test administered 5/18/16, a one step TB skin test administered 02/06/17, no TB symptom screen completed. #J - Licensed Practical nurse - hired 4/08/18 - record included a two step TB skin test administered 4/30/18 and 5/09/18, no TB symptom screen completed. By interview on 12/06/18 at 5:00pam, Director #A and Director of Nursing #B stated we send our employees to county health for TB testing... we have customarily done the TB symptom screens annually but not at time of hire... Director #A noted portion of the TB policy missing from the policy manual... The Operator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for employees #G, #H, and #J.	S3310		