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 _____	02/09/2017

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

(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 citation is the result of a Licensure Resurvey at the above named Assisted Living Facility in Belleville, Kansas on 02/08/17 and 02/09/17.	S 000		
S3177 SS=D	26-41-205 (a) (2) Self Administration Assessment Content (2) Each assessment shall include an evaluation of the resident ' s physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently or by using a prefilled medication container or prefilled syringe. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(2) The census equalled 19 the sample included three Residents. The Resident Roster identified three Residents with self managed medications. Based on reviews of records and interviews, for one of three sampled (#189), the Operator failed to ensure a self administration assessment completed that included the Resident's physical, cognitive, and functional ability to safely and accurately self administer medications independently. Findings included: - Review of record revealed #189 admitted to facility 5/28/15 with diagnoses of Increased confusion, Slurred speech, Transient ischemic	S3177		

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

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 _____	02/09/2017

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

(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
S3177	Continued From page 1 attack, and Hypertension. The current 5/18/16 functional capacity screen (FCS) assessed #189 unable to perform (3) medication and treatment management, independent with all activities of daily living, with impaired memory recall; a risk for Falls/unsteadiness, with vision and hearing impairment. The 5/18/16 negotiated service agreement (NSA) documented #189 will self administer Levobunolol (eye drop) in the morning and Latanoprost (eye drop) in the evening, staff will administer all other medications... Resident has passed a self med test and is able to administer his/her eye drops and cough drops at this time. The record contained a "Self Medications Test" dated 5/18/16. This test coded #189 "Unable" for: Recognized each medication they are currently taking Can correctly state what each medication is used for Can correctly state how frequently each medication should be taken Can correctly state the number of tablets he/she should take of each medication. The test coded #189 "Capable" for: Can properly store medications, keep them out of reach of unauthorized persons Can demonstrate the ability to open and close medication The test remained blank and not coded for: Understands that he/she needs to report any side effects of medications Has a clear understanding of what PRN (as needed) means	S3177		

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 _____	02/09/2017

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

(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
S3177	Continued From page 2 Can correctly administer eye drops or ointments Can apply administer eye drops independently By interview on 02/08/17 at 4:20pm Facility Nurse #B confirmed the Self Medication Test contained blank areas with no coding for eye drops... confirmed staff is now administering #189's eye drops in the morning and in the evening... On 02/09/17 at 8:55am Facility Nurse #B reviewed form... confirmed some areas marked "unable"... stated these areas coded unable for "pills"... #189 would not be able to self administer all po (oral) medications... but at the time of assessment was able to do eye drops for self... The medical record contained MAR's (medication administration record) for February 2017 that documented facility staff administered eye drops to Resident the entire month. The medical record contained a physician visit form dated 01/18/17 with the notation: "Glaucoma... slightly elevated today... possible forgetting drops..." The Operator failed to ensure a self administration assessment completed for #189 that included the Resident's physical, cognitive, and functional ability to safely and accurately self administer eye drops independently.	S3177		