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	N087053	A. BUILDING: _____ B. WING _____	C 03/03/2021

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CLEARWATER VILLAGE	440 N 4TH STREET CLEARWATER, KS 67026

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with complaint numbers 160148, 153485, 160406, 160413, and 160414 attached for the above named facility conducted on 02/22/2021, 02/23/2021, 02/24/2021, 02/25/2021, 03/01/2021, 03/02/2021 and 03/02/2021.	S 000		
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 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 27 residents. The sample included 3 residents and 2 focused reviews. Based on observation, interview, and record review, for 2 of the 3 sampled (#107 and #209) residents, the Operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs related to assessment for and use of bed assistive devices. Findings Included:	S3155		

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

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S3155	Continued From page 1	S3155		

- Record review for resident #107 revealed an admission date of 10/02/2020 with no diagnoses identified.

The annual functional capacity screening (FCS) dated 08/28/2020 identified the resident with intact cognition, and she required no assistance with bathing, toileting, dressing or transfers. She lacked the ability to manage her own medications and used a walker/wheelchair for mobility.

The unidentified negotiated service agreement (NSA) dated 08/28/2020 revealed the facility would manage resident medications.

The resident care plan dated 08/28/2020 instructed staff to administer resident medications, and listed walker and electric scooter as mobility devices.

Observation on 02/22/2021 at 11:25 AM revealed the resident sitting in her recliner in her room. The bed is positioned with the headboard against the wall, a U-shaped bed assist device present on the left side of the bed, measurement between the arms of the U is approximatley12 inches.

Interview on 2/25/2021 at 2:00 PM with operator D and licensed nurses E and F confirmed the resident record lacked the bedrail assessment of the resident, the bed assistive device and /or any possible risk for entrapment.

The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of resident #107 in accordance with the functional capacity screening, and the negotiated service agreement related to bedrail assessment of the resident, the bed assistive device and/or any

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S3155	Continued From page 2	S3155		

possible risk for entrapment.

- Record review for resident #209 revealed and admission date of 09/16/2019 with a diagnosis of major depressive disorder.

The annual functional capacity screening (FCS) dated 12/18/2020 identified the resident had impaired cognition in all aspects, required physical assistance with bathing, dressing and toileting, and marked with falls and unsteadiness. He was independent with transferring/ mobility and lacked ability to manage his medications. He used a walker or wheelchair assistive device.

The unidentified negotiated service agreement (NSA) dated 09/15/2020 revealed the facility would assist with bathing, toileting, mobility assistance, transfers, dressing, and manage his medications.

The resident care plan dated 09/16/2020 instructed 1 staff to assist occasionally for mobility, dressing, and showering. Facility will manage medications; staff will dial insulin and resident will self-inject.

Observation on 02/25/2021 at 2:30 PM revealed resident in his room sitting on chair. The resident's bed is positioned with the head of bed against the wall, a U-shaped assistive device is attached to the left side of the bed. The device is padded with black foam and measures approximatly14 inches between the U-shaped bar. There is a horizontal bar approximately 3 inches from the top of the U.

Interview on 2/25/2021 at 2:30 PM with licensed nurses E confirmed the resident record lacked the bedrail assessment of the resident, the bed

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S3155	Continued From page 3 assistive device and /or any possible risk for entrapment. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of resident #209 in accordance with the functional capacity screening, and the negotiated service agreement related to bedrail assessment of the resident, the bed assistive device and/or any possible risk for entrapment. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs related to assessment for and use of bed assistive devices for resident's #107 and #209.	S3155		
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 facility reported a census of 27 residents. The sample included 3 residents and 2 focused reviews. Based on observation, interview and record review the operator failed to ensure the licensed nurse provided care in accordance with acceptable standards of practice related to administration of as needed medications (PRN) follow up for effectiveness for resident #311.	S3171		

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S3171	Continued From page 4 Findings included: - Record review revealed resident #311 re-admitted to facility after a hospital stay on 0/11/2021, with diagnoses of sexual aberration, major depressive disorder, insomnia, Gilberts disease, dementia, and history of atrial fibrillation. The re-admission functional capacity screening (FCS) dated 01/11/2021 assessed resident in need of supervision with bathing, dressing, toileting, transfers, mobility; in need of physical assistance with medication management; with impaired cognition (short term memory, long term memory, memory recall, decision making) and hearing; at risk for falls, wandering, and impaired decision making. The negotiated service agreement (NSA) dated 09/16/2020 recorded the facility to assist with bathing, dressing, toileting; manage medications; monitor for changes in cognition and assist with decision making as needed. The resident care plan dated 09/16/2019 instructed staff assist of one for bathing, dressing, and hygiene. The medication administration record (MAR) for February 2021 contained the following physician's orders: Imodium A-D tablet give 2 by mouth as needed for diarrhea give 2 tablets with first loose stool, and then give 1 tablet with each loose stool not to exceed 6 tablets in 24 hours, and Ativan 0.5mg (milligrams) administer one tablet every eight hours as needed for agitation and restlessness. Review of the MAR revealed Imodium A-D	S3171		

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S3171	Continued From page 5 administered on 02/11/201, 2/18/2021, 02/19/2021, 02/20/2021, and 02/21/2021. Review of the MAR revealed Ativan administered 02/22/2021. The MAR lacked follow-up documentation of the effectiveness of the PRN medications. On 2/25/2021 at 1:15 PM, operator D, licensed nurse E, licensed nurse F, and administrator H confirmed medical record lacked follow up documentation for effectiveness of PRN medications. The operator failed to ensure the licensed nurse provided care in accordance with acceptable standards of practice related to administration of as needed medications (PRN) follow up for effectiveness for resident #311.	S3171		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced	S3211		

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S3211	Continued From page 6 by: KAR 26-42-205 (g) (3) The facility reported a census of 27 residents. Based on observation, interview, and record review the operator failed to ensure a licensed nurse or pharmacist labeled the over the counter medications with the resident first and last name. Findings included: - On 02/22/2021 the facility provided a resident roster identifying the facility managed the medications for 25 out of 27 residents. Observation 02/22/2021 at 10:30 AM revealed the following; certified medication aide B unlocked the medication cart the following medications lacked a resident identifier; 1 bottle of acetaminophen, 1 bottle of fish oil, and 1 tube of skin protectant The following were identified as stock medications at the time by certified medication aide B; Debrox ear drops and anti-diarrheal tablets. Interview on 02/22/2021 at 10:45 AM with licensed nurse E and certified medication aide B confirmed the over the counter medications lacked a resident first and last name. The operator failed to ensure a licensed nurse or pharmacist labeled the over the counter medications with the resident first and last name.	S3211		
S3215 SS=D	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication	S3215		

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S3215	Continued From page 7 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. (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 facility reported a census of 27 residents. The sample included 3 residents and 2 focused	S3215		

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S3215	Continued From page 8	S3215		

reviews. Based on observation, interview and record review the operator failed to ensure the licensed nurse stored 4 insulin pens in accordance with the manufacturer's recommendations for residents # 209 and #436.

Findings included:

- On 02/22/2021 at 1030 AM certified medication aide B opened the medication cart located in the dining room. Observation revealed in the top left drawer 2 Levemir flex touch 100unit/ml, and 2 NovoLog flex touch 100 unit/ml. Each pen lacked the resident full name and expiration date.

Interview with certified medication aide B and licensed nurse E confirmed all 4 pens lacked resident identifiers and expiration dates.

Review of the Levemir flex touch pen manufacturers recommendations revealed the following; storing the pen out of the refrigerator below 86 degrees F., and the pen should be thrown away after 42 days even if insulin remained in the pen.

Review of the NovoLog flex touch pen manufacturers recommendations revealed the following; storing the pen out of the refrigerator below 86 degrees F., and the pen should be thrown away after 28 days.

Based on observation, interview and record review the operator failed to ensure the licensed nurse stored 4 insulin pens in accordance with the manufacturer's recommendations for residents # 209 and #436.

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S3240	Continued From page 9	S3240		
S3240 SS=E	26-41-103 (c) Staff Development on Dementia (c) If the facility admits residents with dementia, the administrator or operator shall ensure the provision of staff orientation and in-service education on the treatment and appropriate response to persons who exhibit behaviors associated with dementia. This REQUIREMENT is not met as evidenced by: KAR 26-41-103 (c) The facility reported a census of 27 residents with 11 cognitively impaired residents and 2 focused reviews. The sample included 3 sampled residents. Based on observation, interview and record review the operator failed to provide staff dementia education on the treatment and appropriate responses to persons who exhibit behaviors associated with dementia for 1 (# 311) of 3 sampled residents with the potential to affect all residents. Findings included: - Record review 02/22/2021 at 1:00 PM of facility provided resident roster revealed 11 residents identified with cognitive impairment. Record review on 02/21/2021 at 1002 AM for resident #311 revealed an admission date of 1/11/2021, with diagnoses of sexual aberration, major depressive disorder, insomnia and dementia. Record review on 2/25/2021 at 4:00 PM revealed the following sign in sheets for staff in-service training: 05/27/2020 reeducation for	S3240		

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	N087053	A. BUILDING: _____ B. WING _____	C 03/03/2021

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CLEARWATER VILLAGE	440 N 4TH STREET CLEARWATER, KS 67026

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S3240	Continued From page 10 COVID, donning and doffing, 05/28/2020 elopement education for staff, 06/02/2020 abuse, neglect and exploitation policy update, 06/17/2020 hand hygiene and infection control practices, 07/02/2020 surgical mask versus cloth mask education. Interview with operator D and licensed nurses E and F on 02/23/2021 at 2:00 PM revealed the facility moved 4 residents from the memory care unit to the assisted living unit, and personnel files lacked dementia training for personnel. The operator failed to provide staff dementia education on the treatment and appropriate responses to persons who exhibit behaviors associated with dementia for 1 (# 311) of 3 sampled residents with the potential to affect all residents.	S3240		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (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.	S3280		

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S3280	Continued From page 11 This REQUIREMENT is not met as evidenced by: KAR 26-41-103 (d) (3) The facility reported a census of 27 residents. Based on interview and record review the operator failed to provide quarterly emergency and disaster preparedness training quarterly to staff and residents. Findings included: - Record review on 2/25/2021 at 4:00 PM revealed the following sign in sheets for staff in-service training: 05/27/2020 reeducation for COVID, donning and doffing, 05/28/2020 elopement education for staff, 06/02/2020 abuse, neglect and exploitation policy update, 06/17/2020 hand hygiene and infection control practices, 07/02/2020 surgical mask versus cloth mask education. Record review on 2/22/2021 at 11:30 AM revealed 2 fire drill reports performed on 05/30/2019 and 11/20/2020. Interview om 02/23/2020 at 10:54 AM with operator D confirmed the documentation lacked quarterly emergency preparedness training to staff and residents. The operator failed to provide quarterly emergency and disaster preparedness training quarterly to staff and residents.	S3280		

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S3299	Continued From page 12	S3299		
S3299 SS=E	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (e) The facility reported a census of 27 residents. Based on observation and interview the operator failed to ensure the facility dietary personnel stored food under safe and sanitary conditions. Findings Included: - 02/22/2021 at 9:14 AM during the facility entrance tour of the kitchen the following was observed; a rack of bread in an alcove next to a sink with dirty brooms, mops and dust pans leaning against the bread rack. The small white refrigerator across from the sink stored a flat that could hold 24 eggs, 5 broken and empty shells were in the flat container. The double door fridge across from the sink contained the following opened non dated food containers; a container with a partial pecan praline muffin, jar of select chicken base, and a container of cottage cheese. Interview on 02/22/2021 at 9:14 AM with dietary staff G and operator D confirmed the items listed were undated and opened. The operator failed to ensure the facility dietary	S3299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3299	Continued From page 13 personnel stored food under safe and sanitary conditions.	S3299		
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 27 residents. The sample included 3 residents and 5 sampled employees. Based on interview, and record review for 4 of the newly hired employees, licensed nurse E, operator D, and certified nurse aide's A and C, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 with the potential to affect all residents. Findings Included:	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3310	Continued From page 14 - Review of operator D personnel record revealed she began employment on 10/18/2020. The employee record lacked evidence of the 2-step tuberculin test and the questionnaire performed within 7 days of employment. Review of licensed nurse E personnel record revealed she began employment on 08/01/2020. The employee record lacked evidence of the 2-step tuberculin test and the questionnaire performed within 7 days of employment. Review of certified nurse aide A personnel record revealed she began employment on 11/01/2020. The employee record lacked evidence of the 2-step tuberculin test and the questionnaire performed within 7 days of employment. Review of certified nurse aide C personnel record revealed she began employment on 12/06/2020. The employee record lacked evidence of the 2-step tuberculin test and the questionnaire performed within 7 days of employment. Interview on 2/25/2021 at 2:00 PM with operator D and licensed nurses E and F confirmed the personnel records lacked the evidence of the 2-step tuberculin test and the questionnaire performed within 7 days of employment. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 for operator D, licensed nurse E, and certified nurse aide's A and C, with the potential to affect all residents.	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087053	A. BUILDING: _____ B. WING _____	C 03/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3320	Continued From page 15	S3320		
S3320 SS=D	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254 The facility reported a census of 27 residents with 11 reported with impaired cognition. Based on observation and interview the operator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel and the public regarding unlocked chemicals. Findings included:	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3320	Continued From page 16 - Review of the facility provided resident roster identified 11 residents with cognitive impairment. Observation during the entrance tour on 02/22/2021 at 9:36 AM revealed the door to the beauty shop freely opened, and an unlocked cabinet to the right of the counter revealed a used can of paint stored on top of a package of full water bottles. The cabinet above the counter freely opened and a bottle of hydrocide germicide sat on the second shelf, and a bottle of equate nail polish remover sat on the counter. Review of the material safety data sheet for equate nail polish remover dated 12/01 revealed the following; may cause skin irritation, may cause eye discomfort, and if inhaled may cause headache, nausea, or a narcotic effect. Instructions to call poison control if ingested. Review of the material safety data sheet for hydrocide germicide dated 09/21/2013 revealed the following; Causes skin and eye irritation, harmful if inhaled, and if swallowed to get medical attention immediately. Interview with operator D confirmed the beauty shop should be locked and all chemicals should be in a locked cabinet. The operator failed to ensure the facility was equipped and maintained to protect the health and safety of 11 cognitively impaired residents, personnel and the public regarding unlocked chemicals.	S3320		