STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089047	A. BUILDING: _____ B. WING _____	12/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCRITE RETIREMENT ASSISTED LIVING	1608 SW 37TH ST TOPEKA, KS 66611

(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 are the result of a licensure re-survey with attached complaint at the above named assisted living facility on 11/29/16, 11/30/16 and 12/1/16.	S 000		
S3155 SS=E	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 53 residents. The sample included 3 residents and 2 focus review residents. Based on record review, observation and interview for 2 (#129 and #130) sampled residents, requiring health care services, the operator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of each resident in accordance with the functional capacity screening and the negotiated service agreement. Findings included:	S3155		

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

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S3155	Continued From page 1 - Record review for resident #129 recorded admission date of 5/1/14 with diagnoses of: angina pectoris, heart disease, chronic kidney disease, pacemaker, hypothyroidism, type 2 diabetes and hyperlipidemia. Functional Capacity Screen (FCS) dated 9/28/16 recorded resident independent with transfers, required supervision with walking/mobility, is at risk for falls/unsteadiness, uses a walker and electric wheelchair. Negotiated service Agreement (NSA) dated 9/28/16 recorded resident is independent with transfers and required supervision/reminders 6 or more times daily. Health Care Service Plan (HSCP) dated 9/28/16 recorded resident independent with transfers, fall management: non-skid footwear, walker with staff supervision and electric wheelchair. Progress notes recorded resident falls on 4/26/16 (resident fell getting out of bed), 5/17/16 (resident found on the floor stated he/she blacked out) and 9/3/16 (resident fell while out of facility resulting in a fractured leg). Observation on 11/29/16 at 3:15pm in resident ' s room, observed a red scooter, a walker, a wheelchair in the room and a black bed cane attached to the right side of resident ' s bed. HCSP lacked appropriate interventions for falls and use of a bed cane. Interview on 11/29/16 at 3:15pm with resident, stated " I use it to help me get in and out of bed.	S3155		

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S3155	Continued From page 2 " Interview on 11/30/16 at 3:35pm with licensed nurse #B confirmed HCSP lacked appropriate fall interventions and resident use of a bed cane. Record review for resident # 130 recorded an admission date of 9/15/14 with diagnoses of hyperlipidemia, major depressive disorder, atrial fibrillation, obesity, chronic kidney disease, congestive heart failure, gastro esophageal reflux disease and obstructive sleep apnea. FCS dated 8/8/16 recorded resident required supervision for ambulation and is at risk for falls/unsteadiness. NSA dated 8/8/16 recorded resident to receive supervision with walking. HCSP dated 8/8/16 recorded fall management: non- skid foot wear, walker, staff supervision. Progress notes recorded resident seen by nurse practitioner on 3/29/16 " due to fall. " Physician visit record dated 3/29/16 recorded " fell last PM, doesn ' t know how. " HCSP lacked appropriate interventions for falls. Facility policy " incidents and accidents " recorded: 6: resident care coordinator will provide and intervention to prevent further incidents or accident from occurring and adjust the residents care plan as necessary. 7: The apartment director/operator will review all documentation pertaining to the incident and ensure proper intervention. The apartment director/operator will also follow up to ensure effectiveness of	S3155		

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S3155	Continued From page 3 interventions. Interview on 11/30/16 at 4:00pm with licensed nurse #B confirmed HCSP lacked appropriate interventions for falls. For residents #129 and #130 who required health care services, the operator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of each resident in accordance with the functional capacity screening and the negotiated service agreement.	S3155		
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:	S3175		

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S3175	Continued From page 4 KAR 26-41-205 The facility reported a census of 53 residents. The sample included 3 residents and 2 focus review residents. Based on record review, observation and interview for 1 sampled resident (#129) and 2 (#132 and #133) focus review residents, the operator failed to ensure that a licensed nurse or pharmacist prefilled the residents ' medication containers and failed to ensure the residents could perform medication self-administration safely and accurately without staff assistance. Findings included: - Record review for resident #129 recorded admission date of 5/1/14 with diagnoses of: angina pectoris, heart disease, chronic kidney disease, pacemaker, hypothyroidism, type 2 diabetes and hyperlipidemia. Functional Capacity Screen (FCS) dated 9/28/16 recorded resident unable to perform management of medications. Negotiated service Agreement (NSA) dated 9/28/16 recorded resident as safely independent with medication administration. Health Care Service Plan (HSCP) dated 9/28/16 recorded VA (veteran ' s administration) sets up weekly medication boxes. Assessment for self-administration of medications dated 9/28/16 recorded resident is unable to correctly do the following: 1. Name the medication 2. State what the medication is for	S3175		

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S3175	Continued From page 5 3. State the proper dosage for each medication. During interview on 11/29/16 at 3:15pm with resident confirmed he/she did not know what each medication was for. He/she stated the VA sorts it out for him/her. Interview on 11/30/16 at 3:35pm with licensed nurse #B confirmed resident assessment recorded he is unable to safely perform medication self-administration. Observation on 11/29/16 at 11:20am during facility tour, in the facility clinic room, in a locked cabinet observed pre-filled medication boxes labeled with resident names for residents #132, #133 and #134. Interview on 11/29/16 at 11:20am with licensed nurse #B confirmed they are for assisted living facility residents, are filled by staff weekly and taken to the residents ' rooms for them to self-administer. He/she stated the following residents receive this service: #132, #133, #134, #135 and #136. Record review for resident #132 recorded admission date of 9/15/09 with diagnoses of: hypertension, hyperlipidemia, hypothyroidism, gastroesophogeal reflux disease, anthropathy and gout. FCS dated 8/4/16 recorded resident required assistance with management of medications. NSA dated 8/4/16 recorded resident is safely independent with medication management. HCSP dated 8/4/16 recorded staff to set up medication box weekly, resident to take from	S3175		

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S3175	Continued From page 6 pre-set box supervised by spouse. Assessment for self-administration of medications dated 8/4/16 recorded resident is able to correctly self-administer medications with assistance. Medication administration record for November 2016, recorded 8 medications pre-filled by CMAs and double checked by a CMA and delivered on each Friday by a CMA. Interview on 11/30/16 at 11:13am licensed nurse #C confirmed resident ' s medication boxes are pre-filled by a certified medication aides (CMA) on the night shift, are double checked by another CMA, and are delivered once a week by a CMA to the resident. Interview on 11/30/16 at 1:45pm with resident he/she stated facility fills the medication box every week. He/she stated he/she did not know what all the pills were for but knew " some " . Record review for resident #133 recorded admission date of 1/26/15 with diagnosis of cartilage disorder. FCS dated 7/29/16 recorded resident required assistance with management of medications. NSA dated7/29/16 recorded resident required staff to administer medications (7-12 medications daily). HCSP dated7/29/16 recorded staff to set up medication box weekly and resident to administer from medication box. Assessment for self-administration of	S3175		

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S3175	Continued From page 7 medications dated 9/29/16 recorded resident is able to correctly self-administer medications with assistance required for correctly stating what the medications are for and correctly stating the proper dosage for each medication. Medication administration record for November 2016 recorded 12 medications pre-filled by CMAs and double checked by a CMA and delivered on each Thursday by a CMA and one medication: Levothyroxine (a thyroid medication) 75 micrograms 1 tablet daily by mouth as not pre-filled by staff and self- administered. Interview on 11/30/16 at 11:13am licensed nurse #C confirmed resident ' s medication boxes are pre-filled by a certified medication aides (CMA) on the night shift, are double checked by another CMA, and are delivered once a week by a CMA to the resident. Interview on 11/30/16 at 2:10pm with resident stated facility fills the medication box every week. He/she stated he/she knew what some of the pills are for and some he/she did not know what they are for. He/she stated he/she self-administers the thyroid medication because he/she " did not want to dig it out of the box. " For residents #129, 132 and 133, the operator failed to ensure that a licensed nurse or pharmacist prefilled the residents ' medication containers and failed to ensure the residents could perform medication self-administration safely and accurately without staff assistance.	S3175		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents	S3261		

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S3261	Continued From page 8 (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 53 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 1 sampled resident (#130), the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident # 130 recorded an admission date of 9/15/14 with diagnoses of hyperlipidemia, major depressive disorder, atrial fibrillation, obesity, chronic kidney disease, congestive heart failure, gastro esophageal reflux disease and obstructive sleep apnea. Functional Capacity Screen dated 8/8/16 recorded resident required supervision for ambulation and is at risk for falls/unsteadiness. Negotiated Service Agreement dated 8/8/16 recorded resident to receive supervision with walking.	S3261		

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S3261	Continued From page 9 Health Care Service Plan dated 8/8/16 recorded fall management: non- skid foot wear, walker, staff supervision. Physician visit record dated 3/29/16 recorded " fell last PM, doesn ' t know how. " Progress notes recorded resident seen by nurse practitioner on 3/29/16 " due to fall. " Interview on 11/30/16 at 12:00pm with resident confirmed he/she fell last spring but could not remember why. He/she stated staff and firemen or EMT ' s (emergency technicians) got him/her up off the floor because of resident ' s physical size and he/she received physical therapy for a long period after the fall. Record lacked progress note entry for 3/29/16 fall (including date, time, action taken and results of the action). Interview on 11/30/16 with licensed nurse #B and administrative staff #A confirmed lack of progress notes entry for 3/29/16 fall and lack of record of investigation of fall. For resident #130, the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S3261		
S3320 SS=E	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	S3320		

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S3320	Continued From page 10 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: Review of facility resident roster on 11/29/16 recorded 9 residents with cognitive impairment. On 11/29/16 during facility tour from 11:05 to 1:15pm with administrative staff #A observed unsecured chemicals throughout the facility including the following: In unlocked cabinet under sink in waitress station by main dining room on first floor a spray bottle of Bent Keith sanitizer spray and a container of sani-wipes. In unlocked cabinet under sink in women ' s restroom by theatre room Hi Genic cleaner for bathrooms, one gallon; and butchers deodorizer spray 32ounces. In unlocked cabinet under sink in open concept	S3320		

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S3320	Continued From page 11 kitchen on ground floor container of Eco Lab Genie Pac soilmaster packets approximately 20, no lid on container.; dawn dish soap 38 ounces; comet cleanser 21ounces; and 2 large containers connected to the dishwasher of Eco Lab Jet Dry and super trump detergent. Interview on 11/29/16 at 11:57am with dietary staff #D, stated he/she did not have a key to lock cabinet in the kitchen. Interview on 11/30/16 at 3:05pm with licensed nurse #B stated the facility does not have a policy on chemical storage. The operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured throughout the facility.	S3320		