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 _____	05/02/2023

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

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-licensure survey with complaint investigations 173954, 174961, 175845 for the above named facility conducted on 04/27/23, 05/01/23 and 05/02/23.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c)(2) The facility reported a census of 39 residents (R). The sample included three residents and three focused record reviews. Based on observation, interview, and record review the operator failed to ensure staff completed a "Functional Capacity Screen" for one (R3) of three sampled residents following a significant change in condition. Findings Included: - Review of R3's "Electronic Medical Record"	S3081		

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

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S3081	Continued From page 1	S3081		

revealed she moved into the facility on 01/30/23 with diagnoses of heart failure and hypertension.

R3's most current "Functional Capacity Screen" (FCS) dated 01/30/23 revealed the resident needed physical assistance with bathing, walking/mobility, and with management of medications and medical treatments. It identified the resident was independent with dressing, toileting, and transfers.

Review of the nursing progress notes included on 4/13/2023 that staff are assisting R3 in the wheelchair to the bathroom with moderate physical assist of 1 staff with a gait belt. She needs total assist with toileting, hygiene, grooming, bed mobility, and locomotion in wheelchair.

Observation on 04/27/23 at 12:59 PM Certified Nurse Aide (CNA) G explained to R3 that she was going to help her get up and help her into the bed. CNA G lowered the resident's feet, put a gait belt on her and positioned the wheelchair close to the recliner. CNA C then told the resident to give her a hug and the resident put her arms on CNA C's arms she CNA lifted on the gait belt and completed a pivot transfer with the resident able to bear her weight and move her feet during the transfer. CNA C then pushed the resident in the wheelchair into the bedroom and completed the same pivot transfer out of the wheelchair and into the bed.

On 04/27/23 at 1:12 PM CNA C reported the resident needed physical assistance with bathing, dressing, toileting, transfers and even eating. She stated staff need to help her with all

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S3081	Continued From page 2 of her activities of daily living. , including helping her to eat. Stated she was told that she could only have liquid foods because she cannot swallow, and we have to help her with it. . On 05/01/23 at 12:22 PM Licensed Nurse B reported the Functional Capacity Screens were to be completed annually and if there is a significant change in status. The administrator failed to ensure designated staff completed a Functional Capacity screen for R3 when she had a significant decline in her functional ability.	S3081		
S3085 SS=F	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service.	S3085		

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S3085	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(1)(2) The facility reported a census of 39 residents (R). The sample included three residents and three focused record reviews. Based on record review and interview for three (R3, R4, R5) of three sampled residents and for all residents in the facility, the operator failed to ensure designated staff completed the "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and service needs, which included a description of the services the resident received and the provider of each service. Findings included: - Review of R3's "Electronic Medical Record" revealed she moved into the facility on 01/30/23 with diagnoses of heart failure and hypertension. R3's "Functional Capacity Screen" (FCS) dated 01/30/23 revealed the resident needed physical assistance with bathing, walking/mobility, and with management of medications and medical treatments. It also identified the resident had impaired hearing. It also identified she was unable to manage meal preparation, laundry, housekeeping and needed physical assistance with other instrumental activities of daily living. R3's "Negotiated Service Agreement" (NSA) failed to identify services specific to the resident for her needs identified on the "Functional Capacity Screen" related to bathing, walking/mobility, medications, medical	S3085		

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S3085	Continued From page 4	S3085		

treatments, and impaired hearing. It also failed to address services related to her instrumental activities of daily living such as meal prep, housekeeping, and shopping.

On 05/01/23 at 12:22 PM Licensed Nurse B stated that the process for completion of the NSA is that the FCS is done first, and then a "Level of Care" assessment and then the care plan and NSA. Licensed Nurse B referred Surveyor to the Level of care for amount of assistance if any needed for ADL's saying that was part of the NSA and should have been signed by those who participated in the completion of the NSA.

Surveyor requested to have the "Signed" Level of cares provided and on 05/01/23 at 02:24 PM Administrative Staff A provided the level of care for R3 and acknowledged it had not been signed by those who participated in the NSA.

On 05/02/23 at 7:28 AM Licensed Nurse B reported all residents had the same format for their NSA. The only part that was different was their level of care and rent amounts.

The administrator failed to ensure a licensed nurse developed the NSA for R3 to include services she would receive and who would provide those services.

- Review of R4's medical record revealed she moved into the facility on 04/18/23 with diagnosis of diabetes type II.

R4's "Functional Capacity Screen" dated 04/18/23 identified the resident needed physical assistance with bathing, dressing,

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walking/mobility, management of medications and medical treatments, had bladder incontinence, and at risk for falls/unsteadiness. It also identified R4 needed physical assistance with meal preparation and laundry/housekeeping.

R4's "Negotiated Service Agreement" (NSA) failed to identify services specific to the resident for her needs identified on the "Functional Capacity Screen" related to bathing, dressing, walking/mobility, medications, medical treatments, bladder incontinence or risk for falls. It also failed to address services related to her instrumental activities of daily living such as meal prep, housekeeping, and shopping.

On 05/01/23 at 12:22 PM Licensed Nurse B stated that the process for completion of the NSA is that the FCS is done first, and then a "Level of Care" assessment and then the care plan and NSA. Licensed Nurse B referred Surveyor to the Level of care for amount of assistance if any needed for ADL's saying that was part of the NSA and should have been signed by those who participated in the completion of the NSA.

Surveyor requested to have the "Signed" Level of cares provided and on 05/01/23 at 02:24 PM Administrative Staff A provided the level of care for R4 and acknowledged it had not been signed by those who participated in the NSA.

On 05/02/23 at 7:28 AM Licensed Nurse B reported all residents had the same format for their NSA. The only part that was different was their level of care and rent amounts.

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S3085	Continued From page 6 The administrator failed to ensure a licensed nurse developed the NSA for R4 to include services she would receive and who would provide those services. - Review of R5's "Electronic Medical Record" revealed she moved into the facility on 02/16/22 with diagnoses of Parkinson's, hypertension, and cognitive disorder. R5's "Functional Capacity Screen" (FCS) dated 12/29/22 identified the resident needed physical assistance with bathing and dressing. She also used a walker and wheelchair for mobility. She also needed physical assistance with meal preparation, laundry and housekeeping, and supervision with transportation. R5's "Negotiated Service Agreement" (NSA) failed to identify services specific to the resident for her needs identified on the "Functional Capacity Screen" related to bathing, dressing, walking/mobility, medications, medical treatments, bladder incontinence or risk for falls. It also failed to address services related to her instrumental activities of daily living such as meal prep, housekeeping, and shopping. On 05/01/23 at 12:22 PM Licensed Nurse B stated that the process for completion of the NSA is that the FCS is done first, and then a "Level of Care" assessment and then the care plan and NSA. Licensed Nurse B referred Surveyor to the Level of care for amount of assistance if any needed for ADL's saying that was part of the NSA and should have been signed by those who participated in the completion of the NSA.	S3085		

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S3085	Continued From page 7 Surveyor requested to have the "Signed" Level of cares provided and on 05/01/23 at 02:24 PM Administrative Staff A provided the level of care for R5 and acknowledged it had not been signed by those who participated in the NSA. On 05/02/23 at 7:28 AM Licensed Nurse B reported all residents had the same format for their NSA. The only part that was different was their level of care and rent amounts. The administrator failed to ensure a licensed nurse developed the NSA for R4 to include services she would receive and who would provide those services.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by:	S3092		

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S3092	Continued From page 8 KAR 26-41-202 (d)(2) The facility reported a census of 39 residents (R). The sample included three residents and three focused record reviews. Based on observation, interview, and record review the administrator failed to ensure staff reviewed and revised the "Negotiated Service Agreement", if necessary, for one (R3) of three sampled residents who experienced a significant change in status related to increased need for assistance with activities of daily living. Findings included: - Review of R3's "Electronic Medical Record" revealed she moved into the facility on 01/30/23 with diagnoses of heart failure and hypertension. R3's most current "Functional Capacity Screen" (FCS) dated 01/30/23 revealed the resident needed physical assistance with bathing, walking/mobility, and with management of medications and medical treatments. It identified the resident was independent with dressing, toileting, and transfers. Review of R3's "Negotiated Service Agreement Addendum" record include two addendums. One for the start of Hospice services which did not identify any changes in services related to activities of daily living and need for increased assistance and the other addendum was for a change in licensed nursing. The record did not include an addendum to identify the resident had a significant decline in functional ability and need for increased	S3092		

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S3092	Continued From page 9	S3092		

services.

Review of the nursing progress notes included on 4/13/2023 that staff are assisting R3 in the wheelchair to the bathroom with moderate physical assist of 1 staff with a gait belt. She needs total assist with toileting, hygiene, grooming, bed mobility, and locomotion in wheelchair.

Observation on 04/27/23 at 12:59 PM Certified Nurse Aide (CNA) G explained to R3 that she was going to help her get up and help her into the bed. CNA G lowered the resident's feet, put a gait belt on her and positioned the wheelchair close to the recliner. CNA C then told the resident to give her a hug and the resident put her arms on CNA C's arms she CNA lifted on the gait belt and completed a pivot transfer with the resident able to bear her weight and move her feet during the transfer. CNA C then pushed the resident in the wheelchair into the bedroom and completed the same pivot transfer out of the wheelchair and into the bed.

On 04/27/23 at 1:12 PM CNA C reported the resident needed physical assistance with bathing, dressing, toileting, transfers and even eating. She stated staff need to help her with all of her activities of daily living. , including helping her to eat. Stated she was told that she could only have liquid foods because she cannot swallow, and we have to help her with it. .

On 05/01/23 at 12:22 PM Licensed Nurse B reported the "Negotiated Service Agreements" are revised through an addendum process and need to be done when there is a significant

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S3092	Continued From page 10 change in condition. The administrator failed to ensure designated staff reviewed and revised R3's Negotiated Service Agreement when she had a significant decline in her functional ability.	S3092		
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 facility reported a census of 39 resident (R)s. The sample included three residents and 3 focused record reviews. Based on interview, and record review for two (R4 and R8) of two	S3175		

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residents who self-injected their insulin, the administrator failed to ensure a licensed nurse assessed the residents prior to self-injection of insulin to ensure they were able to self-inject their insulin safely and correctly once it had been prepared and dialed to the ordered dosage by the Certified Medication Aide.

Findings included:

- Review of R4's medical record revealed she moved into the facility on 04/18/23 with diagnosis of diabetes type II.

R4's "Functional Capacity Screen" dated 04/18/23 identified the resident needed physical assistance with management of her medications and medical treatments.

Review of the residents "Electronic Medical Record" included unsigned discharge medication list dated 04/11/23 with the following orders:
Blood glucose monitoring before meals and at bedtime for diabetes , notify physician if greater than 400 or less than 70.
Novolog insulin - inject eight units subcutaneously three times a day for diabetes.
Novolog insulin - per sliding scale: 180-240 give four units; 241-300 give six units; 301-350 give eight units; 351-400 give 10 units; greater than 401 give 12 units.

Review of the resident's medical record lacked evidence that a licensed nurse completed an assessment to ensure the resident could accurately and safely self-inject her insulin that had been prepared by someone else.

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S3175	Continued From page 12 On 04/27/23 at 12:10 PM Licensed Nurse D reported for residents who could not fully do their own insulin the Certified Medication Aides (CMA) prepared the pen and handed the pen to the resident for them to self inject. On 05/02/23 at 12:44 PM Licensed Nurse B acknowledged the resident should have had an assessment completed to identify she could accurately and safely self-inject her insulin. The administrator failed to ensure a licensed nurse assessed R4 to ensure she was able to self-inject her insulin safely and correctly after the insulin pen had been prepared and dialed to the correct dosage by a Certified Medication Aide. - Review of R8's medical record revealed he moved into the facility on 03/31/22 with diagnosis of diabetes type II. R8's Functional capacity screen revealed the resident needed physical assistance to manage his medications and medical treatments. Review of the resident's "Electronic Medical Record" included a signed physician's order dated 04/07/23 for Lantus insulin inject 10 units subcutaneously at bedtime for Diabetes type II. On 04/27/23 at 12:10 PM Licensed Nurse D reported for residents who could not fully do their own insulin the Certified Medication Aides (CMA) prepared the pen and handed the pen to the resident for them to self inject. On 05/02/23 at 12:44 PM Licensed Nurse B	S3175		

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S3175	Continued From page 13 acknowledged the resident should have had an assessment completed to identify she could accurately and safely self-inject her insulin. The administrator failed to ensure a licensed nurse assessed R4 to ensure she was able to self-inject her insulin safely and correctly after the insulin pen had been prepared and dialed to the correct dosage by a Certified Medication Aide.	S3175		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d)	S3200		

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The facility reported a census of 39 residents (R). The sample included three residents and three focused record reviews. Based on interview and record review the administrator failed to ensure facility staff administered medications according to standards of practice for one (R4) of three sampled residents.
Findings included:

- Review of R4's medical record revealed she moved into the facility on 04/18/23 with diagnosis of diabetes type II.

R4's "Functional Capacity Screen" dated 04/18/23 identified the resident needed physical assistance with management of medications and medical treatments.

R4's "Negotiated Service Agreement" (NSA) included a paragraph on the rules of medication administration including insulin administration but did not include what service the resident would receive related to her medications.

R4's "Service Care Plan" dated 04/17/23 identified the facility's licensed nurse were available to assist with once-a-day insulin injections Monday thru Friday except on Holidays. Certified Medication Aides who have been trained may assist with the prep of the insulin pen for the resident to self-inject. It included that staff would administer medications as ordered.

R4's medical record included a physician progress note and orders dated 04/19/23, the day after admission, which identified the resident as a new admission on 04/18, transfer of care

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from [physician name] and an order for zinc treatment to protect the resident's skin. It included an order for a local home health, lab to be drawn, tubigrips (support stockings) on in the morning and off in the evening and an order for Metolazone, (a diuretic). This progress note was signed by a medical provider but did not indicate if staff were to administer medications as taking in prior facility.

The resident record included a list of medications and treatments from their rehab sister facility dated 04/05/23 and another medication list from the same facility dated 04/11/23. Neither of the medication lists were signed by a physician or medical provider.

The resident record also included history and physical information from the resident's stay at the sister facility but did not include signed physicians' orders for medications and medical treatments that were to be administered to the resident in assisted living.

According to the April 2023 "Medication Administration Record", the resident received the following medications on 04/18/23 without a signed physicians order:
Lantus insulin 18 units
Melatonin (sleep aide) 10 milligrams (mg)
Neurontin 300 mg

The April 2023 MAR also included the following medications that were initialed as administered through the month of April that were based on the unsigned medication list from the sister rehab facility.

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S3200	Continued From page 16 The resident's April 2023 "Medication Administration Record" (MAR) included the following medications and treatments that were initialed by staff as being administered to the resident: Cardizem LA (antihypertensive)Oral Tablet Extended Release 24 Hour give 240 mg in the morning Claritin (for allergies) give 10 mg by mouth in the evening Coumadin (anticoagulant) Oral Tablet give 3 mg by mouth at bedtime (given through 4/ Demadex (diuretic) give 80 mg by mouth in the morning Fish Oil Oral Capsule give 1000 mg by mouth in the morning Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML Inject 18 unit subcutaneously at bedtime Lexapro (antidepressant) give 5 mg by mouth in the morning Melatonin give 10 mg by mouth at bedtime Metolazone (diuretic) give 5 mg by mouth in the morning Multiple Minerals-Vitamins give 1 tablet by mouth in the evening Potassium Chloride ER give 20 meq by mouth in the morning Vitamin B Complex give 1 tablet by mouth in the evening Vitamin D3 give 4000 IU by mouth in the evening Brovana Inhalation Nebulization Solution 15 MCG/2ML 1 vial inhale orally two times a day Cholestyramine Oral Packet 4 gm give 4 gram by mouth two times a day Restasis Ophthalmic Emulsion 0.05 % instill 1 drop in both eyes two times a day Neurontin give 300 mg by mouth three times a	S3200		

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S3200	Continued From page 17 day Nystatin External Powder 100000 unit/gm Apply to abdominal folds topically three times a day Insulin Aspart FlexPen (Novolog) 100 unit/ml Inject 8 unit subcutaneously three times a day - hold if blood glucose is less than 100 Insulin Aspart FlexPen (Novolog) 100 unit/ml give per sliding scale if blood sugar 0-180 give 0 units -- if 181-240 give 4 units - if 241-300 give 6 units - if 301-350 units give 8 units - if 351-400 give 10 units - if 401-600 give 12 units. If blood glucose greater than 400 call physician. Continuous Oxygen via NC on 4L to maintain SpO2 above 89% The April MAR also included blood glucose monitoring done by Certified Medication Aides before each meal and at bedtime. The MAR indicated that if a resident's blood glucose was greater than 400 the physician needed to be notified. The resident's blood sugars had the following readings that were greater than 400 since admission on 04/18/23 to 05/02/23. 04/20/23 read 480 at bedtime 04/24/23 read 476 at bedtime 04/28/23 read 427 at supper 04/30/23 read 534 at bedtime 05/01/23 read 451 at lunch 05/01/23 read 531 at supper 05/01/23 read 438 at bedtime The resident record lacked evidence in the nursing progress notes or the physician orders that the physician had been notified of the residents having significantly elevated blood sugars greater than 400 and even 500.	S3200		

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S3200	Continued From page 18 The April 2023 and May 2023 MAR identified facility staff did not administer sliding scale insulin at bed time even if for blood sugars that were elevated and within the ranges to receive sliding scale insulin dosages. On 05/02/23 at 08:00 AM Licensed Nurse B reported if a resident had an order for sliding scale insulin administration based on the resident's blood sugars, the sliding scale insulin needed to be given each time the blood sugar was taken if it was elevated and within parameters of sliding scale insulin. On 05/02/23 at 10:11 PM Licensed Nurse F looked in the resident record for admission orders for the medications R4 had received since she moved into the facility on 04/18/23. Licensed Nurse F found the medication list, but they were not signed and looked through the medical providers notes and acknowledged the resident record had had no medication and medical treatment orders signed by a medical provider to the medications she had received since admission. She also acknowledged there was no specific order for the monitoring of blood glucose. The administrator failed to ensure the facility staff administered R4's medications and medical treatments in accordance with a medical providers written order and according to professional standards of practice.	S3200		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration	S3202		

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S3202	Continued From page 19 (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d)(4) The facility reported a census to 39 residents. The facility identified they managed medications for 38 residents and two (R4 and R8) of those residents' received insulin. Based on interview and record review the administrator failed to ensure a Licensed Nurse (LN) delegated the nursing procedure of checking a resident's blood sugar and preparing and dialing a resident's insulin pen to the correct dosage as ordered for one of three newly hired Certified Medication Aide's, according to the Kansas nurse practice act, K.S.A 65-1124 and amendments thereto. Findings included: - While reviewing five newly hired employee records on 04/27/23 three were Certified Medication Aides. Record review for newly hired Certified Medication Aide (CMA) C lacked evidence a licensed nurse had reviewed and educated CMA C on the proper procedures for checking a resident's blood sugar or the procedures for preparing and dialing a resident's insulin pen to the ordered dose. On 05/01/23 at 04:41 PM CMA C stated she had already checked R4's blood sugar and it was 531	S3202		

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S3202	Continued From page 20 milligrams per deciliter (mg/dl) and she had given R4 her insulin already. On 05/02/23 at 07:40 AM Licensed Nurse B reported CMA C was ready to have her "competency" / delegation done and looked in her file and it had not been completed yet. The administrator failed to ensure the Licensed Nurse delegated the procedures of blood sugar checking and preparing and dialing of insulin pens to CMA C according to the Kansas Nurse Practice Act.	S3202		
S3280 SS=F	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. This REQUIREMENT is not met as evidenced	S3280		

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S3280	Continued From page 21 by: KAR 26-41-104(d)(3)(4) The facility reported a census of 39 residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with employees and residents and failed to have evidence of an emergency drill conducted at least annually that included the evacuation of residents to a secure location. Findings included: - Review of the disaster and emergency management quarterly reviews with staff and residents provided by Licensed Nurse B on 05/21/23 revealed the following from 5/26/21 to 05/01/23: The records lacked reviews for the last quarter (October, November, December) for 2021. The records lacked reviews for the first and third quarters of 2022. On 05/01/23 at 12:08 PM Licensed Nurse B stated the same records were reviewed with residents and should include a resident roster for that time frame to show what residents it was reviewed with. The records for 2022 did not include any indication that they were reviewed with residents, there were no resident roster with the staff reviews. On 05/01/23 at 12:08 PM Licensed Nurse B acknowledged that some of the quarterly reviews	S3280		

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S3280	Continued From page 22 were not in the review notebooks. She was sure they had been done but did not know why they were not in the notebooks. The administrator failed to ensure the disaster and emergency management plan were reviewed with all facility staff and all residents quarterly. - Review of the notebook provided by Licensed Nurse B on 05/01/23 lacked an emergency evacuation drill for 2022 and the drill conducted on 08/31/21 did not include a start and stop time for the evacuation and did not include where residents evacuated to. It also failed to identify how many residents participated in the drill and was not conducted with the least number of employees on duty to ensure staffing sufficient to evacuate those who need assistance in an emergency. On 05/01/23 at 12:08 PM Licensed Nurse B stated the evacuation drill should have been in the notebook and if it wasn't in there, she didn't know what happened to it. The administrator failed to ensure designated staff completed an annual emergency evacuation drill for 2022.	S3280		
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.	S3299		

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S3299	Continued From page 23 This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 39 residents. Based on observation and interview the facility failed to store all food under safe conditions. Findings included: - Observations on 04/27/23 during initial tour of the facility kitchen and food storage areas revealed the following: The refrigerator/freezer #4 had a large bag of mozzarella Stix that were opened and not sealed. The refrigerator in the AL dining room had a carton of orange juice with an expiration date of 09/02/22, The freezer by the salad bar had 2 bags of chicken strips that were open and not sealed. On the kitchen counter at 10:46 AM was a bag of bacon and sausage as well as multiple foam containers of oatmeal. Observation on 04/27/23 at 11:55 AM the salad bar in the kitchen had all of the lids in the up position. Dietary staff E checked the temperature of the turkey and it read 45 degrees Fahrenheit (F) and the mixed fruit was 47.1 degrees F. The cart included multiple foods that were to be served and stored cold. On 04/27/23 at 11:12 AM dietary staff E reported the bacon, sausage, and oatmeal should have been put in the refrigerator or kept hot for	S3299		

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S3299	Continued From page 24 service. She also acknowledged that all bags that are opened need to be sealed back when done getting something out of them. Dietary staff E thought the temperatures of the food in the salad bar needed to be 32 degrees. Review of the "Focus on Food Safety" guidelines reveal the maximum cold holding temperature is 41 degreed F. The administrator failed to ensure designated staff stored foods that were frozen and already cooked under safe conditions.	S3299		
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 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,"	S3320		

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S3320	Continued From page 25 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 (a) The facility reported a census of 39 residents(R). Twenty of the 39 residents were identified by the facility on the resident roster as having impaired cognition. Based on observation and interview the administrator failed to ensure staff secured all chemicals to maintain the safety of all residents, personnel, and the public. Findings included: - On 04/27/23 during initial tour the following chemicals were observed in areas of the facility that were used by residents and accessible to them: In the theatre room under the sink were two spray bottles of Multi-quat 64-Xtra with a warning label on it and another spray bottle of clear liquid without any type of label on it. In the activity room under the sink was a can of comet and dish soap, both with warning labels on it. In the main dining room on the table by the coffee bar was a container of sanitizing multipurpose wipes, and 2 cans of Microban disinfectant spray, both with warning labels. On 04/27/23 at 01:44 PM Administrative staff A acknowledged the chemicals needed to be secured and not accessible to residents.	S3320		

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S3320	Continued From page 26 The administrator failed to ensure chemicals were secured for the safety of all residents, personnel and visitors.	S3320		