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	N089030	A. BUILDING: _____ B. WING _____	03/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA HEARTHSTONE WEST	3515 SW 6TH AVE TOPEKA, KS 66606

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named assisted living facility on 2-26-14, 2-27-14, and 3-4-14.	S 000		
S3080 SS=E	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(b) The facility reported a census of 39 residents. The sample included 3 residents and one focus review resident. Based on observation, record review and interview for 2 (#500, #600) of 3 sampled residents, the operator failed to ensure a licensed nurse assessed these residents whose functional capacity screening indicated the need for health care services. Findings included:	S3080		

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

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S3080	Continued From page 1 - Record review for resident #500 revealed admission on 11-18-10 with diagnoses Mood Disorder, Dementia without Behavior Disturbance, Osteoarthritis, Gastroesophageal Reflux Disorder and High Blood Pressure. The functional capacity screen (FCS) dated 8-14-13 recorded resident required physical assistance with bathing, dressing, toileting; supervision with transfers and walking/mobility; and independent with eating. Unable to perform management of medications and treatments. Cognition: problems with short term and long term memory, memory/recall and decision-making. The FCS indicated the need for health care services and lacked assessment by a licensed nurse. Interview on 2-26-14 at 5:30 pm with administrative nurse D confirmed the FCS indicated a need for health care services and lacked documentation of assessment by a licensed nurse. For resident #500, the operator failed to ensure a licensed nurse assessed the resident whose functional capacity screening indicated the need for health care services. - Record review for resident #600 revealed admission on 8-20-10 with diagnoses Gastroesophageal Reflux Disorder, Hyperlipidemia, Urinary Incontinence, Hypertension, Anxiety Disorder, Depression, Coronary Artery Disease and Cerebrovascular Accident. The functional capacity screen (FCS) dated 11-14-13 recorded resident required physical	S3080		

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S3080	Continued From page 2 assistance with bathing, dressing, toileting, transfer, walking/.mobility and independent with eating. Unable to perform management of medications and treatments. Frequently incontinent of urine. Cognition: problems with short term memory. The FCS indicated the need for health care services and lacked assessment by a licensed nurse. Observation on 2-27-14 at 1:10 pm of resident being toileted revealed 2 staff members assisted resident to stand and one staff member ambulated with resident from wheelchair to toilet. After toileting, the resident assisted by both staff members to stand and hold onto grab bars while one staff performed pericare. Resident stands with great difficulty. One staff member steadied resident while standing and the other staff member provided hygiene. Both staff assisted with changing resident's brief and pulling up clothing. Interview on 2-26-14 at 5:30 pm with administrative nurse D confirmed the FCS indicated a need for health care services and lacked documentation of assessment by a licensed nurse. For resident #600, the operator failed to ensure a licensed nurse assessed the resident whose functional capacity screening indicated the need for health care services.	S3080		
S3085 SS=D	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	S3085		

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S3085	Continued From page 3 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a) The facility reported a census of 39 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 (#600) of 3 sampled residents, the operator failed to ensure the negotiated service agreement included a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment of the outside provider. Findings included: - Record review for resident #600 revealed admission on 8-20-10 with diagnoses Gastroesophageal Reflux Disorder, Hyperlipidemia, Urinary Incontinence, Hypertension, Anxiety Disorder, Depression, Coronary Artery Disease and Cerebrovascular	S3085		

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S3085	Continued From page 4 Accident. The functional capacity screen (FCS) dated 11-14-13 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/.mobility and independent with eating. Unable to perform management of medications and treatments. Frequently incontinent of urine. Cognition: problems with short term memory. The negotiated service agreement (NSA) dated 11-13-13 recorded services for assistance with bathing and dressing; assistance to/from bathroom and with toileting needs; physical assistance with transfers and escort to/from meals. Staff to administer medications. The NSA lacked identification of the home health agency, a description of services provided by the home health agency and identification of each party responsible for payment of the home health agency. Review of Resident Notes revealed the following: 1-6-14 at 10:18 am: (Home Health Agency) for physical therapy/occupational therapy. Physical Therapy started 11-15-13 for bilateral lower extremities/trunk, transfers. Physical therapy discontinued 1-6-14. Occupational Therapy started 11-16-13 for safety and Activities of daily living. Occupational Therapy discontinued 1-6-14. Interview on 2-26-14 at 5:20 pm with administrative nurse D confirmed the NSA lacked documentation of a description of services provided, name of the home health agency providing the services and identification of each party responsible for payment of the home health agency when the resident received physical and	S3085		

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S3085	Continued From page 5 occupational therapy services. For resident #600, the operator failed to ensure the negotiated service agreement included a description of the therapy services the resident received, identification of the home health agency that provided the physical and occupational therapy and identification of each party responsible for payment of the home health agency.	S3085		
S3216 SS=F	26-41-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist.	S3216		

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S3216	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(i) The facility reported a census of 39 residents. The sample included 3 residents and 1 focus review resident. Based on observation and interview, the operator failed to ensure licensed nurses and medication aides maintained records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. Findings included: - Observation of a locked cabinet inside the locked "Nurses's Station" room on 2-26-14 at 1:15 pm accompanied by administrative nurse D and certified medication aide E, revealed: For 11 discharged residents, the cabinet included 127 combinations of medications in bottles, tubes, vials and unit dose cards plus 6 narcotics. For 16 current residents, the cabinet contained 73 combinations of bottles, tubes, vials and unit dose cards plus 3 narcotics. The cabinet also contained 24 over the counter medications to be destroyed. Review of facility policy and procedure for the "Destruction of Medication" stated: "A community management staff member and the designated medication staff person must destroy controlled substances. Processes: When a dose of a controlled substance cannot be used for any reason by the resident, the dose is disposed of in accordance with applicable federal and state laws and regulations. The destruction of the medication must be documented on the Individual Controlled Substance Record, The Narcotic	S3216		

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History Log and the Medication Destruction. Disposal in the presence of two authorized community staff. Document the disposal of all controlled substances on the destruction record in accordance with policies and procedures for medication destruction. Maintain the record of destruction/disposal of controlled substances in the community for three years (time frame may vary state to state.)" For non-controlled medications the processes included: "Two community staff persons must destroy medications. (refer to state regulations). Your Resident Services Director will discuss with your pharmacy the appropriate drug destruction procedures that they use and refer to your state requirements. If the pharmacy does not have a biohazardous waste procedure for destroying medications, destroy the medications in an environment friendly manner as per facility policy. An authorized staff member must witness the destruction. Both persons must sign the destruction record. Count the medication and fill out the destruction record completely."

The policy lacked procedures for logging of medications identified to be destroyed while waiting for destruction and lacked specific guidelines for destruction of medications. The policy failed to identify the staff members responsible for the destruction of medications and further failed to identify a time frame for removal, storage and destruction of medications.

Interview on 2-26-14 at 1:15 pm with administrative nurse D and certified medication aide E confirmed medication destruction forms were filled out at the time medications were destroyed, until then, does not know what medications are in the cabinet or whether any medications have been removed. Confirmed

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S3216	Continued From page 8 unable to accurately reconcile medications. The operator failed to ensure licensed nurses and medication aides maintained records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation.	S3216		
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 by: KAR 26-41-104(d) The facility reported a census of 39 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for all residents and employees, the operator failed to ensure disaster and emergency	S3280		

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preparedness by ensuring the performance of quarterly review of the facility's emergency management plan with employees and residents.

Findings included:

- Review of Emergency Management Plan revealed the following:
Fire Protection Safety and Use of the Fire Extinguisher reviewed with employees in September 2013.
Emergency Action Plan reviewed with employees in December 2013 which included all the components of the facility emergency management plan.

Review of facility policy regarding "Disaster Plan" stated "4. All employees are to have emergency and disaster training during New Hire Orientation and annually thereafter." The policy lacked provision for quarterly training of employees and residents.

Interview on 2-26-14 at 5:40 pm with administrative staff C stated he/she reviews emergency management plan with residents but does not keep notes on it.

Interview on 2-27-14 at 9:50 am with administrative staff B confirmed the facility's emergency management plan was not reviewed in full with employees. Further confirmed unable to find documentation that residents had received quarterly review of the facility emergency management plan.

For all residents and employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency

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S3280	Continued From page 10 management plan with employees and residents.	S3280		