

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/07/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175532	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2016
NAME OF PROVIDER OR SUPPLIER AVITA HEALTH AND REHAB AT REEDS COVE			STREET ADDRESS, CITY, STATE, ZIP CODE 2114 N 127TH COURT EAST WICHITA, KS 67228		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 72 residents with 19 included in the sample. Based on observation, interview, and record review, the facility failed to provide meal assistance in an individualized and dignified manner for 2 residents observed during dining who required assistance to eat. (#71, #72)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - During an observation on 10/25/16 at 7:37 AM, 2 residents (#71, #72) who needed assistance to eat, sat in the dining room. At 7:38 AM staff served resident #71 breakfast. Resident #71 started to eat independently. At 7:42 AM the resident stopped feeding him/herself. At 7:43 AM direct care staff DD placed a plate of food in front of resident #72 then stood beside the resident and fed him/her a bite then walked to resident #71 at the other end of the table and stood beside him/her, encouraged him/her to eat a bite, then walked back and stood beside resident #72. Staff DD then walked to resident #71 and fed him/her a 	F 241			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	<p>Continued From page 1</p> <p>bite, then walked back to resident #71, fed him/her a bite, then walked to resident #72 and fed him/ her a bite, then administrative nursing staff B brought medications to resident #72 and fed him/her small amounts of medicine until resident #72 finished all the medicine.</p> <p>During an interview on 10/24/16 at 1:41 PM direct care staff EE reported staff needed more aides at the assisted table that day because 6 people needed assistance to eat and only 2 aides were available to feed the residents and answer call lights.</p> <p>During an interview on 10/25/16 at 9:55 AM direct care staff JJ reported it was his/her first day to work and he/she needed to stand and walk between residents while feeding them this morning so the resident's food would not get cold. Staff JJ stated he/she did not have anyone helping him/her that day.</p> <p>During an interview on 11/1/16 at 2:44 PM administrative nursing staff B reported if a resident needed complete assistance for eating he/she would expect staff to sit by resident and devote the necessary time to feed the resident.</p> <p>Review of the facility's undated Right to Dignity policy revealed each elder requiring staff assistance or encouragement would be provided with that assistance by staff being seated next to the elder, at eye level, facing the same direction.</p> <p>The facility failed to provide meal assistance in an individualized and dignified manner for resident #71 and resident #72 who needed staff assistance to eat.</p>	F 241			

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F 242 F 242 SS=D	Continued From page 2 483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: The facility had a census of 72 residents with 19 in the sample. Based on observation, interview, and record review the facility failed to honor resident preferences for bathing for 2 of 3 residents reviewed for choices. (#82 and #86) Findings included: - Review of resident #86's annual MDS (minimum data set) dated 5/8/16 revealed the resident had a BIMS (brief interview for mental status) score of 15, indicating intact cognition. The resident did not reject cares, required limited assist of one staff for personal hygiene, and physical assistance of 2 persons for bathing. The resident had no impairment in range of motion (ROM) to his/her upper extremities but had impairment to both lower extremities. The resident identified preference of choosing type of bath as very important. Review of the quarterly MDS dated 8/11/16 revealed no change in cognition or ROM, but the resident now required physical assistance of one person for bathing activity.	F 242 F 242			

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F 242	<p>Continued From page 3</p> <p>Review of the ADL (activities of daily living) functional/rehabilitation CAA (care area assessment) dated 5/18/16 revealed the resident had a risk for impaired functional status due to bilateral (both sides) paralysis (the loss of muscle function, sensation, or both) and required extensive assistance for ADLs.</p> <p>Review of the resident's care plan dated 8/10/16 revealed the resident needed assistance with bathing as requested and he/she preferred a shower 1-2 times per week.</p> <p>Record review of bath preference sheet last updated 9/18/16 revealed the resident preferred 2 baths/showers per week.</p> <p>Review of the resident's bathing schedule the months of August and September 2016 revealed the resident bathed one time per week and one week bathed twice.</p> <p>Review of the bath schedule for October 2016 revealed the resident received shower on 10/1/16, 10/11/16, 10/16/16, 10/21/16, and 10/25/16. The resident refused showers on 10/4/16, 10/8/16, and 10/18/16.</p> <p>Observation on 10/25/16 at 3:30 PM revealed the resident went down the hallway with wet hair from the whirlpool room in direction of the resident's room. The resident stated at that time, he/she just finished having his/her hair washed at the salon.</p> <p>Interview with the resident on 10/27/16 at 9:11 AM revealed the resident wanted to be bathed/hair washed twice a week. The facility</p>	F 242			

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F 242	<p>Continued From page 4</p> <p>tried to honor this, but the resident stated the staff were not following the bathing schedule. The resident stated baths are most often missed on the weekend when only one aide worked and the facility did not offer alternate times. The resident stated he/she bathed twice a week at home prior to admission and he/she was surprised to hear his/her care plan listed 1-2 times per week as his/her preference.</p> <p>Interview on 10/26/16 at 3:09 PM direct care staff Q stated sometimes he/she was the only aide with the nurse to provide care for all the residents on the house, which was not enough staff to be able to provide all the showers/baths for residents. Staff Q stated it happened frequently.</p> <p>Interview with direct care staff Q on 10/26/16 at 3:54 PM revealed the staff were to bathe the resident three to four times per week but not on dialysis (a process for removing waste and excess water from the blood and is used primarily as an artificial replacement for lost kidney function in people with kidney failure) days. If the resident refused bathing the resident could wash at the sink or go and have his/her hair washed at the salon. If staff bathed the resident, they documented it electronically and in the bathing book.</p> <p>Interview with direct care staff G on 10/27/16 at 11:30 AM revealed he/she did not know how many times a week the resident needed to bathe, but he/she thought it was three times a week. Staff G stated if the resident refused a bath, he/she would let the nurse know and document it on the shower sheet.</p> <p>Interview with licensed nursing staff T on</p>	F 242			

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F 242	<p>Continued From page 5</p> <p>10/27/16 at 10:35 AM revealed the facility allowed the resident the right to choose schedules consistent with the resident's interests and the facility allowed the resident the right to refuse treatment such as bathing. If the resident did refuse bathing, staff T stated he/she made a note and let the family know. Staff T stated the resident needed bathed twice a week and received baths twice a week. Staff T stated staff documented in the bath book and in the electronic records. If a resident refused bathing or was not bathed, Staff T expected the certified nursing assistant (CNA) to tell him/her.</p> <p>Interview on 10/27/16 at 4:25 PM with licensed nursing staff DD revealed facility did have an updated bath preference sheet for the resident dated 9/18/16 and stated the resident wanted two baths a week on off dialysis days.</p> <p>Review of undated facility policy for Bath and Showers revealed the facility would ensure the residents' bath/showers were performed and documented in accordance with the resident's preferences to maintain each resident's hygiene and dignity while honoring their preferences. General Guidelines included for the charge nurse to ensure the resident's bathing preferences were asked during the admission assessment and communicated to the CNAs. The CNAs would document what day of the week , time of the day and type of bath/shower the resident received.</p> <p>The facility failed to honor the resident's choices related to bathing frequency.</p> <p>- Review of resident #82's signed physician orders dated 9/19/16 revealed the resident's</p>	F 242			

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F 242	<p>Continued From page 6</p> <p>diagnoses included Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, forward flexion of the trunk, loss of postural reflexes and muscle rigidity and weakness) and muscle weakness.</p> <p>Review of the resident's admission MDS (minimum data set) dated 7/26/16 revealed a BIMS (brief interview for mental status) score of 15, indicating intact cognition. The resident identified choosing between a tub bath, shower, bed bath or sponge bath all as being very important. He/she needed physical help 1 person for bathing.</p> <p>Review of the quarterly MDS dated 10/20/16 revealed no change in the resident's cognitive status or amount of assistance required.</p> <p>Review of the resident's ADL (activities of daily living) Functional CAA (care area assessment) dated 7/26/16 revealed the resident required extensive assistance for ADLs and could ask for assistance. The CAA lacked information about bathing or bathing preferences.</p> <p>Review of the resident's care plan dated 7/26/16 revealed the resident needed 1 staff to assist with personal hygiene. The care plan lacked information about bathing.</p> <p>Review of resident #82's bath record revealed the resident was scheduled to bathe twice each week at 8:30 AM on Wednesdays and Sundays. The resident did not receive baths between: 9/2/16-9/7/16 (4 days without bathing) 9/7/16-9/13/16 (5 days without bathing)</p>	F 242			

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F 242	<p>Continued From page 7</p> <p>9/13/15- 9/18/16 (4 days without bathing) 10/5/16-10/16/16 (10 days without bathing)</p> <p>Observation on 10/27/16 10:55 AM revealed the resident was dressed and appeared clean and well groomed.</p> <p>During an interview on 10/26/16 at 10:34 AM resident #82 reported he/she wanted to be bathed twice a week but the staff did not have time. He/she liked showers in the mornings but staff wanted to do his/her baths in the evening. He/she stated it had been quite a while since he/she had a bath and thought it had been at least a week. The aide who bathed him/her last was direct care staff N and it was about 8:30 or 9:30 AM. The resident stated it seemed like schedules changed a lot and there were not enough staff. The time before the last time he/she was bathed the aide told resident #82 that his/her shower had been long enough after the resident asked staff to wash him/her down better with a rinse cloth because he/she had very sensitive skin and needed to have his/her skin rinsed better, then staff told resident #82 most residents did not get that long of a shower and he/she would not take more time to rinse him/her better.</p> <p>During an interview on 10/27/16 at 10:55 AM resident #82 reported he/she had a shower the evening before but liked it better in the mornings because he/she did not feel as clean when showered in the evenings.</p> <p>During an interview on 10/26/16 at 3:17 PM direct care staff L reported the resident's bathing schedule was determined when the resident admitted and bath schedules were kept in a notebook. Staff looked in the notebook when they</p>	F 242			

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F 242	<p>Continued From page 8</p> <p>arrived to work then worked out who would do the resident baths each shift.</p> <p>During an interview on 10/26/16 at 3:23 PM direct care staff M checked the bath schedule notebook and reported the resident's schedule was to have a morning bath every Wednesday at 8:30 am. Staff M did not know if the resident wanted a different bathing schedule, then went to the resident's room to ask and reported the resident told staff he/she was okay with being bathed once a week but might want to take a shower that night.</p> <p>During an interview on 10/27/16 at 7:13 AM direct care staff N reported if the resident asked to change his/her bath schedule he/she would tell the charge nurse. Staff N stated the resident bathed in the mornings on a schedule Wednesday and Sunday and took a shower in a shower chair. Staff N stated the resident's last bath was done by direct care staff M on 10/26/16 and verified the last 2 baths the resident had were on 10/2/16 and 10/16/16 and verified it had been 2 weeks between baths recorded in the bath record.</p> <p>During an interview on 10/27/16 at 7:45 AM licensed staff H reported the resident was particular and wanted baths at inconvenient times in the mornings like right at breakfast time and his/her showers took 45 minutes to one hour. Staff H stated the facility needed more staff to get the resident baths done and the nurses could not be more than one place at a time.</p> <p>During an interview on 11/1/16 at 2:44 PM administrative nursing staff B reported if the resident refused a bath staff should try to follow</p>	F 242			

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F 242	Continued From page 9 up on next shift and give the bath if the resident wanted one. If the resident wanted a bath in between his/her scheduled times the staff should accommodate the resident. Review of the undated facility Bath and Shower policy revealed the facility would ensure residents' baths/showers were performed and documented in accordance with the resident's preferences to maintain each resident's hygiene and dignity while honoring their preference.	F 242			
F 353 SS=F	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.	F 353			

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F 353	Continued From page 10 This REQUIREMENT is not met as evidenced by: The facility census totaled 72 residents. Based on observation, interview and record review the facility failed to have sufficient staff to provide necessary care and services to ensure resident needs (bathing and eating) were met. This had the potential to affect all residents in the facility. Findings included: - During an observation on 10/25/16 at 7:37 AM, 2 residents (#71, #72) who needed assistance to eat sat in the dining room. At 7:38 AM staff served resident #71 breakfast. Resident #71 started to eat independently. At 7:42 AM the resident stopped feeding him/herself. At 7:43 AM direct care staff DD placed a plate of food in front of resident #72 then stood beside the resident and fed him/her a bite then walked to resident #71 at the other end of the table and encouraged him/her to eat a bite then walked to resident #72 and stood beside him/her, then walked to resident #71 fed him/her a bite, then walked to the kitchen then over to another resident, then walked back to resident #71 fed him/her a bite then walked to resident #72 fed him/her a bite then walked to another resident across the dining room and talked to him/her then walked to the kitchen then back to a resident on other side of the dining room who sat by a window, then walked back to resident #72 and fed him/her a bite, then administrative nursing staff B brought medications to resident #72 and offered him/her a spoonful of medicine, the stood beside resident #72 and fed him/her small amounts of medication until resident #72 finished it.	F 353			

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F 353	<p>Continued From page 11</p> <p>Review of the resident #86's bathing schedule the months of August and September 2016 revealed the resident bathed one time per week and one week bathed twice. Review of the resident's preference sheet dated 9/18/16 revealed resident preferred 2 baths/showers per week.</p> <p>Review of resident #82's bath record revealed the resident was scheduled to bathe twice each week at 8:30 AM on Wednesdays and Sundays. The resident did not receive baths between: 9/2/16-9/7/16 (4 days without bathing) 9/7/16-9/13/16 (5 days without bathing) 9/13/15- 9/18/16 (4 days without bathing) 10/5/16-10/16/16 (10 days without bathing)</p> <p>Interview with resident #48's family on 10/24/16 at 3:43 PM revealed residents family believed there was not enough staff on night shift and reported the resident had to wait over 30 minutes for help to the bathroom. Then on 10/25/16 at 3:26 PM the family reported he/she felt like his/her family member did not receive the restorative services resident #48 needed related to a lack of staffing.</p> <p>Interview with resident #6 on 10/25/16 at 8:35 AM revealed he/she believed staffing was worse during the day time and reported having to wait for 20 minutes for help to the restroom.</p> <p>During an initial interview with resident #86 on 10/25/16 at 8:30 AM revealed he/she felt the facility did not provide adequate staffing during the day or night 7 days a week. He/she reported he/she was scheduled for a bath that day, but he/she stated the facility only one direct care staff</p>	F 353			

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F 353	<p>Continued From page 12</p> <p>in the unit to assist all the residents, so he/she did not know if he/she would get a bath as scheduled. Follow up interview with resident #86 on 10/27/16 at 9:11 AM revealed he/she wanted to be bathed/hair washed twice a week. The resident stated baths were most often missed on the weekend when only one aide worked and the facility did not offer alternate times.</p> <p>Interview with resident #88 on 10/25/16 at 9:19 AM revealed he/she felt the facility was not adequately staffed and reported having to wait a long time for staff to answer his/her call light.</p> <p>Interview with resident #77 on 10/26/16 at 2:37 PM revealed he/she felt there was not enough staff available to answer call lights and provide adequate care to the residents.</p> <p>Interview with resident #6 on 10/27/16 at 12:45 PM revealed he/she had to holler out for help because he/she felt like the facility did not have enough staff to answer call lights. He/she reported having to wait a long time to have the call light answered.</p> <p>Interview with resident #52's family member on 10/27/16 at 12:39 PM revealed he/she had concerns the facility did not have enough staff available on night shift.</p> <p>Interview with direct care staff O on 10/26/16 at 5:34 AM revealed he/she felt like there needed to be more staff during night shift. He/she reported tardiness and other staff calling in ill were a big problem and night shift often had to stay over late and cover part of the day shifts.</p> <p>Interview with direct care staff P on 10/26/16 at</p>	F 353			

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F 353	<p>Continued From page 13</p> <p>3:00 PM revealed he/she felt like the facility was not always staffed for resident acuity (amount of care resident need). He/she reported all resident cares were provided, but often medications were late and not given at the times scheduled.</p> <p>Interview with direct care staff Q on 10/26/16 at 3:09 PM revealed he/she was often times the only direct care staff in the house and reported showers and bathing were the first thing staff did not provide when understaffed.</p> <p>Interview with direct care staff R on 10/27/16 at 12:56 PM revealed showers were not provided per the care plan. He/she felt like there was not enough staff available in the facility.</p> <p>Interview with licensed care staff I on 10/26/16 at 5:55 AM reported he/she believed the facility did not have enough staff, especially at night. With one nurse covering two houses and passing medications, he/she reported that usually left one direct care staff in each house. That left, on average, 1 direct care staff for 18 residents in each house.</p> <p>During an interview on 10/27/16 at 7:45 AM licensed staff H stated the facility needed more staff to get the resident baths done and the nurses could not be more than one place at a time.</p> <p>Interview with administrative nurse B on 10/27/16 at 3:29 PM revealed he/she knew of the issues with staffing and was currently working on adjusting the staffing levels for each house. He/she reported they had hired about 8 new staff members in 3 weeks and were working on adding even more. The goal was to have a licensed staff</p>	F 353			

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F 353	Continued From page 14 member for each house, each shift and a certified medication aid (CMA) from 8 AM to 8 PM for each house. He/she reported they were able to obtain coverage for staff members who called in sick and the administrative staff helped in the households as well. Review of the undated policy entitled Sufficient Nursing Staff revealed there would be sufficient team members available in each house to provide nursing and related services to the residents as planned based on the resident assessments, to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each elder.	F 353			
F 356 SS=B	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning	F 356			

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F 356	<p>Continued From page 15 of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: The facility census totaled 72 residents. Based on observation, interview, and record review, the facility failed to post the daily nurse staffing information in 3 of 4 houses. This failure had the potential to affect all residents residing in those houses.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 10/24/16 at 8:40 AM revealed a posted nurse staffing sheet in the Sagbehne house dated 10/17/16 with a census of 66. <p>Observation on 10/24/16 at 9:30 AM revealed a posted staffing sheet in the Berlin house dated 10/17/16 with a census as 66.</p> <p>Observation on 10/24/16 at 9:40 AM revealed a posted nurse staffing sheet in the Riffel house dated 10/17/16 with a census of 66.</p> <p>Interview with administrative staff B on 10/27/16</p>	F 356			

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F 356	Continued From page 16 at 3:29 PM revealed he/she expected the staffing sheets to be posted and the correct date. Review of the posting direct care staff daily numbers, dated 9/1/15, revealed within 2 hours of the beginning of the completed morning shift change, the number of licensed nurses and the number of unlicensed nursing personnel directly responsible for resident care will be posted in a prominent location in each house. The facility failed to post the correct daily nurse staffing information in 3 houses for the residents and public.	F 356			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: The facility census totaled 72 residents. Based on observation and interview, the facility failed to discard expired food in 2 of 4 kitchens (Berlin and Reddy) and resident nourishment areas and monitor the temperature in in 2 of 4 kitchen (Sagbehne and Riffel) refrigerators and 1 pantry freezer.	F 371			

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F 371	<p>Continued From page 17</p> <p>Findings Included:</p> <p>- Observation on 10/24/16 at 9:17 AM in the Berlin House revealed some hard boiled eggs dated 10/15/16.</p> <p>Observation on 10/24/16 at 9:26 AM revealed three hard boiled eggs placed in a plastic food bag located in the refrigerator the Reddy kitchen. The eggs and liquid were greenish in color. The date on the exterior of the plastic bag was 10/17/16.</p> <p>Observation on 10/24/16 at 9:37 AM revealed two containers of harvest peach yogurt expired on 8/4/16 and 7 containers of Greek lemon meringue yogurt expired on 8/12/16 in the Reddy House resident refrigerator.</p> <p>Interview with dietary staff Z on 10/24/16 at 9:17 AM revealed dated items were only good for 7 days after the date on the bag.</p> <p>Interview with dietary staff E on 10/24/16 at 9:37 AM revealed he/she did not know of the expired resident yogurt.</p> <p>Interview with dietary manager D on 10/24/16 at 9:37 AM revealed he/she expected staff to throw away expired items.</p> <p>Review of the undated policy titled Food Storage (dry, refrigerated, and frozen) revealed facility prepared food was only good for seven days of storage under proper refrigeration.</p> <p>The facility failed to discard of outdated food located in the refrigerators in the Berlin and Reddy houses.</p>	F 371			

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F 371	Continued From page 18 - Observation on 10/24/16 at 9:13 AM revealed no thermometer in the kitchen refrigerator in Saghbene kitchen and pantry freezer compartment between Saghbene House and Riffel House. Interview with dietary staff X on 10/24/16 at 9:13 AM revealed they did not know why there were not any thermometers in the compartments. Interview with dietary staff E on 10/24/16 at 9:37 AM revealed he/she reported checking the refrigerator daily and recording the temperatures. Interview with dietary manager D on 10/24/16 at 9:37 AM revealed there should be thermometers in the compartments in order to monitor the temperatures. He/she then placed thermometers into the refrigerator and freezer compartments. Review of the undated policy titled Food Storage (dry, refrigerated, and frozen) revealed hanging thermometers were to be present in the warmest part of the refrigerator. The facility failed to provide hanging thermometers to monitor the refrigerator temperatures in the Saghbene house and freezer temperatures in the pantry between Saghbene and Riffel houses.	F 371			
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit	F 425			

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F 425	<p>Continued From page 19</p> <p>unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: The facility census totaled 72 residents with 19 included in the sample. The facility failed to provide pharmaceutical services for accurate administration for Lasix (a water pill) and potassium chloride for 1 of 5 residents reviewed for unnecessary medications. (#139)</p> <p>Findings Included:</p> <ul style="list-style-type: none"> - Review of resident #139's diagnoses from the physician's history and physical dated 10/12/16 revealed: atrial fibrillation (abnormal heart rhythm characterized by rapid and irregular beating) and high blood pressure. <p>Review of the nurse's admission assessment dated 10/14/16 revealed the resident had dyspnea (difficult or labored breathing) with exertion and required continuous oxygen.</p>	F 425			

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F 425	<p>Continued From page 20</p> <p>Review of the physicians orders dated 10/20/16 revealed an order for Lasix 20 milligrams (mg) for edema (swelling) and potassium chloride (KCL) 10 milliequivalents (meq) for supplement ordered by mouth one time daily for three days.</p> <p>Review of the physician's orders dated 10/21/16 revealed an order to continue Lasix 20 milligrams (mg) for edema (swelling) and potassium chloride (KCL) 10 milliequivalents (meq) for supplement ordered to give by mouth one time daily.</p> <p>On 10/26/16 the provider ordered the Lasix 20 mg and KCL 10 meq to given two times daily which was increased from once daily.</p> <p>Review of the October MAR (medication administration record) revealed Lasix and KCL were administered from 10/20/16, 10/21/16 and 10/22/16 per the initial order. Staff did not enter the second order to continue the Lasix and KCL until 10/25/16.</p> <p>Review of the daily skilled charting from 10/22/16 to 10/25/16 revealed the resident had +1 (depends on both the "pit" leaves and depth and how long the pit will remain, +1 is 2 millimeter or less, slight pitting, no visible distortion, disappears rapidly) lower extremity edema (swelling) to both legs.</p> <p>Observation on 10/26/16 at 10:35 AM revealed light compression dressings to both lower legs.</p> <p>Interview with direct care staff W on 10/26/16 at 6:05 PM revealed he/she referred to the care plan book to determine care for the residents. He/she did not know of any specific medication which</p>	F 425			

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F 425	Continued From page 21 required monitoring for resident #139, but he/she did report the resident had to use the bathroom frequently. Interview with licensed nursing staff U on 10/27/16 at 10:59 AM revealed he/she monitored the residents blood pressure for the Lasix and he/she did not know of any changes in the residents condition possibly related to his/her medication. He/she reported when a provider gave an order, the nurse entered it into the computer system and then notified the pharmacy about any new medications or changes. He/she could not explain why the medications were not entered as ordered. Interview with administrative nursing staff B on 10/27/16 at 3:29 PM revealed he/she knew of issues with orders getting entered and the facility was currently working with the nurse practitioners to allow them to enter their own orders. Review of the policy entitled Medication Orders, effective 1/1/15, revealed the prescriber would be contacted to clarify or verify an order and for direction when delivery of a medication will be delayed. Licensed staff were to transcribe newly prescribed medications on the MAR. When a new order changed the dosage, frequency, or duration of a previously prescribed medication, licensed staff were to discontinue the previous entry and enter the new order on the MAR. The facility failed to ensure resident #139 received Lasix and potassium chloride as ordered between 10/23/16 and 10/25/16.	F 425			
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	F 431			

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F 431	Continued From page 22 The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: The facility had a census of 72 residents with 19 included in the sample. Based on observation,	F 431			

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F 431	<p>Continued From page 23</p> <p>interviews and record review, the facility failed to ensure staff removed outdated medication from use for 3 of 4 medication carts, treatment carts and medication rooms and maintained appropriate medication storage temperatures for 1 of 4 medication rooms.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 10/24/16 at 9:00 AM, during intial tour, observation revealed one Levemir and two Novolog insulin (medication used to lower blood sugar) pens in a medication cart on the Riffel House without a date of when the insulin pens were opened. <p>On 10/24/16 at 9:00 AM, licensed nurse H verified the insulin pens were not dated when opened and should have been by the nurse who opened them.</p> <p>On 10/27/16 at 9:00 AM observation revealed the medication cart on Riffel House included one Levemir and one Novolog insulin pen which remained undated with a open date.</p> <p>On 10/27/16 at 9:00 AM, licensed nurse H verified the insulin pens remained without an open date.</p> <p>On 10/27/16 at 4:00 PM, Administrative Nurse DD reported he/she expected the nurses to place dates on insulin pens upon opening for administration, to prevent use of expired medications.</p> <p>The facility's 2/17/16 Medication Storage Policy indicated, outdated medication were immediately removed from stock, disposed of according to</p>	F 431			

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F 431	<p>Continued From page 24</p> <p>procedure for medication disposal and reordered from the pharmacy, if a current order existed.</p> <p>The facility failed to record the open date of the insulin pens to ensure the medication had not expired, placing the diabetic residents at risk for the use of outdated medication side effects.</p> <p>- Review of the medication cart located in Berlin House on 10/24/16 at 9:03 AM revealed the following expired medications:</p> <p>Zofran (a medication used to prevent nausea or vomiting) 4 milligrams (mg) expired 8/29/15 Zofran 4 mg expired 8/30/15 Reglan (a medication used to prevent nausea or vomiting) 10 mg expired 8/30/15 acetaminophen (a mild pain medication or fever reducer) 325 mg expired 12/6/15 hyoscyamine (used to treat a variety of stomach/intestinal problems such as cramps and irritable bowel syndrome) 0.125 mg expired 2/7/16 Zofran 4 mg expired 5/4/16 quetiapine (an atypical antipsychotic approved for the treatment of schizophrenia, bipolar disorder, and along with an antidepressant) 5 mg expired 5/23/16 metoclopramide (a medication used to prevent nausea or vomiting) 5 mg expired 7/1/16 Zofran 4 mg expired 7/5/16 Zofran 4 mg expired 10/15/16 Lantus (a long acting insulin which helps to lower blood sugar levels) pen with an open date of 9/17/16 (per manufacturer's guidelines, Lantus is good for 28 days after removing it from cool storage) from 9/17/16 to 10/24/16 was 37 days. Levemir (a long-acting human insulin which helps to lower blood sugar levels) flex touch insulin pens (two) with no open date (per Levemir manufacturer's guidelines, Levemir is good for 42</p>	F 431			

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NAME OF PROVIDER OR SUPPLIER AVITA HEALTH AND REHAB AT REEDS COVE			STREET ADDRESS, CITY, STATE, ZIP CODE 2114 N 127TH COURT EAST WICHITA, KS 67228		
(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) COMPLETION DATE	
F 431	<p>Continued From page 25</p> <p>days without refrigeration once opened). Novolog (a rapid acting insulin which helps to lower blood sugar levels)insulin pen with no open date (per manufacturer guidelines, Novolog pen is good for 28 days after opening).</p> <p>Observation in the treatment cart on Berlin House revealed 24 Xeroform (a medicated wound dressing) dressings expired on 6/16.</p> <p>Review of the October 2016 medication refrigerator log revealed temperatures were not being routinely recorded for the medication refrigerator: 10/3/16 recorded as 38 degrees Fahrenheit (F) 10/9/16 recorded as 40 degrees F 10/10/16 recorded as 40 degrees F 10/17/16 recorded as 45 degrees F 10/19/16 recorded as 38 degrees F</p> <p>Interview with licensed staff F on 10/24/16 at 9:03 AM revealed he/she confirmed expired. He/she reported the staff assigned to that house checked the medication and treatments carts for expired items. Staff F was did not know if there was a schedule which was to be followed for checking for outdated medications. He/she reported the night nurses were to check and document the temperatures of the medication refrigerators.</p> <p>Interview with administrative nursing staff B on 10/27/16 at 3:29 PM revealed he/she would not expect expired medications on the medication/treatment carts. Staff B reported the certified medication aide or the licensed nurse were to complete the temperature logs daily. He/she also expected the insulin pens to be labeled when opened.</p>	F 431			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 431	<p>Continued From page 26</p> <p>Review of the storage of medications policy, effective 2/17/16, storage of medications requiring refrigeration will be between 36 degrees F and 46 degrees F. Outdated medications were to be immediately removed from stock and disposed of according to procedures for medication disposal.</p> <p>The facility failed to ensure expired medications were removed from stock, and medications in the medication refrigerator were monitored for appropriate storage temperatures.</p> <p>- Observation on 10/24/16 at 8:57 AM in the Saghbene House medication cart revealed: 2 undated opened bottles of Nitrostat (a medication used to treat chest pain) which is expired 6 months after opening per manufacturer's instructions. 1 undated Ventolin inhaler (a medication used to help with shortness of air) which is expired 1 year after opening the foil pouch per the manufacturer's instructions 1 lidocaine injectable (a medication used for specific cardiac irregularities or to help numb the tissue before a procedure) with an expiration date of 7/30/16.</p> <p>Observation of the treatment cart in Saghberne House revealed: 1 undated Lantus pen (a medication used to lower blood sugar) which expired 28 days after opening per the manufacturer's instructions 1 undated Novolog pen (a medication used to lower blood sugar) which expired 28 days after opening per the manufacturer's instructions.</p> <p>Interview with licensed nurse H on 10/24/16 at 8:57 AM revealed the medication aides</p>	F 431			

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F 431	<p>Continued From page 27</p> <p>performed checks for outdated medications. Staff H did not know inhalers had an expiration date once staff opened the foil pouch and reported they had never dated inhalers. He/she stated the undated insulin pens should have been dated when opened.</p> <p>Interview with administrative nursing staff B on 10/27/16 at 3:29 PM revealed he/she would not expect expired medications on the medication/treatment carts. He/she also expected the insulin pens to be labeled when opened.</p> <p>The facility's policy titled, "Medications-Expired" revealed; all personnel passing medications would check outdates with every pass on all bottled, boxed or tubes of medication. All stock medications would be dated by nursing when opened (written on bottle). The destroy date would be in 12 months of opening or the expiration date on the bottle (whichever was soonest).</p> <p>The facility failed to ensure staff dated medications when opened and discarded expired medications and medications past the use by date of the manufacturer.</p>	F 431			