

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

PRINTED: 11/01/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175338</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/01/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALDWIN HEALTHCARE &amp; REHAB CENTER LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1223 ORCHARD LANE BALDWIN CITY, KS 66006</b>		
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F 000	INITIAL COMMENTS	F 000			
F 156 SS=D	<p>The following citations represent the findings of a Health Resurvey and complaint investigations: KS00099209 and KS00086845.</p> <p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services,</p>	F 156			

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

TITLE

(X6) DATE

10/31/2016

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 156	<p>Continued From page 1 including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility</p>	F 156			

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F 156	<p>Continued From page 2</p> <p>written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: The facility identified a census of 53 residents. The sample included 14 residents. Based on record review and interview the facility failed to utilize a complete notice of Medicare non-coverage form to give the resident the option to have his/her bill reviewed for 2 of 5 residents sampled for non-coverage liability notices (#68 and #49).</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of the Medicare Liability Notice, CMS (Centers for Medicare and Medicaid Services) 101123-notice of Medicare Non coverage (NOMNC), indicated the Services for resident #68 ended on June 22 2016. The notice lacked the verbiage with an option box to check beside the documentation as follows:</li> </ul> <p>"I do want my bill for services I continue to receive to be submitted to the intermediary for Medicare decision. You will be informed when the bills submitted," or</p> <p>"I do not want my bill for services I continue to need to be submitted to the intermediary for Medicare decision."</p>	F 156			

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F 156	Continued From page 3  Review of the Medicare Liability Notice, CMS (Centers for Medicare and Medicaid Services) 101123-notice of Medicare Non coverage (NOMNC) indicated the Services for resident #49 ended on June 14 2016. The NOMNC notice lacked the verbiage with an option box to check beside the documentation as follows:  "I do want my bill for services I continue to receive to be submitted to the intermediary for Medicare decision. You will be informed when the bills submitted," or  "I do not want my bill for services I continue to need to be submitted to the intermediary for Medicare decision."  On 10/24/2016 at 2:00 P.M. administrative staff A stated the facility was in transition with new ownership and staff were relearning documentation in many areas including the assignment of liability notices.  The facility did not present a policy related to Medicare liability notices.  The facility failed to provide a Medicare Notice of Non Coverage that clearly gave the option to for the resident's liability to be reviewed or not for these two residents who received skilled services.	F 156			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  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	F 431			

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F 431	<p>Continued From page 4</p> <p>accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: The facility identified a census of 53 residents. Based on observation, record review and interview, the facility failed to ensure medications were appropriately labeled and stored in two of three medication carts.</p> <p>Findings included:</p>	F 431			

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F 431	<p>Continued From page 5</p> <p>- During the initial tour on 10/18/2016 at 10:25 AM, observation of the middle south hall medication cart, when direct care staff O opened the cart, revealed a plastic cup of white power unlabeled.</p> <p>On 10/18/2016 at 10:26 AM, licensed nursing staff H stated he/she could not identify the powder.</p> <p>On 10/18/2016 at 10:27 AM, direct care staff O stated the powder might be liquid thickener and staff O added he/she did not know where the powder was from or how long it had been there.</p> <p>During the initial tour on 10/18/2016 at 10:34 AM, observation of the north hall medication cart, revealed an unlabeled plastic medication cup (approximately 30-milliliter volume) with approximately 15 milliliters of yellow colored liquid in the top drawer.</p> <p>On 10/18/2016 at 10:35 AM, licensed nursing staff H stated the yellow liquid was Lortab (a controlled narcotic pain medication), from a resident who refused to take the medication and the medication aid left the Lortab in the top drawer to try and administer again later.</p> <p>On 10/18/2016 at 10:51 AM, licensed nursing staff I stated the controlled narcotic medication should be double locked, which meant the medication would be locked in a lock box inside a locked medication cart. Staff I further stated if a resident refused a controlled narcotic medication, two medication staff should witness the disposal of the medication. Staff I further stated the medication should not be kept in a top drawer for</p>	F 431			

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F 431	<p>Continued From page 6 later use.</p> <p>On 10/19/2016 at 7:50 AM, direct care staff O stated if the resident refused a medication, he/she would keep the medication in the top drawer to attempt to administer at a later time.</p> <p>On 10/24/2016 at 12:33 PM, administrative nursing staff D stated he/she expected the medication staff to label all medication containers and double lock the controlled narcotic medication. Administrative nursing staff D added medication staff should dispose of controlled narcotic medications immediately with two witnesses if a resident refused the medication.</p> <p>The facility's policy, "General Medication Administration", revised March 2016, documented the staff should discard medication and attempt to administer again at a later time if a resident refused.</p> <p>The facility's policy, "Management of Controlled drugs", revised May 2016, documented the facility should store all controlled drugs under double lock and separate from other medications.</p> <p>The facility failed to properly label medications and store/dispose of controlled narcotic medications in an appropriate manner.</p>	F 431			