Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	B087153		R 10/15/2013

NAME OF PROVIDER OR SUPPLIER: ACCORD SENIOR CARE INC - ROCKWOOD

STREET ADDRESS, CITY, STATE, ZIP CODE: 6807 E ROCKWOOD RD, WICHITA, KS 67206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	INITIAL COMMENTS The following citations are the result of a Revisit and Correction Order #13-73 at the above named facility in Wichita, Kansas on 10/14/13 and 10/15/13.	{S 000}		
{S5055} SS=D	26-42-101 (l) Survey Report l) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a common area to residents and any other individuals wishing to examine survey results. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(l) The census equalled three the sample included three Residents, and focused review completed on one discharged Resident. Based on observations, interview, and review of records, the Operator failed to ensure a copy of the most recent survey report available in a common area to anyone wishing to examine survey results. Findings included: - By observation of general living areas at time of entrance to facility on 10/14/13 at 12:50pm, last resurvey not visible. By observation a posted notice stated "Survey results available upon request." Surveyors requested last survey results from Certified Staff #A on duty at time of entrance. By interview on 10/14/13 at 12:50pm, Certified Staff #A stated I have no idea where the survey is... Certified Staff #A searched, located a green	{S5055}		

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

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{S5055}	Continued From page 1 notebook in the kitchen area of facility, and provided this to Surveyors. By review, the green notebook contained Surveys of past years, with the most recent document dated February 2013. The notebook lacked the most recent survey of 9/19/13. By observation and interview on 10/14/13 at 1:15pm, Facility Nurse #D provided the last survey from personal vehicle upon arrival at facility. The Operator failed to ensure a copy of the most recent survey report available in a common area to anyone wishing to examine survey results.	{S5055}		
{S5300} SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home 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 home has responsibility. (2) Medication aides shall not administer medication through the parenteral route.	{S5300}		

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{S5300}	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The census equalled three the sample included three Residents and a focused review completed on one discharged Resident. Based on observations, reviews of records, and interviews, for two of three sampled with facility managed medications (#1009 and #1003) and for one controlled medication count log review, the Operator failed to ensure all medications and biologicals administered to all Residents in accordance with professional standards of practice. Findings included: - By observation on 10/14/13 at 1:18pm, Certified Staff #A provided the facility "Controlled Drug Count Record" for October 2013. This record reflected inconsistent practices for shift to shift reconciliation: 10/01/13 - No signatures for the 3 to 11pm shift 10/02/13 - Two different signatures for the 7 to 3pm shift - CMA (Certified Medication Aide) #B signed on at 7am CMA #C signed off at 3pm 10/05/13 - CMA #C signed on and off for 24 hours (3pm on 10/05/13 to 3pm on 10/06/13). By interview on 10/15/13 at 12:15pm, Facility Nurse #D stated CMA #C did not work the night shift on 10/05/13, CMA #E worked... I do not know why #C would have signed all shifts for 24 hours 10/07/13 - CMA #F signed the count log across	{S5300}		

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{S5300}	Continued From page 3 both boxes for the 7am and 3pm reconciliation 10/11/13 - Two different signatures for the 7am to 3pm shift - CMA #F signed on at 7am, CMA #C signed off at 3pm 10/12/13 - Two different signatures for the 7am to 3pm shift - Facility Nurse #D signed on at 7am, CMA #C signed off at 3pm, on at 3pm, and off at 11pm 10/14/13 - The signature of CMA #A for the 3pm count recorded on this record sometime prior to 1:18pm. By interview on 10/15/13 at 1:18pm, CMA #A stated "Oh, I accidentally signed it." On 10/15/13 at 12:15pm, Facility Nurse #D identified the signatures and shifts worked on the October Controlled Drug Count Record. Surveyor requested facility policy and procedure for Controlled Medication reconciliation. Facility Nurse #D stated I will go to sister facility, look for the policy and fax it to you... no policy and procedure on sight at this facility. By review the facility policy stated: "On coming CMA 'with' count with off going CMA narcotics. Once count is verified oncoming CMA will sign in designated area of Controlled Drug Count Record, as will off going CMA. Any discrepancy in narcotics count will be phoned to on call nurse immediately and CMA are not allowed to leave building until Nurse has investigated concern and verified count." The Operator failed to ensure all medications administered to Residents in accordance with professional standards of practice for the	{S5300}		

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{S5300}	Continued From page 4 reconciliation of controlled medications. - Record review on 10/14/13 for Resident #1003 revealed an admit date of 2/11/13 and diagnoses of Alzheimers beginning, Osteoporosis, Rheumatoid Arthritis, Hypothyroidism, and Cerebral Atrophy. Functional Capacity Screening dated 2/11/13 recorded unable to perform management of medications and treatments. Negotiated Service Agreement dated 2/11/13 recorded facility would provide medication management. Medication Administration Record (MAR) for October 2013 revealed order for Seroquel Topical Cream 12.5mg, apply to wrist area every 6 hours as needed for agitation. The back of the MAR recorded the date and time Seroquel was administered by the certified medication aide (CMA) yet lacked what interventions tried before administering. The nurse ' s notes lacked documentation by the nurse about the agitation documented on the MAR by the CMA. On 10/14/13 at 3:30 pm interview with facility nurse #D confirmed that there was no documentation of intervention tried before administering the as needed medication and that the nurse ' s notes lacked nurse documentation. Resident Log for Resident #1003 dated for week of 9/30/13 through 10/6/13 lacked recording of bowel movement on the first shift (7am to 3 pm) on 10/6/13 yet on the back of the MAR the results from an as needed laxative was recorded for the same date. On 10/14/13 at 4:36 pm interview with facility nurse #D confirmed that the documentation on	{S5300}		

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{S5300}	Continued From page 5 the Resident Log and the MAR do not match. The Operator failed to ensure all medications administered to #1003 in accordance with professional standards of practice. - Record review on 10/14/13 for Resident #1009 revealed an admit date of 2/11/13 and diagnoses of Bypass surgery, Blindness, Anemia- chronic, Benign Hypertension, Urinary Tract Infections, dry eyes/mouth, Fluid overload, gastrointestinal bleed, and acute kidney injury. Functional Capacity Screening dated 2/11/13 recorded -unable to perform management of medications and treatments. Negotiated Service Agreement dated 2/11/13 recorded certified/licensed staff manages medications. MAR for October 2013 revealed order for Milk of Magnesia (MOM) 30 mL by mouth daily at 6 pm (Hold if loose stools). Certified staff #G documented on the first two days in October the medication was held. The back of the MAR lacked documentation for the held medication. The MAR revealed shiftly documentation of bowel movements on the same page as the MOM order which recorded no bowel movement for October 1 and one on October 2 on day shift. On 10/14/13 at 4:00 pm interview with certified staff #G confirmed that the medication was held and no documentation was in the resident record. Resident Log for Resident #1009 dated for the week of 9/30/13 through 10/6/13 recorded " med " on 9/30/13 night shift and " XL (loose) " on 10/5/13 evening shift. For #1009 the Operator failed to ensure that all	{S5300}		

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{S5300}	Continued From page 6 medications are administered to that resident in accordance with professional standards of practice.	{S5300}		