

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

PRINTED: 05/29/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/29/2013
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 440 SE WOODLAND AVE TOPEKA, KS 66607		
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F 000	INITIAL COMMENTS	F 000			
F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 72 residents. The sample included 20 residents. Based on observation, record review, and interview the facility failed to revise/update the care plan for 1 (#59) resident sampled for activities of daily living (ADLs).</p>	F 280			

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 280	<p>Continued From page 1</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The quarterly Minimum Data Set (MDS) 3.0 for resident #59 dated 4/4/13 revealed a Brief Interview for Mental Status (BIMS) score of 14 (cognitively intact). The resident was independent with bed mobility, transfer, walking in the room/corridor, locomotion on/off the unit, and dressing. The resident required supervision with set up assist with toilet use, personal hygiene, and bathing. The Care Area Assessment (CAA) dated 1/8/13 for ADLs revealed the resident's ADLs fluctuated. Staff observed the resident required an increased need for assistance with hygiene. The resident needed encouragement and supervision to come to meals and take showers. The resident required encouragement to participate in ADLs. The care plan dated 4/11/13 for resident appearance revealed the resident wanted to stay clean shaven and required assistance with supplies and shaving every day. The care plan lacked documentation from observation and interview the nursing staff shaved the resident on shower days. Observation on 5/21/13 at 11:03 A.M. revealed the resident's face was unshaved. Observation on 5/22/13 at 9:46 A.M. revealed the resident slept and her/his face was unshaved. Observation on 5/23/13 at 9:50 A.M. revealed the resident walked to the nurses' station and her/his face was unshaved. 	F 280			

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F 280	Continued From page 2 Observation on 5/23/13 at 11:20 A.M. revealed the resident was shaved. Interview on 5/22/13 at 3:05 P.M. with direct care staff O stated nursing staff shaved the resident once or twice a week if the resident allowed. The resident was able to verbalize his/her needs. Interview on 5/22/13 at 4:10 P.M. with administrative nursing staff D stated she/he updated care plans daily and with care plan meetings. Interview on 5/22/13 at 4:19 P.M. with licensed nursing staff H stated nursing staff shaved the resident on Wednesdays and would let staff know if she/he wanted shaved more frequently. The MDS Coordinator updated the care plans and the nursing staff updated the care plans only if there was a fall. Interview on 5/23/13 at 11:18 A.M. with direct care staff P stated nursing staff shaved the resident on shower days. She/he was able to let staff know if she/he want shaved more frequently. Interview on 5/23/13 at 12:49 P.M. with administrative nursing staff E stated the MDS Coordinator updated the care plans quarterly and the care plans were working care plans. The facility failed to revise/update the resident's care plan for this resident who was shaved with showers.	F 280			
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	F 431			

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F 431	<p>Continued From page 3</p> <p>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.</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 72 residents. Based on observation, record review, and staff</p>	F 431			

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F 431	<p>Continued From page 4</p> <p>interview, the facility failed to dispose of expired medications in two of five medication/treatment carts and two of two medication rooms.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observations of medication carts for halls A and D on 5/20/13 at 4:00 P.M. revealed stock bottles of Pepto Bismol with an expiration date of 4/2013. <p>Interview on 5/20/13 at 4:00 P.M. licensed nursing staff I stated the pharmacy staff checked the medication/treatment carts when they were restocked.</p> <p>Interview on 5/20/13 at 4:30 P.M. administrative nursing staff E stated a specific direct care staff was responsible for checking the medication/treatment carts, and medication rooms for outdated medications.</p> <p>The facility policy "Medication: Storage of Drugs and Biologicals" (undated) failed to document a procedure for expired medication disposal.</p> <p>The facility failed to dispose of expired medications.</p> <ul style="list-style-type: none"> - At 4:03 P.M. on 5/20/13 the medication room for the D hall contained several bottles of Milk of Magnesia that expired in April 2013. <p>At 4:15 P.M. on 5/20/13 the medication room for the B hall contained non-drowsy allergy medication with the expiration date of April 2013.</p> <p>Interview on 5/20/13 at 4:00 P.M. licensed</p>	F 431			

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F 431	Continued From page 5 nursing staff I stated the pharmacy staff checked the medication/treatment carts when they were restocked. Interview on 5/20/13 at 4:30 P.M. administrative nursing staff E stated a specific direct care staff was responsible for checking the medication/treatment carts, and medication rooms for outdated medications. The facility policy "Medication: Storage of Drugs and Biologicals" (undated) failed to document a procedure for expired medication disposal. The facility failed to dispose of expired medications.	F 431			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to	F 441			

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F 441	<p>Continued From page 6</p> <p>prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 72 residents. The sample included 20 residents. Based on observation and interview, the facility failed to properly store a nebulizer and Constant Positive Airway Pressure (CPAP) masks for an unsampled resident (#42).</p> <p>Findings included:</p> <p>- Observation on 5/21/13 at 9:45 A.M. revealed resident #42's nebulizer and CPAP mask laid on the floor, by the resident's recliner, unbagged.</p> <p>Interview on 5/21/13 at 9:47 A.M. with resident #42 stated the staff should store the masks in a plastic bag.</p> <p>Interview on 5/22/13 at 3:39 P.M. with direct care</p>	F 441			

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F 441	Continued From page 7 staff O stated staff stored the oxygen/CPAP mask in a labeled plastic bag. Interview on 5/22/13 at 4:41 P.M. with administrative nursing staff F stated it was her/his expectation nursing staff would store the oxygen/CPAP masks in a labeled plastic bag in the resident's room. The facility failed to store the nebulizer/CPAP masks in a sanitary manner.	F 441			