

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VALHLTHCLOSE</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/14/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VALLEY HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 12TH STREET PO BOX 189 VALLEY FALLS, KS 66088</b>
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(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	S 000		
S1518 SS=C	<p>28-39-163 Disaster and Emergency Preparedness</p> <p>(4) The facility shall ensure disaster and emergency preparedness by the following means:</p> <p>(A) Orienting new employees at the time of employment to the facility's emergency management plan;</p> <p>(B) periodically reviewing the plan with employees; and</p> <p>(C) annually carrying out a tornado or disaster drill with staff and residents.</p> <p>(5) The emergency management plan shall be available to staff, residents, and visitors.</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 14 residents. Based on observation and interview, the facility failed to ensure the emergency management plan was available to staff, residents, and visitors.</p> <p>Findings included:</p> <p>- During an interview on 1/12/16 at 12:40 p.m., administrative staff A confirmed the facility's emergency management plan was kept in the nursing office and was not accessible to residents or visitors.</p>	S1518		

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

TITLE

(X6) DATE

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S1518	Continued From page 1  An observation on 1/12/16 at 12:45 p.m. revealed the nursing office door remained locked with a keypad device requiring a code to unlock when the door closed.  The facility failed to ensure the emergency management plan was available to residents and visitors.	S1518		
S2060 SS=C	26-43-101 (I) Survey Report  (I) 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 public area to residents and any other individuals wishing to examine survey results.  This REQUIREMENT is not met as evidenced by: The facility had 14 residents. Based on observation, interview, and record review, the facility failed to ensure the most recent survey results remained available for examination and readily accessible to residents, without having to ask to see them.  Findings included:  - An observation on 1/12/16 at 9:50 a.m. revealed a sign posted by the facility business office that informed residents, family, and visitors that state survey inspection results were available upon request from the office staff.  During an interview on 1/12/16 at 9:55 a.m., activity staff B verified residents must ask facility staff to view the state inspection results and confirmed the results were not placed in a	S2060		

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S2060	Continued From page 2  location easily accessible to residents.  The facility failed to ensure the state survey results remained available for examination and readily accessible to residents.	S2060		
S3210 SS=D	26-41-205 (e) (f) Medication Verbal Orders and Standing Orders  (e) Medication orders. Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order. (f) Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident ' s medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications.  This REQUIREMENT is not met as evidenced by: The facility had a census of 14 residents with 3 sampled for review. Based on observation, interview, and record review, the facility failed to ensure 2 of 3 resident's medical care provider signed verbal orders within seven working days of receipt of the verbal order. (#1 and #2)  Findings included:  - Resident #1's 8/19/15 annual functional capacity screen revealed the resident had	S3210		

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S3210	<p>Continued From page 3</p> <p>impaired decision making, was independent with ADLs (activities of daily living) and was unable to perform management of medications and medical treatments.</p> <p>Resident #1's 8/19/15 health care service plan revealed the resident was independent with ADLs and the facility administered his/her medications.</p> <p>Review of the resident's clinical record revealed the following verbal orders:</p> <ul style="list-style-type: none"> <li>* 1/7/15 Give only 13 units of Elemi (insulin) one time only after blood sugar greater than 100 mg/dl (milligrams per deciliter), signed by the ordering care provider on 3/31/15 (12 weeks later)</li> <li>* 1/14/15 Tramadol (pain medication) 100 mg (milligrams) three times daily as needed for pain, signed by the ordering care provider on 3/30/15 (10 weeks and 5 days later)</li> <li>* 4/9/15 Increase Elemi to 28 units at hour of sleep, increase Novolog (insulin) to 22 units three times daily, signed by ordering care provider on 5/14/15 (5 weeks later)</li> </ul> <p>During an observation on 1/12/15 at 1:15, resident #1 was in his/her room playing music. He/she was alert and able to make his/her needs known.</p> <p>During an interview on 1/12/15 at 2:15 p.m., administrative nurse C stated the facility faxed the verbal orders to the primary care provider for signatures and confirmed the orders were not signed within the 7 day time period after staff received the orders.</p> <p>The facility failed to ensure resident #1's medical care provider signed verbal orders within seven working days of receipt of the verbal orders.</p>	S3210		

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S3210	<p>Continued From page 4</p> <p>- Resident #2's 9/16/15 annual functional capacity screen revealed the resident had impaired decision making, was independent with ADLs (activities of daily living), and was unable to perform management of medications and medical treatments.</p> <p>Resident #2's 9/16/15 health care service plan revealed the resident was independent with ADLs and the facility administered his/her medications.</p> <p>Review of the resident's clinical record revealed the following verbal order: * 4/2/15 Concentrated Carbohydrate diet, obtain blood sugar daily at hour of sleep, and notify doctor if blood sugar greater than 300 mg/dl (milligrams per deciliter), signed by ordering care provider on 5/28/15 (8 weeks later)</p> <p>During an observation on 1/12/15 at 1:30 p.m. revealed resident #2 ambulated independently in the facility without assistive devices. He/she was alert and able to make his/her needs known.</p> <p>During an interview on 1/12/15 at 2:15 p.m., administrative nurse C stated the facility faxed the verbal orders to the primary care provider for signatures and confirmed the orders were not signed within the 7 day time period after staff received the orders.</p> <p>The facility failed to ensure resident #2's medical care provider signed verbal orders within seven working days of receipt of the verbal orders.</p>	S3210		