

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N089043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/14/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIDLAND CARE RESIDENTIAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 SW FRAZIER CIRCLE TOPEKA, KS 66606</b>
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S 000	INITIAL COMMENTS  The following citations are the result of a Licensure Resurvey at the above named Residential Health Care Center on 10/02/14, 10/03/14, 10/13/14, and 10/14/14. Complaint # 76661 also investigated. Revised 2567 mailed to facility 10/28/14.	S 000		
S 230 SS=D	26-39-102 (b) (c) Admission Advanced Directives Resident Rights  b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement.  This REQUIREMENT is not met as evidenced by: KAR 26-39-102(b)(c)  The census equalled six Residents with four day care attendees reported. The sample of three included one day care Resident. Based on	S 230		

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

TITLE

(X6) DATE

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S 230	<p>Continued From page 1</p> <p>interview and review of record, for one of three sampled (#185), the Operator failed to ensure the implementation of facility policies and procedures that specified if a Resident has an advanced directive currently in effect, the facility shall maintain a copy of Resident's advanced directive. in the medical record.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of record revealed #185 admitted to facility 02/10/14 with diagnoses of Stroke, Acute cognitive deterioration, Alzheimer's, Lumbar fusion, History of pulmonary embolism, Dementia, Gastroesophageal reflux disease, and Paranoid ideation.</li> </ul> <p>The medical record Client Data Base and Physical Description Form documented "Resident #185 has a DNR (do not resuscitate) in chart. The medical record lacked a copy of a DNR form.</p> <p>On 10/02/14 at 3:30pm, Operator #C and Facility RN (registered nurse) #B confirmed no DNR form located...</p> <p>The Operator failed to ensure the implementation of facility policies and procedures that specified if a Resident has an advanced directive currently in effect, the facility shall maintain a copy of Resident's advanced directive. in the medical record.</p>	S 230		
S3028 SS=D	<p>26-41-101 (f) (3) Staff Treatment of Residents Reporting</p> <p>(f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24</p>	S3028		

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S3028	<p>Continued From page 2</p> <p>hours. The administrator or operator shall ensure that all of the following requirements are met:</p> <p>(A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation.</p> <p>(B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress.</p> <p>(C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator.</p> <p>(D) Appropriate corrective action shall be taken if the alleged violation is verified.</p> <p>(E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report.</p> <p>(F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3)(C)(E)(F)</p> <p>The census equalled six Residents with four day care attendees reported. The sample of three included one day care Resident. Based on interviews and reviews of record, for two of two sampled who experienced a Resident to Resident altercation (#187 and #189), the Operator failed to ensure the incident was reported to the Department within 24 hours; failed to ensure an investigation completed and submitted to the Department within five working days of a reported incident; and failed to ensure a written record</p>	S3028		
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S3028	<p>Continued From page 3</p> <p>maintained of each investigation, in order to rule out abuse between Residents.</p> <p>Findings Included:</p> <ul style="list-style-type: none"> <li>- Record review revealed #187 admitted to facility on 6/02/14 with diagnoses of Alzheimer's disease, Old myocardial infarction, Depressive disorder, Borderline personality disorder, Hypertension, Chronic ischemia heart disease, and Atherosclerosis.</li> </ul> <p>The current Functional Capacity Screen (FCS) of 6/04/14 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, medication and treatment management; with bladder incontinence; short term memory, memory recall, and decision making impairment; with falls/unsteadiness; and with vision and hearing impairments.</p> <p>The current Negotiated Service Agreement (NSA) of 6/04/14 documented #187 to receive assistance from staff with these services.</p> <p>Record review revealed #189 admitted to facility 7/07/14 with diagnoses of End stage dementia, and Atrial fibrillation.</p> <p>The current FCS of 7/07/14 assessed #189 in need of physical assistance with bathing, dressing, toileting, transfers, mobility: unable to perform medication and treatment management; with bladder incontinence; short term memory, long term memory, memory recall, and decision making impairments; and with falls/unsteadiness.</p> <p>The current Negotiated Service Agreement (NSA) of 7/07/14 documented #189 to receive assistance from staff with these services.</p> <p>The medical record of #187 contained a 9/21/14 progress note "...had an incident where he/she hit #189 repeatedly on the hand... was moved and</p>	S3028		

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S3028	<p>Continued From page 4</p> <p>problem resolved..."</p> <p>The medical record of #189 lacked documentation of this incident. The medical records lacked documentation of follow up assessment, investigation, or reporting of the incident to the department.</p> <p>On 10/02/14 at 5:00pm, Operator #C and Facility RN (registered nurse) #B reviewed medical record progress notes and confirmed no additional information available.</p> <p>On 10/03/14 Operator #C and Facility RN #B provided a written investigation completed on 10/03/14.</p> <p>The Operator failed to ensure the incident was reported to the Department within 24 hours; failed to ensure an investigation completed and submitted to the Department within five working days of a reported incident; and failed to ensure a written record maintained of each investigation, in order to rule out abuse between #187 and #189.</p>	S3028		
S3165 SS=F	<p>26-41-204 (d) Health Care Services</p> <p>(d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d)</p> <p>The census equalled six Residents with four day care attendees reported. The sample of three</p>	S3165		

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S3165	<p>Continued From page 5</p> <p>included one day care Resident. Based on interviews and reviews of record, for three of three sampled (#189, #187, and #185), the Operator failed to ensure the negotiated service agreement (NSA) contained a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Record review revealed #187 admitted to facility on 6/02/14 with diagnoses of Alzheimer's disease, Old myocardial infarction, Depressive disorder, Borderline personality disorder, Hypertension, Chronic ischemia heart disease, and Atherosclerosis.</li> </ul> <p>The current Functional Capacity Screen (FCS) of 6/04/14 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, medication and treatment management; with bladder incontinence; short term memory, memory recall, and decision making impairment; with falls/unsteadiness; and with vision and hearing impairments.</p> <p>The current Negotiated Service Agreement/Health Service Plan (NSA/HSP) of 6/04/14 documented #187 to receive assistance from staff with bathing, dressing, toileting, mobility (standby), transferring (standby), fall management, and medication administration. The NSA documented no wound care needed or provided.</p> <p>Progress notes of medical record documented treatments to buttock wounds 6/02/14 to 6/13/14, and physician ordered leg wound treatments from 7/07/14 to 9/11/14. The NSA/HSP lacked a description of these services.</p> <p>The NSA/HSP lacked the name of the licensed</p>	S3165		

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S3165	<p>Continued From page 6</p> <p>nurse responsible for the implementation and supervision of the plan.</p> <p>On 10/02/14 at 4:50pm, Operator #C and Facility RN (registered nurse) #B confirmed the NSA/HSP lacked wound management and lacked the name of the licensed nurse responsible... stated if the Resident here, our nurse would provide cares... if Resident not here the PACE clinic nurses would provide cares... but would not necessarily be responsible for the NSA/HSP... easy to fix that... we do have a nurse signature at the bottom of the NSA...</p> <p>The Operator failed to ensure the NSA/HSP for #187 contained a description of the health care services to be provided, in regard to wound care , and the name of the licensed nurse responsible for the implementation and supervision of the plan.</p> <p>- Record review revealed #189 admitted to facility 7/07/14 with diagnoses of End stage dementia, and Atrial fibrillation. The current functional capacity screen (FCS) of 7/07/14 assessed #189 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; unable to perform medication and treatment management; with bladder incontinence; short term memory, long term memory, memory recall, and decision making impairments; and with falls/unsteadiness. The current Negotiated Service Agreement/Health Service Plan (NSA/HSP) of 7/07/14 documented #189 to receive assistance from staff with bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management.</p>	S3165		

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S3165	<p>Continued From page 7</p> <p>The medical record contained a transfer report (no date) that directed a mechanical soft diet; the medical record contained a physician standing order page of 7/07/14 that directed mechanical soft diet and the use of side rails on Resident's bed. The NSA/HSP lacked the provision of a mechanical soft diet, and lacked the use of side rails.</p> <p>On 10/02/14 at 12:10pm, observed certified staff #H feeding #189 a pureed diet</p> <p>On 10/02/14 at 5:15pm, Operator #C and Facility RN (registered nurse) #B confirmed the NSA/HSP lacked the ordered therapeutic diet and the use of side rails on the Resident's bed... confirmed no assessment of the need or appropriateness of side rails... confirmed the NSA/HSP lacked the name of the licensed nurse responsible for the implementation and supervision of the NSA/HSP.</p> <p>The Operator failed to ensure the NSA/HSP for #189 contained a description of the health care services to be provided, in regard to the use of side rails, therapeutic diet, and the name of the licensed nurse responsible for the implementation and supervision of the plan.</p> <p>- Review of record revealed #185 admitted to facility 02/10/14 with diagnoses of Stroke, Acute cognitive deterioration, Alzheimer's, Lumbar fusion, History of pulmonary embolism, Dementia, Gastroesophageal reflux disease, and Paranoid ideation.</p> <p>The current functional capacity screen (FCS) assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, medication and treatment management;</p>	S3165		

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S3165	<p>Continued From page 8</p> <p>in need of supervision with eating; with bladder incontinence; short term memory, memory recall, and decision making impairments; and with falls/unsteadiness, impaired vision and decision making; and inappropriate behaviors.</p> <p>The current Negotiated Service Agreement/Health Service Plan (NSA/HSP) of 9/05/14 documented #185 to receive assistance from staff with bathing, dressing, toileting, transfers, mobility, medication and treatment management; independent with eating.</p> <p>On 10/02/14 at 4:40pm, Operator #C and Facility RN (registered nurse) #B confirmed the NSA/HSP lacked the use of side rails on the Resident's bed... confirmed no assessment of the need or appropriateness of side rails... confirmed the NSA/HSP lacked the name of the licensed nurse responsible for the implementation and supervision of the NSA/HSP.</p> <p>The Operator failed to ensure the NSA/HSP for #185 contained a description of the health care services to be provided, in regard to the use of side rails, and the name of the licensed nurse responsible for the implementation and supervision of the plan.</p>	S3165		
S3220 SS=D	<p>26-41-205 (k) Medication Clinical Record</p> <p>(k) Clinical record. The administrator or operator, or the designee, shall ensure that the clinical record of each resident for whom the facility manages medication or prefills medication containers or syringes contains the following documentation:</p> <p>(1) A medical care provider ' s order for each medication;</p> <p>(2) the name of the pharmacy provider of the</p>	S3220		

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S3220	<p>Continued From page 9</p> <p>resident ' s choice; (3) any known medication allergies; and (4) the date and the 12-hour or 24-hour clock time any medication is administered to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-205(k)</p> <p>The census equalled six Residents with four day care attendees reported. The sample of three included one day care Resident. Based on interview and reviews of record, for one of three sampled (#187), the Operator failed to ensure the date and the 12-hour or 24-hour clock time any medication was administered to the Resident.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Record review revealed #187 admitted to facility on 6/02/14 with diagnoses of Alzheimer's disease, Old myocardial infarction, Depressive disorder, Borderline personality disorder, Hypertension, Chronic ischemia heart disease, and Atherosclerosis.</li> </ul> <p>The current Functional Capacity Screen (FCS) of 6/04/14 assessed #187 in need of physical assistance with medication and treatment management.</p> <p>The current Negotiated Service Agreement/Health Service Plan (NSA/HSP) of 6/04/14 documented #187 to receive assistance from staff with medication administration.</p> <p>Review of the current medication administration records (MAR) for September 2014 and October 2014 revealed administration times designated as</p>	S3220		

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S3220	<p>Continued From page 10</p> <p>"Early Morning," "Morning," "Afternoon," "Evening," and "Bedtime." The MAR's failed to document the 12-hour and 24-hour time medications administered.</p> <p>On 10/02/14 at 5:22pm, Facility Registered Nurse #B and Operator #C confirmed the MAR's for this Resident lacked clock times of administration... stated this e-prescribing system started in June 2013... will discuss corrections to system with vendor.</p> <p>The Operator failed to ensure the clock time of administration of medications documented for #187.</p>	S3220		
S3298 SS=E	<p>26-41-206 (d) Food Preparation</p> <p>(d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.</p> <p>(1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.</p> <p>(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used.</p> <p>(3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.</p>	S3298		

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S3298	<p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d)</p> <p>The census equalled six Residents with four day care attendees reported. The sample of three included one day care Resident. All Residents received meal services. Based on observation, interviews and reviews of records, for three of three sampled (#189, #187, and #185) and all non-sampled, the Operator failed to ensure foods served at the proper temperature, with hot foods at 160 degrees Farenheit (F) and cold foods at 45 degrees F.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 10/01/14 at 11:30am Operator #C stated the meals are prepared upstairs, and brought down by a cook... the cook stays with the food until served on warmer trays to make sure it stays the right temperature...</li> </ul> <p>On 10/02/14 at 12:10pm, observed certified staff #H feeding a pureed diet to #189 in the facility dining room. Staff #H identified the pureed contents as grilled cheese sandwich and a bowl of pudding... stated not sure what else included in the puree... Further observations revealed a warming tray on the counter near the sink, with foods placed inside. The hot foods were covered with foil, the cold foods covered loosely with plastic wrap.</p> <p>On 10/02/14 at 12:18pm certified staff #H dished up a plate of food for a non-sampled male Resident who just returned from an outing, accompanied by a driver. At the time food placed on plate, the following temperatures obtained: Tomato soup - 132 degrees F</p>	S3298		

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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
S3298	<p>Continued From page 12</p> <p>Grilled cheese sandwich - 112 degrees F Beets - 60 degrees F Vanilla pudding - 58 degrees F</p> <p>On 10/02/14 at 12:10pm, certified staff #H reported the meals are prepared up stairs in another facility and transported downstairs to be served... I am just covering here today not sure what they do about temperatures... I don't know their routine or policies... everyone else is on a restaurant outing.</p> <p>The Operator failed to ensure foods served at the proper temperature, with hot foods at 160 degrees F and cold foods at 45 degrees.</p>	S3298		
S3320 SS=E	<p>28-39-254 CONSTRUCTION</p> <p>(a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public.</p> <p>(b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal.</p> <p>(c) New construction, modifications and equipment shall conform to the following codes and standards:</p> <p>(1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and</p> <p>(2) "Food Service Sanitation Manual," health,</p>	S3320		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N089043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/14/2014</b>
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S3320	<p>Continued From page 13</p> <p>education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 28-39-254</p> <p>The census equalled six Residents with four day care attendees reported. The sample of three included one day care Resident. Based on interviews and reviews of record, for three of three sampled (#189, #187, and #185), and all non-sampled, the Operator failed to ensure the facility maintained to protect the health and safety of Residents, personnel, and the public.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Observations during the entrance tour of facility on 10/01/14 beginning at 10:05am revealed:</li> </ul> <p>Gray/green/brown residue on ceiling air vents in multiple locations throughout facility to include: public Men's Bathroom: Resident room 120; Supply Storage Room off of time clock room; ceiling air vent and recessed light above sideboard in the hallway near nurse station; West ceiling vent near north basement exit area;</p> <p>Ceiling tile staining consistent with water leakage from top floor in Maintenance/Storage room at North end of building;</p> <p>Non-working ceiling light in room 121;</p> <p>Rusty water stains around South ceiling vent near North end of building; and</p> <p>Toilet with wetness observed all the way around</p>	S3320		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N089043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/14/2014</b>
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S3320	<p>Continued From page 14</p> <p>the base of toilet and towel on floor pressed against front of toilet in room #116;</p> <p>On 10/02/14 at 10:17am and 10:19am, Operator #C acknowledged the presence of the gray/green/brown substance on multiple ceiling vents... stated a study completed for Air Quality had been completed... facility following recommendations for areas in need of cleaning.</p> <p>The Operator failed to ensure the facility maintained to protect the health and safety of Residents, personnel, and the public.</p>	S3320		