

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B089068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2016
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NAME OF PROVIDER OR SUPPLIER AUTUMN HOME PLUS	STREET ADDRESS, CITY, STATE, ZIP CODE 747 NW WALNUT LANE TOPEKA, KS 66617
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S 000	INITIAL COMMENTS The following citations are the result of a licensure resurvey with complaints conducted at the above named home plus facility on 7/26/16, 7/27/16 and 7/28/16.	S 000		
S5066 SS=D	26-42-200 (b) Resident Criteria Restraints (b) Each administrator or operator shall ensure that any resident whose clinical condition requires the use of physical restraints is not admitted or retained. This REQUIREMENT is not met as evidenced by: 26-42-200(b) The facility reported a census of 7 residents. The sample included 3 residents and one focus review resident. Based on record review, observation and interview for one (#729) focus review resident, the operator failed to ensure that any resident whose clinical condition requires the use of physical restraints is not admitted or retained. Findings included: - Record review for resident #729 recorded admission date of 11/19/14 with diagnoses including: dementia, agitation, edema, joint pain, constipation and hypothyroidism. Functional Capacity Screen dated 11/130/15 recorded resident requires assistance with transfer and walk mobility, has problems with long term and short term memory, memory recall and	S5066		

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

TITLE

(X6) DATE

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S5066	<p>Continued From page 1</p> <p>decision making. Resident has a history of falls and has problems communicating with others.</p> <p>Negotiated Service Agreement dated 11/19/15 recorded resident to receive assistance with transfers and mobility/ambulation.</p> <p>Health Care Service Plan dated 5/26/16 recorded staff to assist resident with mobility.</p> <p>Observation on 7/26/16 at 3:00pm with certified staff #I in resident ' s room revealed a white half rail covered in netting on the left side of the bed.</p> <p>Interview on 7/26/16 at 3:00 pm with certified staff #I stated " They (side rails) are mostly (used) so they (resident) don ' t fall out of bed. "</p> <p>Interview on 7/27/16 at 11:40pm with administrative staff #G, when asked why resident had a side rail on the bed, replied, " Security in the bed, we didn ' t want him/her to fall out of bed. "</p> <p>For resident #729, the operator failed to ensure that the resident whose clinical condition required the use of physical restraints (a side rail) was not admitted or retained.</p>	S5066		
S5155 SS=E	<p>26-42-204 (a) Health Care Services</p> <p>(a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.</p>	S5155		

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S5155	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a)</p> <p>The facility reported a census of 7 residents. The sample included 3 residents and one focus review resident. Based on record review, observation and interview for 3 (#726, #727 and #728)) sampled residents and 1 focus review resident (#729), requiring health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #726 recorded admission date of 4/1/15 with diagnoses including: dementia, hypertension, osteoarthritis, asthma, history of TIA (transient ischemic attack), diverticulitis, hyperlipidemia, history of cancer and history of falls. <p>Functional Capacity Screen (FCS) dated 3/14/16 recorded resident requires assistance with bathing, dressing, toileting, transfer, walk/mobility, eating, management of medications and treatments and a history of falls.</p> <p>Negotiated Service Agreement (NSA) dated 4/1/15 recorded resident to receive assistance with transfer, walk/mobility, eating and</p>	S5155		

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S5155	<p>Continued From page 3</p> <p>management of medications.</p> <p>Health Care Service Plan (HCSP) dated 4/1/16 recorded staff to assist resident with transfers, walk/mobility, eating, management of medications and fall intervention: " staff will assist resident when ambulating with walker and use gait belt. "</p> <p>Observation on 7/26/16 at 3:00pm in resident ' s room with certified staff #I, revealed a small quarter rail attached to right side of resident bed.</p> <p>Review of resident medication administration record for July 2016 recorded staff administered 2 treatments daily to resident.</p> <p>HCSP lacked entry for use of a side rail and staff administration of treatments.</p> <p>Interview on 7/27/16 at 11:15am with licensed staff #H confirmed resident received treatments from facility staff and has a small quarter rail on his/her bed " for movement to adjust to help roll over. " He/she confirmed lack of entries on HCSP for management of treatments and use of quarter rail.</p> <p>Record review for resident #727 recorded an admission date of 2/7/13 with diagnoses including: dementia, depression, severe arthritis, hypertension, peptic ulcer disease and hypothyroidism.</p> <p>FCS dated 6/6/16 recorded resident required complete staff assistance with transfer, walk/mobility, eating and management of medications and treatments, resident has problems with long term and short term memory, memory recall and decision making.</p>	S5155		

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S5155	<p>Continued From page 4</p> <p>NSA dated 2/18/16 recorded resident to receive assistance with transfer, mobility/ambulation, eating, and management of medications.</p> <p>HCSP dated 2/18/16 recorded staff to assist with transfer, walk/mobility, eating and management of medications.</p> <p>Observation on 7/26/16 at 3:00pm in the resident ' s room with certified staff #I revealed 2 quarter rails attached to the sides of resident ' s bed.</p> <p>Review of resident ' s medication administration record dated July 2016 recorded staff administered 4 treatments to resident.</p> <p>HCSP lacked entries for management of treatments and use of 2 side rails.</p> <p>Interview on 7/27/16 at 11:15am with licensed staff #H confirmed resident received treatments from facility staff and has 2 side rails on his/her bed for " repositioning and movement " . He/she confirmed lack of entries on HCSP for management of treatments and use of 2 side-rails.</p> <p>Record review for resident #728 recorded admission date of 3/22/16 with diagnoses of: history of falls, anxiety, dementia, chronic kidney disease, anemia, and history of left hip fracture.</p> <p>FCS dated 3/18/16 recorded resident requires assistance with transfer, walk/mobility, management of medications.</p> <p>NSA dated 3/22/16 recorded resident to receive assistance with transfer, mobility/ambulation and management of medications. Resident has</p>	S5155		

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S5155	<p>Continued From page 5</p> <p>problems with short term memory, memory recall and decision making.</p> <p>HCSP dated 3/22/16 recorded staff to assist resident with transfer, walk/mobility, and management of medications.</p> <p>Observation on 7/26/16 at 3:00pm in resident ' s room with certified staff #I revealed a half side rail attached to the left side of resident ' s bed.</p> <p>HCSP lacked entry for use of a side rail.</p> <p>Interview on 7/27/16 at 11:15am with licensed staff #H confirmed resident has a side rail on his/her bed for repositioning and it is not listed on the HCSP.</p> <p>Record review for resident #729 recorded admission date of 11/19/14 with diagnoses including: dementia, agitation, edema, joint pain, constipation and hypothyroidism.</p> <p>FCS dated 11/130/15 recorded resident requires assistance with transfer and walk mobility, has problems with long term and short term memory, memory recall and decision making. Resident has a history of falls and has problems communicating with others.</p> <p>NSA dated 11/19/15 recorded resident to receive assistance with transfers and mobility/ambulation.</p> <p>HCSP dated 5/26/16 recorded staff to assist resident with mobility.</p> <p>Observation on 7/26/16 at 3:00pm with certified staff #I in resident ' s room revealed a white half side rail covered in netting on the left side of the bed.</p>	S5155		

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S5155	<p>Continued From page 6</p> <p>HCSP lacked entry for use of side rail.</p> <p>Interview on 7/27/16 at 11:40am with administrative staff #G confirmed HCSP lacked entry for use of side rail.</p> <p>Interview on 7/27/16 at 11:55am with administrative staff #G stated assessment for use and safety checks of side rails have not been completed on any resident who uses side rails or transfer bars.</p> <p>For residents #726, #727, #728 and #729, residents who required health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.</p>	S5155		
S5257 SS=F	<p>26-42-102 (c) Staff Qualifications RN available</p> <p>(c) A registered professional nurse shall be available to provide supervision to licensed practical nurses, pursuant to K.S.A. 65-1113 and amendments thereto.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-42-102(c)</p> <p>The facility reported a census of 7 residents. The sample included 3 (#726, #727 and #728) sampled residents and 1 focus review resident (#729). Based on record review and interview, for all residents, the operator failed to ensure the</p>	S5257		

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S5257	<p>Continued From page 7</p> <p>provision of a registered professional nurse to be available to provide supervision to licensed practical nurses, pursuant to K.S.A. 65-1113 and amendments thereto.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of personnel hired since last survey form on 7/26/16 revealed registered nurse #K recorded as having quit position on 6/25/16 and registered nurse #L hired on 7/1/16. <p>Interview on 7/26/16 at 3:15pm with administrative staff #G, when asked if registered nurse #L was working today he/she stated registered nurse had not started work yet and confirmed facility has not had a registered nurse available since 6/25/16.</p> <p>Interview on 7/27/16 at 12:40pm with licensed staff #H confirmed facility has been without a registered nurse available for staff supervision for over one month, stating, " He/she starts today, hopefully. "</p> <p>For all residents, the operator failed to ensure the provision of a registered professional nurse to be available to provide supervision to licensed practical nurses, pursuant to K.S.A. 65-1113 and amendments thereto.</p>	S5257		
S5315 SS=D	<p>26-42-205 (h) Medication Storage</p> <p>(h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy</p>	S5315		

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S5315	<p>Continued From page 8</p> <p>provider and with federal and state laws and regulations.</p> <p>(1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals.</p> <p>(2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides.</p> <p>(3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home.</p> <p>(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.</p> <p>This REQUIREMENT is not met as evidenced by: KAR26-42-205(h)</p> <p>The facility reported a census of 7 residents. The sample included 3 (#726, #727 and #728)) sampled residents and one (#729), focus review resident. Based on observation and interview, the licensed nurses and medication aides failed to ensure all medications and biologicals were</p>	S5315		

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S5315	<p>Continued From page 9</p> <p>securely and properly stored in accordance with federal and state laws and regulations.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Interview on 7/26/16 at 2:05pm with administrative staff #G, inquired where refrigerated facility medications were stored. He/she replied " The TB (tuberculosis testing medication) is in the fridge downstairs. " <p>Observation on 7/26/16 at 2:40pm with administrative staff #G revealed an unsecured refrigerator in the basement kitchen containing one vial of Tubersol, opened, no open date, expiration date 2/17 and 10 acetaminophen 650mg (milligram) suppositories in a small plastic bag, no resident name, expiration date 3/18.</p> <p>Interview on 7/26/16 at 2:40pm with administrative staff #G confirmed all staff can access the basement and unsecured refrigerator.</p> <p>The licensed nurses and medication aides failed to ensure all medications and biologicals were securely and properly stored in accordance with federal and state laws and regulations.</p>	S5315		