STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087178	A. BUILDING: _____ B. WING _____	07/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLARK ADULT CARE HOME 6	10001 W 12TH STREET NORTH WICHITA, KS 67212

(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 represent the findings of a Resurvey with complaint investigations #172400 and #172576 for the above named facility conducted on 07/25/2022 and 07/26/2022.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c)(2) The facility reported a census of six residents (R). The sample included three residents and one closed record review. Based on interview and record review the operator failed to ensure staff completed one (R725) of three resident's"Functional Capacity Screen" (FC S) following a significant change in condition. Findings Included: - Review of R725's medical record revealed he moved into the facility on 11/29/21 with diagnoses of Parkinson's and arthritis. The "Functional Capacity Screen" (FCS) dated 11/29/21 revealed the resident required	S5085		

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

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S5085	Continued From page 1	S5085		

supervision with bathing, dressing, toileting, transfers, walking/mobility and eating (activities of daily living). It also identified the resident was at risk for falls.

The "Negotiated Service Agreement" dated 11/29/21 identified the facility staff provided assistance of one staff with activities of daily living and he used a front wheeled walker. Review of the "Health Care Service Plan" dated 11/29/21 included the following revisions:

05/02/22 - transfer with assistance of two staff using walker during transfers.

05/11/22 - use the sit to stand lift for all transfers

05/18/22 - to wear boot to left leg 24/7 per orthopedic instructions.

Staff failed to complete a FCS that identified the need for physical assistance with activities of daily living, the need for a wheelchair and use of a mechanical lift for transfers.

On 07/25/22 at 11:30 AM the resident stated the brace on his left lower leg is from a fall when he got his foot caught on the chair and it broke. He also confirmed that two staff help to transfer him from bed to wheelchair.

On 07/25/22 at 02:29 PM "Certified Nurse Aide" (CNA) C reported R725 was more independent when he first moved in but since he broke his ankle, staff must help him a lot more. She stated staff use a sit to stand for all of his transfers, take him to the bathroom, help him in and out of the shower and help him dress for the day. He wears the boot at all times, except during showers. Staff remove his brace and put it back on after his

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S5085	Continued From page 2 shower. On 07/25/22 at 05:15 PM Administrative staff/Licensed Nurse A confirmed he had a significant change in status and a new FCS was not completed. Review of the facility's policy for "Resident Functional Capacity Screen" dated 02/06/14 revealed "On or before admission, readmission or following a significant change and annually the facility nurse shall complete". The operator failed to ensure designated staff completed a FCS for R725 when he had a significant change in status	S5085		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2)	S5116		

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S5116	Continued From page 3 The facility reported a census of six residents (R). The sample included three residents and one closed record review. Based on interview and record review the operator failed to ensure staff reviewed and revised one (R725) of three resident's "Negotiated Service Agreement" following a significant change in condition. Findings Included: - Review of R725's medical record revealed he moved into the facility on 11/29/21 with diagnoses of Parkinson's and arthritis. The "Functional Capacity Screen" (FCS) dated 11/29/21 revealed the resident required supervision with bathing, dressing, toileting, transfers, walking/mobility and eating (activities of daily living). It also identified the resident was at risk for falls. The "Negotiated Service Agreement" (NSA) dated 11/29/21 identified the facility staff provided assistance of one staff with activities of daily living and he used a front wheeled walker. Review of the "Health Care Service Plan" (HCSP) dated 11/29/21 included the following revisions: 05/02/22 - transfer with assistance of two staff using walker during transfers. 05/11/22 - use the sit to stand lift for all transfers 05/18/22 - to wear boot to left leg 24/7 per orthopedic instructions. On 07/25/22 at 11:30 AM the resident stated the brace on his left lower leg is from a fall when he got his foot caught on the chair and it broke. He also confirmed that 2 staff help to transfer him from bed to wheelchair.	S5116		

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S5116	Continued From page 4 On 07/25/22 at 02:29 PM "Certified Nurse Aide" (CNA) C reported R725 was more independent when he first moved in but since he broke his ankle, staff must help him a lot more. She stated staff use a sit to stand for all of his transfers, take him to the bathroom, help him in and out of the shower and help him dress for the day. He wears the boot at all times, except during showers. Staff remove his brace and put it back on after his shower. On 07/25/22 at 05:15 PM Administrative staff/Licensed Nurse A confirmed he had a significant change in status and a new NSA was not completed. Review of the facility's "Negotiated Service Agreement Policy" dated 02/06/14 revealed the NSA will be completed upon admission, readmission , following any significant change and annually. The operator failed to ensure designated staff reviewed and revised the NSA for R725 when he had a significant change in status.	S5116		
S5155 SS=D	26-42-204 (a) Health Care Services (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.	S5155		

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S5155	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 6 residents (R). The sample included three residents and one closed record review. Based on observation, interview, and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of one (R727) of three sampled residents by the failure to implement services related to the monitoring and provision of care for a chronic, open wound on the resident's right shoulder. Findings included: - Review of R727's medical record revealed the resident moved into the facility on 04/26/22 with diagnoses of Alzheimer's disease with vascular dementia and coronary artery disease. The "Functional Capacity Screen" (FCS) dated 04/26/22 revealed the resident could not perform any of her tasks related to activities of daily living (ADLs) and needed physical assistance with eating. The FCS did not identify the resident had any ordered therapies or treatments. The "Negotiated Service Agreement" (NSA) dated 04/26/22 identified staff would provide assistance of 1-2 with ADLs and explain tasks prior to doing them. It also identified staff would manage medical treatments. The "Health Care Service Plan" failed to identify the resident had a recurring open wound on her	S5155		

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S5155	Continued From page 6 right shoulder and any health services staff needed to provide for the management of the wound. Review of the "Nurses Notes" included documentation on 04/26/22, 05/02/22, and 06/06/22 that the resident had no skin issues. Review of the skin assessments completed by Licensed Nursing staff revealed: 04/26/22 - Right (R) Shoulder area circled on body diagram, with measurements of four cm. by three cm. by 0.5cm. 0.5 cm - "Right shoulder is pink/red bleeding edges. Cleaned with wound cleanser bandage applied. On 05/02/22, 06/06/22, and 07/05/22 staff circled the right shoulder area on diagram but lacked measurements and described as "R shoulder raised skin area" On 07/25/22 at 11:54 AM "Certified Nurse Aide" (CNA) E showed surveyor the resident's upper right shoulder. Observed an open area larger than a quarter, covered with a nonstick bandage. CNA E stated "it just keeps getting bigger and bigger". On 07/25/22 at 03:37 PM staff had taken the resident to her room earlier and the resident laid in bed on her right side with a pillow partially behind her back. The resident had a pillow under her head that went down beyond her neck and the open area on her right shoulder laid on the pillow. At 04:15 PM the resident remained in the same position. At 04:30 PM CNA D and another staff entered the room and assisted the resident to get out of bed and into her wheelchair.	S5155		

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S5155	Continued From page 7 On 07/25/22 at 04:20 PM Administrative staff/Licensed Nurse A the resident has had the area since moving into the facility. The physician and DPOA do not want anything done to it other than doing daily dressing changes. When reviewed NSA and HCSP, Administrative staff/Licensed Nurse A confirmed the NSA identified that staff would manage all treatments but did not identify she had one. She also confirmed the HCSP did not identify the resident had an open wound on her right shoulder and needed services for managing that wound. On 07/25/22 at 05:04 PM an observation of R727's right shoulder wound with Administrative staff/Licensed Nurse A revealed an open crevasse on her right posterior shoulder blade. The area was dry, had varied depths, rolled edges on the top and left side of the wound that were white. Administrative staff/Licensed Nurse measured the wound and stated it was 3cm (centimeters) by 2.5 cm but did not measure the depth. Administrative staff/Licensed Nurse A cleansed the wound bed with wound cleanser and applied a non-adhesive bandage to the area. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R727 by the failure to consistently measure and document description of a wound and changes in a wound. Staff also failed to ensure the HCSP included services related to the monitoring of the wound, and treatments for the wound including repositioning the resident off the open wound area when in bed.	S5155		

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S5300	Continued From page 8	S5300		
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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 6 residents (R). The sample included three residents and one closed record. Based on record review and interview the operator failed to ensure staff administered as needed (PRN) medications according to standards of practice for two (R725 and R726) of three sampled residents. Findings included: - Review of R725's medical record revealed he moved into the facility on 11/29/21 with diagnoses of Parkinson's and arthritis.	S5300		

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S5300	Continued From page 9	S5300		

The "Functional Capacity Screen" (FCS) dated 11/29/21 revealed the resident could not manage his medications or medical treatments.

The "Negotiated Service Agreement" dated 11/29/21 identified facility staff would manage the resident's medications.

Review of the physician's orders revealed an order for Hydrocodone-APAP (a narcotic pain medication) 5-325 milligrams (mg) every 4-6 hours as needed (PRN) for pain related to fracture and Tramadol HCL 50 mg. daily as needed for pain.

Review of the June 2022 "Medication Administration Record" (MAR) revealed staff initialed giving the medications seven times. On the back of the MAR, where staff document the date, time, reason, and results of administering the medication included documentation for only four of seven doses administered and lacked any follow up documentation for effectiveness.

Review of the July 2022 MAR revealed staff administered the Tramadol 12 times. On the back of the MAR staff documented only six of 12 doses administered and documented effectiveness of the medication only three of 12 times.

On 07/26/22 at 08:59 AM "Certified Medication Aide" (CMA) C reported when giving a PRN medication staff are supposed to initial, they give it, and then write on the back of the MAR the date and time and the reason given and are supposed to write if it was effective or not.

On 07/25/22 at 01:10 AM Administrative staff/Licensed Nurse A reported she would expect staff to document on the back of the MAR each

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S5300	Continued From page 10	S5300		

time they administered a PRN medication and follow-up if it was effective or not.

The operator failed to ensure staff who administered PRN medications documented the administration according to standards of practice.

- Review of R726's medical record revealed the resident moved into the facility on 5/20/21 with diagnoses of diabetes, and neurological cognitive disorder.

The "Functional Capacity Screen" dated 03/14/22 identified the resident could not manage his medications and had wandering and inappropriate behaviors.

The "Negotiated Service Agreement" dated 03/14/22 identified staff would manage the resident's medications.

The "Health Care Service Plan" dated 03/14/22 identified staff to crush medications, provide redirection and give him time to self when agitated.

Review of the physician's orders included an order for Lorazepam (an anxiety medication) 1 milligram (mg) every four hours as needed (PRN) for agitation.

Review of the July 2022 "Medication Administration Record" (MAR) revealed staff administered Lorazepam 18 times and documented the date, time, and reason only 15 of the 18 times and documented the result/effectiveness of the medication only six of 18 times.

On 07/26/22 at 08:59 AM "Certified Medication

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S5300	Continued From page 11 Aide" (CMA) C reported when giving a PRN medication staff are supposed to initial, they gave it, and then write on the back of the MAR the date and time and the reason given and are supposed to write if it was effective or not. On 07/25/22 at 01:10 AM Administrative staff/Licensed Nurse A reported she would expect staff to document on the back of the MAR each time they administered a PRN medication and follow-up if it was effective or not. The operator failed to ensure staff who administered PRN medications documented the administration according to standards of practice.	S5300		