Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075007	A. BUILDING: _____ B. WING _____	03/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBUD PLAZA ASSISTED LIVING	205 WEST 9TH STREET ONAGA, KS 66521

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named assisted living facility conducted on 03/14/22, 03/15/22, 03/16/22, 03/17/22 and 03/21/22.	S 000		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (a) (1) The census equaled 18 residents. The sample included 3 residents. Based on record review and interview for 1 Resident (R) 465, the facility failed to ensure a licensed nurse performed an assessment annually for residents who self-administered their medications.	S3175		

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

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S3175	Continued From page 1 Findings included: - Review of R 465's medical record revealed she admitted to the facility on 01/01/2020 with diagnoses of hypertension, hyperlipidemia, and diabetes mellitus. The resident's current "Functional Capacity Screen" dated 12/28/21 recorded the resident required physical assistance with management of medications and treatments. The resident's current "Negotiated Service Agreement" dated 12/28/21 recorded nursing service provided medication administration. The resident's current "Health Care Service Plan" dated 12/28/21 recorded "CMA/ nurse administer medication as directed by MAR [Medication Administration Record] per doctor orders. CMA/ nurse dials insulin pen to correct dosage and then gives to resident to administer." The "Resident Roster" did not identify R 465 as self-administering any medications. The "Self-administration Assessment" dated 01/14/20 recorded R465 self-administered Tylenol (pain reliever), PreserVision (eye vitamin), Calcium + Vitamin D (supplement), Systane Eye Drops, and Insulin. R 465's record lacked evidence a licensed nurse performed a self-administration of medication assessment for the resident since 01/14/20. During an electronic interview on 03/16/22 at 6:09 PM, Operator A confirmed resident self-administered some medications and further confirmed a medication self- administration	S3175		

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S3175	Continued From page 2 assessment had not been completed for R 465 since 01/14/20. Operator A confirmed self-administration assessments should be completed annually for any resident that self-administered medications. The facility's "Medication Administration Guidelines" policy dated 04/2020 recorded, "2. The self-administration of medication by the resident assessment shall be completed annually or more often if the nurse determines that the possibility exists that the resident should no longer self-administer their medications." The facility failed to ensure a licensed nurse performed a medication self-administration assessment annually for R 465, who self-administered some of her medications.	S3175		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S3280		

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S3280	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-104 (d) (3) The census equaled 18 residents. The sample included 3 residents and review of 5 employee records. Based on record review and interview, Operator A failed to review the facility's entire "Emergency Management Plan" with residents and staff quarterly. Findings included: - Review of the facility's "Emergency Management Plan" on 03/14/22 revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, and missing residents. Review of the facility's quarterly "Emergency Management Plan Reviews" revealed no reviews documented with residents and staff for the third and fourth quarter of 2019 and all quarters of 2020 and 2021. The facility failed to provide documentation regarding emergency management plan reviews with staff and residents. Interview on 03/14/22 with Operator A confirmed no reviews of the emergency management plan were documented. The facility's "Emergency Management Plan Review" policy (no date) recorded,	S3280		

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S3280	Continued From page 4 "Considerations: Staff and Residents. The Emergency Management Officer will attend one quarterly meeting each quarter of an all staff in-service and review the emergency management of all potential disasters. . .This will be done by: covering potential emergencies and disasters; fire, flood, tornado, severe weather, explosion, natural gas leak, lack of electrical or water service, missing resident and other potential emergency situations. The residents will be educated at an all resident in-service that will be held quarterly." For all residents, the facility failed to ensure disaster and emergency preparedness by the failure to perform quarterly reviews of the facility's entire emergency plan with residents and staff.	S3280		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced	S3310		

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S3310	Continued From page 5 by: K.A.R 26-41-207 (c) The census totaled 18 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 3 Residents (R) 315, 465, 786 and 3 Staff (Certified Medication Aide (CMA) C, CMA/ Certified Nurse Aide (CNA) E and CNA F), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R 315's "Health Record" revealed he admitted to the facility on 06/19/14 and the record lacked evidence of completion of an annual TB questionnaire. R 465's "Health Record" revealed she admitted to the facility on 01/01/20 and the record lacked evidence of completion of an annual TB questionnaire since 01/02/20. R 786's "Health Record" revealed he admitted to the facility on 08/14/20. R 786's record lacked evidence of the second step of the TB testing upon admission and further lacked evidence of completion of an annual TB questionnaire since admission. CMA C's "Employee Record" revealed a hire date of 02/18/20. CMA C's record lacked evidence of the second step of the TB testing upon hire. CMA/CNA E's "Employee Record" revealed a hire date of 03/02/21. CMA/CNA E's record lacked evidence of the second step of the TB testing upon hire.	S3310		

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S3310	Continued From page 6 CNA F's "Employee Record" revealed a hire date of 04/13/21. CNA F's record lacked evidence of the second step of the TB testing upon hire. Electronic interview on 03/16/22 with Operator A confirmed resident R 315, 465 and 723 did not receive an annual TB questionnaire and R 786 did not receive the second step of the TB testing upon admission. Operator A further confirmed CMA C, CMA/CNA E and CNA F did not receive the second step of the TB testing upon hire. The facility's "Admission Criteria: Long Term Care, Short Term Rehab, Respite, Assisted Living" policy dated 05/2019 recorded, "Assisted Living: Criteria: Prior to, or at the time of admission, the following information will be provided to the assisted living facility. c.) Documentation of a two-step (7 day) TB Skin Test if completed or have physician orders to begin testing immediately." The facility's "TB skin testing and Annual Health Assessment" policy dated 10/2017 recorded, "All new hires will have a 2-step TB skin test upon hire. The test will be performed according to CDC guidelines." The facility failed to follow the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		