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	N070007	A. BUILDING: _____ B. WING _____	02/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PETERSON ASSISTED LIVING LLC	629 HOLLIDAY STREET OSAGE CITY, KS 66523

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvy with complaint investigation #165596 for the above named assisted living facility conducted on 2/1,2/2022.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (a)(1)(2) The facility reported a census of 20 residents. The sample included 3 residents. Based on interview, and record review the administrator failed to ensure the development of the Negotiated Service Agreement/Health Service Plan (NSA/HCSP) for 2 residents (R) (#200 and #201) of 3 sampled residents that included a	S3085		

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

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S3085	Continued From page 1	S3085		

description of all services provided and who provided that service related to Certified Medication Aides dialing R200 and R201's insulin pens and the resident self injecting their insulin.

Findings included:

- Review of resident #200's medical record revealed she moved into the facility on 9/22/21 with the diagnoses of diabetes type 2.

Review of the resident's Functional capacity Screen dated 01/27/21 revealed the resident needed physical assistance with management of medications and medical treatments.

Review of the resident's Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 01/27/21 identified staff administered the residents medications except for her insulin's. The NSA/HCSP failed to identify that Certified Medication Aides (CMA) dialed the residents pen and then handed it to the resident to self-inject.

Observation on 02/01/22 at 11:55 AM revealed the resident walked into the office where the medication cart is kept and sat in a chair. The resident stated she was waiting for CMA C to get her insulin. CMA came into the office, washed her hands and got the residents an alcohol prep pad and the resident wiped off the upper mid area of her abdomen. CMA C then got the resident's insulin pen out of the drawer and put a needle on it and handed it to the resident. She told the resident to give 10 units and the resident then proceeded to stick the pen into her skin and tried to push down the plunger. CMA C told the resident she needed to dial the pen and the resident stated she though CMA C had already

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S3085	Continued From page 2	S3085		

done it. So CMA C proceeded to dial the residents pen to 10 units and the resident then restuck herself and injected the insulin properly.

An interview on 02/02/22 at 10:37 AM, CMA D reported staff dialed the residents insulin pens to the correct dose and then hand the pen to the resident and she self-injects the insulin.

An interview on 02/02/22 at 10:56 AM. CMA C reported that normally staff dialed the pen to the correct dose and then hand the insulin pen to the resident and she self-injects the insulin.

A phone interview on 02/02/22 at 1:02 PM, Licensed Nurse (LN) B reported CMA's dialed the insulin pens for residents initially and then LN B had recently told staff the resident needed to dial the pen themselves. LN B did not realize if staff dialed the pen it needed to be on the NSA.

The administrator failed to ensure R200's NSA/HCSP had a description of each service and who provided that service.

- Review of resident (R) #201's medical record revealed he moved into the facility on 01/10/22 with diagnoses of diabetes type 2.

Review of the resident's Functional Capacity Screen dated 01/10/22 identified the resident could not manage his medications or medical treatments.

Review of the resident's Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 01/10/22 identified the resident required complete supervision and

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S3085	Continued From page 3 administration of his medications. It failed to identify the Certified Medication Aides dialed the resident's insulin pen to the correct ordered dose and the resident self-injected the insulin. An interview on 02/02/22 at 10:37 AM, CMA D reported staff dialed the residents insulin pens to the correct dose and then hand the pen to the resident and he self-injects the insulin. An interview on 02/02/22 at 10:56 AM. CMA C reported that normally staff dialed the pen to the correct dose and then hand the insulin pen to the resident and he self-injects the insulin. A phone interview on 02/02/22 at 1:02 PM, Licensed Nurse (LN) B reported CMA's dialed the insulin pens for residents initially and then LN B had recently told staff the resident needed to dial the pen themselves. LN B did not realize if staff dialed the pen it needed to be on the NSA. The administrator failed to ensure designated staff developed NSA/HCSP for R200 and R201 that identified the service of CMA's dialing the residents insulin pen and the resident self-injecting the insulin.	S3085		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced	S3202		

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S3202	Continued From page 4 by: KAR 26-41-205 (d)(4) The facility reported a census to 20 residents. The facility identified the facility managed medications for all 20 residents and 2 residents received insulin. Based on observation, interview and record review the administrator failed to ensure a licensed nurse delegated the nursing procedure of setting up and dialing a resident's insulin pen to the correct ordered, which is not part of the Kansas Medication Aide curriculum, to the Certified Medication Aide under the Kansas nurse practice act, K.S.A 65-1124 and amendments thereto. Findings included: - On 02/01/22 Licensed Nurse (LN) B provided a resident roster which indicated all 20 residents had their medication managed by facility staff and 2 of those residents received insulin. Review of 2 newly hired Certified Medication Aides (CMA) record did not include delegation information that a licensed nurse had provided specific directions for preparing and dialing an insulin pen to the ordered dosage for a resident to self-inject that was signed by the LN and CMA. Observation on 02/01/22 at 11:55 AM revealed the resident walked into the office where the medication cart is kept and sat in a chair. The resident stated she was waiting for CMA C to get her insulin. CMA came into the office, washed her hands and got the residents an alcohol prep pad and the resident wiped off the upper mid area of her abdomen. CMA C then got the resident's insulin pen out of the drawer and put a needle on it and handed it to the resident. She told the	S3202		

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S3202	Continued From page 5 resident to give 10 units and the resident then proceeded to stick the pen into her skin and tried to push down the plunger. CMA C told the resident she needed to dial the pen and the resident stated she though CMA C had already done it. So CMA C proceeded to dial the residents pen to 10 units and the resident then restuck herself and injected the insulin properly. Interview on 02/02/22 at 1:02 PM LN B reported she did not have anything in the employee files where she had done competency training with the CMA's on preparing and dialing residents insulin pens. The administrator failed to ensure the LN delegated the set up and dialing of insulin pens to CMA's according to the Kansas Nurse Practice Act.	S3202		
S3215 SS=E	26-41-205 (h) Medication Storage (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 provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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	S3215		

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S3215	Continued From page 6 biologicals. (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. (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 facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h) (1)(4) The facility reported a census of 20 residents. The facility identified 20 residents with facility managed medications 2 of which required insulin injections. Based on observation, record review and interview the administrator failed to ensure non-controlled medications were stored in a locked medication room / cabinet or cart and controlled medications were stored in separately locked compartments within a locked medication room/cabinet/cart. The administrator also failed to ensure licensed nurses and certified medication aides could not administer medications beyond the medication manufacturer's or pharmacy provider's recommended date of expiration by a failure to ensure staff dated insulin pens once opened for 2 of 2 residents (R) whose insulin the facility managed (R200, R201).	S3215		

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S3215	Continued From page 7 Findings included: - On 02/01/22 licensed nurse (LN) B provided the resident roster which identified 20 residents received facility managed medications and 2 of those residents received insulin managed by the facility R200 and R201. Observation of the medication cart on 02/01/22 at 11:53 AM with Certified Medication Aide (CMA) C revealed insulin pens in the top drawer. The drawer contained 2 plastic containers with R200 name on the containers but neither pen (Humalog and Lantus) had the residents name or date staff opened it. The drawer also contained another Humalog pen with R200's name on it and it only had 60 units left. This pen did not have the date the pen was opened on it. There were also 2 pens for R201 and the Humalog pen had his name and date opened but the Lantus pen had neither. Five out of 6 pens did not include the date staff opened the pen to ensure that staff did not use the pen past manufactures recommended expiration date. Interview on 02/01/22 at 12:00 PM Licensed Nurse (LN) B reported all of the pens needed to have the residents name and the date that staff opened them to ensure they were not used past date of expiration. Humalog Kwik pen manufacture recommended to store opened insulin at room temperature for up to 28 days and discard even if insulin remained. The Lantus Solostar pen manufacture recommended to store opened pens at room temperature and after 28 days the opened Lantus pen should be thrown away-even if it still has	S3215		

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S3215	Continued From page 8 insulin in it. Review of the medication storage policy dated 03/01/20 revealed medication expiration dates will be routinely checked with administration and by audit to ensure no medications are stored or administered beyond their manufacturer's labeled expiration date. The operator failed to ensure licensed nurses and certified medication aides could not administer medications beyond the medication manufacturer's or pharmacy provider's recommended date of expiration by a failure to ensure staff dated insulin pens once opened. - Observation on 02/02/22 from 8:45 AM to 9:06 AM revealed the office which contained the medication cart and where the medication room was had the door propped open. In the medication room was a small refrigerator that was not locked and contained 7 boxes of insulin pens and 3 boxes of liquid Lorazapam, a controlled substance. At 9:05 AM on 02/01/22, CMA C walked into the room and stated that the door to the office/med room is usually shut but she was passing morning medications. CMA C also stated that the door where the refrigerator was was usually kept open and the refrigerator lock did not work. At 12:00 PM on 02/01/22, Licensed Nurse B confirmed the medication room door, the refrigerator, and the office door needed to be shut and locked when staff not in the room. Review of the medication storage policy dated 03/01/20 revealed Non-controlled medication will	S3215		

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S3215	Continued From page 9 be stored in the medication room, cabinet, or cart until single lock. Controlled medications will be stored in the medication room, cabinet, or cart in additional compartment with additional lock in place. The administrator failed to ensure designated staff stored non-controlled and controlled medications according to state regulations.	S3215		
S3310 SS=F	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 by: K.A.R 26-41-207(c) The facility reported a census of 20 residents. Based on interview and record review for 5 of 5 newly hired employees, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult	S3310		

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S3310	Continued From page 10	S3310		

care homes adopted by reference in K.A.R. 26-39-105. This failure had the potential to affect all residents in the assisted living facility.

Findings included:

- Review of 5 newly hired employees files on 02/01/22 revealed the following:

Certified Medication Aide (CMA) D hired on 11/22/21 did not have the TB questionnaire completed or receive a 2 step TB skin test within 7 days of hire.

Housekeeping staff E hired on 11/02/21 did not have the TB questionnaire completed or receive a 2 step TB skin test within 7 days of hire.

Dietary staff F hired on 07/22/21 did receive a 2 step TB skin test within 7 days of hire.

CMA G hired on 09/23/21 did not have the TB questionnaire completed or receive a 2 step TB skin test within 7 days of hire.

Housekeeping staff H hired on 12/16/21 did not have the TB questionnaire completed or receive a 2 step TB skin test within 7 days of hire.

During an interview on 02/01/22 at 12:38 PM administrative staff A reported they had not done the TB skin testing because she understood there to still be a shortage of Tuberculin.

Review of the Infection Control Policy dated 03/01/20 revealed upon hire, employees will be screened for tuberculosis and must have a two-step tuberculosis skin test with the first step being administered within 7 days of hire.

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S3310	Continued From page 11 For 5 of 5 newly hired employees the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		