STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087033	A. BUILDING: _____ B. WING _____	01/25/2022

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SEDGWICK PLAZA	2455 N WOODLAWN STREET WICHITA, KS 67220

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S 000	INITIAL COMMENTS The following citations represent the findings of the Resurvey with complaint investigations #159182, 159183, 161686, 162149, 163403, and 165020 conducted on 01/19/22, 01/20/22, 01/24/22 and 01/25/22.	S 000		
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 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	S3215		

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

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S3215	Continued From page 1 expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h) (4) The facility reported a census of 54 residents. The facility identified 5 residents who required insulin injections managed by the facility. Based on observation, record review and interview the Administrator failed to ensure licensed nurses and certified medication aides could not administer medications beyond the manufacturer's or pharmacy provider's recommended date of expiration by a failure to ensure staff dated Tuberculosis (TB) testing solution used for residents and opened insulin pens for 3 of 5 residents whose insulin the facility managed (#409, #422, and #575). Findings included: - On 01/19/22 licensed nurse (LN) A provided the resident roster which identified 5 residents with insulin injections and facility management of medications/treatments. During the entrance conference on 01/19/22 LN A reported certified medication aides (CMA) were trained to prep the insulin pens, dial the prescribed dose and hand the pen to the resident for injection. Observation of the first-floor medication cart on 01/19/22 at 10:39 AM with CMA E revealed an opened Lantus Solostar pen without an opened date and identified as belonging to resident #575. An open and undated Humalog Kwik pen and	S3215		

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S3215	Continued From page 2	S3215		

Victoza pen which CMA E said belonged to resident #409. In the medication room refrigerator was an opened bottle of TB testing solution without an opened date on the bottle or the box.

Observation of the second-floor medication cart on 01/19/22 at 11:18 AM with CMA F revealed an opened Novolog Flex pen without a date of opening and an opened Tresiba (Basaglar) pen without a date of opening. CMA F identified the pens as belonging to resident #422.

Interview with CMA E on 01/19/22 at 10:45 AM confirmed the insulin pens were to be dated to ensure they weren't expired. When asked how long the pens were good for she wasn't sure and said she thought a month.

Interview on 01/19/22 at 11:45 AM with LN A confirmed an expectation for staff to date the insulin pens and multi-dose bottles of Tuberculosis testing solution when they opened them to ensure they were used or discarded by the manufacture's recommendations.

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 insulin in it.

The 2016 Novolog Flex pen instruction/training from the manufacture recommended to store opened insulin at room temperature for up to 28 days and discard even if insulin remained.

Humalog Kwik pen manufacture recommended to store opened insulin at room temperature for up to 28 days and discard even if insulin remained.

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S3215	Continued From page 3 Victoza unrefrigerated good for 30 days and once opened 30 days. The manufacture of Tresiba recommended to store in-use Tresiba at room temperature (below 86 degrees Fahrenheit), away from direct heat and light for up to 8 weeks without refrigeration and do not refrigerate once opened. The FDA (Federal Drug Administration) tuberculosis (tubersol) package insert directed the tubersol testing solution would expire 30 days after the date of opening. The Administrator failed to ensure licensed nurses and certified medication aides could not administer medications beyond the manufacturer's or pharmacy provider's recommended date of expiration by a failure to ensure staff dated TB testing solution used for residents and opened insulin pens.	S3215		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105 (f) (11) The facility reported a census of 54 residents.	S3261		

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The sample included 3 residents and 1 focused review resident. Based on interview and record review the administrator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action were documented for 3 out of 4 sampled residents (#409, #513 and #632).

Findings included:

- Record review revealed resident #409 admitted to the facility on 08/06/21 with diagnoses of diabetes mellitus, chronic kidney disease, chronic obstructive pulmonary disease, right below knee amputation and peripheral artery disease.

The admission Functional Capacity Screen dated 08/06/21 indicated the resident had intact cognition. She needed physical assistance with bathing, dressing, transfers and used a motorized wheelchair for mobility. She was unable to perform the tasks to manage her own medications and treatments.

The Negotiated Service Agreement (NSA) dated 08/06/21 indicated facility staff would provide assistance with bathing 3 times a week, dressing with application of compression hose and brace daily. Facility staff would provide administration and monitoring of all the resident's medications. She would receive weekly wound clinic visits from an outside provider.

The Service Plan dated 08/06/21 included the same information as the NSA.

A "Wellness note" dated 11/16/21 indicated at approximately 09:00 AM the resident reported being short of breath and was on 4 liters of

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S3261	Continued From page 5	S3261		

oxygen per nasal cannula. Her oxygen saturation registered 83% and then 88%. Licensed nurse A evaluated the resident, gave her a nebulized breathing treatment as ordered and called emergency medical services (EMS) who took the resident at approximately 11:30 AM. The "Wellness notes" ended with that entry. The next entry was dated 11/24/21 about her return from the hospital.

Review of the medical care provider's orders revealed a fax communication to the medical care provider which indicated the resident had a fall on 01/01/22. Review of the "Wellness notes" revealed entries dated 12/08/21 and 01/11/22 with no entries between and no information about the fall, causal factors, actions taken or results of any actions. The medical care provider's orders also included an order for an antibiotic on 12/30/21 of Cephalexin 500 milligrams one capsule three times a day. The "Wellness notes" lacked any entries of symptoms or indicators of illness, the use of the antibiotic, monitoring of the condition being treated with results of the actions.

The last entry in the "Wellness notes" dated 01/13/22 indicated the resident asked to be sent to the emergency room at approximately 09:00 AM. The certified medication aide on duty called the nurse and reported the resident's oxygen saturation was at 50% on room air and the resident was non-compliant with using her oxygen. ... resident transferred via EMS. On 01/19/22 during the onsite survey licensed nurse A confirmed the resident was currently in the hospital. The record lacked this information.

Interview with licensed nurse A on 01/20/22 confirmed the above documentation provided to the surveyor was all the information recorded in

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the resident's record.

The administrator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action were documented for this resident regarding outcome following transfer by EMS, information regarding a fall and treatment with an antibiotic.

- Record review for resident #513 revealed an admission date of 08/20/21 with diagnoses of dementia, benign neoplasm of the heart, hypertension and trigeminal neuralgia.

The Functional Capacity Screen dated 09/27/21 identified the resident with intact cognition and required physical assistance with all activities of daily living (ADL) except for eating. She lacked the ability to manage her own medications and treatments.

The Negotiated Service Agreement (NSA) dated 09/27/21 included services provided by facility staff for all ADLs except eating with facility management of medications and treatments.

The Service Plan dated 09/27/21 included the same information as the NSA.

Review of the "Wellness notes" revealed only 2 entries as follows: 08/20/21 resident arrived with family to the community at approximately 01:30 PM. Oriented to pendent, room, laundry, housekeeping and showers. No current skin issues noted. The next and last entry dated 09/17/21 included information about high blood pressure, family meeting resident at the emergency room and the resident was kept

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overnight at the hospital.

Review of the medical care provider's orders revealed a faxed communication notifying the medical care provider of the resident's weight loss with orders to start Remeron (an antidepressant used for appetite stimulant). The "Wellness notes" lacked any information about the resident's weight loss, monitoring of meal consumption, starting the medication or outcome. On 12/14/21 the medical care provider ordered miconazole powder to affected area (peri-area) twice a day for redness. The "Wellness notes" lacked any information about the resident having a skin condition. On 01/17/22 the medical care provider ordered Diflucan (an antifungal) 150 milligram tablet by mouth one dose, for the resident not to wear an incontinent brief and for staff to apply Calazme with Nystatin powder twice a day on the groin and buttock. The "Wellness notes" lacked any information about the resident's skin, the need for treatment, or outcome of the treatment.

An interview on 01/19/22 at 11:50 AM licensed nurse C reported the resident had a red rash to her buttocks.

An interview on 01/19/22 at 01:05 PM with outside provider licensed nurse G reported the resident had skin breakdown on the coccyx from chronic moisture associated with incontinence.

An electronic interview on 01/24/22 at 03:44 PM with licensed nurse A confirmed the above entries in the "Wellness notes" as the only entries.

The administrator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the

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date, time of occurrence, action taken, and results of the action were documented for this resident regarding treatment for unplanned weight loss and skin conditions.

- Record review for resident #632 revealed an admission dated of 06/26/19 with diagnosis of chronic kidney disease, chronic obstructive lung disease, atrial fibrillation and moderate protein-calorie malnutrition.

The Functional Capacity Screen dated 09/04/20 indicated the resident had short-term memory deficit and impaired memory/recall. He needed physical assistance with bathing, supervision with dressing and toileting. He lacked the ability to manage his own medications and treatments and was at risk for falls or unsteadiness.

The Negotiated Service Agreement (NSA) dated 09/08/20 included services of facility staff to assist with bathing, dressing, toileting and management of medications/treatments. On 01/11/21 the NSA was amended for an outside provider of Hospice services.

The Service Plan signed by the resident on 09/08/20 included the same services as the NSA with additional details for toileting of prompt/remind/cue the resident to the restroom upon arising in the morning, before/after meals and at bedtime. Cue resident to the restroom two times at night and supervise the brief is changed.

Review of the "Wellness notes" revealed an entry dated 01/11/21 regarding the start of Hospice services for heart disease and the next entry was dated 03/30/21 which read, contacted Hospice regarding redness to the coccyx and need for Calmoseptine ointment. Also notified the durable

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S3261	Continued From page 9 power of attorney. The next entry dated 04/05/21, continued on hospice with no noted changes at this time. The next entry dated 05/21/21 regarding resident's oxygen status and nothing about skin conditions. The next and last entry dated 05/24/21 indicated staff tried to call the durable power of attorney about the resident's oxygen status and left a message. Electronic interview with licensed nurse A on 01/24/22 at 11:37 AM confirmed the resident discharged from the facility. She did not disclose a date. She confirmed the only entry about the resident's skin was the 03/30/21 entry. The administrator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action were documented for this resident regarding skin conditions, discharge and condition at time of discharge.	S3261		
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	S3310		

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This REQUIREMENT is not met as evidenced by:
K.A.R. 26-207 (c)

The facility reported a census of 54 residents. The sample included 3 residents and 1 focused review resident. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 when 4 of 5 personnel records reviewed (Administrator B, licensed nurse (LN) C and direct care staff D and E) lacked a TB questionnaire and TB testing within 7 days of employment. The Administrator also failed to have 3 of 3 sampled residents screened and tested for TB within 7 days of admission (#409, #408 and #513). This failure had the potential to affect all residents.

Findings included:

- Record review of sampled residents revealed the following information related to TB questionnaire and testing within 7 days of admission as required:

Resident #409 admitted to the facility on 08/06/21. The record included TB screening and testing on 08/21/21.

Resident #480 admitted to the facility on 04/14/21. The record included TB screening and testing on 10/19/21

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S3310	Continued From page 11	S3310		

Resident #513 admitted to the facility on 08/20/21. The record included TB screening and testing on 09/07/21 .

Interview with LN A and Administrative staff B on 01/20/22 confirmed the TB questionnaire and testing was not completed within 7 days of admission for the 3 sampled residents.

- Personnel record review revealed the following:

Administrative staff B began employment on 03/24/21 and her file lacked TB questionnaire and testing within 7 days of employment.

LN C began employment on 11/18/21 her file included a TB questionnaire and testing dated 12/08/21 (3 weeks after employment).

Direct care staff D began employment on 12/20/21 and her file lacked a TB questionnaire and testing.

Direct care staff E began employment on 11/12/21 her file included a TB questionnaire and testing dated 12/08/21 (3 weeks after employment).

On 01/20/22 Administrative staff B confirmed the 4 personnel files lacked TB questionnaires and testing within 7 days of employment.

The administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 when 4 of 5 personnel records reviewed (Administrator B, licensed nurse (LN) C and direct care staff D and E) lacked a TB questionnaire and TB testing

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S3310	Continued From page 12 within 7 days of employment. The Administrator also failed to have 3 of 3 sampled residents screened and tested for TB within 7 days of admission (#409, #408 and #513). This failure had the potential to affect all residents	S3310		
S3320 SS=E	28-39-254 CONSTRUCTION (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. (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. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-254 (a) The facility reported a census of 54 residents. Based on observation, interview and record	S3320		

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review the administrator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel and the public regarding unsecured chemicals.

Findings included:

- During the initial tour of the facility on 01/19/22 at 10:55 AM observation revealed an unlocked/accessible room identified as a central bath with a whirlpool tub. On a shelf directly above the toilet sat a gallon container of whirlpool disinfectant labeled with warnings of harmful if swallowed, can burn skin or cause eye damage and keep out of reach of children. The unlocked door to the room labeled resident laundry had a lock on the under-sink cabinet which was not latched, and items stored there were accessible. The items were 3 partial gallon containers of whirlpool disinfectant and a spray can of Spray Starch. The can of Spray Starch had a warning label of inhaling contents can be harmful or fatal and to keep out of reach of children.

Interview with licensed nurse A on 01/19/22 at 11:07 AM confirmed an expectation for chemicals and items labeled with hazards and keep out of reach of children should always be secured. She said the whirlpool room should be locked. She attempted to lock the padlock on the under-sink cabinet in the laundry room and could not latch the lock.

The administrator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel and the public regarding unsecured chemicals.