STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087048	A. BUILDING: _____ B. WING _____	C 08/30/2021

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HOMESTEAD ESTATES WICHITA	10550 E 21ST STREET NORTH WICHITA, KS 67206

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S 000	INITIAL COMMENTS The following citations represent the findings of the resurvey with complaints #154548, #153642, #153153, and #151459 conducted on 08-23-21, 08-24-21 and 08-30-21.	S 000		
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 by: K.A.R. 26-41-205 (d) (4) The facility reported a census of 49 residents. The facility identified they managed the insulin and routine blood sugar testing for 3 residents. Based on interview and record review the administrator failed to ensure a licensed nurse oriented and instructed certified medication aides (CMAs) in the performance of blood sugar testing, dialing the prescribed dose of insulin by injector pen(s) for the resident to inject. The administrator further failed to ensure documentation of the CMA's demonstration of competency signed by the nurse and the CMA in each employee's personnel record with 2 CMA personnel records reviewed (CMA C and CMA D). Findings included: - During the entrance conference on 08/23/21 licensed nurse A reported CMAs were delegated to perform blood sugar testing for residents,	S3202		

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

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S3202	Continued From page 1 preparing and dialing the prescribed insulin on the pen for the resident to inject. Personnel record review for CMA C and CMA D conducted on 08-24-21 revealed neither file had documentation of the CMAs being trained to perform blood sugar testing or preparing and dialing the insulin injector pens. Interview on 08/24/21 at 3:15 PM with licensed nurse A confirmed all the CMAs employed by the facility were expected to perform blood sugar testing and dial the dose of insulin for residents which the facility managed. She reported giving verbal instructions to the CMAs and confirmed the lack of documented evidence of orientation and competency of the CMAs to perform blood sugar testing and insulin pens. The administrator failed to ensure a licensed nurse oriented and instructed certified medication aides (CMAs) in the performance of blood sugar testing, dialing the prescribed dose of insulin by injector pen(s) for the resident to inject. The administrator further failed to ensure documentation of the CMA's demonstration of competency signed by the nurse and the CMA in each employee's personnel record with 2 CMA personnel records reviewed (CMA C and CMA D).	S3202		
S3216 SS=E	26-41-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or	S3216		

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S3216	Continued From page 2 discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41 205 (i) The facility reported a census of 49 residents. Based on observation, interview and record review the administrator failed to maintain the system for accountability on controlled substances in sufficient detail for an accurate reconciliation for 1 resident with liquid medication in a prefilled syringes (#240) and another resident whose medications were placed in the medication room refrigerator and not included in the shift to shift controlled substance reconciliation (#240 and #710). Findings included: - On 08-23-21 licensed nurse A provided the resident roster which indicated the facility managed the medications for residents #240 and	S3216		

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S3216	Continued From page 3 #710. On 08-23-21 at 12:26 PM certified medication aide (CMA) E opened the medication cart on the memory care unit. Observation revealed 2 light sensitive bags which held prefilled syringes of a liquid controlled substance medication; Lorazepam 1 milligram (mg) per milliliter (ml) for resident #240. When compared to the individual resident controlled substance accounting record the amount remaining in the syringes did not match the record. One of the bags held 3 syringes with 1 ml in each and the individual resident controlled substance record matched. The other bag had 2 syringes with 1 ml and 1 syringe with only 0.5 ml. The individual resident controlled substance sheet indicated the amount remaining was 3. Interview with CMA E on 08-23-21 at 12:26 PM revealed the CMAs are only counting the syringes not the actual amount left in each syringe. On 08-23-21 at 12:30 PM licensed nurse A confirmed the discrepancy and said the resident's dosage is 1 ml. She did not know why 0.5 ml was all that was left in the 1 syringe. She confirmed staff should be looking at each syringe and comparing it to the individual resident controlled substance record at each shift change. Later on 08-23-21 at 1:15 PM licensed nurse A opened the medication room and within the medication refrigerator observation revealed 2 bubble pack cards of Lorazepam 0.5 mg tablets for resident #710 and 3 Fentanyl 12 micrograms/hour topical patches for resident #240. The individual resident controlled substance sheet encircled the packages and held in place with a rubber band. Licensed nurse A did	S3216		

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S3216	Continued From page 4 not know why or when the medications were placed in the refrigerator and confirmed they were probably not being reconciled by staff at shift change if the sheets were with the controlled substance and not in the notebook. The administrator failed to maintain the system for accountability on controlled substances in sufficient detail for an accurate reconciliation for 1 resident with liquid medication in a prefilled syringes (#240) and another resident whose medications were placed in the medication room refrigerator and not included in the shift to shift controlled substance reconciliation (#240 and #710).	S3216		
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 5 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-104 (d) (3) The facility reported a census of 49 residents. Based on interview and record review the administrator failed to ensure staff and residents had disaster emergency preparedness by a failure to conduct a quarterly review of the facility's emergency management plan with staff and residents. Findings included: - On 08-24-21 at 1:53 PM maintenance manager F provided documentation related to the performance of a quarterly review with residents and staff of the emergency management plan. Review of the documents provided revealed the title of the page was "Staff Emergency Preparedness" which did not specify if the entire plan was reviewed or just a portion. There were 2 sheets of employee signatures for the calendar year of 2021; (January 22, 2021 and February 19, 2021). Neither of the sheets identified what emergency preparedness was reviewed. The records lacked evidence of a review in the past 6 months. Additional employee signature sheets were reviewed for the calendar year of 2020. The sheets dated January 24, 2020 included a quiz which asked questions about 5 of the required elements for the disaster/emergency management plan (fire, flood, tornado, power outage, blizzard and included for other types active shooter, bomb threat or earthquake). The quiz lacked the elements of gas leak, severe weather (as a topic which would include extremes	S3280		

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S3280	Continued From page 6 of heat, cold, winds etc. and not just blizzard), and a missing resident. The facility had employee signature pages for the other 3 quarters of the 2020 year but no specifics on what was reviewed. Maintenance manager F provided resident signature sheets for 2020 and none for 2021. The sheets were titled, "Resident emergency Preparedness" and did not specify if the entire emergency management plan was reviewed as required. Interview on 08-24-21 with maintenance manager F confirmed there was no evidence of an emergency management plan review with residents performed as of 08-24-21 for the 1st and 2nd quarter of 2021. He confirmed the signature sheets did not specify if the entire plan was reviewed or only a portion of the plan during the year of 2020. He confirmed the documentation reflected the last review with employees was 6 months ago February 19, 2021 and the pages lacked specifics on what was reviewed. The administrator failed to ensure staff and residents had disaster emergency preparedness by a failure to conduct a quarterly review of the facility's emergency management plan with staff and residents.	S3280		
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,	S3320		

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S3320	Continued From page 7	S3320		

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 49 residents with 10 being on a secured unit. Of the 39 residents not in the secured unit 16 were identified with cognitive impairment on the resident roster. Based on observation, interview and record 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 with licensed nurse A on 08-23-21 at 12:00 PM observation revealed unsecured lower cabinets in the open activity room area. The following unsecured chemicals were observed with warnings of

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S3320	Continued From page 8 harmful or fatal if swallowed, flammable and keep out of reach of children: A spray can of WD-40 (a water displacing spray) A spray bottle of disinfectant cleaner A spray can of furniture polish A spray can of silk plant cleaner (extremely flammable and fatal if swallowed A spray bottle of Miracle-Gro leaf shine A container of Miracle-Gro plant food A spray bottle of glass and surface cleaner A can of "Bar Keepers Friend" (an abrasive powder cleanser) A spray bottle of "Dead bug" 2 containers of bloom and rooting for plants An open bag of "Pot shots" plant food nuggets Interview with licensed nurse A on 08-23-21 at 12:00 PM confirmed an expectation for chemicals and items labeled with hazards and keep out of reach of children should always be secured. 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.	S3320		