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	B087219	A. BUILDING: _____ B. WING _____	C 05/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE COTTAGE, LLC	531 N. CRESTLINE WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint (#138411) at the above named home plus facility conducted on 04/20/21, 04/21/21, 04/22/21, 04/27/21, 04/28/21, 04/29/21, 05/03/21 and 05/04/21.	S 000		
S5205 SS=J	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (a) The facility reported a census of 7 residents. The sample included 3 residents, 1 focused review resident and 1 closed record review resident. Based on observation, interview, and record review, for one of three sampled who required two person assist (#565), and for one of one focused review who required two person assist (#435), the operator failed to ensure the provision of a sufficient number of staff members on night shift to take all residents who would require assistance in an emergency or disaster to a secure location. This failure placed residents in this facility in immediate jeopardy for harm, injury or death. Findings included: - Resident roster obtained on 04/20/21 at 4:10	S5205		

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

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S5205	Continued From page 1 PM from licensed nurse #C recorded a census of 7 residents. All 7 residents listed on the roster was identified as having impaired cognition. Two residents (#435 and #565) required two staff for transfer assistance. On 04/20/21 at 4:42 PM, Operator stated one staff on duty from 9:00 PM to 7:00 AM ... that staff is a CMA (Certified Medication Aide), a CNA (Certified Nurse Aide), or a licensed nurse. Operator confirmed two residents in facility required two-person assist for transfer. - Record review for resident #435 recorded admission date of 12/26/18 with diagnoses of Dementia, hypertension, Chron's disease, rheumatoid arthritis and chronic obstructive pulmonary disease. Current Functional Capacity Screen (FCS) dated 01/27/21 recorded resident unable to perform (3) transfer and walk/mobility. Resident assessed with impaired long-term memory, short-term memory, memory recall and decision making. Resident required a wheelchair for mobility. Current Negotiated Service Agreement (NSA) dated 01/27/21 recorded resident: To receive two-person assist with gait belt for transfers, Used a high back wheelchair for mobility, and Recorded resident as "chair/bed bound." Current Health Care Service Plan (HCSP) dated 01/27/21 recorded resident: "Chair/bed bound" under mobility, Required assist of two staff with gait belt for transfer, and Required assistance in an emergency exit.	S5205		

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S5205	Continued From page 2 - Record review for resident #565 recorded admission date of 03/16/2020 with diagnoses of Dementia, hypertension, macular degeneration, anxiety and paranoia. Current Functional Capacity Screen (FCS) dated 03/09/21 recorded resident unable to perform (3) transfer and walk/mobility. Resident assessed with impaired long-term memory, short term memory, memory recall and decision making. Resident required a wheelchair for mobility. Current Negotiated Service Agreement (NSA) dated 03/09/21 recorded resident: Required two-person assist with gait belt for transfers, Non-ambulatory for walk/ mobility, and Resident used a wheelchair for mobility. Current Health Care Service Plan (HCSP) dated 03/09/21 recorded resident: Chair/bed bound under mobility, and Required assistance in an emergency exit. On 04/20/21 at 5:04 PM in resident #435's room, observed certified staff #F transfer resident #435 from bed to wheelchair by self (assistance of one) placing her arms under the resident's arms, with a gait belt applied, lifting and pivoting resident into wheelchair. Department timer used, total of 36 seconds to transfer resident from bed to wheelchair safely. Certified staff #F stated resident #435 is non-weight bearing. On 04/20/21 at 5:09 PM in resident #565's room, observed certified staff #F transfer resident #565 from bed to wheelchair by self (assistance of one) placing her arms under the resident's arms, with a gait belt applied, lifting and pivoting resident into	S5205		

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S5205	Continued From page 3	S5205		

wheelchair. Department timer used, total of 48 seconds to transfer resident from bed to wheelchair safely.

On 04/20/21 at 5:13 PM, certified staff #F stated two additional residents in the facility required assist of one staff member from bed to wheelchair for transfer.

On 04/20/21 at 5:15 PM, operator confirmed facility was not sprinkled.

The state fire marshal life safety code includes directions for a facility of 8 or less residents without a sprinkler fire suppression system must be evacuated in under 3 minutes.

On 04/21/21 at 12:59 PM, reviewed emergency management plan with operator. Records revealed the following:

02/03/2020: fire drill, unknown number of residents and staff, at 6:30 PM
03/02/2020: tornado drill, unknown number of residents and staff, 9:30 AM
04/14/2020: fire drill, recorded, "all shifts" at 6:00 PM
06/23/2020: fire drill, recorded, "1st shift" at 11:20 AM
08/20/2020: fire and tornado drill, recorded, "all shifts" at 6:15 PM and 6:30 PM
11/10/2020: fire drill, recorded, "all shifts" at 7:00 PM
02/24/21: tornado drill, 4 staff members, 4 residents at 3:10 PM

On 4/29/21 at 3:43 PM by electronic interview, when asked about the number of staff and residents who participated in the drills, operator stated "I would have to find specific names for all

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S5205	Continued From page 4	S5205		

these times. We have never had to keep record of that or been asked for how many staff and residents."

On 04/20/21 at 5:00 PM, surveyor informed operator of immediate jeopardy for failure to ensure sufficient staff in the facility at all times for safe evacuation of residents requiring assistance of two staff.

On 4/20/21 at 5:42 PM operator provided a signed and notarized witness statement:
"Per our staffing schedule, there is overlap from first shift (7 AM-7 PM) and second shift (7 PM- 7 AM). We have a second staff member stay until all residents are in bed for evening. This staff member may be a CNA/CMA or RN (registered nurse). The second staff member is here until 8:30/9:00 PM. The second shift arrives at 7:00 PM. From 8:30/ 9:00 PM until 7:00 AM, there is one staff member on premises. We have 2 residents that are 2- person assist to transfer. We have 2 residents that are 1- person assist as well."

The operator failed to ensure the provision of sufficient staff to take all residents to safety in the event of an emergency/evacuation on the night shift. The current roster included two residents who required two staff to assist with transfer, and two residents who required one staff to assist with transfer. The current staff schedule included one staff member on duty overnight from 9:00 PM to 7:00 AM daily.

This failure placed residents in this facility in immediate jeopardy for harm, injury or death.

Jeopardy was removed on 04/20/21 at 5:38 PM when the following was received from operator.

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S5205	Continued From page 5 "Plan for Staffing: 1. As per 04/20/21, to ensure 2-person staffing from 9:00 PM - 8:00 AM, owner/ DON will be on premises as a second staff member. The regularly scheduled CNA is (certified staff #H). 2. 04/21/21, (certified staff #F) is scheduled at 7:00 AM. (Licensed nurse #C) will be in at 8:00 AM to relieve owner/ DON. This ensures 2 staff members at all times." On 04/21/21, the operator provided an amended plan: "1. Staffing has been adjusted to have 2 staff at all times, specifically overnight. A sleeper position has been instated from 9:00 PM to 8:00 AM. Currently, we have (certified staff #I and operator/CNA) on schedule for the next 3 weeks. 2. Operator and owner/DON need to discuss further to utilize a sleeper position long-term or hire another staff member to fill shortage. Our schedule has been updated through May 8th, 2021. (Copy of scheduled attached)."	S5205		
S5230 SS=E	26-42-207 (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; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		

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S5230	Continued From page 6 This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207 (c) The facility reported a census of 7 residents. The sample included 3 residents, 1 focus record review, 1 closed record review resident and review of 5 employee records. Based on interview and record review of 1 (#219) of 3 residents and 2 of 5 employee records, 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. Findings included: - Review of resident #209's record revealed she admitted to the facility on 02/08/21 and the record lacked evidence of completion of a TB (tuberculosis) questionnaire upon admission. - Review of 5 newly hired employee file revealed the following: Certified staff #D hired onto the facility on 10/12/2020. A one-step TB skin test dated 10/28/2020 obtained from facility. Staff #D's record lacked evidence of TB testing within 7 days of hire. Certified staff #F hired onto the facility on 10/06/2020. A one-step TB skin test dated 11/19/19 obtained from facility. Staff #F's record lacked evidence of TB testing within 7 days of hire.	S5230		

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S5230	Continued From page 7 Interview on 04/21/21 at 3:13 PM with licensed nurse #C confirmed resident #209 did not have a TB symptom screen completed upon admission. During an electronic interview on 04/29/21 at 12:56 PM, operator confirmed certified staff #D and #F had a one-step TB skin test but not a second step (both one-steps were past 7 days of hire). Facility policy obtained on 04/22/21 titled, "Tuberculosis Testing" recorded, "Each new resident or new employee shall receive a two-step tuberculin test within 7 days of residency or employment unless one of the following conditions is met: 1. The new resident or employee provides documented evidence of a previous positive skin test result or a positive BAMT, including the date the skin test was administered or lab test was drawn, the test result, the findings of the chest x-ray and the Dr.'s documentation confirming that the individual does not have active TB. 2. The new resident or employee provides evidence of an anterior-posterior and lateral view chest x-ray done within the last six months and physician documentation confirming the individual does not have active TB and the resident or employee is asymptomatic. Additional x-rays are not required unless the resident or employee has symptoms of tuberculosis (such as weight loss, cough and fever). 3. The new resident refuses the TB skin test or skin testing is not appropriate due to changes in the resident's skin and the resident has had an examination by a Dr., PA or ARNP, including anterior-posterior and lateral view chest x-ray within 7 days of admission. 4. The new resident or employee provides	S5230		

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S5230	Continued From page 8 satisfactory documentation of receiving a 2 step skin test within 6 months prior to the employment that read NOT POSITIVE. 5. If a new employee provides satisfactory documentation of receiving a single step TB test within the last 6 months that read NOT POSITIVE, the employee shall only receive a single skin test administered within 7 days of employment. Facility policy obtained on 04/22/21 titled, "Symptom Screen Review and Follow-Up Testing" recorded, "Each resident/ employee shall have an annual TB symptom screen that includes completion of the symptom screen review questionnaire." 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.	S5230		
S5300 SS=J	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	S5300		

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S5300	Continued From page 9 medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The facility reported a census of 7 residents. The sample included 3 residents, 1 focused review resident and 1 closed record review resident. Based on interview and record review, for 1 sampled resident who received insulin (#117), the operator failed to ensure medication aides did not administer medication through the parenteral route. This failure placed residents #117 in immediate jeopardy for harm, injury or death. Findings included: Resident roster obtained on 04/20/21 at 4:10 PM from licensed nurse #C recorded 1 resident received insulin by injection (#117). - Record review for resident #117 recorded admission date of 03/07/2020 with diagnoses of Type II Diabetes Mellitus, dementia, heart failure and atrial fibrillation. Current Functional Capacity Screen (FCS) dated 12/31/2020 recorded resident unable to perform (3) management of medications and treatments. Resident assessed with impaired long-term memory, short-term memory, memory recall and decision making. Negotiated Service Agreement (NSA) dated 03/09/2020 recorded, "Staff will administer	S5300		

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medications" and "Management of Medical Treatments- Staff, Home Health" and further recorded, "Insulin- Grace Cottage." The NSA lacked documentation of resident will inject own insulin.

Health Care Service Plan (HCSP) dated 03/07/2020 recorded. "Staff will administer medications."

The medical record lacked an assessment of resident's ability to self-inject insulin.

April 2021 MAR (medication administration record) recorded the following injectable medications:

Basalgar 100 units/ mL (milliliter) Kwikpen Lantus Solostar 100 units/mL inject 4 units subcutaneously every morning (scheduled at 8:00 AM), hold if fasting blood sugar less than 80, for diabetes.
Recorded as administered by owner/DON (Director of Nursing), licensed nurse #C and by CMAs (Certified Medication Aides) #D and #E.

Basalgar 100 units/ mL (milliliter) Kwikpen Lantus Solostar 100 units/mL inject 25 units subcutaneously at bedtime (scheduled for 8:00 PM), hold if fasting blood sugar less than 80, for diabetes.
Recorded with initials as administered by owner/DON, licensed nurse #C and by CMAs #D and #E.

Exceptions for daily administrations documented on April 2021 MAR:
04/06/21 8:00 AM: Lantus 100 units/ mL kwikpen; reason: resident refused, accucheck 99, licensed nurse #C

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04/12/21 8:00 AM: Lantus 100 units/ mL kwikpen; reason: held per physician order, accucheck 71, owner/DON

Review of personnel record for CMA #D recorded hire date of 10/12/2020. The personnel record included a document titled "Insulin Administration with Pen Device Competency Test" signed by CMA #D and Owner/ DON (Observation completed by), on 10/14/2020.

Review of personnel record for CMA #E recorded hire date of 10/20/19. The personnel record included a document titled "Insulin Administration with Pen Device Competency Test" signed by CMA #E and Owner/ DON (Observation completed by), on 01/29/2021.

On 04/20/21 at 4:23 PM, licensed nurse #C confirmed resident #117 received insulin and stated the licensed nurse or CMA's inject insulin using insulin pens. At 4:28 PM, licensed nurse #C explained the process of a CMA administering an insulin pen per surveyor request. Licensed nurse #C stated the CMA's dial the insulin pen after they prep and prime the pen, rub alcohol on the site and then inject resident with insulin.

On 4/20/21 at 4:29 PM, surveyor informed licensed nurse #C per regulation CMA's not allowed to inject parental medications (insulin).

On 4/20/21 at 4:36 PM, surveyor informed operator and licensed nurse #B of immediate jeopardy related to CMAs injecting insulin. Surveyor requested written/notarized plan from operator and witness statement from licensed nurse #C.

For resident #117 the operator failed to ensure

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certified medication aides did not administer medication through the parenteral route when the CMA administered insulin to the resident. This failure placed the resident in immediate jeopardy for harm, injury or death.

On 4/20/21 at 5:24 PM licensed nurse #C provided a signed/notarized witness statement with the following: "CMAs witnessed dialing up the accurate amount of insulin on insulin pen. CMAs don gloves. Prime needle with 2 units insulin. CMAs then clean skin with alcohol pad and let site dry. CMAs then inject resident with correctly verified number of units. CMAs hold pen in place for 10 seconds before removing needle. Needle disposed of in sharps box."

For resident #117 who received insulin, the operator's continued failure to ensure medication aides did not administer medication through the parenteral route, allowed #117 to remain in immediate jeopardy for harm, injury or death.

On 4/22/21, obtained facility's "Hypo/Hyper Glycemic Reactions" policy which recorded: "5. If blood sugar is above 300, notify physician."

On 4/22/21, obtained facility's "Administering Insulin" policy which recorded: "Resident will have to complete a self-administration test done by a licensed nurse to be able to give own insulin. Resident must be watched during administration of insulin and site documented in medication record. Resident must be able to give insulin subcutaneously to self via an insulin pen or syringe. If an insulin pen is used, the resident must be able to turn dial to correct number of units being administered per order;
OR:
After being trained and observed, the nurse can

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GRACE COTTAGE, LLC	531 N. CRESTLINE 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
S5300	Continued From page 13 delegate a CMA to: -put the needle on the pen -prime the pen -prep the area for injection -dial the pen, then -HAND THE PEN OVER to the resident to self-administer insulin shot." The facility failed to adhere to facility policy. On 4/20/21 at 5:38 PM, the jeopardy was removed when operator presented a plan to address the issues of certified staff administering insulin, which stated the following: 1.) CMAs are able to dial insulin pen, but not inject. CMAs are working 3-4 days/shifts per week. A licensed nurse will be on duty to administer insulin pen. 2.) A licensed nurse is on-call during CMA shift. The on-call nurse will be required to be on premises to administer insulin pen. 3.) As per 04/20/21, (licensed nurse #C) will be administering insulin pen to resident (#117) before exiting shift at 8:00 PM. (Licensed nurse #C) will also be on shift on 04/21/21 to administer pen. On 04/21/21, the operator provided an amended plan: 1.) Staffing has been adjusted, effective 04/21/21, to ensure licensed nurses are here daily to administer insulin pen. (Licensed nurses include Licensed nurse #C and Owner/DON #A). 2.) Schedule has been updated through May 8, 2021. (Copy of schedule attached to plan.)	S5300		