Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N078009	A. BUILDING: _____ B. WING _____	C 01/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUHLER SUNSHINE HOME	400 S BUHLER ROAD BUHLER, KS 67522

(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
S 000	INITIAL COMMENTS The following citations represent the findings of a survey for re-licensure with attached complaints #36645 and #55909 conducted on 01/26/2021, 01/27/2021 and 01/28/2021 at the above-named assisted living facility in Buhler, KS.	S 000		
S3085 SS=D	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: 26-41-202 (a) (2) The census equaled 28 the sample included 3 Residents and 2 non-sampled residents. Based on interviews and reviews of records, for 1 of 3 sampled (#127) the Administrator failed to ensure the negotiated service agreement (NSA) included identification of the provider of each service.	S3085		

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

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S3085	Continued From page 1 Findings included: - Review of record revealed #127 admitted to facility 09/22/2020 with diagnosis of Parkinson's, Anemia, Anxiety and Hypertension. Current functional capacity screen dated 09/22/2020 assessed #127 in need of physical assistance with bathing, management of medications and treatments. The current negotiated service agreement (NSA) dated 09/22/2020 indicated resident #127 was receiving physical therapy and occupational therapy services by outside provider. The NSA lacked identification of the outside provider. Interview on 01/27/2021 at 2:50pm with facility Nurse #B confirmed that the NSA lacked documentation of identification of the provider of the service. The Administrator failed to ensure the NSA for #127 included the provider of each service.	S3085		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S3155		

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S3155	Continued From page 2 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (d) The facility reported a census of 28 residents. The sample included 3 residents and 2 non-sampled residents. Based on record review and interview for 1 (#129) sampled resident and 2 non-sampled residents (#130 and #131) requiring health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement (NSA) Findings included: - Record review for resident #129 recorded admission date of 08/30/2018 with diagnoses of Parkinson's, Anemia, History of Asthma and Atrial fibrillation. Functional Capacity Screen dated 08/31/2020 recorded resident required physical assistance with bathing, dressing, management of medications and treatments. Health care service plan (HCSP) dated 08/31/2020 recorded facility staff to provide physical assistance with bathing, dressing and CMAs (certified medication aides) and licensed nurses to administer medications. For sampled resident #129 and non-sampled residents #130 and #131 the HCSP lacked entry for residents use of a bed cane. Interview on 01/27/2021 at 2:50pm with licensed nurse #B confirmed sampled resident #129 and non-sampled residents #130 and #131 have a bed cane, and HCSP lacked entry	S3155		

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S3155	Continued From page 3 for residents use of a bed cane. On 01/28/2021 Nurse #B stated that facility did not have a policy for bed rails and bed canes. For residents requiring health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S3155		
S3215 SS=D	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	S3215		

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S3215	Continued From page 4 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: K.A.R. 26-41-205(h) The census equaled 28 the sample included 3 Residents. Based on observations, interviews, and review of records, licensed nurses and medication aides failed to ensure tuberculosis (TB) solution stored in accordance with manufacturer's recommendations to discarded 30 days after open. Findings included: - By observation on 01/27/2021 at 11:40am, in the medication storage room refrigerator of facility, the current in use vial of TB solution with a recorded "date opened" as 8/15/20. By review the TB package included manufacture's directive to discard 30 days after initial use of vial. By interview on 01/27/2021 at 11:40am Nurse #B confirmed vial opened date. Nurse #B confirmed nursing staff administer TB tests in facility and confirmed the last documented date of administration from vial was 08/28/2020. The facility licensed nurses and medication aides	S3215		

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S3215	Continued From page 5 failed to ensure TB solution was stored in accordance with manufacturer's recommendations to discarded 30 days after open.	S3215		