STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087210	A. BUILDING: _____ B. WING _____	R 03/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD SENIORS, LLC	1226 S BYRON ROAD WICHITA, KS 67209

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{S 000}	INITIAL COMMENTS The following citations represent the findings of the special revisit for CMP (civil money penalty) 20-11 conducted on 03/12/2020 and 03/17/2020.	{S 000}		
{S5300} SS=E	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 medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The facility reported a census of 3 residents. The sample included 3 residents and all 3 received facility management of their medications. Based on record review and interview the operator/licensed nurse A failed to ensure 2 of 3 sampled residents (#2089 and #2367) received medications and biologicals in accordance with a medical care provider's written order and according to professional standards of practice.	{S5300}		

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

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{S5300}	Continued From page 1 Findings included: - Record review on 03/12/2020 for resident #2089 revealed she admitted to the facility on 05/17/17 with diagnoses of ischemic cardiomyopathy, ASHD (arterial sclerotic heart disease) with a bypass graft, depression and muscle weakness. The functional capacity screen (FCS) dated 05/15/19 identified the resident with short-term memory deficit and impaired decision making. She lacked the ability to manage her medications and treatments. The negotiated service agreement (NSA) dated 05/15/19 included licensed nurse/certified medication aide (CMA) were to administer medications and treatments. The NSA had amendments dated -7/25/2019 for start of home health services, 09/28/2019 about a diet change and staff monitoring the resident's blood sugar with nurse administration of Trulicity injection and 01/15/2020 which indicated home health services ended. The health service plan dated 05/17/2019 directed facility staff to administer the resident's medications and treatments. Review a medical care provider visit note electronically signed and dated 02/28/2020 revealed a medication order list. The medications listed failed to include directions of the dose, route, and frequency for the following medications: Aspirin 81 milligrams (mg) Atorvastatin 20 mg Betamethasone Valerate 0/1% topical cream	{S5300}		

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{S5300}	Continued From page 2	{S5300}		

Bumetanide 0.5 mg tablet
Bumetanide 1 mg tablet
Carbidopa 10 mg-levodopa 100 mg tablet
Carbidopa 25 mg-levodopa 100 mg tablet
Carvedilol 3.125 mg tablet
Celecoxib 100 mg capsule
Cyclobenzaprine 5 mg tablet
Diclofenac 1% topical gel
Diclofenac 3% topical gel
Donepezil 5 mg tablet
Duloxetine 30 mg capsule, delayed release
Famotidine 20 mg tablet
Fluticasone propionate 50 micrograms (mcg)/actuation nasal spray
Gabapentin 300 mg capsule
Levothyroxine 20 mcg tablet
Lisinopril 2.5 mg tablet
Memantine 10 mg tablet
MiraLAX 17 grams oral powder packet
Montelukast 10 mg tablet
Mucinex 600 mg tablet, extended release
Nitroglycerin 0.4 mg sublingual tablet
Nystatin 100,00 unit/gram topical cream
Nystop 100,000 unit/gram topical powder
Pantoprazole 40 mg tablet, delayed release
Polyethylene glycol (MiraLAX) 17 grams oral powder
Sennosides 8.6 mg-docusate sodium 50 mg tablets
Suprax 400 mg capsule
Trazadone 100 mg tablet
Trazadone 50 mg tablet
Ventolin HFA 90 mcg/actuation aerosol inhaler

The above orders from 02/28/2020 were compared to the March 2020 medication administration record (MAR) which included directions for dose, route and times of administration for most of the medications listed above. Licensed nurse/operator A on 03/12/2020

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{S5300}	Continued From page 3	{S5300}		

at 12:30 PM reported she used the directions from previous orders. The March 2020 MAR had the following medications listed with no written order from a medical care provider: Prednisone 10 mg tablet by mouth every day and Refresh classic eye drops 1 drop in both eyes 4 times a day - both were initialed as administered by licensed nurse/operator A every day between 03/01/2020 and 03/11/2020. Amoxicillin 875 mg 2 by mouth 20-30 minutes prior to dental procedures PRN (as needed) and initialed as given by licensed nurse/operator A on 03/05/2020. Loperamide 2 mg take 2 capsules by mouth initially then 1 after each loose stool PRN and initialed as given by licensed nurse/operator A on 03/11/2020. Excedrin (no strength) 2 tablets by mouth PRN for headache.

During an interview on 03/12/2020 at 12:30 PM with licensed nurse/operator A she reported receiving the signed orders on 02/28/2020 and when she compared them to the February 2020 MAR, she noticed the orders did not have directions and they failed to match the MAR. She reported calling the medical care provider about the discrepancies but did not discuss each medication to get a verbal phone order clarification. She said she told the medical care provider she would write it out and fax it over. She provided handwritten telephone orders dated 03/01/2020 which were not signed by a medical care provider. She confirmed the most current signed orders were those dated 02/28/2020 which failed to have the dose, route and times of administration as well as those items on the MAR which she failed to have an order to administer.

The operator/licensed nurse A failed to ensure resident #2089 received medications and biologicals in accordance with a medical care

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{S5300}	Continued From page 4 provider's written order and according to professional standards of practice. - Record review on 03/12/2020 at 12:02 PM for resident #2367 revealed she admitted to facility on 08/03/17 with diagnoses of anxiety, atrial fibrillation, coronary artery disease, dementia, partial complex seizures, hypertension, cerebral vascular accident (CVA-stroke) and depression. The functional capacity screen (FCS) dated 07/25/19 failed to identify the resident's cognitive status. The FCS indicated she could not perform management of her medications and treatments were not indicated (blank). Negotiated service agreement (NSA) dated 01/18/2020 included services of a licensed nurse/certified medication aide (CMA) to administer medications and treatments. The record included an amendment dated 01/25/2020 to stop home health services. The health service plan dated 07/25/2019 directed staff to administer the resident's medications. Review a medical care provider visit note electronically signed and dated 02/28/2020 revealed a medication order list. Comparison of this list to the March 2020 medication administration record (MAR) revealed the following discrepancies: Acidophilus capsules 1 every day by mouth - did not appear on the March 2020 MAR Diphenhydramine 25 mg tablet by mouth every 8 hours - did not appear on the March 2020 MAR Kenalog 0.1% topical cream apply a thin layer to the affected area(s) by topical route 2 times per	{S5300}		

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{S5300}	Continued From page 5 day - did not appear on the March 2020 MAR Mometasone 0.1 % topical solution apply a few drops to the affected area(s) topical route once a day - did not appear on the March 2020 MAR Vitamin B-12 500 micrograms (no directions for when to take) - did not appear on the March 2020 MAR Ventolin HFA 90 micrograms/actuation aerosol inhaler appeared on the signed orders but the March 2020 MAR had it marked as discontinued on 03/01/2020 The March 2020 MAR included an entry for acetaminophen (Tylenol) 500 mg take 1 tablet by mouth 2 times a day PRN - did not appear on the signed orders dated 02/28/2020 During an interview on 03/12/2020 at 12:55 PM with licensed nurse/operator A she reported receiving the signed orders on 02/28/2020 and when she compared them to the February 2020 MAR, she noticed the orders failed to match the current MAR. She reported calling the medical care provider about the discrepancies but did not discuss each medication to get a verbal phone order clarification. She said she told the medical care provider she would write it out and fax it over. She provided handwritten telephone orders dated 03/01/2020 which were not signed by a medical care provider. She confirmed the most current signed orders were those dated 02/28/2020. The operator/licensed nurse A failed to ensure resident #2367 received medications and biologicals in accordance with a medical care provider's written order and according to professional standards of practice.	{S5300}		

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{S5315}	Continued From page 6	{S5315}		
{S5315} SS=D	26-42-205 (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 home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home 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 home. (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 26-42-205 (h)(4)	{S5315}		

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{S5315}	Continued From page 7 The facility reported a census of 3 residents. The resident roster identified the facility managed medications for all residents. Based on observation, record review, and interview the operator failed to ensure medications were not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration for 1 of 3 sampled residents (#2367). Findings included: - During the initial tour on 03/12/2020 at 9:43 AM, operator/licensed nurse A opened the only medication cart. Observation revealed the following expired medications remained accessible to staff for administration: For resident #2367 - an open bottle of Nystop (nystatin powder-antifungal) with an expiration date on the pharmacy label of 06/26/19, an open bottle of Debrox ear drops with the manufacture expiration date of 02/17/2020 and an open bottle of Camphor phenique gel with a pharmacy expiration date of 09/06/19. Interview on 03/12/2020 at 9:58 AM with licensed nurse/operator A confirmed the above-named medications remained in the medication cart and accessible to staff for administration beyond the manufacture or pharmacy recommend expiration date. The operator failed to ensure medications were not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration.	{S5315}		