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	B076002	A. BUILDING: _____ B. WING _____	02/06/2020

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SOUTH WIND HOME	496 YUCCA LANE PRATT, KS 67124

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named Home Plus facility conducted on 2-5,6-2020.	S 000		
S 230 SS=E	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(b) The facility reported a census of 11 residents and the sample included 3 residents and 3 focused record reviews. Based on record review and interview for 3 (#250, #251and #252) of 3 sampled residents, the operator failed to ensure at the time of admission facility staff informed the	S 230		

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

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S 230	Continued From page 1	S 230		

resident or the resident's legal representative, in writing, of the state statutes related to advanced medical directives.

Findings included:

- Review of resident #250's medical record revealed the resident admitted to the facility on 8-14-2017 with diagnoses of congestive heart failure, insulin dependent diabetes mellitus, hypertension, hypothyroid, and peripheral neuropathy.

Review of the resident's admission agreement dated 1-1-2019 and other admission paperwork lacked evidence of staff informing the resident or the resident's legal representative in writing of the state statutes related to advanced medical directives.

- Review of resident #251's medical record revealed the resident admitted to the facility on 1-6-2020 with diagnoses of diabetes mellitus type 2, hypertension, congestive heart failure and macular degeneration.

Review of the resident's admission agreement dated 1-6-2020 and other admission paperwork lacked evidence of staff informing the resident or the resident's legal representative in writing of the state statutes related to advanced medical directives.

- Review of resident # 252's medical record revealed the resident admitted to the facility on 5-20-2019 with diagnoses of congestive heart failure, diabetes mellitus, osteoarthritis, and dementia.

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S 230	Continued From page 2 Review of the resident's admission agreement dated 5-20-2019 and other admission paperwork lacked evidence of staff informing the resident or the resident's legal representative in writing of the state statutes related to advanced medical directives. Review of the admission packets for the operator and nurse provided by operator A on 2-6-2020 at 8:12 AM revealed neither packet included information on informing the resident or legal representative in writing of the state statutes related to advance medical directives. During an interview on 2-6-2020 at 9:12 AM operator A stated the advanced directives information should be in the nurses packet on admission. Operator A looked through the information and confirmed it did not include review of advanced medical directives. The operator failed to ensure at the time of admission, facility staff informed the resident or the resident's legal representative, in writing, of the state statutes related to advanced medical directives.	S 230		
S5080 SS=F	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form	S5080		

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S5080	Continued From page 3 developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(b) The facility reported a census of 11 residents. The sample included 3 residents and 3 focused record reviews. Based on record review and interview for all residents, the Operator failed to ensure a licensed nurse assessed any resident whose functional capacity screening indicated the need for health care services. Findings included: - Review of resident #250's medical record revealed the resident admitted to the facility on 8-14-2017 with diagnoses of congestive heart failure, insulin dependent diabetes mellitus, hypertension, hypothyroid, and peripheral neuropathy. Review of the resident's functional capacity screen dated 1-14-2020 indicated the resident would require health care services and lacked the signature of a licensed nurse. - Review of resident #251's medical record	S5080		

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S5080	Continued From page 4 revealed the resident admitted to the facility on 1-6-2020 with diagnoses of diabetes mellitus type 2, hypertension, congestive heart failure and macular degeneration. Review of the resident's functional capacity screen dated 1-6-2020 revealed the resident would require health care services and lacked the signature of a licensed nurse. - Review of resident # 252's medical record revealed the resident admitted to the facility on 5-20-2019 with diagnoses of congestive heart failure, diabetes mellitus, osteoarthritis, and dementia. Review of the resident's functional capacity screen dated 1-13-2020 revealed the resident would require health care services and lacked the signature of a licensed nurse. During an interview on 2-6-2020 Operator A reported she completed all of the functional capacity screens upon admission and did not realize a licensed nurse had to review/assess the residents whose functional capacity screen indicated the need for health care services. The operator failed to ensure a licensed nurse licensed nurse assessed any resident whose functional capacity screening indicated the need for health care services.	S5080		
S5210 SS=E	26-42-104 (b) Written Emergency Plan b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential	S5210		

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S5210	Continued From page 5 emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(b) The facility reported a census of 11 residents. Based on interview and record review the operator failed to ensure the emergency management plan included a detailed written plan to manage potential emergencies which included flood and natural gas leak. Findings included: - Review of the full emergency management plan provided by the operator on 2-5-2020 at 11:50 AM revealed the plan did not include flood or natural gas leak. During an interview on 2-5-2020 at 11:51 AM the operator reported a plan for flood was in with what is reviewed with residents on admission but confirmed it was not included in the main disaster manual. The operator failed to include flood and natural gas leak in their written emergency management plan.	S5210		

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S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' 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. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of 11 residents. Based on interview and record review the operator failed to provide quarterly reviews of the home's emergency management plan with employees and residents which had the potential to affect all residents. Findings included: - Observation on 2-5-2020 at 10:53 AM of the review of the emergency management plan for residents and staff provided by Operator A revealed areas of the disaster plan were reviewed 1-2 times per year with residents and staff both.	S5215		

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S5215	Continued From page 7 During an interview on 2-5-2020 at 11:50 AM Operator A reported she thought the areas only needed to be reviewed annually and not quarterly. The Operator failed to conduct quarterly reviews of the homes emergency management plan with residents and staff which would affect all residents.	S5215		
S5265 SS=E	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(a)(1) The facility reported a census of 4 residents and 1 day care resident. The sample included 3	S5265		

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S5265	Continued From page 8	S5265		

residents and 3 focused record reviews. Based on observation, interview and record review, the operator failed to ensure designated staff completed a self-administration medication assessment for 1 (#250) of 3 sampled residents and 2 (#254 and #255) of 3 focused record reviews before the resident initially began self-administration of medications, and annually.

Findings included:

- Review of resident #250's medical record revealed the resident admitted to the facility on 8-14-2017 with diagnoses of congestive heart failure, insulin dependent diabetes mellitus, hypertension, hypothyroid, and peripheral neuropathy.

Review of the resident's functional capacity screen dated 1-14-2020 re revealed the resident was unable to manage his/her medications and had no cognitive deficit.

Review of the negotiated service agreement dated 1-14-2020 revealed staff were to perform administration of medications and staff set up the resident's insulin pen and the resident self-injected the ordered dosage.

Review of the residents self-medication administration assessment dated 5-10-2018 included self administration of Miralax, Tylenol and self injection of insulin. The record lacked an assessment coupled in 2019 for an annual review.

Observation on 2-5-2020 at 12:08 PM the resident had a box of Miralax packets on table beside her recliner and Cortizone 10 cream and clobetasol cream in her bathroom.

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- Review of resident #254's medical record revealed the resident admitted to the facility on 10-7-2019 with diagnoses of hemorrhoids and stomach pain.

Review of the functional capacity screen dated 1-13-2020 revealed the resident could not manage her own medications or treatments and did not have any cognitive impairment.

Review of the resident's negotiated service agreement dated 1-13-2020 revealed staff performed medication management 7 days per week.

Review of the resident's medical record lacked an assessment related to self administration of medications.

Observation on 2-5-2020 at 2:57 PM the resident had a bottle of Tums in a basket by her recliner.

During an interview on 2-5-2020 at 2:57 PM the resident reported she had some prescription hemorrhoid cream she did herself and the Tums she took herself when needed.

The operator failed to ensure a licensed nurse completed a self -medication administration assessment for the resident prior to the beginning of the resident self-administering her medications.

- Review of resident #255's medical record revealed the resident admitted to the facility on 9-15-15 with a diagnosis of reflux disease.

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S5265	Continued From page 10 Review of the resident's functional capacity screen dated 1-14-2020 revealed the resident was not able to manage his own medications or treatments. and had no cognitive impairment. Review of the residents negotiated service agreement dated 1-14-2020 revealed staff would manage the residents medications except he could self administer his vitamins. Review of the resident's record revealed a self-medication administration assessment dated 5-10-2018 that noted the resident could self administer vitamins, medicated foot powder and an ointment. During an interview on 2-5-2020 at 3:10 PM the resident reported the only medication he took himself is what the staff left for him in the mornings. Staff left a capsule in a little cup that was for his stomach and he took it when he woke up in the mornings. He stated he had the Biofreeze for a sore back/rib area. Observation on 2-5-2020 at 3:10 PM revealed a bottle of Biofreeze on the table beside the resident's recliner. During an interview on 2-5-2020 at 2:22 PM licensed nursing staff B reported she had completed the self-medication administration assessments but thought they only needed to be done once a year. The operator/licensed nurse failed to ensure staff completed a self-medication administration assessment for 3 residents who self-administered some of their medications.	S5265		

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S5286	Continued From page 11	S5286		
S5286 SS=E	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The facility reported a census of 11 residents. The sample included 3 residents and 3 focused record reviews. Based on observation, interview and record review the operator failed to ensure designated staff completed the negotiated service agreement to reflect who is responsible for the administration and management of selected medications for 1 (#250) of 3 sampled residents and for 2 (#254 and #255) of 3 focused record reviews who chose to self-administer specific medications. Findings included: - Review of resident #250's medical record revealed the resident admitted to the facility on 8-14-2017 with diagnoses of congestive heart failure, insulin dependent diabetes mellitus, hypertension, hypothyroid, and peripheral neuropathy. Review of the resident's functional capacity	S5286		

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S5286	Continued From page 12	S5286		

screen dated 1-14-2020 re revealed the resident was unable to manage his/her medications and had no cognitive deficit.

Review of the negotiated service agreement (NSA) dated 1-14-2020 revealed staff were to perform administration of medications and staff set up the resident's insulin pen and the resident self-injected the ordered dosage. The NSA failed to identify the resident self-administered her Miralax, Cortizone 10 cream, and her Clobetasol cream.

Observation on 2-5-2020 at 12:08 PM the resident had a box of Miralax packets on table beside her recliner and Cortizone 10 cream and Clobetasol cream in her bathroom.

- Review of resident #254's medical record revealed the resident admitted to the facility on 10-7-2019 with diagnoses of hemorrhoids and stomach pain.

Review of the functional capacity screen dated 1-13-2020 revealed the resident could not manage her own medications or treatments and did not have any cognitive impairment.

Review of the resident's negotiated service agreement (NSA) dated 1-13-2020 revealed staff performed medication management 7 days per week. The NSA did not identify what medications the resident self administered, (Tums and hemorrhoid cream).

Review of the resident's medical record lacked an assessment related to self administration of medications.

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S5286	Continued From page 13 Observation on 2-5-2020 at 2:57 PM the resident had a bottle of Tums in a basket by her recliner. - Review of resident #255's medical record revealed the resident admitted to the facility on 9-15-15 with a diagnosis of reflux disease. Review of the resident's functional capacity screen dated 1-14-2020 revealed the resident was not able to manage his own medications or treatments. and had no cognitive impairment. Review of the residents negotiated service agreement (NSA) dated 1-14-2020 revealed staff would manage the residents medications except he could self administer his vitamins. The NSA did not include the resident administration of Biofreeze Observation on 2-5-2020 at 3:10 PM revealed a bottle of Biofreeze on the table beside the resident's recliner. The operator failed to ensure designated staff completed the negotiated service agreement to reflect who is responsible for the administration and management of selected medications for 3 resident who self-administered some of their medications.	S5286		
S5301 SS=E	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared;	S5301		

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S5301	Continued From page 14 (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)(3)(C) The facility reported a census of 11 residents. The sample included 3 residents and 3 focused record reviews. Based on observation, interview and record review the Operator failed to ensure a licensed nurse or medication aide remained with the resident until the medication was ingested or applied for 1 (#250) of 3 sampled resident and 1(#255) 3 focused record reviews. Findings included: - Review of resident #250's medical record revealed the resident admitted to the facility on 8-14-2017 with diagnoses of congestive heart failure, insulin dependent diabetes mellitus, hypertension, hypothyroid, and peripheral neuropathy. Review of the resident's functional capacity screen dated 1-14-2020 re revealed the resident was unable to manage his/her medications and	S5301		

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S5301	Continued From page 15	S5301		

had no cognitive deficit.

Review of the negotiated service agreement dated 1-14-2020 revealed staff were to perform administration of medications and staff set up the resident's insulin pen and the resident self-injected the ordered dosage.

Review of the residents February medication administration record (MAR) revealed the resident the resident received Alendronate 80 mg 1 tablet at "Morn" and L-Thyroxine 0.150 mg 1 tab at "Morn".

Observation on 2-5-2020 at 12:08 PM observation revealed a paper medication administration cup with a whit pill and a blue pill in it.

During an interview on 2-5-2020 at 12:10 PM certified staff C reported they were probably her HS (hour of sleep) medications. When certified staff C compared the medications with what was in the administration card and the MAR the medications in the cup matched the "Morn" medications.

- Review of resident #255's medical record revealed the resident admitted to the facility on 9-15-15 with a diagnosis of reflux disease.

Review of the resident's functional capacity screen dated 1-14-2020 revealed the resident was not able to manage his own medications or treatments. and had no cognitive impairment.

Review of the residents negotiated service agreement dated 1-14-2020 revealed staff would manage the residents medications except he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B076002	A. BUILDING: _____ B. WING _____	02/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH WIND HOME	496 YUCCA LANE PRATT, KS 67124

(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
S5301	Continued From page 16 could self administer his vitamins. During an interview on 2-5-2020 the resident reported the only medication he took himself is what the staff left for him in the mornings. Staff left a capsule in a little cup that was for his stomach and he took it when he woke up in the mornings. During an interview on 2-6-2020 at 9:10 AM certified staff C reported staff were not supposed to leave medications for the resident to take later in their room. During an interview on 2-6-2020 at 9:16 AM operator reported if the resident was able to take the medication on their own and had no cognitive impairment staff could leave it with the resident and go back and check it later to make sure they took it. The operator failed to ensure a licensed nurse or medication aide remained with the resident until the medication was ingested or applied.	S5301		
S5320 SS=F	26-42-205 (k) Medication Clinical Records (k) Clinical record. The administrator or operator, or the designee, shall ensure that the clinical record of each resident for whom the home manages the resident ' s medication or prefills medication containers or syringes contains the following documentation: (1) A medical care provider ' s order for each medication; (2) the name of the pharmacy provider of the resident ' s choice; (3) any known medication allergies; and (4) the date and the 12-hour or 24-hour clock	S5320		

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S5320	Continued From page 17 time any medication is administered to the resident. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(k) The facility reported a census of 11 residents. The sample included 3 residents and 3 focused record reviews. Based on record review for 3 (#250, #251, #252) of 3 sampled residents, and interview for all residents , the Operator failed to ensure each residents record whom the home managed their medications contained the date and 12 hour / or 24 hour clock time of any medication is administered to the resident. Findings included: - Review of resident #250's medical record revealed the resident admitted to the facility on 8-14-2017 with diagnoses of congestive heart failure, insulin dependent diabetes mellitus, hypertension, hypothyroid, and peripheral neuropathy. Review of the resident's functional capacity screen dated 1-14-2020 re revealed the resident was unable to manage his/her medications and had no cognitive deficit. Review of the negotiated service agreement dated 1-14-2020 revealed staff were to perform administration of medications and staff set up the resident's insulin pen and the resident self-injected the ordered dosage.	S5320		

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S5320	Continued From page 18 Review of the residents February 2020 medication administration record (MAR) included the following medication administration times - morn, AM, Bfst, noon, sup, PM, and HS. The MAR lacked the actual clock time the medication was administered by staff. - Review of resident #251's medical record revealed the resident admitted to the facility on 1-6-2020 with diagnoses of diabetes mellitus type 2, hypertension, congestive heart failure and macular degeneration. Review of the resident's functional capacity screen dated 1-6-2020 revealed the resident could not manage his own medications or medical treatments and had no cognitive deficit. Review of the resident's negotiated service plan dated 1-6-2020 revealed staff would perform medication management for the resident, which included administration of medications. Review of the resident's February 2020 medication administration record (MAR) revealed the following administration times - AM, Noon, and HS. The MAR lacked the actual clock time the medication was administered by staff. - Review of resident # 252's medical record revealed the resident admitted to the facility on 5-20-2019 with diagnoses of congestive heart failure, diabetes mellitus, osteoarthritis, and dementia. Review of the resident's functional capacity screen dated 1-13-2020 revealed the resident could not manage his/her own medications or medical treatments.	S5320		

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S5320	Continued From page 19 Review of the resident's negotiated service agreement dated 1-13-2020 revealed staff would perform management of the resident's medications which included administration of them. Review of the resident's February 2020 medication administration record (MAR) included the following medication administration times - AM and HS. The MAR lacked actual clock times the medications were administered. During an interview on 2-6-2020 at 8:32 AM certified staff C reported the breakfast medications were all supposed to be given before 10:00 AM. She stated each "time" had a specific time frame they had to be given During an interview on 2-6-2020 at 8:34 AM operator A reported there should be a paper with time frames for each flex time. Operator stated they switched from clock time to flexible time for all residents due to residents not wanting to get up at the same time each day. The Operator failed to ensure each residents record whom the home managed their medications contained the date and 12 hour/or 24 hour clock time of any medication is administered to the resident.	S5320		