Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B059006	A. BUILDING: _____ B. WING _____	01/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CARE OF MCPHERSON	1411 DOVER ROAD MCPHERSON, KS 67460

(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 Licensed Resurvey at the above named Home Plus Facility on 01/06/20, 01/07/20, 01/08/20, and 01/09/20 .resulted in the following citations	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) (1) The facility reported a census of 8 Residents. The sample included 3 Residents. Based on record review and interview for 2 (#185 and #187) of 3 sampled, the Operator failed to ensure the implementation of policies and procedures for	S 230		

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

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S 230	Continued From page 1 advanced directives. Findings included: - Review of Resident #185's medical record revealed admission to the facility on 9-16-16 with diagnoses of Alzheimer's, hypertension, hypothyroidism, Dementia, arthralgia, iron deficiency, GERD, history of falling, and postmenopausal. Review of #185's medical record revealed documentation for a Durable Power of Attorney for Health Care/Living Will and a DNR (do not resuscitate) form. By review these forms each lacked signature of the Resident. The DNR form also lacked the signature of the Resident's representative. By interview on 1-8-20 at 11:58 am, Operator/ Registered nurse #G confirmed there was no resident or resident's representative's signature on these advanced directive documents in accordance with facility practice and policy. The Operator failed to ensure the implementation of policies and procedures for advanced directives for #185. - Review of Resident #187's medical record revealed admission to the facility on 11-1-19 with diagnoses of cancer. Review of the #187's medical record revealed documentation for a Durable Power of Attorney for health care decisions and finances and a DNR (do not resuscitate) form. By review the DNR form lacked the signature of	S 230		

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S 230	Continued From page 2 Resident's physician. By interview on 1-8-20 at 11:58 am, Operator/Registered nurse #G confirmed the DNR lacked a physician's signature. The Operator failed to ensure the implementation of policies and procedures for advanced directives for #187.	S 230		
S5325 SS=E	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (l) The facility reported a census of 8 Residents. The Resident roster identified all Residents with facility managed medications. The sample included 3 Residents. Based on record review and interview, the Operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review for 1 (#185) of 3 sampled residents and all non-sampled Residents with facility managed medications at least quarterly.	S5325		

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S5325	Continued From page 3 Findings included: - Review of Resident #185's medical record revealed admission to the facility on 9-16-16 with diagnoses of Alzheimer's, hypertension, hypothyroidism, Dementia, arthralgia, iron deficiency, GERD, history of falling, and postmenopausal. Functional capacity screen (FCS) dated 6-5-19 assessed #185 as "3" (unable to manage medications and treatments). Negotiated service agreement (NSA) dated 6-5-19 revealed the facility staff would manage the Resident's medications. Review of the medication regimen reviews revealed a medication regimen review on 9-27-18, 12-28-18, 3-28-19 and 7/11/19. The medical record lacked a medication regimen review since 7/11/19. Reviews were not completed quarterly as required. Interview on 1-8-20 at 10:46 am with Operator/registered nurse #G confirmed no pharmacist review has been conducted for any Resident since 7-11-19 ... stated prior pharmacist consultant quit in December ... we have a scheduled visit with new consultant on 01-10-20. The Operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review for #185 or any facility Residents at least quarterly.	S5325		