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	N087081	A. BUILDING: _____ B. WING _____	C 10/10/2019

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COLWICH GARDENS, LLC	300 EAST CHICAGO COLWICH, KS 67030

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints (#146014, #142378, #142282) at the above named assisted living facility on 10/8,9,10/2019.	S 000		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 18 residents. The sample included 3 residents and 1 focused review. Based on observations, interview and record review the operator failed to ensusre health care services for 1 (#908) of 3 sampled residents received health care services in accordance with acceptable standards of practice related to wound management,catheter care and infection control. Findings included: -- Review of resident #908's medical record revealed she admitted to the facility on 10-12-13 with diagnoses of hypothyroidism, congestive heart failure, hypertension and chronic pain. The resident's functional capacity screen dated 10-10-18 revealed the resident was unable to perform bathing, dressing, toileting, and transfers. She required physical assistance with mobility	S3171		

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

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and supervision with eating. The resident could not manage her medications or medical treatments. IT also identified the resident had occasional bladder incontinence, has Foley, leaks occasionally.

Review of the resident's Negotiated Service Agreement dated 10-10-18 revealed staff would provide physical assistance with activities of daily living and administer medications and treatments. It included addendums to identify the resident received services from a local Hospice. It identified staff needed to provide catheter care and empty the catheter twice a day. The agreement included addendums when the resident had changes to the type of dressing that Hospice provided for her pressure ulcer dressing. The negotiated service agreement did not include a skin maintenance program to promote healing of current pressure ulcers and the reduction in risk for additional ulcers.

During an observation on 10-8-19 at 12:58 PM certified staff C and certified staff E transferred the resident from her wheelchair to the bed. Staff C took the catheter bag out of the dignity cover and ran it under the wheelchair and laid it on the floor. The spout to the bag came out of the protective holder and laid on the floor where staff had walked. Certified staff C hooked the bag to her shirt pocket and then certified staff E and staff C lifted under the resident's arms and lifter her to standing position and the resident pivoted to her bed. During the transfer the catheter bag remained higher than the resident's bladder. Certified staff C then put the bag on the floor as they laide the resident on the bed. Certified staff C then hung the catheter bag onto the bed frame

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S3171	Continued From page 2	S3171		

and proceeded to provide cares to the resident. Observations of the residents buttock and posterior upper thighs revealed a small open area on the residents right upper buttocks and and area on her left poster upper thigh. Hospice RN proceeded to assess and applied protective ointment to both areas. The resident had a low air loss mattress on her bed and a Roho pressure relieving cushion in her wheelchair. Staff did not provide any catheter care during this interaction.

Observation on 10-8-19 at 3:15 PM the resident lay in bed on her left side and the catheter bag hung on the side of the bed frame. The spout to the catheter bag was not in it's protective holder and laide on the floor beside the bed.

Observation on 10-9-19 at 6:50 AM certified staff D and certified staff F assisted the resident to get out of bed for the day. Certified staff F pulled back the covers and removed the residents heel protectors. Staff F then removed the catheter from the side of the bed and laid it on top of the bed and then lifted it over the resident and put on the opposite side of the bed to roll the resident over. As both certified staff D and certified staff F provided cares each on would lift the catheter bag up over the resident as they rolled her form one side to the other to provide peri care. Certified staff F provided incontinent care to the residents backside and then wiped the front pubic area with 1 wipe, got another wipe and wiped downward between the resident's legs. Staff did not clean the catheter tubing during the process. Certified staff F lifted the catheter off the bed and put it through the leg of the residents pants and then laid it back on the bed. Staff put the mechanical lift sling under the resident, connected it to the lift

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and proceeded to raise the resident up off the bed. Certified staff F had placed the catheter bag on the sling straps which were above the resident's bladder during the transfer. The spout to the catheter was not in it's protective holder during this whole time and touched multiple unclean surfaces. After the resident sat in the chair, certified staff F took the catheter and put it on the floor through the wheelchair legs and then certified staff E put it in the dignity cover. The catheter spout dragged across the floor during this process.

Review of the resident's nurses notes revealed licensed nursing staff B documented monthly that Hospice staff managed the resident's wounds and catheter. The documentation did not include measurements or descriptions of the wound according to standards of practice.

During an interview on 10-9-19 at 7:45 AM certified staff E reported staff were not supposed to let the catheter spout touch anything, had to empty the bag frequently and that the staff had swabs there were supposed to use to clean around the catheter tubing for catheter care.

During an interview on 10-9-19 at 11:15 AM licensed nursing staff B reported staff needed to provide catheter care in the morning when they get her out of bed and in the evening when they put her into the bed. Catheter care should include wiping off the catheter tubing around the insertion site, the spout or bag should not touch the ground and the bag should be kept below the level of the resident's bladder.

During an interview on 10-9-19 at 3:15 PM

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S3171	Continued From page 4 licensed nursing staff B also reported Hospice communicated with her as to how the wound was healing and if there needed to be any changes to the cares. Licensed nursing staff B confirmed she had not measured the wounds and had only documented monthly on them. The operator failed to ensure resident #908 received health care services in accordance with acceptable standards of practice related to wound management,catheter care and infection control.	S3171		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility 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 facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)	S3200		

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The facility reported a census of 18 residents. The sample included 3 residents and 1 focused record review. Based on record reviews and interviews for 2 (#908, #910) of 3 sampled residents and 1 (#911) of 1 focused record review whose medications are managed by the facility, the Operator failed to ensure all medications and biologicals are administered to the residents in accordance with a medical care providers written order and professional standards of practice.

Findings included:

- Review of resident #908's medical record revealed she admitted to the facility on 10-12-13 with diagnoses of hypothyroidism, congestive heart failure, hypertension and chronic pain.

The functional capacity screen dated 10-10-18 revealed the resident unable to manage her own medications or medical treatments.

Review of the Negotiated Service Agreement dated 10-10-18 revealed staff would administer the residents medications.

Review of the residents medication administration record revealed the resident did not receive the following medications as ordered due to not available or waiting for the pharmacy:
June 2019 - Neurontin 100mg tablet for pain on the 12th - Morphine 15 mg for pain on the 20th.
September 2019 - Gabapentin 300 mg for pain on the 26th.

- Review of resident #910's medical record revealed she admitted to the facility on 2-3-19 with

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diagnoses of irritable bowel syndrome, anxiety, hypertension and peripheral neuropathy.

Review of the resident's functional capacity screen dated 1-30-19 revealed the resident could not manage her medications or medical treatments.

Review of the resident negotiated service agreement dated 1-30-19 revealed the facility staff would administer the resident's medications.

Review of the resident's medication administration records (MAR) revealed the resident did not receive the following medications as ordered due to not available or waiting for the pharmacy:
February 2019-Alberta 200 mg for hypertension on the 24th.
March 2019 - Labetalol 200 mg for hypertension the 28th and 29th. Norvasc 5 mg for hypertension on the 2nd and 6th.
July 2019 - Potassium 10 meq supplement on the 20th.
August 2019 - Fish oil 1,000mg omega-3 for supplement on 3rd, 4th, and 5th.

- Review of resident #911's medical recor revealed she admitted to the facility on 2-19-18 with diagnoses of dementia and chronic obstructive pulmonary disease.

Review of the resident's functional capacity screen dated 2-16-19 revealed the resident could not manage her medications or medical treatments.

Review of the residents negotiated service agreement dated 2-16-19 revealed staff would

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S3200	Continued From page 7 administer the resident's medications. An addendum to the negotiated service agreement revealed the resident would get all medications from a local pharmacy except the family would provide over the counter medications. Review of the resident's medication administration records (Mars) revealed the resident did not receive the following medications as ordered due to not available, pharmacy to deliver, or family to deliver: March 2019 - Mucinex ER 600mg 1 tablet twice a day - did not receive from the evening of the 12th to till the morning of the 17th. She also did not receive Namenda 5 mg for dementia on the 24th twice that day and her Xarelto for thrombosis on the 24th. April 2019 - Aspirin 81 mg on the 19th and 20th May 2019 - Aricept 10mg for dementia on the 25th and 26th. June 2019 - Dunne .5mg-3mg/3ml twice a day for pulmonary disease - 4th and 5th, 21st thru the 24th. During an interview on 10-9-19 at 7:45 AM certified staff D reported he/she would check the restock if a medication was not available or ask the other medication aide about it. Staff D reported sometimes they have to wait for the pharmacy to get it. During an interview on 10-9-19 at 7:50 AM certified staff AC reported when a medication is not available staff needed to circle it and write on the back why not given. Staff also need to look and make sure it had been ordered from the pharmacy and can call the pharmacy to check on the medication.	S3200		

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S3200	Continued From page 8 During an interview on 10-9-19 at 11:08 AM licensed nursing staff B reported if a medication is not available the medication aide needed to be investigating why it was not here so it can be delivered and given. Review of the policy provided "Reordering Medications" revealed reordering of medications would be done by a licensed nurse or certified medication aide. The Operator failed to ensure 3 of 5 resident's medications were available for administration as ordered by their medical provider.	S3200		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused,	S3248		

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S3248	Continued From page 9 neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR-26-41-102 (d)(1)(2) The facility reported a census of 18 residents. The sample included 3 residents and 1 focused record review. Based on interview and record review, the operator failed to ensure 1 of 5 certified employee records contained certification verification information that she had passed the medication administration class. This had the potential to affect all residents in the facility. Findings included: - Review of the personal record review form provided by facility director A revealed certified staff D hired to the facility on 8-12-19 as a certified medication aide. Review of certified staff D's employee file revealed she was a certified nurse aide but not a medication aide. The certification/registry check was completed on 8-2-19 and again on 8-19-19 and each one lacked evidence certified staff D was qualified to pass medications. Review of 5 different resident medication administration record revealed certified staff D had signed the back of the MARs and initialed the	S3248		

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S3248	Continued From page 10 front to indicate she had administered medications to those residents. During observation on 10-9-19 at 8:45 AM facility director A checked the registry again and it did not show certified staff D could administer medications. During an interview on 10-9-19 at 8:46 AM facility director A reported certified staff D had passed the medication aide class and the school was having problems getting her name to show up on the registry. The facility director allowed a certified nurse aide D to administer medications without having verification from the registry that she had passed an appropriate medication aide class and could administer medications. This had the potential to affect all residents who received medications from facility staff.	S3248		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used.	S3298		

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S3298	Continued From page 11 (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 18 residents. The operator failed to ensure staff prepared food using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature as evidenced by record review and interview for all residents in the facility. Findings included: - Observation during entrance tour on 10-8-19 at 8:20 AM revealed an open kitchen design with a stove , 2 ovens and microwave with an island in the middle for food prep. Certified staff C was finishing with breakfast and reported the facility checked the temperature of the foods before they were served. Review of the logs for the past 2 weeks revealed staff did not temp any of the breakfast foods including sausage, bacon, and eggs or milk. The record revealed the only foods that staff temped were meat items. Staff did not temp rice, macaroni and cheese or other food items which require temperature control for safety. An interview on 10-8-19 at 10:30 AM certified staff C reported the Director A only wanted certain meat items checked for temperature.	S3298		

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S3298	Continued From page 12 During an interview on 10-8-19 at 11:46 AM Director A reported she thought meats were the only foods that needed to have the temperature taken. Review of the dietary services policy and procedure revealed food will be prepared using safe methods that conserve the nutrient value, flaver, appearance and served at the proper temperature. For all residents, the operator failed to ensure facility staff used safe methods of cooking to ensure foods were served at the proper temperature.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 18 residents. Based on observations and interview the operator failed to ensure designated staff stored all food under safe and sanitary conditions. This had the potential to effect all residents in the facility.	S3299		

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S3299	Continued From page 13 Findings included: - During initial tour of the kitchen on 10-8-19 at 9:25 AM the following food storage concerns were observed: The first refrigerator/freezer in the dry goods storage closet had 3 packages of hamburger thawed on a small tray on the bottom shelf. One of the packages of hamburger was on the bottom of the refrigerator and not on the tray. There was a box of sausage on top of the hamburger and a bag of ham that was partially on the tray beside the hamburger. There was also a plastic bag of chicken breast that was thawing on the same shelving as one of the packages of hamburger. The shelving had red liquid spillage on the it also. The refrigerator also contained 2 containers of half and half and one was opened with about 3/4 used. It had a manufactures day to use thru 10-7-19. The black refrigerator in the kitchen area had a drawer with 5 bags of deli meat (2 bags of turkey, 2 bags of ham and 1 bag of bologna) none of which had a date for it to be "consumed by" or "discarded by" to ensure it was not held for more that 7 days in adequate refrigeration. In another drawer was 2 large bags of sliced ham. One bag had a date of 10-6-19 and the other bag did not have a date on it. The freezer had a container of ice with an ice scoop in it and the handle to the scoop laid in the ice. There was also a lot of ice spilled on the bottom shelf of the freezer as well as "pink" food item that had spilled in the freezer. During an interview on 10-8-19 at 9:45 certified staff C reported she did not know when the deli	S3299		

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COLWICH GARDENS, LLC	300 EAST CHICAGO COLWICH, KS 67030

(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
S3299	Continued From page 14 meats were to be discarded. Staff thought the date of 10-6-19 on the bag of ham was when it was put into the refrigerator. During an interview on 10-8-19 at 10:10 AM licensed nursing staff B reported them meats all needed to have the dates on them and confirmed the freezer needed cleaned out and scoop out of the ice. Review of the dietary services policy and procedures revealed foods that required date marking included foods prepared on site or commercially processed after the original container is opened and held under refrigeration. These foods must be labeled with open date and 7 day discard date. The operator failed to ensure designated staff stored food under safe and sanitary conditions.	S3299		