STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	C 08/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE TOPEKA, KS 66604

(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 are the result of a survey for re-licensure with attached complaints conducted on 8/14/19 and 8/15/19 at the above named assisted living facility in Topeka, KS.	S 000		
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. This REQUIREMENT is not met as evidenced by: 3155 KAR 26-41-204(a) The facility reported a census of 1536 residents. The sample included 3 residents and 1 focus review resident. Based on record review, observation and interview for 2 (#814, 815) sampled residents requiring health care services, the administrator 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. Findings included:	S3155		

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

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S3155	Continued From page 1 - Record review for resident #814 recorded admission date of 12/20/17 with diagnoses of: Hypertension, cerebral infarction, dysphagia, hyperlipidemia and diabetes mellitus. Functional Capacity Screen (FCS) dated 6/21/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility and eating. Resident unable to perform management of medications and treatments. Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 6/21/19 recorded Hospice to assist resident with bathing 2 times a week and staff as needed. Staff is to provide physical assistance with dressing, toileting, transfer, walk/mobility and eating. Staff to administer medications and treatments and staff nurse to assess [#814s] ability to administer his/her own insulin. Observation on 8/15/19 at 11:00am revealed resident asleep, lying supine in a twin bed with 2 half rails in up position. HCSP lacked an entry for resident use of side rails. Record review for resident #815 recorded admission date of 10/25/16 with diagnoses of abnormal gait, falls, poly-osteoarthritis, schitzo-affective disorder, hypertension and hypothyroidism. FCS dated 5/2/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer and walk/mobility. Unable to manage medications and treatments.	S3155		

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S3155	Continued From page 2 NSA/HCSP dated 5/2/19 recorded staff to assist resident with bathing, dressing, toileting, transfer and walk/mobility. Staff to manage medications and treatments. Observation on 8/14/19 at 3:05pm in resident's room revealed resident turn on his/her side in bed. Used 2 half rails to turn side to side while nurse performed dressing change to coccyx. Resident lies on a low air flow mattress (for pressure relief). HCSP lacked entries for use of 2 half rails for repositioning/ turning and use of a low air flow mattress. Interview on 8/15/19 at 12:00pm with licensed nurse #C HCSPs for residents #814 and 815 lacked entries for resident use of side rails and resident 815 HCSP lacked entry for resident use of a low air flow mattress. For residents #814 and 815 the administrator 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		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (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	S3175		

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S3175	Continued From page 3 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: 3175 KAR 26-41-205 The facility reported a census of 36 residents. The sample included 3 residents and 1 focus review resident. Based on record review, observation and interview for 1 sampled resident (#814), the administrator failed to ensure the resident could perform medication self-administration safely and accurately without staff assistance. Findings included: Findings included: - Record review for resident #814 recorded admission date of 12/20/17 with diagnoses of: Hypertension, cerebral infarction, dysphagia, hyperlipidemia and diabetes mellitus. Functional Capacity Screen (FCS) dated 6/21/19	S3175		

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S3175	Continued From page 4	S3175		

recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility and eating. Resident unable to perform management of medications and treatments. Resident has problems with long term memory, memory recall and decision making.

Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 6/21/19 recorded Hospice to assist resident with bathing 2 times a week and staff as needed. Staff is to provide physical assistance with dressing, toileting, transfer, walk/mobility and eating. Staff to administer medications and treatments and staff nurse to assess [#814s] ability to administer his/her own insulin.

Interview on 8/14/19 at 9:45am with certified staff #D stated 2 residents take insulin injections. The residents self-inject the insulin after it is dialed up on the insulin pen.

Resident Medication administration record (MAR) for August 2019 recorded staff administered the following insulins (diabetes) daily:

Humalog 100 units/ ml (milliliter) 6 units subcutaneous (SQ) two times daily.
Lantus 100 units/ml, 18 units SQ 1 time daily.

MAR lacked instructions that resident was to self -inject his/her own insulin pen.

Interview on 8/15/19 at 11:45am with administrator #A confirmed resident records lacked an assessment for resident's ability to self-inject insulin via insulin pen.

For resident #814, the administrator failed to

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S3175	Continued From page 5 ensure the resident could perform medication self-administration safely and accurately without staff assistance.	S3175		