STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175543	A. BUILDING _____ B. WING _____	07/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE MCLEAN, INC	777 N MCLEAN BLVD WICHITA, KS 67203

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent to the facility on 7/18/19.	F 000		
F 574 SS=F	Required Notices and Contact Information CFR(s): 483.10(g)(4)(i)-(vi) §483.10(g)(4) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including: (i) Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes - (A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this section; (B) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment of resources under section 1924(c) of the Social Security Act. (C) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and (D) A statement that the resident may file a complaint with the State Survey Agency	F 574		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.
(ii) Information and contact information for State and local advocacy organizations including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program (established under section 712 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. 3001 et seq) and the protection and advocacy system (as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.)
(iii) Information regarding Medicare and Medicaid eligibility and coverage;
(iv) Contact information for the Aging and Disability Resource Center (established under Section 202(a)(20)(B)(iii) of the Older Americans Act); or other No Wrong Door Program;
(v) Contact information for the Medicaid Fraud Control Unit; and
(vi) Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.
This REQUIREMENT is not met as evidenced by:
The facility census total 32 with 14 residents in the sample. Based on observation, interview and

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record review the facility failed to inform 4 residents of their right to formally file a complaint to the State of Kansas and the 4 residents were unaware of the location of the Ombudsman contact information. (#1, #7, #8, #12)

Findings included:

- Interview with residents #1 #7, #8, #12 in a resident council meeting held on 7/1/19 revealed the residents were not aware of the location of the Ombudsman contact information, or the location of information on how to file a complaint with the State of Kansas.

Observation of the facility during entrance on 7/2/19 revealed no obvious location of list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, and the State Long-Term Care Ombudsman program, or information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations.

Interview with social service staff A on 7/8/19 at 8:23 AM revealed that he/she did not always go over on how to file a formal complaint with the State or how to contact the Ombudsman. The facility recently went through a remodel and the informational posters were removed from the walls and were not put back up. The information that was posted on the walls was obviously too high for a resident in a wheelchair to read.

Review of the policy regarding complaints and

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F 574	Continued From page 3 grievances dated 12/20/17 revealed the purpose of the policy was to provide residents and family members/legal representatives the opportunity to voice complaints and grievances, posters will be available and posted prominently throughout the community with contact information for independent entities or governmental agencies. The facility failed to post required notices in a conspicuous place for residents and visitors to know the contact information of the ombudsman and state agencies in filing a complaint.	F 574		
F 727 SS=F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: The facility had a census of 32 residents with 14 included in the sample. Based on observation, interview and record review the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week by not having an registered nurse scheduled to work on 5 of the 30 days in June 2019. This had the	F 727		

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F 727	Continued From page 4 potential to affect all residents. Findings included: - Review of the nursing schedule and day sheets for 6/1/19- 7/1/19 revealed no registered nurse (RN) coverage for the required 8 hour tour of duty on 6/1/19, 6/2/19, 6/9/19, 6/22/19, 6/23/19 with only licensed practical nurse's (LPN) scheduled to work. During an interview on 7/3/19 at 9:57 a.m., administrative nurse C reviewed the schedule and day sheets for the month of June 2019 and confirmed no RN coverage was available on the listed days. Staff C reported he/she was of the understanding that the facility just had to have an RN available on call but not physically in the building. The facility failed to provide a policy regarding registered nurse coverage on the weekend as requested on 7/8/19. The facility failed to ensure the use of a registered nurse for at least 8 consecutive hours a day, 7 days a week by not having a registered nurse scheduled to work 5 days in June 2019.	F 727		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or	F 757		

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F 757	Continued From page 5 §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility census totaled 32 residents with 14 residents in the sample. Based on interview and record review the facility failed to ensure 1 of 5 residents reviewed did not receive unnecessary medications due to the failure of staff to document blood sugars and the associated units of insulin administered according to the ordered sliding scale, as well as scheduled insulin. (#20) Findings included: - Review of the history and physical revealed resident #20 had a diagnosis of diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin). Review of the admission minimum data set (MDS) dated 6/12/19 revealed a brief interview for mental status (BIMS) score of 13 indicating intact cognition, and the resident received insulin medication daily out of the 7-day observation	F 757		

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period.

Review of the 14-day MDS revealed a BIMS score of 15 indicating intact cognition, and the resident received insulin medication daily out of the 7-day observation period.

Review of the physician orders revealed the resident had an order dated 6/5/19 for Humalog (fast-acting insulin) 100 units/ml (milliliter) sliding scale for the following blood glucose levels:
60-200 (0 units)
201-250 (2 units)
251-300 (3 units)
301-350 (4 units)
351-400 (5 units)
>400 (6 units)

Review of the physician orders revealed the resident had an order dated 6/5/19 for Lantus(long-acting insulin) 100 unit/ml (50 units), subcutaneous, daily for diabetes mellitus.

Review of the physician orders revealed the resident had an order dated 6/12/19 for blood glucose check AC (before meals) and HS (at bedtime) 4 times daily for diabetes mellitus.

Review of the June 2019 electronic medication administration record (EMAR) revealed the following:

Lantus was not given as ordered on 6/12, and 6/18.

Humalog was not administered AC Breakfast on 6/18, and no blood sugars were documented on 6/12, and 6/18.

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Humalog was not administered AC Lunch on 6/7, 6/10, 6/11, 6/12, 6/17, 6/18, and no blood sugars were documented on 6/7, 6/10, 6/11, 6/12, 6/17, 6/18, and 6/28.

Humalog was not administered AC Dinner on 6/6, 6/7, and 6/10, and no blood sugars were documented on 6/6, 6/9, 6/10, and 6/18.

Humalog was not administered HS on 6/9, 6/11, 6/17 and 6/22, and no blood sugars were documented on 6/17, and 6/22.

During an interview on 7/3/19 at 11:40 AM, licensed nursing staff B stated the resident received insulin on a sliding scale. Staff B stated he/she expected blood sugars, and the amount of insulin given according to the sliding scale to be documented on the EMAR.

During an interview on 7/8/19 at 3:10 PM, administrative nursing staff C stated he/she expected nursing staff to complete documentation for blood sugars on the EMAR as ordered.

Review of the Obtaining a Fingerstick Glucose Level policy last revised 12/2017 revealed staff obtaining blood sugars should record blood sugar results in the resident's medical record and were to follow community policies and procedures for appropriate nursing interventions regarding blood sugar results (if resident was on sliding scale coverage).

The facility failed to ensure resident #20 did not receive unnecessary medications due to the failure of staff to document blood sugars and the associated units of insulin administered according

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F 757	Continued From page 8 to the ordered sliding scale, as well as scheduled insulin.	F 757		