STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N023017	A. BUILDING: _____ B. WING _____	R 06/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WINDSOR OF LAWRENCE	3220 PETERSON RD LAWRENCE, KS 66049

(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	{S 000}		
{S3166} SS=D	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(e) The census equaled 32 residents. The sample included 3 residents. Based on record review and interview for 1 sampled resident (#1608) who required insulin by injected pen, a nursing procedure not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of personnel records on 6/7/19 at 11:50am recorded the following CMA (certified medication aide) was recently hired, competency exams for insulin pens was requested. Certified staff #C, hire date 5/6/19.	{S3166}		

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

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{S3166}	Continued From page 1	{S3166}		

Resident roster recorded resident #426 received insulin by injection.

Record review for resident #1608 recorded admission date of 2/4/19 with diagnoses including diabetes mellitus, depression, hypertension, gout, hypothyroidism, and peripheral neuropathy.

Functional Capacity Screen dated 3/18/19 recorded resident unable to administer medications and required supervision with treatments.

Negotiated service agreement/ health care service plan dated 3/18/19 recorded staff will assist resident with blood glucose monitoring and dialing up correct insulin level per order for him/her to self- inject.

Medication administration record (MAR) for June 2019 recorded the following: "Levemir (insulin for diabetes) 100 units/ml (milliliter); dial flex touch pen to 6 units, resident to self- administer twice daily before meals." Recorded as administered at 8:00am on 6/1/19, 6/3/19, and 6/6/19 by certified staff #C.

Interview on 6/7/19/19 at 11:55am with licensed nurse #B confirmed certified staff dialed up insulin for injection for the resident. He/she confirmed record for certified staff #C lacked a competency exam for this delegated task.

Interview on 6/7/19 at 12:00pm with certified staff #C confirmed resident #1608 self- injected insulin after he/she dialed up the amount into the pen. He/she confirmed his/her initials on the June MAR.

Interview on 6/7/19 at 1:05pm with resident

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{S3166}	Continued From page 2 he/she stated: "yes the girls dial the insulin pen and I inject it. I double check the dose of course." For resident #1608 who required insulin by injected pen, a nursing procedure not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	{S3166}		