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 _____	C 04/30/2019

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THE WINDSOR OF LAWRENCE	3220 PETERSON RD LAWRENCE, KS 66049

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure with attached complaints conducted on 4/25/19, 4/29/19 and 4/30/19 at the above named assisted living facility in Lawrence, KS.	S 000		
S3166 SS=E	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 28 residents. The sample included 3 residents and 2 closed review residents. Based on record review and interview for 4 non-sampled residents (#430, 431, 432, 433) requiring "accuchecks" (blood sugar monitoring with a glucometer), and 1 sampled resident (#426) requiring insulin by injected pen, nursing procedures 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 4/25/19 at	S3166		

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

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S3166	Continued From page 1 2:05pm recorded the following CMA's (certified medication aides) were recently hired, competency exams for accuchecks and insulin pens were requested. Certified staff #G, hire date 10/3/18, Certified staff #H, hire date 2/1/19, Interview on 4/25/19 at 1:55pm with licensed nurse #B confirmed 4 residents (#430, 431, 432, 433) received accuchecks from CMAs and CMA records for certified staff #G, H, lacked record of competency exams for accuchecks. Resident roster recorded resident #426 received insulin by injection. Record review for resident #426 recorded admission date of 2/4/19 with diagnoses including diabetes mellitus, depression, hypertension, chronic kidney disease, 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. Interview on 4/25/19 at 1:55pm with licensed nurse #B confirmed certified staff #G dialed up insulin for injection for residents and record lacked a competency exam for this delegated task.	S3166		

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S3166	Continued From page 2 For 5 residents (#426, 430, 431, 432, 433) who required accuchecks and/or insulin pen injections, 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		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 28 residents. The sample included 3 residents and 2 closed review residents. Based on record review and interview for 1 sampled resident (#427) and 1 closed review record (#428), the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action. Findings included:	S3261		

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S3261	Continued From page 3 - Record review for resident #427 recorded admission date of 6/7/18 with diagnoses including: Gastroesophogeal reflux disease, chronic obstructive pulmonary disease, coronary artery disease, hypospadias, and hypertension. Functional Capacity screen (FCS) dated 3/12/19 recorded resident required assistance with transfer and walk/mobility. Negotiated service agreement/ health care service plan dated 3/12/19 recorded resident required 1 assist for transfers but was independent in wheelchair. Nurses notes dated 2/2/19 recorded on February 1st, 2019 at 7:45pm "resident had an un-witnessed fall ..... On call doctor notified and recommended getting an x ray ... awaiting call back." Next nurses note is dated 2/4/19 at 12:00pm: "up to lunch, says feeling good ... ..." Nurses notes lacked record of completion of the X-ray and X-ray results. Interview on 4/29/19 at 5:00pm with licensed nurse #B confirmed an X-ray of resident's hip was completed in facility, no fracture was found. He/she confirmed nurses notes lacked entries for resident X-ray and follow up results. Record review for resident # 428 recorded admission date of 9/25/18 with diagnoses of chronic kidney disease and acute kidney failure. FCS dated 10/30/18 recorded resident required assistance with bathing.	S3261		

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S3261	Continued From page 4 NSA/HCSP dated 10/30/18 recorded resident required one-person physical assistance with all bathing and shower tasks twice weekly. Services delivery record for December 2018 lacked documentation of completion of resident showers from the 1st to the 31st. Last nurses notes dated 12/26/18 at 2:00pm recorded resident sent to hospital emergency room on 12/23/18 around 7:30pm via ambulance. Facility record titled "move outs" recorded resident moved out on 12/27/19, deceased at the hospital. Resident record lacked documentation of resident discharge. Interview on 4/29/19 at 5:00pm with licensed nurse #B confirmed resident records lacked documentation of resident bathing and death and discharge. For residents #427 and 428, the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S3261		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency	S3280		

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S3280	Continued From page 5	S3280		

management plan;
(2) education of each resident upon admission to the facility regarding emergency procedures;
(3) quarterly review of the facility ' s emergency management plan with employees and residents; and
(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.

This REQUIREMENT is not met as evidenced by:
KAR 26-4-104(d)(3)

The census equaled 28 residents; the sample included 3 residents and 2 closed chart review residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with staff and residents and failed to conduct evacuation drills.

Findings included:

- On 4/25/19 at 12:50pm with facility operator #A and maintenance supervisor #D, reviewed facility

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S3280	Continued From page 6 records for disaster and emergency preparedness. Records contained reviews of the emergency management plan with staff on 4/29/19, 12/18/18 and 9/18/18. Records lacked documentation of reviews for the 1st and 2nd quarters of 2018 and 3rd and 4th quarters for 2017. Records contained reviews of the emergency management plan with residents for 1/18/19, records lacked documentation of reviews for all quarters of 2018 and 2017. Review of the emergency management plan is reviewed with residents upon admission. Interview on 4/25/19 at 12:50pm with maintenance supervisor #D, stated one evacuation of the assisted living occurred on 1/22/18 when an air handler belt smoked and activated the alarm. He/she confirmed the locked memory care unit was not evacuated. He/she confirmed records lacked documentation of an evacuation of all residents to a safe location in 2017, 2018 or 2019. For all residents of the facility, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with staff and residents and failed to conduct evacuation drills.	S3280		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care	S3310		

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S3310	Continued From page 7 equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 28 residents. The sample included 3 residents and 2 closed review residents. Based on record review, and interview, for all residents of the facility, the operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - On 4/25/19 at 11:15am, during personnel review, facility records lacked documentation for tuberculosis (TB) symptom screen questionnaire and 2 step TB skin tests for certified staff #E, hire date 1/17/19,	S3310		

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S3310	Continued From page 8 Records lacked evidence of a symptom screen questionnaire for certified staff # F, hire date 2/13/18. Records lacked documentation for TB symptom screen questionnaire and 2 step TB skin test for certified staff #G, hire date 10/3/18, within 7 days of employment. Records documented symptom screen and first TB skin test on 10/19/18, 16 days after hire date. Interview on 4/25/19 at 11:15am with operator #A confirmed records lacked the TB documentation. For all residents of the facility the operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		