

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/01/2019
NAME OF PROVIDER OR SUPPLIER CARE TOUCH HOMES PLUS, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11206 WEST 72ND TERRACE SHAWNEE, KS 66203		
(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 conducted on 4/30/19 and 5/1/19 at the above named home plus facility in Shawnee, KS.	S 000		
S5155 SS=F	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus 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: KAR 26-41-204(a) The facility reported a census of 3 residents. The sample included 3 residents. Based on record review and interview and observation for 3 residents sampled (#430,431,432) the operator 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: - Record review for resident #430 recorded	S5155		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5155	Continued From page 1 admission date of 2/18/16 with diagnoses of: Alzheimer's dementia, hypertension and kidney cancer. Functional Capacity Screen (FCS) dated 4/2/19 recorded resident required physical assistance with transfers. Negotiated service agreement and health care service plans (NSA/HCSP) dated 4/2/19 recorded staff to provide 1 person assist with stand- up lift and gait belt. Observation in resident's room on 4/30/19 at 3:30pm revealed resident supine in a hospital bed with 2 siderails in up position. HCSP lacked an entry for resident use of side rails. Record review for resident #431 recorded admission date of 7/3/18 with diagnoses including: fracture of tibia, atrial fibrillation, hyperlipidemia, gastroesophageal reflux disease, insomnia, pain, paraplegia, and diabetes mellitus type 2. FCS dated 7/23/18 recorded resident required physical assistance for transfers. NSA/HCSP dated 7/23/18 recorded staff to provide 1 person assist, using a slide board and gait belt. Observation on 4/30/19 at 3:20pm in resident's room revealed a hospital bed with 4 side rails attached. HCSP lacked an entry for resident use of side rails.	S5155		

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S5155	Continued From page 2 Record review for resident #432 recorded admission date of 4/11/19 with diagnoses including: Parkinson's and depression. FCS dated 3/26/19 recorded resident required physical assistance with transfers. NSA/H CSP dated 4/11/19 recorded staff to provide moderate assistance with transfers. Observation on 4/30/19 at 3:30pm in resident's room revealed a grab bar on the twin bed. HCSP lacked an entry for resident use of a grab bar. Interview on 5/1/19 at 1:15pm with operator/licensed nurse #A confirmed residents use side rails/ grab bars for transfers and HCSP lacked entries for their use. For all 3 residents of the facility (#430, 431, 432) the operator 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.	S5155		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer 's recommendations or those of the pharmacy provider and with federal and state laws and regulations.	S5315		

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S5315	Continued From page 3 (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h) The facility reported a census of 3 residents. The sample included 3 sampled residents. Based on observation and interview, the licensed nurses and medication aides failed to ensure all medications and biologicals were securely and properly stored in accordance with federal and state laws and regulations.	S5315		

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S5315	Continued From page 4 Findings included: - On 4/30/19 at 3:32pm observed in the facility kitchen refrigerator, a lock box contained the following medications: Ativan liquid (controlled substance for anxiety), sealed, filled 1/11/19, for resident # 430, storage instructions on the box read to store medication at 36-46 degrees (F) Fahrenheit. Refrigerator temperature by facility thermometer was 24.6 degrees, department thermometer was 35 degrees F. Records lacked a reconciliation sheet. Morphine sulfate liquid (MS04) (narcotic for pain) 100mg (milligrams)/ 5 ml (milliliters), filled 1/11/19, sealed bottle. Storage instructions on the box read to store the medication at 68 to 77 degrees F. Records lacked a reconciliation sheet. Interview on 4/30/19 at 3:40pm with operator/licensed nurse #A stated he/she did not know MSO4 was not to be stored in the refrigerator. He/she confirmed records lacked reconciliation sheets for the 2 medications. On 4/30/19 at 4:00pm observed in an unlocked office in an unlocked cabinet, medications for discharged resident #433: A bottle of Warfarin (blood thinner) 2 mg approximately 40 tablets. 4 punch cards of medications including: atenolol (blood pressure), Senna (constipation) and odansetron (nausea), a plastic baggie of bisacodyl suppositories (constipation) a bottle of milk of magnesia (constipation) and 5 additional	S5315		

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S5315	Continued From page 5 bottles of medications including Requip (parkinson's). Also observed in the same cabinet: A bottle of Cetrizine (allergies) 10mg, fill date of 10/31/18 for resident #430. Interview on 4/30/19 at 4:00pm with licensed nurse/operator #A stated the medications "needed to be destroyed." Resident roster recorded 2 of 3 residents had cognitive impairment. For all residents of the facility the operator failed to ensure all medications and biologicals were securely and properly stored in accordance with federal and state laws and regulations.	S5315		