STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089034	A. BUILDING: _____ B. WING _____	01/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEGGY KELLY HOUSE II	1800 FAIRMONT ROAD TOPEKA, KS 66604

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re- licensure conducted on 1/9/19 and 1/10/19 at the above named residential care 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: KAR 26-42-204(a) The facility reported a census of 10 residents. The sample included 3 residents. Based on record review and interview and observation for 2 residents sampled (#109, 110) 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:	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 #109 recorded admission date of 10/22/18 with diagnoses including: hypertension, gastroesophogeal reflux disease, carotic artery stenosis, arteriosclerosis, hypothyroidism and hyperlipidemia. Functional Capacity Screen (FCS) dated 10/22/18 recorded resident required physical assistance with bathing, dressing, toileting and is unable to perform management of medications and treatments. Resident required supervision for transfers. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 10/23/18 recorded resident to receive staff assistance with bathing, dressing, toileting and management of medications and treatments. Observation on 1/9/19 at 3:20pm in resident's room revealed a bed cane attached to the right side of resident's bed. NSA/HCSP lacked entry for resident use of a bed cane as an assistive device. Interview on 1/9/19 at 4:40pm with operator/licensed nurse #A confirmed NSA/HCSP lacked entry for the bed cane. Record review for resident #110 recorded admission date of 7/30/18 with diagnoses including Alzheimer's, anxiety, osteoarthritis of knees, hypertension, depression, chronic kidney disease, and hyperlipidemia. FCS dated 7/30/18 recorded resident required physical assistance with bathing, dressing, toileting and is unable to perform management of medications and treatments. Resident required	S3155		

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S3155	Continued From page 2 supervision for transfers. NSA/HCSP dated 7/30/18 recorded, staff to provide physical assistance with bathing, dressing, toileting and management of medications and treatments. Observation on 1/9/19 at 2:10pm in resident's room revealed a bed cane and low air flow mattress on resident's bed and fall mat by the wall. Resident has a pressure reduction cushion in his/her wheelchair. Interview on 1/9/19 at 4:40pm with operator/licensed nurse #A confirmed resident has a low air flow mattress and pressure reduction cushion (for prevention of skin breakdown) and uses a bed cane and fall mat. He/she confirmed the NSA/HCSP lacked entries for these assistive/preventative devices. For residents #109 and 110 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.	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 member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can	S3175		

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S3175	Continued From page 3 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: KAR 26-41-205 (a)(1) The census equaled 10 residents. The sample included 3 residents. Based on record review and interview for resident #111 the operator failed to ensure the resident's clinical record contained documentation of the self- administration assessment and determination, for resident self-administration/injection of insulin via insulin pen. Findings included: - Record review for resident #111 recorded admission date of 11/14/18 with diagnoses including: depression, hypothyroidism, hypertension, morbid obesity, diabetes mellitus type 2 with neuopathy and legal blindness. Functional Capacity Screen dated 11/14/18 recorded resident is unable to perform management of medications and treatments. Negotiated Service Agreement/ Health Care Service Plan dated 11/14/18 recorded resident to	S3175		

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S3175	Continued From page 4 receive staff assistance for administration of medications and treatments. Medication administration record for January 2019 recorded resident received the following insulin injections from 1/1/9 to 1/9/19: Lantus Solostar insulin (diabetes) 100 units/ milliliter (ml) subcutaneous (subQ) give 30 units 2 times daily Novolog insulin 100 units/ml subQ give 10 units one time daily Novolog insulin 100 units/ml subQ give 25 units subQ one time daily Novolog insulin 100 units/ml give 30 units subQ 2 times daily. Record lacked documentation of assessment of resident's ability to safely self-inject insulin. Interview on 1/9/19 at 4:40pm with operator/licensed nurse #A confirmed resident record lacked documentation of resident self-injection of insulin. For resident #111 the operator failed to ensure the resident's clinical record contained documentation of the self- administration assessment and determination, for resident self-administration/injection of insulin via insulin pen.	S3175		
S3202 SS=D	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and	S3202		

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S3202	Continued From page 5 amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(4) The facility reported a census of 10 residents. The sample included 3 residents. Based on record review and interview for 1(#111) resident requiring insulin administration with an insulin 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 resident records revealed 1 sampled resident (#111) who required administration of insulin with an insulin pen. Functional Capacity Screen dated 11/14/18 recorded resident is unable to perform management of medications and treatments. Negotiated Service Agreement/ Health Care Service Plan dated 11/14/18 recorded resident to receive staff assistance for administration of medications and treatments. Review of personnel record for certified medication aides (CMA) #B hire date 10/20/17, CMA #C hire date 7/10/17, lacked competency exams for administration of insulin via an insulin pen, a nursing procedure not included in the medication aide nursing curriculum.	S3202		

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S3202	Continued From page 6 Interview on 1/9/19 at 11:20am with operator/licensed nurse #A confirmed certified medication aides #B and #C dial insulin pens for resident #111 insulin administration and staff records lacked documentation of competency exams. For resident #111 the operator failed to ensure the licensed nurse delegated the procedure for insulin pens to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3202		