STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087221	A. BUILDING: _____ B. WING _____	01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE WICHITA, KS 67208

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint (#134072 and #135691) at the above named Home Plus facility conducted on 12/31/18 and 1/2/19.	S 000		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review and interview the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan for all residents and for 3 (#120,#121, #122) of 3 residents. Findings included: - Review of resident #120's record revealed he/she admitted to the facility on 12/29/17 with diagnoses of diabetes type 2, depression, chronic obstructive pulmonary disease, hypothyroidism, stroke, hypertension and chronic pain. Review of the functional capacity screen dated 10/11/18 revealed the resident could not perform activities of daily living or medication management and needed supervision and	S5161		

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

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S5161	Continued From page 1 assistance with eating. Review of the negotiated service agreement dated 12/29/17 lacked the name of the current nurse responsible for the healthcare service plan. - Review of resident #121's record revealed he/she admitted to the facility on 3/8/17 with diagnoses of cerebral vascular accident with weakness, chronic kidney disease, anxiety, chronic obstructive pulmonary disease, diabetes type 2. Review of the residents functional capacity screen dated 3/8/18 revealed the resident wither could not perform or needed physical assistance with activities of daily living and could not manage his/her medications. Review of the negotiated service agreement reviewed on 3/8/17 lacked the name of the current nurse responsible for the healthcare service plan. - Review of resident #122's record revealed he/she admitted to the facility on 6/22/17 with diagnoses of post cerebral vascular accident with left sided hemiplegia, chronic kidney disease and chronic obstructive pulmonary disease. Review of the functional capacity screen dated 6/22/18 revealed the resident was unable to perform activities of daily living, could not manage medications, and needed physical assistance with eating. Review of the negotiated service agreement dated 10/1/17 lacked the name of the current nurse responsible for the healthcare service plan.	S5161		

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S5161	Continued From page 2 During an interview on 12/31/18 at 1:40 PM administrative nursing staff C confirmed the licensed nurse responsible for the healthcare service plan on the residents negotiated service agreement was not accurate. Staff C stated he/she and administrative staff A were responsible for the healthcare service plan. The operator failed to ensure the negotiated service agreement identified the licensed nurse responsible for implementation and supervision of the health service plan.	S5161		
S5185 SS=E	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR26-42-206(c) The facility reported a census of 8 residents. The sample included 3 residents. Based on	S5185		

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S5185	Continued From page 3	S5185		

observation, record review, and interview the operator failed to ensure therapeutic diets ordered by the physician were prepared according to written instructions from a medical care provider or licensed dietitian for 2 (#120 and #122) of 3 residents.

Findings included:

- Review of resident #120's record revealed he/she admitted to the facility on 12/29/17 with diagnoses of diabetes type 2, depression, chronic obstructive pulmonary disease, hypothyroidism, stroke, hypertension and chronic pain.

Review of the functional capacity screen dated 10/11/18 revealed the resident could not perform meal preparation and needed physical assistance with eating.

Review of the negotiated service agreement dated 12/29/17 included a hand-written revision dated 6/29/18 which identified the resident received mechanical soft diet with ground meat, add sauce or gravy, limited concentrated sweets and thin liquids as tolerated.

Review of the health care service plan dated 1/1/18 included a revision on 1/3/18 for thin liquids as tolerated and mechanical soft diet. The health care service lacked identification of low concentrated sweets.

Review of the physician's order sheet dated 12/17/18 included an order for mechanical soft, ground meat with added sauce/gravy LCS (low concentrated sweets) and thin liquids.

During an interview on 12/31/18 at 10:39 AM certified staff D reported the resident could feed

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S5185	Continued From page 4	S5185		

him/herself at times but needed to have a mechanical soft diet. Staff reported the resident also received Glucerna for his/her diabetes but received the same food as the other residents at meals.

Observation on 12/31/18 at 12:20 PM certified staff B cut the residents ham into very small/shredded pieces. He/she was served mashed potatoes and gravy, cooked broccoli and cut up pears.

During an interview on 12/31/18 at 10:04 AM administrative staff A provided directions signed by the dietitian for a mechanical soft diet but did not have instructions for low concentrated sweets.

- Review of resident #122's record revealed he/she admitted to the facility on 6/22/17 with diagnoses of post cerebral vascular accident with left sided hemiplegia, chronic kidney disease and chronic obstructive pulmonary disease.

Review of the functional capacity screen dated 6/22/18 revealed the resident was unable to perform meal preparation and needed physical assistance to eat.

Review of the negotiated service agreement dated 10/1/17 revealed the facility provided meals and the resident needed a special diet, consistent or controlled carbohydrate diet.

Review of the health service plan dated 6/7/18 directed staff to provide a low salt/low cholesterol diet, 60-gram carbohydrates per meal, low concentrated sweets and 1800 ml (milliliters) fluid restriction per day.

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S5185	Continued From page 5 Review of the signed physicians order sheet dated 12/17/18 included the following diet order: low carbohydrate, low concentrated sweets, low salt, low cholesterol, 60-gram carbohydrates per meal, and 1800 ml fluid restriction per day. During an interview on 12/31/18 at 1:23 PM certified staff D reported the staff had to encourage the resident to drink because he/she did not even drink all 1800 ml of fluids. Staff limited foods with salt and did not put salt on the table but did not limit carbohydrates and he/she did not have other special diet orders. During an interview on 12/31/18 at 1:40 PM with administrative staff A and administrative nursing staff C they confirmed the specifics for the resident's diet order. Staff C described how staff were to provide a low salt diet but did not have written instructions from a medical care provider or licensed dietician for preparation of the diet. For resident #120 and #122, the operator failed to ensure therapeutic diets ordered by the physician were prepared according to written instructions from a medical care provider or licensed dietitian.	S5185		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus.	S5195		

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S5195	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of 8 residents. Based on observations and interview the facility failed to store all food under safe and sanitary conditions. This failure had the potential to affect all residents in the facility. Findings included: During initial tour on 12/31/18 at 9:18 AM the following was observed: The oven contained a plate with tater tots, bacon, and french toast sticks on it. The oven was not on. The cabinet above the oven contained cereal boxes that were not closed properly and the bags inside of the cereal were not sealed. The cabinet by the refrigerator had 2 boxes of cream of wheat, a box of malt-o-meal, and a box of instant rice that were open and not sealed and did not include the date they were opened. The refrigerator contained 3 dozen egg cartons, with eggs in them that was on the top shelf. A gal. just of sweet tea that was 1/4 full without an open date. A plastic container of cranberry celebration that was 1/2 full without an open date on it. A opened can of orange Shasta with a latex glove over it without a name or date the can was opened. A sandwich bag with apple slices without a name or date on it. A green plastic container without a label or date as to what food was in container. An opened container of grapefruit juice without the open date on it. A package of bacon sitting on the bottom shelf	S5195		

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S5195	Continued From page 7 that was partially wrapped in aluminum foil. A container of vanilla yogurt that had been opened without an open date and had a best used by date of 12/8/18. A head of lettuce in the original package that had a lot of brown leaves and was not fully covered. Observations of the freezer contained the following: A bag of chicken breast tenderloins that was open and had a lot of ice build-up in the bag. A sandwich bag of tatertots without a date or label. A bag of chopped spinach that was open, not sealed without an open date. A bag of mixed vegetables that was open, ice build up in the bag and no open date. The upright freezer contained 3 sandwich bags in the door dated 12/27/18 but did not identify the food in the bag. During an interview on 12/31/18 at 9:29 AM certified staff B reported the food in the oven was kept to make sure everyone got something to eat. Staff stated some of the residents liked to sleep in a little longer than others. During an interview on 12/31/18 at 10:00 AM administrative staff A reported the prepared food should not have been kept in the oven and he/she threw away the food. The operator failed to ensure all food was stored under safe and sanitary conditions.	S5195		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by	S5215		

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S5215	Continued From page 8 ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' 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 26-42-104(d)(3) The Facility reported a census of 8 residents. The sample included 3 residents. Based on interview for all residents and employees, the Operator failed to demonstrate evidence of a quarterly review of the emergency management plan with employees and residents. Findings included: - During an interview on 12/31/18 at 1:45 PM administrative staff A reported he/she talked with residents and staff with each fire drill about evacuation and emergencies but did not have any documentation of reviewing them. The Operator failed to demonstrate evidence of a quarterly review of emergency management plan with employees and residents.	S5215		

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S5230	Continued From page 9	S5230		
S5230 SS=F	26-42-207 (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 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; (c) Each administrator or operator shall ensure the home ' 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 26-42-207(c) The facility reported a census of 8 residents. The sample included 3 residents. Based on review of 5 new employee records administrative staff A failed to ensure the home's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for 4 of 5 newly hired employees. Findings included: Review of certified staff E's employee record revealed a hire date of 9/20/18. The record revealed staff E received his/her initial tuberculosis (TB) skin test on 10/9/18, 19 days after hire and did not receive a second step TB skin test.	S5230		

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S5230	Continued From page 10 Review of certified staff F's employee record revealed a hire date of 8/20/18. The record revealed staff received his/her initial TB skin test on 9/8/18, 19 days after hire and did not receive a second step TB skin test. Review of certified staff B's employee record revealed a hire date of 5/18/18. The record revealed staff G received his/her initial TB skin test on 7/11/18, 55 days after his/her hire date. Review of administrative licensed nursing staff C's employee record revealed a hire date of 8/9/18. The record revealed staff C received his her initial TB skin test on 9/11/18, 33 days after hire date, and did not receive a second stap TB skin test. During an interview on 12/31/18 at 12:33 PM administrative licensed nursing staff C reported he/she knew the need to get a 2-step TB skin test upon hire and that it needed to be done promptly upon hire. Administrative staff A failed to ensure the home's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training;	S5258		

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S5258	Continued From page 11 (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR-26-42-102 (d)(1)(2) The facility reported a census of 8 residents and the sample included 3 residents. Based on interview and record review, the administrator failed to ensure 5 of 5 employee records contained licensure or certification verification information upon hire and failed to ensure 4 of 5 employee records contained supporting documentation of criminal background checks submitted upon hire. This had the potential to affect all residents in the facility. Findings included: - Review of employee files conducted on 12/31/18 revealed the following: Licensed nurse C - hired 8/9/18 and licensed verification check was not completed until	S5258		

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S5258	Continued From page 12 9/11/18. Certified nursing staff B - hired 5/18/18 with a registry certification check completed and criminal background check submitted on 9/8/18, over 3 months after hire date. Certified nursing staff E - hired 9/20/18 with a registry certification check completed on 9/21/18 and had a criminal background check submitted on 11/3/18, over 30 days after hired. Certified nursing staff F - hired 8/20/18 had a registry certification check completed and a criminal background check submitted on 9/8/18, 19 days after hired. Certified nursing staff G- hired 10/29/18 and had a registry certification check completed and a criminal background check submitted on 12/31/18, over 30 days after hired. During an interview on 12/31/18 at 12:33 PM administrative nursing staff C reported he/she thought they needed to be done promptly after hired. The administrator failed to ensure employee records contained licensure or certification verification information upon hire and supporting documentation of criminal background checks submitted upon hire. This had the potential to affect all residents in the facility	S5258		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care	S5300		

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S5300	Continued From page 13 provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 8 residents. The sample included 3 residents. Based on interview and record review the operator failed to ensure all medications and biologicals were administered to 1 (#122) of residents in accordance with a medical care provider's written order. Findings included: - Review of resident #122's record revealed he/she admitted to the facility on 6/22/17 with diagnoses of post cerebral vascular accident with left sided hemiplegia, chronic kidney disease and chronic obstructive pulmonary disease. Review of the resident's functional capacity screen dated 6/22/18 revealed the resident was unable to manage his/her medications or treatments. Review of the resident's negotiated service agreement dated 10/1/17 revealed the CMA's would administer the resident's medications.	S5300		

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S5300	Continued From page 14 Review of the residents signed orders included the following: 12/17/18 - discontinue mucus relief, Coriciden, citricaid and Lotrimin. Review of the December 2018 medication administration record revealed the resident received Mucus relief on 12/18,19,26/18 after the physician had discontinued the medication. The resident also received Coriciden on 12/22,27/18 after they were discontinued. The December medication administration record also still listed CriticAid and Lotrimin and available to be administered. During an interview on 12/31/18 at 2:00 PM administrative nursing staff C confirmed the above mentioned medications were administered after the physician had discontinued them and there was the potential for the resident to receive the CriticAid and Lotrimin cream. The operator failed to ensure all medications and biologicals were administered to resident #122 in accordance with a medical care provider's written order.	S5300		
S5302 SS=E	26-42-205 (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 amendments thereto.	S5302		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087221	A. BUILDING: _____ B. WING _____	01/03/2019

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S5302	Continued From page 15 This REQUIREMENT is not met as evidenced by: KAR-26-42-205(d)(4) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review of 2 of 3 certified medication aide employee files and interview the operator failed to delegate the nursing procedure of blood sugar monitoring to each certified medication aide under the Kansas nurse practice act, K.S.A.65-1124 and amendments thereto. This effect the 2 residents who had blood sugar monitoring completed by certified staff. Findings included: Review of employee records revealed certified staff E and G did not have evidence of licensed nurse delegation for blood glucose testing which is not part of the certified medication aide curriculum. During an interview on 12/31/18 at 12:33 PM administrative nursing staff C reported the licensed nurses administer resident's insulin, and the certified medication aides do the blood sugar checks. When staff C reviewed certified staff E and G's record he/she did not find delegation checks for blood sugar monitoring. On 1/2/18 administrative nursing staff C reported there were 2 residents that had their blood sugar monitored by certified staff. The administrator failed to ensure delegated staff ensured certified medications were properly trained on completion of blood glucose testing which is a nursing procedure.	S5302		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087221	A. BUILDING: _____ B. WING _____	01/03/2019

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S5335	Continued From page 16	S5335		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a) The facility reported a census of 8 residents. Based on observation and interview the Operator failed to ensure each door had only 1 locking device which released with operation of the inside door handle and master keyed from the corridor/entrance side for 3 bathroom doors to maintain/protect the safety of residents, personnel, and the public. Findings included: - During initial tour on 12/31/18 at 9:08 AM the following observations were made. The facility had 3 bathrooms and in each bathroom the door lock did not release and open with operation of the door handle from the inside. During an interview on 12/31/18 at 3:10 PM administrative staff A reported he/she did not realize about the bathroom door having to release when handle turned.	S5335		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087221	A. BUILDING: _____ B. WING _____	01/03/2019

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S5335	Continued From page 17 The Operator failed to ensure the exit doors had only 1 locking device which released with the operation of the inside door handle.	S5335		