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WESLEY TOWERS INC	700 MONTEREY PL HUTCHINSON, KS 67502

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 10/15/18, 10/16/18 and 10/17/18.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(1)(2)(3) The facility reported a census of 21 residents. The sample included 3 residents. Based on observation, interview and record review the administrator failed to ensure the development of a negotiated service agreement which included a description of the services the resident would receive, identification of the provider of each	S3085		

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

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S3085	Continued From page 1	S3085		

service and the party responsible for payment of the outside provided services for 3 of 3 sampled residents (#323, #416 and #589).

Findings included:

- Record review revealed resident #323 admitted on 8/30/18 with diagnoses of CVA (cerebral vascular accident - stroke), sleep apnea, chronic obstructive pulmonary disease, hypertension, frequent falls, anemia and GI (gastro-intestinal) bleed.

The admission functional capacity screen dated 8/30/18 indicated the resident needed physical assistance with bathing and dressing, had impaired short-term memory, memory recall and decision making.

The negotiated service agreement (NSA) dated 8/30/18 identified an outside provider for podiatry (foot care) services but failed to identify the person responsible for payment of the service.

Interview on 10/16/18 at 12:13 PM with licensed nurse C confirmed he/she failed to indicate on the NSA the person responsible for payment of podiatry services.

The administrator failed to ensure the development of a negotiated service agreement which included the party responsible for payment of the outside services provided by a podiatrist.

- Record review for resident #416 revealed an admission date of 4/25/18 with diagnoses of diabetes mellitus type 2, arteriosclerotic heart disease, frequent falls, hypertension, low back pain, pelvic fracture, renal insufficiency and anemia.

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S3085	Continued From page 2 The admission functional capacity screen dated 4/25/18 indicated the resident needed physical assistance with dressing, walked independently with a walker, had a risk for falls and impaired short-term memory, memory recall and decision making. The negotiated service agreement (NSA) dated 4/25/18 the resident was independent with ambulation/transfers using a walker, independent with dressing except for PRN (as needed) help with upper extremity dressing. The NSA indicated the resident did not need skilled nursing services or rehabilitation therapy services with no amendment to the agreement. Review of the physician's orders revealed an order on 5/1/18 to consult with physical therapy (PT) and occupational therapy (OT) due to falls and weakness. Review of the therapy notes revealed the resident received therapy services from 5/3/18 through 6/22/18. Interview on 10/16/18 at 11:55 AM with licensed nurse C confirmed the resident received outside provider services of PT and OT and he/she failed to revise the NSA to reflect these services. The administrator failed to ensure the development of a negotiated service agreement which included a description of the services the resident would receive, identification of the provider of each service and the party responsible for payment of the outside provided services for this resident. - Record review for resident #589 revealed an	S3085		

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S3085	Continued From page 3	S3085		

admission date of 9/5/18 with diagnoses of atrial fibrillation and hypertension.

The admission functional capacity screen dated 9/5/18 indicated the resident had intact cognition, needed physical assistance with bathing, ambulated independently with a walker and was at risk for falls.

The negotiated service agreement (NSA) dated 9/5/18 indicated the resident did not receive skilled nursing services or rehabilitation therapy services. He/she received podiatry services at the facility but failed to indicate the person responsible for payment of the services. The only amendment to the NSA was dated 10/15/18 regarding a change in medication administration.

Review of the nursing notes revealed the resident had a fall from bed on 9/7/18.

Review of therapy notes revealed physical therapy (PT) provided an evaluation and developed a treatment plan on 9/12/18 to continue through 10/3/18 to increase independence with gait, minimize falls, increase lower extremity range of motion, strength and dynamic balance.

Interview on 10/16/18 at 10:48 PM with licensed nurse C confirmed the resident received PT services and podiatry services. He/she confirmed the NSA lacked the information regarding PT services and lacked the person responsible for payment of the outside services provided.

The administrator failed to ensure the development of a negotiated service agreement which included a description of the services the resident would receive, identification of the

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S3085	Continued From page 4 provider of each service and the party responsible for payment of the outside provided services for this resident.	S3085		
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 26-41-204 (a) The facility reported a census of 21 residents. The sample included 3 residents. Based on observation, interview and record review the administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs of each resident in accordance with the functional capacity screening and negotiated service agreement for 2 of 3 sampled residents (#416 and #589) regarding falls. Findings included: - Record review for resident #416 revealed an admission date of 4/25/18 with diagnoses of diabetes mellitus type 2, arteriosclerotic heart	S3155		

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S3155	Continued From page 5	S3155		

disease, frequent falls, hypertension, low back pain, pelvic fracture, renal insufficiency and anemia.

The admission functional capacity screen dated 4/25/18 indicated the resident needed physical assistance with dressing, walked independently with a walker, had a risk for falls and impaired short-term memory, memory recall and decision making.

The negotiated service agreement (NSA) dated 4/25/18 the resident was independent with ambulation/transfers using a walker, independent with dressing except for PRN (as needed) help with upper extremity dressing and stand by assistance getting in/out of bathing for safety.

The health service plan (HSP) dated 4/25/18 with no updates indicated the resident experienced confusion and forgetfulness. He/she was independent with ambulating/transfer using a walker, needed assist with bathing, dressing, hygiene/grooming and other services of blood sugar testing 4 times a day. The HSP failed to address the resident's identified fall risk and failed to reflect an update with interventions following each fall occurrence to reduce the risk of further falls.

Review of the nursing notes between 4/25/18 and 10/16/18 revealed the resident admitted to the facility on 4/25/18 after a fall at home which resulted in a pelvic fracture. On 5/1/18 the physician gave an order for physical therapy and occupational therapy to evaluate and treat due to falls and weakness. On 5/4/18 at 10:57 PM the resident's family member reported the resident had fallen. Staff found the resident laying on his/her back with an abrasion to the right elbow

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S3155	Continued From page 6	S3155		

and left great toe. The resident had been incontinent of urine, had increased confusion, running walker into the wall and asked how to get in the bed. The note lacked any evaluation into the causal factors of the fall or development of an intervention to reduce the risk of further falls. On 7/1/18 at 2:44 PM the resident's family member reported to staff the resident had fallen. By the time staff arrived to help the resident he/she had gotten up. He/she was changing the calendar page on the wall and lost his/her balance. As he/she fell he/she brushed the back of his/her head on the wall with no raised bump noted. The note failed to include an evaluation into causal factors or interventions to reduce the risk for further falls.

Observation on 10/15/18 at 11:30 AM revealed the resident independently used the toilet and after exiting and having certified medication aide A test his/her blood sugar he/she attempted to walk away without his/her walker which required staff to redirect him/her.

Interview on 10/16/18 at 12:15 PM with licensed nurse C confirmed the record did not include causal factors for the falls on 5/4/18 and 7/1/18. He/she confirmed the HSP lacked the resident identified fall risk, the 2 falls since admission and any interventions to reduce the risk of further falls.

The administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs of this resident in accordance with the functional capacity screening and negotiated service agreement regarding repeated falls.

- Record review for resident #589 revealed an

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S3155	Continued From page 7	S3155		

admission date of 9/5/18 with diagnoses of atrial fibrillation and hypertension.

The admission functional capacity screen dated 9/5/18 indicated the resident had intact cognition, needed physical assistance with bathing, ambulated independently with a walker and was at risk for falls.

The negotiated service agreement (NSA) dated 9/5/18 indicated the resident needed physical assistance of staff for bathing, was independent with ambulation and transfers using a walker.

The health service plan (HSP) dated 9/5/18 identified the resident with intact cognition, independent with transfers/ambulation, needed stand-by assist with showering. The HSP failed to identify the resident fall risks or intervention to reduce the risks for falls. The HSP had no revisions noted.

Review of the nursing notes between 9/5/18 and 10/16/18 revealed on 9/7/18 at 11:11 AM regarding the resident reporting he/she had fallen from the bed during the night. The resident reported this after staff observed a bruise on his/her shoulder and an abrasion on the forehead during the bath that morning. The resident said he/she fell during the night and got up on his/her own. He/she had turned over in bed, could not find the switch for the bedside light and rolled out of bed. The note indicated a fall investigation was complete and placed in the nursing station. The note failed to identify an intervention to reduce the risk of further falls from the bed.

Interview on 10/16/18 at 11:18 AM with licensed nurse C confirmed the HSP did not reflect the resident's identified fall risk or an intervention

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S3155	Continued From page 8 after the fall on 9/7/18. The administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs of this resident in accordance with the functional capacity screening and negotiated service agreement regarding repeated falls.	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 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) The facility reported a census of 21 residents. The sample included 3 residents 1 was identified for self-administration of medications. Based on	S3175		

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S3175	Continued From page 9 interview and record review the administrator failed to ensure resident #589's medications prepared a week at a time were prepared by a licensed nurse or pharmacist or family member and failed to ensure a licensed nurse performed an assessment and determined the resident could perform the function safely and accurately without staff assistance. Findings included: - The facility roster provided on 10/15/18 identified resident #589 with self-administered medications. Record review revealed an admission date of 9/5/18 with diagnoses of atrial fibrillation and hypertension. The admission functional capacity screen dated 9/5/18 identified the resident with intact cognition, needed physical assistance with medication management. The record lacked a documentation of an assessment to determine if the resident could safely and accurately self-administer medications. The negotiated service agreement dated 9/5/18 indicated nursing staff would assist with medication monitoring and changes. Staff would set-up medications weekly in pill boxes for the resident to self-administer. The health service plan dated 9/5/18 identified medications by self with assist of weekly pill set-ups. Review of the October 2018 medication administration record (MAR) revealed staff	S3175		

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S3175	Continued From page 10	S3175		

recorded on the MAR a code of SA meaning self-administered between 10/1/18 and 10/13/18. On 10/14/18 staff initialed medications as administered by the staff.

Review of the nursing notes revealed on 10/13/18 at 23:44 PM a call was placed to licensed nurse C to report the resident possibly took a double dose of the bedtime medications. An entry on 10/14/18 at 11:46 AM included the resident may have taken a double dose of digoxin, warfarin and simvastatin the previous evening. He/she was alert and oriented to person, place and time. He/she reported not sure if he/she doubled up on the medication. He/she denied any nausea/vomiting, loss of appetite, headache, weakness or unusual bleeding. Licensed nurse C informed the resident's physician of the possible double dosing. On 10/14/18 at 12:18 AM (0018) licensed nurse D wrote he/she received a call regarding the possibility of the resident taking a double dose of his/her evening medications on 10/13/18 which included digoxin, warfarin and simvastatin. the resident cannot remember if he/she took it or not. His/her morning dose of Lasix for 10/13/18 was left in the medication holder. Licensed nurse D called the physician on call and received orders to hold the warfarin on 10/14/18 and take his/her remaining medications out of his/her room. The medication holders were already out of the room due to needing to be filled.

On 10/15/18 licensed nurse C amended the NSA to indicate the resident was no longer able to administer medications with pill set-ups.

Interview on 10/16/18 at 10:48 AM licensed nurse C reported the facility certified medication aides would fill the pill holder weekly based on the

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S3175	Continued From page 11 physician's orders. He/she confirmed the record lacked any formal assessment of the resident's abilities to safely and accurately self-administer medications. The administrator failed to ensure this resident's medications prepared a week at a time were prepared by a licensed nurse or pharmacist or family member and failed to ensure a licensed nurse performed an assessment and determined the resident could perform the function safely and accurately without staff assistance.	S3175		
S3202 SS=E	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 amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) (4) The facility reported a census of 21 residents. The sample included 3 residents. Based on observation, interview and record review the administrator failed to ensure the licensed nurse oriented and instructed certified medication aides (CMA) A and B in the performance of blood sugar testing, dialing a dose of insulin by insulin pen and further failed to document a demonstration of the staff's competency signed by the nurse and the CMA in each person's personnel record. Findings included:	S3202		

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S3202	Continued From page 12 - On 10/15/18 at 10:45 AM licensed nurse C reported certified medication aides (CMAs) were delegated to perform blood sugar testing and dose dialing of the insulin pens. Review of the personnel file for CMA A on 10/15/18 revealed he/she began employment on 3/21/00 and reinstated his/her CMA certificate on 9/27/17. The record lacked documentation of additional training to allow this CMA to perform blood sugar testing or dose dialing of insulin pens. Observation on 10/15/18 at 11:30 AM revealed CMA B prepared and preformed blood sugar testing for resident #416. Interview with licensed nurse C on 10/16/18 at 1:00 PM confirmed the facility did not have evidence of CMA A or CMA B being trained in blood sugar testing or dosing of insulin pens prior to performing the task. He/she said there was no routine testing for the competency of any of the CMAs regarding blood sugar testing or dosing of the insulin pens. The facility failed to have evidence of additional training for certified medication aides to ensure the CMAs were competent and safe with duties delegated regarding blood sugar testing and dosing of insulin pens.	S3202		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A	S3211		

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S3211	Continued From page 13 licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 21 residents. The facility identified 18 residents received medication management by the facility. Based on observation, interview and record review the administrator failed to ensure over the counter medications were labeled with the resident's full name on the package by a licensed nurse or pharmacist. Findings included: - The facility roster provided on 10/15/18 identified 18 of the 21 residents received facility management of his/her medications. On 10/15/18 at 10:53 AM certified medication aide (CMA) B opened the only medication cart. Observation revealed several over the counter (OTC) medications in the cart which were not labeled with a resident's name and CMA B reported the items as "Stock". He/she explained "Stock" meant staff would administer a dose from these OTC medications to multiple residents. The	S3211		

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S3211	Continued From page 14 cart had unlabeled OTC medications which staff identified as "Stock" as follows: Antacid liquid (generic for Maalox) Milk of Magnesia Bismuth Subsalicylate (generic Pepto-Bismo) MPAP (another name for acetaminophen) 325 milligrams - labeled as "Stock" Ibuprofen 200 milligrams - 2 bottles Acetaminophen 500 milligrams Vaseline Interview on 10/15/18 at 10:53 AM with CMA B revealed when residents needed one of the above OTC medications and did not have any staff would administer a dose from these containers. Interview on 10/15/18 at 11:05 AM with licensed nurse C confirmed he/she was unaware of the regulation for OTC medications to be labeled with resident's full name and not to use a "Stock" supply. The administrator failed to ensure over the counter medications were labeled with the resident's full name on the package by a licensed nurse or pharmacist.	S3211		
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 management plan; (2) education of each resident upon admission to the facility regarding emergency	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N078010	A. BUILDING: _____ B. WING _____	10/17/2018

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S3280	Continued From page 15 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 26-41-104 (d)(3) The facility reported a census of 21 residents. Based on interview and record review the administrator failed to ensure employees and residents had disaster and emergency preparedness by a failure to provide a quarterly review of the facility's emergency management plan. Findings included: - Review of the facility's emergency management training of employees for 2018 revealed the facility assigned staff several different topics to review by computer software. These topics included some disaster or emergency management components, but most were not. Review of the programs as listed failed to include the 9 required elements for an emergency management plan (fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, missing resident and any other potential emergency situations). Review of the training log for Administrator D who	S3280		

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S3280	Continued From page 16 began employment 3/29/18 revealed he/she completed electrical safety, biohazards and fire safety on 3/29/18. Disaster training and surviving an active shooter on 4/25/18 and wandering/elopement prevention on 8/28/18. Review of the training log for licensed nurse C who began employment on 10/29/09 revealed he/she completed electrical safety, biohazards and fire safety on 1/22/18, severe weather drill test on 3/6/18, tornado preparedness on 3/12/18, disaster and surviving an active shooter on 4/25/18 and wandering/elopement prevention on 8/28/18. Review of the training log for certified medication aide A who began employment on 3/21/00 revealed he/she completed electrical safety, biohazards and fire safety on 1/22/18, severe weather drill test on 3/6/18, tornado preparedness on 3/12/18, disaster and surviving an active shooter on 4/25/18 and wandering/elopement prevention on 8/28/18. Interview on 10/15/18 at 3:30 PM with administrator D confirmed staff received training through the computer-based software which also included facility specific components. He/she confirmed the listed trainings did not show a review of all 9 components needed in the emergency management plan every quarter. Interview on 10/15/18 at 1:15 PM with licensed nurse C revealed the residents received emergency management review through the resident council minutes, the monthly fire drills, annual evacuations and the newsletter. He/she confirmed not all residents attended the resident council meetings.	S3280		

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S3280	Continued From page 17 Review of the monthly 2017 resident council minutes revealed no indication of how many or which residents attended the meeting. The 3/23/17 minutes indicated the residents were told "during the recent wildfires it was difficult for us to do our job when so many of your family members were calling or texting to find out what our plan was. We have in place a very thorough disaster plan, [name of specific staff] is working on a letter to be sent out to your families that will hopefully answer all your questions and put your mind at ease". The minutes did not reflect the resident received any disaster/emergency management plan review at this time. The 5/18/17 minutes indicated maintenance would be doing a total evacuation fire drill in the near future but did not indicate the residents received a review of the disaster/emergency management plan. The 7/20/17 minutes indicated licensed nurse C discussed the new fire drill regulations and the facility was still in the process of gathering information and writing a new policy to go with these new regulations. The facility would pass the information onto the residents when the policies and procedures are implemented. None of the monthly minutes reflected a review of the disaster/emergency management plan on a quarterly basis. Review of the monthly 2018 resident council minutes revealed no indication of how many or which residents attended the meeting. Months January 2018 through September 2018 revealed on 4/19/18 the facility did a general review of disaster drill policy and procedures with no question brought up from resident. None of the monthly minutes reflected a review of the disaster/emergency management plan on a quarterly basis.	S3280		

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S3280	Continued From page 18 The March 2018 newsletter included a portion on tornado procedures. Interview on 10/15/18 at 5:15 PM with administrator D and licensed nurse C confirmed the facility did not have evidence of a quarter review of the disaster/emergency management plan with residents. The administrator failed to ensure employees and residents had disaster and emergency preparedness by a failure to provide a quarterly review of the facility's emergency management plan.	S3280		