

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046049	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2018
NAME OF PROVIDER OR SUPPLIER CLOVER CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6320 ZARDA DRIVE SHAWNEE, KS 66226		
(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 citation represents the findings of a resurvey at the above named home plus facility conducted on 8-14-18 and 8-15-18.	S 000		
S5310 SS=D	26-42-205 (e) (f) (g 1 - 3) Medication Orders, Ordering, Labeling (e) Medication orders. Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order. (f) Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident ' s medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(e) The facility reported a census of 9 residents. The sample included 3 residents. Based on record review and interview for 1 (#316) of 3 sampled residents receiving medication management by facility, the licensed nurse failed to ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order.	S5310		

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

TITLE

(X6) DATE

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S5310	Continued From page 1 Findings included: - Record review for Resident #316 revealed admission on 9-17-14 with diagnoses Dementia, Hypertension, Diabetes Mellitus, Depression, Anxiety and Irritable Bowel Syndrome. The Functional Capacity Screen dated 5-15-18 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement dated 5-15-18 recorded services for facility staff to administer and order all medications. Record review revealed the following verbal orders: 5-29-17: Benadryl Cream to affected area topically three times a day PRN (as needed). Order signed by medical care provider on 6-29-17. 6-1-17: Clotrimazole 1% cream to affected areas of bilateral legs and feet twice a day until resolved. Discontinue Benadryl PRN cream. Order signed by medical care provider on 6-29-17. 10-27-17: Wear cotton socks only. Clotrimazole 1% cream topically to dorsal aspect of right foot twice a day until resolved for fungal infection. Order signed by medical care provider on 1-18-18. 7-12-18: Urinalysis with culture and sensitivity if indicated due to sudden incontinence of urine, fever, and complaint of malaise. Order lacked signature of medical care provider. 7-13-18: If elevated fever persists obtain	S5310		

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S5310	Continued From page 2 complete blood count and CMP. Order lacked signature of medical care provider. Interview on 8-14-18 at 4:20 pm with Operator confirmed the above verbal orders lacked signature of the medical care provider within seven working days of the receipt of the verbal order. For Resident #316, the licensed nurse failed to ensure that all verbal orders were signed by the medical care provider within seven working days of receipt of the verbal order.	S5310		