STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087210	A. BUILDING: _____ B. WING _____	R 07/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD SENIORS, LLC	1226 S BYRON ROAD WICHITA, KS 67209

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{S 000}	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named home plus facility conducted 7/30,31/2018.	{S 000}		
{S5080} SS=F	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview the Operator/Registered nurse failed to record all findings on the screening form specified by the department for 3 (#2505, #2504 #2503) of 3 residents. Findings included:	{S5080}		

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

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{S5080}	Continued From page 1 - Review of resident #2505's record revealed the resident admitted to the facility on 6/13/18 with diagnoses of malnutrition, weakness, atrial fibrillation, hypothyroidism, and chronic obstructive pulmonary disease. The functional capacity screen dated 6/13/18 lacked identification as to gender of the resident and had a coding of N/A for management of medical treatments. - Review of resident #0504's record revealed he/she admitted to the home on 8/3/17 with diagnosis of atrial fibrillation, bipolar disorder, seizure disorder, constipation, and major depressive disorder with psychotic features. Review of the functional capacity screen dated 5/17/18 revealed a score of 30/30 for cognition indicating the coding had not been corrected. - Review of resident #0503's record revealed he/she admitted to the home on 5/17/17 with diagnosis of major depressive disorder, diabetes mellitus, congestive heart failure, hypertension and reflux disease. Review of the functional capacity screen dated 6/5/18 revealed a score of 30/30 for cognition indicating the coding had not been corrected. During an interview on 7/30/18 at 2:15 PM administrative nursing staff A reported he/she had not corrected the prior functional capacity screens and for resident #2505 he/she must have missed the gender questions and did not know why the medication treatment questions had N/A. The Operator failed to ensure the designated	{S5080}		

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{S5080}	Continued From page 2 staff completed the Functional Capacity Screen correctly for all 3 residents.	{S5080}		
{S5171} SS=D	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(i) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview the Operator failed to ensure health care services related to following a medical providers orders related to dietary supplement were followed for 1 (#2505) of 3 residents. Findings included: - Review of resident #2505's record revealed an admission date of 6/13/18 with diagnosis of malnutrition. Review of the functional capacity screen dated 6/13/18 revealed the resident was independent with eating. Review of the negotiated service agreement dated 6/13/18 revealed the facility staff provided 3 meals per day. Review of the admission physicians orders revealed order to provide Ensure plus liquid, 1 can after meals.	{S5171}		

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{S5171}	Continued From page 3 During an interview on 7/30/18 at 11:05 AM administrative staff A reported the resident drank half a can in the morning and the other half a can in the evening. Staff A confirmed the resident had not gotten a can of ensure after each meal as ordered. The Operator failed to ensure health care services were provided in accordance with acceptable standards of practice related to following a medical providers order related to administration of dietary supplements.	{S5171}		
{S5192} SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility reported a census of 4 residents.	{S5192}		

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{S5192}	Continued From page 4 Based on observation and interview for all residents, the operator failed to develop a system to ensure foods were cooked and held at the proper temperature. Findings included: Review of the food temperature log for the month of July 2018 lacked food temperatures for all 3 meals for 17 out of 29 days. During an interview on 7/30/18 at 9:50 AM certified staff C stated he/she usually took the temperatures of the food. During an interview on 7/30/18 at 10:00 AM administrative staff A reported he/she tried to make sure it was kept up but had been busy. The operator failed to develop a system to ensure staff monitored the temperature of food to ensure foods were cooked and held at the proper serving temperatures.	{S5192}		
{S5215} SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (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 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	{S5215}		

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{S5215}	Continued From page 5 (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 4 residents. Based on interview and record review for all residents and employees, the Operator failed to ensure emergency preparedness by ensuring quarterly review of the emergency management plan with all staff and residents. Findings included: - Review of the emergency evacuation review dated 7/4/18 included all 4 resident names and noted the emergency evacuation policy was reviewed. During an interview on 7/30/18 at 10:08 AM administrative staff A reported he/she reviewed evacuation and fire but did not review the emergency plans for tornado, severe weather, flood, explosion, natural gas leak, lack of electrical or water service or missing resident. - Review of the staff review of emergency management plan revealed a list of multiple staff and only 5 still employed in the facility. Certified staff B reviewed the emergency preparedness manual on 2/14/18 and had not reviewed it again to ensure quarterly reviews. The Operator failed to ensure emergency preparedness by ensuring quarterly reviews of	{S5215}		

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{S5215}	Continued From page 6 the emergency management plan with all staff and residents.	{S5215}		
S5300 SS=E	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 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 4 residents. The sample included 3 residents. Based on record review and interview for 2 (#2503 and #2505) of 3 residents, the Operator/registered nurse failed to ensure each residents record whom the home managed their medications contained a medical care provider's order for each medication. Findings included:	S5300		

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S5300	Continued From page 7 - Review of resident # 2503's record revealed he/she admitted to the home on 5/17/17 with diagnosis of major depressive disorder, diabetes mellitus, congestive heart failure, hypertension and reflux disease. Review of the functional capacity screen dated /17/18 revealed the resident could not manage his/her medications or medical treatments. Review of the negotiated service agreement dated 5/17/18 revealed staff would manage the residents medications. Review of the July 2018 medication administration record revealed the following medications were administered after 7/5/2018: Gabapentin 300 mg BID (twice a day) Colace 100 mg BID Review of the Physicians orders dated 7/5/18 after hospital return did not include orders for the above medications. The July 2018 medication administration also included a change in the dosage of Gabapentin to 300 mg every AM and 600 mg every PM. The resident's record lacked and order for changes in the medication. During an interview on 7/30/18 at 2:38 PM administrative staff A stated he/she thought there were orders for the medication. When administrative staff A looked through the residents record he/she could not find orders for the above listed medications. The operator failed to ensure staff had the appropriate physicians orders for medications staff administered.	S5300		

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S5300	Continued From page 8 - Review of resident #2505's record revealed the resident admitted to the facility on 6/13/18 with diagnoses of malnourishment, weakness, atrial fibrillation, chronic obstructive pulmonary disease and hypothyroidism. Review of the residents functional capacity screen dated 6/13/18 revealed the resident needed supervision with medication management. Review of the negotiated service agreement dated 6/13/18 revealed the certified staff administered the resident his/her medications. Review of the residents medication administration record revealed the resident received Hydrochlorothiazide 12.5 mg daily. Review of the residents record lacked a physicians order for Hydrochlorothiazide. During an interview on 7/30/18 at 10:58 AM administrative staff A reported he/she could not find an order for the medication. The operator failed to ensure staff had the appropriate physicians orders for medications staff administered.	S5300		