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	N078009	A. BUILDING: _____ B. WING _____	07/09/2018

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BUHLER SUNSHINE HOME	400 S BUHLER ROAD BUHLER, KS 67522

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S 000	INITIAL COMMENTS The following findings represent the findings of the licensure resurvey for the above named facility conducted on 7/5/18 and 7/9/18.	S 000		
S3101 SS=D	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h) The facility reported a census of 27 residents. The sample included 3 residents. Based on record review and interview the administrator failed to ensure the negotiated service agreement (NSA) developed for 1 of 3 residents (#702) was signed by each individual involved in the development of the NSA at the time it was developed. Findings included: - Record review for resident #702 revealed an admission date of 12/21/12 with diagnoses of thrombocytosis, edema, macular degeneration and depression. The functional capacity screen dated 2/3/18 indicated the resident was independent with cares and medications but needed physical assistance with laundry and housekeeping.	S3101		

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

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S3101	Continued From page 1 The negotiated service agreement dated 2/3/18 was signed by the nurse on 2/3/18 but not by the resident until 3/13/18 (38 days later) which indicated the facility would provide laundry services and cleaning of the apartment weekly. Interview on 7/5/18 at 1:23 PM with licensed nurse B confirmed the NSA was not signed at the time he/she developed the NSA because the resident is very independent and goes out from the facility making it hard to meet with the resident. The administrator failed to ensure the NSA for this resident was developed and signed by each individual involved in the development of the NSA at the time it was developed.	S3101		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility 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 facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route.	S3200		

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S3200	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) The facility reported a census of 27 residents. The sample included 3 residents. Based on record review and interview the administrator failed to ensure 1 of 3 sampled residents (#701) all medications and biologicals were administered to the resident in accordance with a medical care provider's order and professional standards of practice. Findings included: - Review of the record for resident #701 revealed an admission date of 6/18/18 with diagnoses of diabetes mellitus, diabetic neuropathy, hypertension and chronic obstructive pulmonary disease. The admission functional capacity screen dated 6/18/18 indicated the resident was unable to manage his/her medications and treatments. The negotiated service agreement dated 6/18/18 directed the facility staff wound provide management of medications and treatments. The health service plan (care plan) dated 6/18/18 directed staff to provide total management of medications. Review of the resident progress notes revealed on 6/29/18 at 8:00 PM licensed nurse C was summoned for the resident not feeling well with a blood sugar of 345. The nurse called the	S3200		

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S3200	Continued From page 3	S3200		

resident's physician and received a telephone order to administer Novolog (short-acting insulin) 20 units now and increase Lantus (long-acting insulin) to 30 units daily at supper. Insulin given as ordered and resident stated he/she could tell if blood sugar dropped with instructions to call for assistance if feeling weak.

Review of the medication administration record (MAR) for June 2018 revealed no evidence of the Novolog 20 units administered. The MAR included a change in the Lantus order from 20 units to 30 units with administration time of 5:30 PM. On 6/30/18 at 5:30 PM the dose is marked as a missed dose with no explanation. On the July 2018 MAR the 7/1/18 at 5:30 PM Lantus dose is also marked as a missed dose with no explanation.

Review of the resident progress notes between 6/29/18 and 7/5/18 revealed no information about missed dosing of Lantus.

Review of the resident's blood sugars taken between 6/30/18 and 7/5/18 revealed the resident's blood sugar remained elevated over 200.

Interview on 7/5/18 at 12:25 PM with licensed nurse B confirmed the resident progress notes reflected licensed nurse C called the physician and received an order to administer Novolog as a 1- time dose and change the Lantus to 30 units. He/she confirmed the June MAR lacked a record of the Novolog insulin administration and the 6/30/18 Lantus at 5:30 PM was marked as a missed dose. He/she confirmed the 7/1/18 Lantus dose at 5:30 PM was also marked as a missed dose. Licensed nurse B did not know the reason for the missed insulin doses and confirmed the

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S3200	Continued From page 4 record lacked any indication of the reason for the missed doses. The administrator failed to ensure all medications and biologicals were administered to this resident in accordance with a medical care provider's order and professional standards of practice.	S3200		
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 census totaled 27 residents. The sample included 3 residents. Based on record review and interview the facility failed to ensure the licensed nurse oriented and instructed certified medication aides (CMA) D, E, F in the performance of blood sugar testing, and further failed to document a demonstration of the staff's competency signed by the nurse and the certified medication aide (CMA) in each person's personnel record. Findings included: - On 7/5/18 9:15 AM licensed nurse B reported certified medication aides (CMAs) were delegated to perform blood sugar testing.	S3202		

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S3202	Continued From page 5 Review of the personnel file for CMA D on 7/5/18 revealed he/she began employment on 3/28/17. The record lacked documentation of additional training to allow this CMA to perform blood sugar testing. Review of the personnel file for CMA E on 7/5/18 revealed he/she began employment on 5/17/17. The record lacked documentation of additional training to allow this CMA to perform blood sugar testing. Review of the personnel file for CMA F on 7/5/18 revealed he/she began employment on 1/4/18. The record lacked documentation of additional training to allow this CMA to perform blood sugar testing. Interview on 7/5/18 at 2:58 PM with administrative human resource staff G revealed he/she had no documentation within the employee records of training for blood sugar testing. Interview with licensed nurse B on 7/5/18 at 3:00 PM confirmed the facility did not have evidence of CMA D, E and F being trained in blood sugar testing prior to performing the task. He/she indicated an annual skills fair done in May of 2017 usually covered blood sugar testing. 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 checks.	S3202		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may	S3211		

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S3211	Continued From page 6 accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A 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 27 residents. Based on observation and interview for all residents receiving facility management of medications, the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on each over-the-counter (OTC) medication package or container in the only medication room and only medication cart. This deficient practice affected 9 residents (#703, #704, #705, #706, #707, #708, #709, #710 and #711). Findings included: - The facility resident roster identified 26 residents received facility management of medications. On 7/5/18 at 9:11 AM licensed nurse B opened the only medication room. Observation revealed cabinets with multiple over the counter	S3211		

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S3211	Continued From page 7 medications (OTC) for the residents which were not labeled with the residents full first and last name or as items for a specific resident "stock" medication as follows: Resident #704 had 2 bottles of eye drops which were not labeled and licensed nurse B identified as belonging to resident #704. Resident #705 had 1 bottle/container/package labeled with his/her first name only The cabinets had the following OTC medications labeled as "Stock" and licensed nurse indicated these medications were used for whichever resident needed them: Antacid tablets 750 milligrams (mg), a 16 ounce bottle of Geri-tussin, a 16 ounce bottle of milk of magnesia, 2 bottles of acetaminophen 500 mg tablets, allergy tablets, 12 ounce Geri-pectate, 2 bottles of antidiarrheal 2 mg and a 4 ounce container of zinc oxide. On 7/5/18 at 9:21 AM certified medication aide (CMA) H opened the only medication cart. Observation revealed the following residents with OTC medications not labeled with their full first and last name: Resident #703 had 1 bottle labeled with his/her first name and last name initial Resident #706 had 1 bottle not labeled and CMA H identified the bottle as being for resident #706 Resident #707 had 1 bottle labeled with his/her last name Resident #708 had 1 bottle labeled with his/her first name and last name initial Resident #709 had 1 bottle labeled with his/her first name and last name initial Resident #710 had 1 bottle not labeled and CMA H identified the bottle as being for resident #710. Resident #711 had 1 bottle labeled with his/her first name only.	S3211		

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S3211	Continued From page 8 The medication cart also had the following OTC medications labeled as "Stock" and CMA H indicated these medications were used for whichever resident needed them: 16 ounce bottle of Geri-tussin, 12 ounce bottle of Geri-mox (antacid), a bottle of acetaminophen 325 mg, a bottle of ibuprofen 200 mg, a bottle of acetaminophen 500 mg, a bottle of antidiarrhea 2 mg tablets, a 12 ounce bottle of Geri-pectate, a 12 ounce bottle of Pepto-bismal, a 16 ounce bottle of milk of magnesia, and bottle of regular strength antacid tablets. Interview on 7/5/18 at 9:25 AM with CMA H revealed he/she would label the OTC medications when the resident or family brought them in. Interview on 7/5/18 at 9:28 AM with CMA J revealed he/she would label the OTC medications when the resident or family brought them in. Interview on 7/5/18 at 9:15 AM with licensed nurse B confirmed the OTC medications were labeled by either the CMA or the nurse when a resident or family member brought them in. He/she was not aware of the requirement for full first and last name. The administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on each over-the-counter (OTC) medication package or container in the only medication room and only medication cart.	S3211		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by	S3280		

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S3280	Continued From page 9 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 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 27 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: - On 7/5/18 at 1:48 PM administrator A reported he/she provided the employees emergency preparedness training during new employee orientation and annually. The facility failed to provide evidence of quarterly employee training/review in the facility's emergency management plan for 2017 and 2018 as requested.	S3280		

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S3280	Continued From page 10 Interview on 7/5/18 at 1:30 PM with licensed nurse B revealed he/she had started a monthly training with the residents usually during the mid-day meal which included emergency preparedness. He/she confirmed the training/review did not include all 9 elements required within each quarter. Review of the documentation provided revealed the following: No documentation between the last resurvey (1/17/17) and 6/1/17 6/1/17 it said Disaster P/P (policy and procedure) Nothing for July 2017 8/8/17 E-kits (emergency kits) and resident elopement 9/11/17 flooding 10/2/17 explosion 11/6/17 hostage 12/4/17 fire disaster and evacuation 1/8/18 bomb threat 2/5/18 transportation during a disaster 3/5/18 tornado 4/10/18 utility outage 5/10/18 explosion/earthquake 6/5/18 bioterrorism 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		
S3310 SS=E	26-41-207 (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	S3310		

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S3310	Continued From page 11 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; and (c) Each administrator or operator shall ensure the facility ' 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 26-41-207(c) The facility census totaled 27 residents with 3 sampled. Based on record review and interview the administrator failed to follow tuberculosis (TB) guideline of a two-step testing method for TB which included the date of plantation, date read and the results of the testing for 3 of 5 employees sampled and failed to complete an annual TB questionnaire or testing for 2 of 3 residents sampled (#702 and #703). Findings included: - Record review for resident #702 revealed an admission date of 12/21/12. The record included a tuberculosis (TB) questionnaire completed on 12/28/16 and no other evidence of testing. On 7/5/18 at 1:07 PM licensed nurse B confirmed the annual questionnaire was not completed for 2017 or 2018 - Record review for resident #703 revealed an admission date of 3/17/16. The record included a TB questionnaire completed on 10/31/16 and no	S3310		

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S3310	Continued From page 12 other evidence of testing. On 7/5/18 at 1:07 PM licensed nurse B confirmed the annual questionnaire was not completed for 2017 or 2018. - Personnel record review of new hires revealed certified medication aide (CMA) E hired on 5/17/17 only had a TB questionnaire completed on 5/17/17. CMA F hired on 1/4/18 only had a TB questionnaire completed on 1/4/18. Licensed nurse B hired on 6/28/17 had a 1-step TB test done on 7/3/17 with results on 7/6/17 of negative. Interview on 7/5/18 at 2:48 PM with administrative human resource staff G confirmed the facility had not performed the required TB testing of new hires which included a 2-step testing method. The administrator failed to follow tuberculosis (TB) guideline of a two-step testing method for TB which included the date of plantation, date read and the results of the testing for employees and annual TB questionnaire or testing for residents.	S3310		