Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N056012	A. BUILDING: _____ B. WING _____	R 07/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMPORIA PLACE	1200 W 12TH AVENUE EMPORIA, KS 66801

(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 citations represent the findings of the first non-compliance revisit for the above named facility conducted on 7/10/18, 7/11/18 and 7/12/18.	{S 000}		
{S3165} SS=E	26-41-204 (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 26-41-204(d) The facility reported a census of 29 residents. The sample included 3 residents. Based on record review and interview for 2 of 3 sampled residents (#1602 and #1603) the administrator failed to ensure each resident's negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. Findings included: - Record review for resident #1602 revealed an admission date of 4/6/16 with diagnoses of hypertension, congestive heart failure, edema, generalized osteoarthritis and atrial fibrillation. The annual functional capacity screen dated 1/18/18 revealed the resident needed physical assistance with bathing and was unable to manage his/her medications.	{S3165}		

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

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{S3165}	Continued From page 1 The negotiated service agreement (NSA) dated 5/19/18 lacked identification of the nurse responsible for the health service plan. Interview on 7/10/18 at 4:26 PM with licensed nurse A confirmed he/she had not updated all of the residents NSA with the nurse responsible and only updated as the NSA became due or if needed a revision. The administrator failed to ensure this resident's negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. - Record review for resident #1603 revealed an admission date of 8/9/16 with diagnoses of hypertension, memory impairment, history of falls, glaucoma and depression. The annual functional capacity screen dated 1/31/18 indicated the resident required physical assistance with bathing, dressing and toileting. He/she was unable to manage his/her own medications. The negotiated service agreement (NSA) dated 5/3/18 lacked identification of the nurse responsible for the health service plan. Interview on 7/10/18 at 4:26 PM with licensed nurse A confirmed he/she had not updated all of the residents NSA with the nurse responsible and only updated as the NSA became due or if needed a revision. The administrator failed to ensure this resident's negotiated service agreement contained the	{S3165}		

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{S3165}	Continued From page 2 name of the licensed nurse responsible for the implementation and supervision of the health care service plan.	{S3165}		
{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 29 residents. The facility identified 9 certified medication aides (CMA) worked at the facility with responsibilities of blood sugar testing and dose dialing of insulin pens. Based on record review and interview the facility failed to have evidence of additional training for the 9 CMAs B, C, D, E, F, G, H, I and J to ensure the CMAs were competent and safe with duties delegated to check blood sugars and dial the dose for insulin pens. Findings included: - On 7/10/18 at 4:20 PM review of the personnel file for CMA B revealed he/she began employment on 6/25/18. The record lacked documentation of additional training to allow this CMA to perform blood sugar testing and dialing of insulin pens for residents to administer. Interview with licensed nurse A on 7/10/18 at 4:26	{S3202}		

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{S3202}	Continued From page 3 PM revealed he/she failed to conduct training and competency for the delegated duties of blood sugar testing and insulin pen dose dialing for any of the facility's CMAs. 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 and dialing the dose for insulin pens.	{S3202}		