STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B076002	A. BUILDING: _____ B. WING _____	05/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH WIND HOME	496 YUCCA LANE PRATT, KS 67124

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named Home Plus living facility conducted on 4/26,302018	S 000		
S5116 SS=E	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2) The facility reported a census of 11 residents. The sample included 3 residents. Based on record review and interview the operator failed to ensure the review and, if necessary, the revision of each negotiated service agreement following any significant change in condition, as defined in K.A.R. 26-39-100 for 2 (#426 and #428) of 3 residents sampled. Findings included: - Review of resident #426's record revealed	S5116		

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

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S5116	Continued From page 1	S5116		

he/she admitted to the facility on 8/14/17 with diagnoses of right parietal cerebral vascular accident, left cerebral vascular accident, diabetes mellitus, and atrial fibrillation.

The functional capacity screen dated 2/13/18 revealed the resident required physical assistance with activities of daily living except for supervision with walking and independent with eating.

The Negotiated service agreement dated 2/13/18 revealed the staff provided daily assistance with activities of daily living and managed his/her medications.

The health service plan dated 1/25/18 revealed the resident self administered most of his/her medications.

Review of the physicians progress notes dated 3/6/18 revealed the resident received home health services due to a diabetic foot ulcer on the resident's left heel.

The record lacked revision of the negotiated service agreement to identify the resident received home health services or the changes related to medication administration including Certified medication aides checking blood glucose and dialing insulin dosage with the resident self injecting the insulin.

- Review of resident #428's record revealed an admission dated of 9/1/15 with diagnosis of hypertension, anxiety, atrial fibrillation and cerebral vascular accident.

The functional capacity screen dated 2/13/18 revealed the resident needed physical assistance

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S5116	Continued From page 2 with activities of daily living except for eating and required staff to administer and manage medications. Review of the negotiated service agreement dated 2/13/18 revealed staff provided assistance with activities of daily living. Review of the resident's record revealed he/she started Hospice services through an outside provider on 2/23/18 and designated staff failed to revise the negotiated service agreement to include Hospice services. During an interview on 4/30/18 at 10:52 AM operator staff E reported he/she must have just missed doing the amended service agreement for resident #426 and #428. The operator failed to ensure designated staff reviewed and revised the negotiated service agreement following a significant change in condition for resident #426 and #428.	S5116		
S5165 SS=E	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (e) The facility reported a census of 11 residents.	S5165		

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S5165	Continued From page 3 Based on record review of 3 of 3 certified medication aides employee files and interview the operator failed to ensure the licensed nurse delegated the nursing procedure of blood sugar monitoring to each certified medication aide under the Kansas nurse practice act, K.S.A.65-1124 and amendments thereto. Findings included: - Review of employee records revealed certified staff C and D did not have evidence of licensed nurse delegation for blood glucose testing which is not part of the certified medication aide curriculum. Certified staff A's employee record identified hire dated of 2/2/17 and delegation of blood glucose testing not completed until 2/15/18. During an interview on 4/30/18 at 11:00 AM licensed nursing staff H reported certified staff C might have checked blood sugars but no longer does that task. Staff H reported for certified staff A and D he/she had watched them complete blood glucose monitoring but not sure if there was anything in writing. During an interview on 4/30/18 at 3:54 PM licensed nursing staff I reported there were 3 residents that staff provided the service of blood glucose monitoring. The operator failed to ensure designated staff ensured certified medication aides were properly trained on completion of blood glucose testing.	S5165		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies	S5230		

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S5230	Continued From page 4 (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 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; (c) Each administrator or operator shall ensure the home ' 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: K.A.R 26-42-207(c) The facility reported a census of 11 residents. The sample included 3 residents and review of 5 employee records. Based on interview and record review of 5 employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for 3 of 5 employees. This failure effected all residents who lived in the home. Findings included: - Review of 5 newly hired employees file revealed the following: Certified staff C hired onto the facility on 9/5/17 and received his/her first tuberculosis (TB) test on 12/10/17, 3 months after hire date.	S5230		

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S5230	Continued From page 5 Certified staff D hired onto the facility on 3/8/18 and only record of TB testing was from 8/2016 from prior employment. Licensed nursing staff F hired onto the facility on 12/29/16 and received his/.her first TB test on 1/25/17, 25 days after hire date. During an interview on 4/30/18 operator staff reported he/she needed to be more diligent in getting them done closer to start of employment. For 3 of 5 new employee records, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual	S5258		

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S5258	Continued From page 6 does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR-26-42-102 (d)(1)(2) The facility reported a census of 11 residents. The sample included 3 residents and review of 5 employee records. Based on interview and record review, the operator failed to ensure 4 of 5 employee records contained certification verification information upon hire and failed to ensure 4 of 5 employee records contained supporting documentation of criminal background checks submitted upon hire. This had the potential to affect all residents in the facility. Findings included: - Review of employee files conducted revealed the following: Certified nursing staff A hired to the facility on 2/2/17 with certification check completed on 7/14/17 and criminal background check (CBC) sent on 7/20/17. Certified nursing staff B hired to the facility on 8/21/17, employees record lacked evidence of certification check or CBC check. Certified nursing staff C hired to the facility on 9/5/17 with certification check date 9/11/17 and CBC submitted on 9/12/17. Certified nursing staff D hired to the facility on 3/0/18 with a certification check from 8/3/18	S5258		

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S5258	Continued From page 7 which revealed staff D's certification expired on 1/12/18. The home submitted the CBC on 3/23/18, 20 days after hire. An interview on 4/30/18 at 11:00 AM operator staff E reported certified staff A did not actually start working until the first part of July. For staff D operator staff E stated the facility had his/her old certification check and knew it was OK. Staff D stated he/she just needled to be more diligent about getting them time timely. The administrator failed to ensure employee records contained licensure or certification verification information upon hire and supporting documentation of criminal background checks submitted upon hire. This had the potential to affect all residents in the facility	S5258		
S5302 SS=E	26-42-205 (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 26-42-205(d)(4) The facility reported a census of 11 residents. The sample included 3 residents. Based on record review of 3 of 3 certified medication aides employee files and interview the operator failed to ensure the licensed nurse delegated the nursing	S5302		

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S5302	Continued From page 8 procedure of dialing insulin dosage on an insulin pen to each certified medication aide under the Kansas nurse practice act, K.S.A.65-1124 and amendments thereto. Findings included: - Review of resident #426's record revealed he/she admitted to the facility on 8/14/17 and had a diagnosis of diabetes mellitus. The record also revealed the resident Toujeo insulin 12 units 1 hour before breakfast. During an interview on 4/26/18 at 3:00 PM the resident reported the certified aide dialed the appropriate amount of insulin in the pen and then he/she self-injected it. Review of the residents record lacked evidence of the residents ability to self inject insulin after staff dialed the appropriate dosage. Review of employee records revealed certified staff A,C and D did not have evidence of licensed nurse delegation for dialing dosage of insulin pen which is not part of the certified medication aide curriculum. During an interview on 4/30/18 at 11:00 AM licensed nursing staff H reported certified staff C probably would not have dialed insulin dosages. Staff H stated he/she had watched staff A and D dial insulin pens but not sure if there was anything in writing. The operator failed to ensure designated staff ensured certified medication aides were properly trained on completion dialing dosage of insulin pens.	S5302		

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S5326	Continued From page 9	S5326		
S5326 SS=E	26-42-205 (l) (1) Medication Regimen Review Contents (l) (1) The medication regimen review shall identify any potential or current medication-related problems, including the following: (A) Lack of clinical indication for use of medication; (B) the use of a subtherapeutic dose of any medication; (C) failure of the resident to receive an ordered medication; (D) medications administered in excessive dosage, including duplicate therapy; (E) medications administered in excessive duration; (F) adverse medication reactions; (G) medication interactions; and (H) lack of adequate monitoring. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l)(1)(A) The facility reported a census of 11 residents. The sample included 3 residents. Based on interview and record review the operator failed to ensure the quarterly medication regimen reviews conducted by the Registered Nurse identified any potential or current medication-related problems, including the lack of clinical indication for use of medications for 3 (#426, #427 and ##428) of 3 residents reviewed. Findings included: - Review of resident #426's record revealed the	S5326		

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S5326	Continued From page 10	S5326		

resident received the following medications:
Iron 65 milligrams (mg) daily with supper,
Melatonin 3 mg at bed time.

Review of the resident's medication administration record for 4/2018 revealed the resident used Miralax 17 grams as needed.

Review of the physicians orders failed to identify indication for use for the Iron and Melatonin and frequency parameters for how often staff could give the Miralax.

Review of the medication regimen review (MRR) review dated 4/19/18 failed to identify the lack of indications for use of medications and the lack of parameters for as needed medications.

- Review of resident #427's medical record revealed he/she received the following medications:
Vitamin D3 1000 units 2 tabs daily and Alprazolam 0.25 mg daily.

Review of the physicians orders lacked indication for use for the Vitamin D3 and Alprazolam.

Review of the pharmacy reviews dated 4/19/18 failed to identify the lack of indication for use of the Vitamin D3 and Alprazolam.

- Review of resident #428's record revealed he/she received the following medications:
Loratadine 10 mg daily, Levsin 0.125 mg q 4 hours as needed and Morphine sulfate 100 mg/5 ml give 0.25 ml to 1 ml q 2 hours as needed.

Review of the medication administration record revealed the resident received Milk of Magnesia as needed for constipation, Miralax as needed for

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S5326	Continued From page 11 constipation, and acetaminophen 500 mg 1-2 tabs as needed for pain. The record lacked frequency parameters for which staff could administer the medication. Review of the physicians orders lacked indications for use for the Loratadine, Levsin, and Morphine Sulfate and frequency for the listed as needed medications. During an interview on 4/30/18 at 10:00 AM licensed nursing staff H reported he/she knew each medication needed to have an indication for use and stated the as needed medications needed to identify how frequent the medication could be given. The operator failed to ensure medication regimen reviews identified any potential or current medication-related problems, including the lack of clinical indication for use of medications and frequency of as needed medications for 3 of 3 residents.	S5326		