STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087141	A. BUILDING: _____ B. WING _____	01/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLARK ADULT CARE HOME 3	11216 W MAPLE STREET WICHITA, KS 67209

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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Home Plus Facility in Wichita, Kansas on 01/04/18, 01/08/18, and 01/09/18.	S 000		
S 195 SS=D	26-39-102 (f) Discharge Notice (f) The administrator or operator, or the designee, shall provide a notice of transfer or discharge in writing to the resident or resident ' s legal representative at least 30 days before the resident is transferred or discharged involuntarily, unless one of the following conditions is met: (1) The safety of other individuals in the adult care home would be endangered. (2) The resident's urgent medical needs require an immediate transfer to another health care facility. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(f) The census equalled seven the sample included three Residents and two focused reviews completed. Based on interview and review of record, for one of two focus reviewed Residents (#182), the Operator failed to provide a notice of discharge in writing to the Resident or Resident's representative at least 30 days before Resident was discharged. Findings included: - Review of record revealed #182 admitted to facility 01/15/15 with diagnoses of diabetes,	S 195		

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

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S 195	Continued From page 1	S 195		

chronic respiratory failure, chronic obstructive pulmonary disease, and sleep apnea.

Medical Record Nurses' Notes (NN) 01/20/17 at 10:00am - recorded "received orders to discharge Resident from this facility - left via facility van - escorted by staff."

The medical record lacked evaluations or assessments to indicate #182 in need of services not available at this facility.

The functional capacity screen (FCS) and negotiated service agreement (NSA) lacked review and revision to indicate service needed not available at this facility.

The medical record lacked documentation of a written notice of discharge provided to Resident or Resident's representative prior to discharge to another facility.

On 01/08/18 at 4:22pm Owner/Operator #K stated I do not remember doing a discharge notice... #K telephoned Operator #L and confirmed no written discharge notice provided to #182 at time of discharge from this facility... the thing was to get him/her out of here as soon as possible... coordinated with #182's medical care provider.

On 01/08/18 at 6:00pm Owner/Operator #K located a paper with the printed message "I #182 am requesting to be moved to another facility on this date." This written message signed with an illegible scribbled marking, and witnessed by Owner/Operator #K and a previous facility licensed nurse.

The Operator failed to provide a notice of

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S 195	Continued From page 2 discharge in writing to #182 or to #182's representative at least 30 days before Resident was transferred.	S 195		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The census equalled seven the sample included three Residents and two focused reviews completed. The Resident roster identified no Residents with bed rails. One sampled Resident later identified to have bed rails. For one of three sampled (#189) the Operator failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services related to bed rail use and safety. Findings included: - Review of record revealed #189 admitted to facility 7/10/17 with diagnoses of chronic pain, depression, anemia, coronary artery disease, hypothyroidism, and myocardial infarction.	S5155		

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S5155	Continued From page 3 The current functional capacity screen (FCS) of 12/07/17 assessed #189 unable to perform (3) bathing, dressing, toileting, transfers, mobility; physical assistance with eating; unable to perform medication and treatment management; with short term memory, long term memory, memory recall, and decision making impairments; with incontinence and falls; with inappropriate behaviors, impaired decision making, used a wheelchair and a mechanical lift. The negotiated service agreements (NSA) and Resident service plan (HSP) dated 12/07/17 documented Resident to receive assistance with needed services. By observation on 01/04/18 during the entrance tour, and on 01/08/18 at 4:45pm the bed of #189 with attached half bedrail. Placement and position of this bed rail observed to allow the placement of Surveyor's hand sideways (little finger against mattress and thumb against bedrail) between the mattress and the bedrail. The bedrail also "moveable" and able to jiggle back and forth. Observed three mattresses stacked against dressers in room. Owner/Operator #K stated these mattresses placed beside bed when Resident in bed so when he/she rolled out of bed would roll onto these. The NSA and HSP lacked a description of why the bedrails needed, how used and information to be monitored by direct care staff. The medical record lacked a bed rail assessment of the safety of the device including secure attachment to the bed, measurement of gaps between the mattress and rail, the physical and cognitive abilities of the Resident related to the bed rails.	S5155		

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S5155	Continued From page 4 On 01/08/18 at 5:55pm Operator #L, Owner/Operator #K, and facility nurse #J reported the facility system for bedrail assessment consisted of the completion of "the functional capacity screen and a mini mental exam"... we have always used the mini mental and FCS for bedrail determination... confirmed bedrail need, use, and safety not included in the negotiated service agreement or in the health service plan for #189. The Operator failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services for #189 related to the need for bed rails and the Resident's safety in using the bedrails.	S5155		
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 does not have a finding of having abused,	S5258		

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S5258	Continued From page 5 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)(3) The census equalled seven the sample included three Residents and two focused reviews completed. The facility identified 69 employees hired since the last resurvey, with eight of these reviewed. Based on observation, interview, and review of records, for eight of eight employees reviewed (#A, #B, #C, #D, #E, #F, #G, and #H), the Operator failed to provide supporting documentation for criminal background checks of facility certified staff pursuant to K.S.A. 39-970 and amendments thereto. Findings included: - Operator #L provided a list of employees, and identified those hired since the last resurvey. Review of employee files revealed the following: #A - certified medication aide - hired 12/27/17 - no supporting documentation for criminal background check completed by this facility; Kansas nurse aide registry verification recorded the last check completed August 2017 by another (out of town) facility. #B - certified medication aide - hired 12/06/17 - no supporting documentation for criminal background check completed by this facility	S5258		

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S5258	Continued From page 6 #C - certified nurse aide - hired 8/28/17 - no supporting documentation for criminal background check completed by this facility, ultimately left employment 12/07/17 #D - certified nurse aide - hired 10/17/17 - no supporting documentation for criminal background check completed by this facility, ultimately left employment 11/24/17 #E - certified medication aide - hired 8/16/17 - no supporting documentation for criminal background check completed by this facility; Kansas nurse aide registry verification recorded the last check completed May 2017 by another facility #F - certified nurse aide - hired 8/21/17 - the record contained a receipt of payment for the criminal check inquiry dated 9/08/17 (not submitted at time of hire), but the record lacked results of the inquiry. Operator to office and returned with newly printed form with completed date of 9/19/17 #G - certified medication aide - hired 12/06/17 - no supporting documentation for criminal background check completed by this facility; Kansas nurse aide registry verification recorded the last check completed October 2016 by another facility #H - certified medication aide - hired 10/04/17 - no supporting documentation for criminal background check completed by this facility On 01/04/18 at 4:00pm Operator #L stated I thought if the last background check was completed within the last six months we didn't	S5258		

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S5258	Continued From page 7 have to do a new one... On 01/04/18 at 4:10pm Operator #L stated walked through process with Department staff when process became electronic... printed the receipt... assumed results would continue to come in the mail... have not printed any off we've been getting them in the mail... On 01/04/18 at 4:40pm Operator #L confirmed no copies of previous facility background checks on file... stated we usually just wait awhile (before completing checks on new hires)... if we do it on day of hire and they don't show up for work then you are out the fee... our facility policy per Owner/Operator #K is go ahead and do the check in two to three weeks if the employee is still here... The Operator failed to provide supporting documentation for criminal background checks of #A, #B, #C, #D, #E, #F, #G, and #H, pursuant to K.S.A. 39-970 and amendments thereto.	S5258		
S5300 SS=D	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	S5300		

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S5300	Continued From page 8 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 census equalled seven the sample included three Residents and two focused reviews completed. The Resident roster identified all Residents as receiving medication management. Based on interviews and reviews of records for one of three sampled (#187), the Operator failed to ensure all medications and biologicals administered in accordance with a medical care provider's written order and professional standards of practice. Findings include: - Review of record revealed #187 admitted to facility 11/03/14 with diagnoses of presenile dementia with delerium, diabetes, insomnia, chronic pain, schizophrenia, and anoxic brain injury. The current functional capacity screen dated 12/07/17 assessed #187 unable to perform medication and treatment management and the 12/07/17 negotiated service agreement and Resident Service Plan documented Resident to receive medication and treatment management. Comparison of the current December 2017 and January 2018 MAR's (medication administration record) with current signed medical care provider	S5300		

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S5300	Continued From page 9 orders revealed discrepancies. MAR contained: Use lid scrub topically three times a day for 3 days call primary care physician if worsening. The December MAR documented this order initiated on 12/12/17, stopped on 12/15/17, then resumed on 01/01/18, and continued three times daily until discovered on 01/04/18 during this review. In addition, the list of standing orders in the record for #187 last signed by medical care provider 11/03/14. The record lacked evidence of a more recent review or recertification by the physician or the medical care provider, in accordance with professional standards of practice. On 01/08/18 at 4:42pm, facility nurse #J confirmed the above MAR content failed to match written orders, confirmed the standing orders in the record not reviewed or signed since 11/03/14. Facility nurse #J then located a more recent list of standing orders signed by the medical care provider for #187, but this listing signed 11/08/16, and lacked any Resident name(s). The Operator failed to ensure all medications and biologicals administered to #187 in accordance with written medical care provider orders and in accordance with professional standards of practice.	S5300		