Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087178	A. BUILDING: _____ B. WING _____	04/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLARK ADULT CARE HOME 6	10001 W 12TH STREET NORTH WICHITA, KS 67212

(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 citation represents the findings of a resurvey with investigation of complaints #109458 and #109349 of the above home plus facility on 4/5/17, 4/6/17, and 4/10/17.	S 000		
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 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 7 residents. The sample included 3 residents and 2 closed records reviewed. Based on record review and interview for 1 (#300) of 3 residents sampled, the operator failed to ensure certified medication aides (CMAs) administered medication to the resident in accordance with the medical care provider's written order and standards of practice.	S5300		

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

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S5300	Continued From page 1 Findings included: - Record review for resident #300 revealed an admission date of 1/12/17 and diagnoses of atrial fibrillation, coronary artery disease, and Alzheimer's disease with vascular dementia. Functional capacity screen dated 1/12/17 indicated resident was unable to perform management of medications. Negotiated service agreement/health care service plan dated 1/12/17 documented the service of staff administration of medications. The 3/1/17 through 3/31/17 medication administration record (MAR) contained an entry of propranolol 60 milligrams 1 tablet by mouth at 8:00 a.m. and 5:00 p.m. for tremors, hold if SBP (systolic blood pressure) less than 100. The medication administration record lacked documentation of the resident's blood pressure reading prior to each dose of propranolol. The April 2017 MAR contained documentation by CMAs of propranolol administration 2 times a day 4/1/17 through the 8:00 a.m. dose 4/6/17 but lacked documentation of the resident's blood pressure prior to each dose administered. The 2/1/17 through 2/28/17 MAR lacked blood pressure readings prior to the 5:00 p.m. dose and documentation of resident's blood pressure readings on 18 of 28 days prior to administration of the 8:00 a.m. dose. The 1/12/17 through 1/31/17 MAR did contain documentation of resident's blood pressure prior to each dose of propranolol. Resident's record contained a signed medical care provider's order from the time of admission to the facility for propranolol 60 milligrams 1 tablet	S5300		

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S5300	Continued From page 2 by mouth at 8:00 a.m. and 5:00 p.m. for tremors, hold if SBP less than 100. At 11:55 a.m. on 4/6/17, CMA C stated he/she did not take the resident's blood pressure prior to administering propranolol. At 3: 23 p.m. on 4/6/17, licensed nurse B stated resident's blood pressure not recorded any other place than on the MAR. The operator failed to ensure CMAs administered medication to resident #300 in accordance with the medical care provider's written order and standards of practice.	S5300		