STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089034	A. BUILDING: _____ B. WING _____	03/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEGGY KELLY HOUSE II	1800 FAIRMONT RD TOPEKA, KS 66604

(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 are the result of a licensure re-survey with attached complaints at the above named residential care facility on 3/22/17, 3/23/17 and 3/27/17.	S 000		
S3101 SS=E	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 9 residents. The sample included 3 residents. Based on record review and interview for 2 (#322 and #324) of 3 residents sampled, the operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement. Findings included: - Record review for resident #322 recorded an admission date of 3/3/16 with diagnoses including: Alzheimer's early onset, psychosis, depression, hypertension, hyperlipidemia, cervical	S3101		

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

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S3101	Continued From page 1 disc degeneration and diabetes mellitus type 2. Functional Capacity Screen (FCS) dated 12/30/16 recorded resident required assistance with bathing , dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments. Resident has problems with memory/recall and decision making. Negotiated Service Agreement/ Healthcare Service Plan (NSA/HCSP) dated 12/30/16 recorded resident to receive staff assistance with bathing, dressing, toileting, transfer, walk/mobility, eating, management of medications and treatments and DPOA/DPOAH to assist with all personal and financial matters. NSA/HCSP lacked the signature of DPOA/DPOAH until signed NSA was submitted with 3/22/17 signature date. Record review for resident #324 recorded an admission date of 2/8/17 with diagnoses including: Alzheimer's, dementia, insomnia, pain, constipation and dry eye syndrome. FCS dated 2/8/17 recorded resident required assistance with bathing, dressing and toileting and is unable to perform management of medications and treatments. Resident has problems with short term memory, long term memory, memory recall and decision making. NSA/HCSP dated 2/8/17 recorded resident to receive staff assistance with bathing, dressing, toileting and management of medications and treatments. Resident's DPOA/DPOAH provides assistance with all personal and financial matters.	S3101		

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S3101	Continued From page 2 Interview on 3/22/17 at 1:45pm with administrative staff #A stated the NSA was mailed to the (DPOA/DPOAH) for a signature and confirmed copy on chart did not contain the signature of the DPOA/DPOAH. NSA/HCSP lacked signature of DPOA/DPOAH until 3/23/17. For residents #322 and #324, the operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement.	S3101		
S3200 SS=E	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. This REQUIREMENT is not met as evidenced by:	S3200		

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S3200	Continued From page 3 KAR 26-41-205(d) The facility reported a census of 9 residents. The sample included 3 residents. Based on record review and interview for 2 residents (#322 and #323), the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice. Findings included: - Record review for resident #322 recorded an admission date of 3/3/16 with diagnoses including: Alzheimer's early onset, psychosis, depression, hypertension, hyperlipidemia, cervical disc degeneration and diabetes mellitus type 2. Functional Capacity Screen (FCS) dated 12/30/16 recorded resident required assistance with management of medications and treatments. Resident has problems with memory/recall and decision making. Negotiated Service Agreement/ Healthcare Service Plan (NSA/HCSP) dated 12/30/16 recorded resident is unable to perform management of medications and treatments. March 2017 medication administration record recorded Trazodone HCL (hydrochloride) (sedative/antidepressant) 50mg (milligrams) tablet oral as needed one time maximum. Diagnosis insomnia give 50mg tablet as needed for sleep; reason to give: resident unable to sleep after 10pm. Recorded as administered by certified medication aides on the following dates and times:	S3200		

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S3200	Continued From page 4 3/10/17 at 3:38pm, 3/11/17 at 8:06pm, 3/13/17 at 4:38pm, 3/15/17 at 4:17pm and 3/18/17 at 4:26pm. Administration times were prior to 10pm, lacked a reason for administration and lacked notification of a nurse. March 2017 medication administration record recorded Lorazepam Intensol (anxiety) 2mg/ml (milliliter) oral concentrate, give 0.25ml as needed three times daily. Reason to give: resident shaking, stuttering, short of breath, complaints of anxiety, calling over and over for staff to help him/ her even when they are with him/her. Recorded as administered by certified medication aides 43 times between 3/1/17 and 3/22/17, reason for administration of medication and notification of a nurse recorded 10 times. 33 times the record lacked notification of a nurse and reason for administration of a narcotic medication. March 2017 medication administration record recorded morphine concentrate (pain) 20mg/ml give 0.25ml sublingual (under the tongue) as needed every 4 hours. Reason to give: resident complains of pain, facial grimacing, moaning, and crying out. Recorded as administered by certified medication aides 7 times from 3/4/17 to 3/19/17, pain index was recorded, 6 entries lacked notification of a nurse and reason for administration of a narcotic medication. Record review for resident #323 recorded an admission date of 3/30/15 with diagnoses	S3200		

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S3200	Continued From page 5 including: Dementia with Lewy bodies, diabetes mellitus type 1 with neuropathy, chronic pain, osteoporosis, hypothyroidism, hypertension and Parkinson's. FCS dated 4/15/16 recorded resident is unable to perform management of medications and treatments. NSA/HCSP dated 4/15/16 recorded resident to receive staff assistance with management of medications and treatments. March 2017 medication administration record recorded arthritis pain reliever 650mg tablet extended release oral as needed every four hours. Reason to give: temperature greater than 99 degrees. Medication recorded as given by certified medication aides as follows: 3/4/17 3:18am temperature 98.20 temporal; results effective 3/15/17 2:39am temperature 97.60 temporal; results behavior absent 3/16/17 6:38am temperature 97.40 temporal; results behavior absent Medication administered without presence of a temperature greater than 99 degrees, record lacked reason for administration and notification of a nurse. March 2017 medication administration record recorded Haldol (antipsychotic) 2mg/ml give 0.5ml sublingual as needed four times daily. Reason to give: yelling or cussing at staff, crawling out of bed repeatedly, resident thinking he/she has things he/she has to do and unable to	S3200		

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S3200	Continued From page 6 redirect. Medication recorded as administered by certified staff #B on 3/9/17 at 1:18pm, record lacked reason for administration and notification of a nurse. March 2017 medication administration record recorded morphine concentrate (pain) 100mg/5 ml, give 1 ml sublingual (under the tongue) as needed every 2 hours. Reason to give: moaning, facial grimacing, complaints of pain. Medications recorded as administered by certified medication aides 24 times from 3/1/17 to 3/22/17. 21 entries lacked reason for administration and notification of a nurse prior to administration of a narcotic medication. Interview on 3/23/17 at 11:00am with certified staff #B stated he/she would call a nurse for a PRN (as needed) medication if the PRN isn't working. Interview on 3/23/17 with administrative staff #A stated staff is to give PRN medications by following specific instructions for the medication as listed on the MAR (medication administration record). He/she confirmed lack of reasons for administration and administration of medications that did not follow the instructions as listed. For residents #322 and #323 who required medication administration assistance the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice.	S3200		