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	N078015	A. BUILDING: _____ B. WING _____	06/23/2016

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BROOKDALE HUTCHINSON	2416 BRENTWOOD STREET HUTCHINSON, KS 67502

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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Assisted Living in Hutchinson, Kansas on 6/20/16, 6/21/16, 6/22/16, and 6/23/16.	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 census equalled 109 the sample included six Residents. The facility identified eight Residents with skin problems or treatments, and two included in the sample. Based on observations, interviews, and reviews of records, for two of two sampled Residents with skin problems or treatments (#185 and #180), the Administrator failed to ensure the negotiated service agreement (NSA) contained a description of health care services to provided. Findings included: - Review of record revealed #180 admitted to facility 8/09/15 with diagnoses of Dementia, Diabetes, Hypertension, Agitation, and Hypothyroid. The current functional capacity screen (FCS) of 5/11/16 assessed #180 unable to perform (3) medication and treatment management, bathing,	S3165		

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

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S3165	Continued From page 1 dressing, toileting, transfers, or mobility; in need of supervision with eating; with impaired cognition, impaired memory, and impaired decision making. The current NSA of 5/11/16 documented facility staff to administer medications, to provide nutrition, dressing, grooming, showering, toileting, transfers, and mobility; NSA documented Hospice to provide medications, management of chronic conditions, and showering. The medical record Resident Notes documented 4/13/16 "open area to buttocks... Calmoseptine and call out to Hospice." The current June 2016 MAR (medication administration record) contained an order: "cleanse area on coccyx apply Sureprep around area and apply Duoderm to area one time weekly and as needed." The NSA lacked a description of services needed or provided to address the coccyx open area. By interview on 6/21/16 at 12:10pm, certified staff #R stated #180 is total dependence... has wound on the bottom... Hospice comes a couple times a week to treat... interventions by us include goes into bed after meals to stay off bottom... we turn side to side... no cushion in this chair, used to have one (cushion) when we had another chair... wound is fairly new... prior to that we just used Calmoseptine... offer Ensure after breakfast and dinner... By observation on 6/21/16 at 1:20pm, certified staff #R and #S transferred #180 to toilet... dressing over coccyx area prevented visualization or measurement of current open area status. Staff completed toileting and then returned #180 to wheel chair.	S3165		

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S3165	Continued From page 2 On 6/22/16 at 5:00pm, Executive Director #G, Resident Care Coordinator #I, and Administrative Assistant #V confirmed the NSA lacked a description of services the Resident to receive to address the coccyx open area... confirmed the NSA stated Hospice to address chronic conditions, but did not provide any further description of the services to address open areas, such as repositioning, cleansing, hydration, nutrition, supplementation, cushioning, etc. The Administrator failed to ensure for #180, the NSA contained a description of the health care services needed to address identified open areas of coccyx. - Review of record revealed #185 admitted to facility 4/20/10 with diagnoses of Memory loss, Osteoporosis, Diabetes, Stress incontinence, Hypertension, Pain, and Insomnia. The current functional capacity screen (FCS) of 5/18/16 assessed #185 in need of physical assistance (2) with bathing, dressing, and eating; independent with toileting and transfers (Resident Care Coordinator confirmed a recent change with Resident resulted in need of physical assistance for toileting and transfers); unable to perform (3) medication and treatment management; with impaired cognition, impaired memory, and impaired decision making; now using a wheelchair instead of a walker. The current NSA of 5/18/16 documented facility staff to administer medications, to provide nutrition, dressing, grooming, showering, toileting, transfers, and mobility; NSA documented Home	S3165		

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S3165	Continued From page 3 Health to provide services for wound care. The medical record Resident Notes documented 5/16/16 "Home Health nurse reported Resident has open area on left inner buttock... Home Health has obtained orders for treatment from physician and will begin treatment today." The current June 2016 MAR (medication administration record) contained an order: "Calmoseptine apply topically four times daily as needed for moisture ulcer to coccyx." This order dated 11/17/15, no other order noted on the MAR. The NSA lacked a description of services needed or provided to address the buttock open area. By interview on 6/21/16 at 12:05pm, certified staff #R stated #185 requires assistance with transfers, toileting, dressing, showering... has wound on the bottom... Home Health or Mobile Medical comes every week to do dressing... nurses here can change if it comes off in between... have a cushion for chair and it goes with #185 when into recliner... won't always lay down after meals but will sometimes get into recliner... By observation on 6/21/16 at 1:08pm, certified staff #R and #S transferred #185 to toilet... no dressing buttock wound... roughened and raw area with loose skin pieces, approximately 2 cm (centimeters) by 3 cm... no bleeding... certified staff stated licensed nurse had been notified and would be re-applying new bandage to area after return from lunch... staff completed toileting and then returned #185 to wheel chair and transported to an ice cream activity. On 6/22/16 at 5:09pm, Executive Director #G,	S3165		

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S3165	Continued From page 4 Resident Care Coordinator #I, and Administrative Assistant #V confirmed the NSA lacked a description of services the Resident to receive to address the buttock open area... confirmed the NSA stated only that Home Health providing services for wound care... but did not provide any further description of the services to address open areas, such as repositioning, cleansing, hydration, nutrition, supplementation, cushioning, etc. The Administrator failed to ensure for #185, the NSA contained a description of the health care services needed to address identified open areas of coccyx.	S3165		
S3170 SS=D	26-41-204 (g) (h) Health Care Services (g) Skilled nursing care shall be provided in accordance with K.S.A. 39-923 and amendments thereto. (1) The health care service plan shall include the skilled nursing care to be provided and the name of the licensed nurse or agency responsible for providing each service. (2) The licensed nurse providing the skilled nursing care shall document the service and the outcome of the service in the resident ' s record. (3) A medical care provider ' s order for skilled nursing care shall be documented in the resident ' s record in the facility. A copy of the medical care provider ' s order from a home health agency or hospice may be used. Medical care provider orders in the clinical records of a home health agency located in the same building as the facility may also be used if the clinical records are available to licensed nurses and direct care staff of the facility. (4) The administrator or operator shall ensure	S3170		

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S3170	Continued From page 5 that a licensed nurse is available to meet each resident ' s unscheduled needs related to skilled nursing services. (h) A licensed nurse may provide wellness and health monitoring as specified in the resident ' s negotiated service agreement. (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice This REQUIREMENT is not met as evidenced by: KAR 26-41-204(g)(h) The census equalled 109 the sample included six Residents. The facility identified 84 Residents with facility managed medications. Based on interviews and reviews of records, for one of five sampled Residents with facility managed medications, the Administrator failed to ensure the medical record contained a medical care provider's order for the skilled nursing care Resident receiving from an outside agency. Findings included: - Review of record revealed #189 admitted to facility 3/21/16 with diagnoses of Diabetes, Hypertension, Macular degeneration, Peripheral neuropathy, and Pacemaker. The current functional capacity screen (FCS) of 4/27/16 assessed #189 unable to perform (3) medication and treatment management. The current NSA of 4/27/16 documented facility	S3170		

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S3170	Continued From page 6 staff to administer medications, Home Health agency to provide services to manage chronic condition, including insulin. The medical record lacked the admission orders for #189's insulin. The current June 2016 MAR (medication administration record) contained orders for the administration of Resident's insulin. By interview on 6/22/16 at 3:28pm, Executive Director #G, Resident Care Coordinator #I, and Administrative Assistant #V confirmed the medical record lacked orders for #189's insulin and glucometer readings... stated it may be in the Home Health notebook... they manage #189's diabetes, we don't do any of that... if a medical emergency or hospitalization needed we would call them immediately for the latest information... The Administrator failed to ensure for #189, the medical record contained a medical care provider's order for the skilled nursing care Resident receiving from an outside agency.	S3170		
S3200 SS=D	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	S3200		

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S3200	Continued From page 7 which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: 26-41-205(d)(1-2) The census equalled 109 the sample included six Residents. The facility identified 84 Residents with facility managed medications. Based on observation, interview, and review of record, for one non-sampled Resident with medication management (#170), the Administrator failed to ensure all medications administered in accordance with a medical care provider's written order and professional standards of practice. Findings included: - Observation on 6/21/16 at 1:58pm, in the top drawer of Medication Cart #1 revealed a single dose medication card that lacked a prescription label. The cardboard medication holder contained one Fluconazole tablet (yeast infection medication) and black hand written marker notes "Give on 6/19/16" and "#170's name and room number." On 6/21/16 at 1:58pm Certified Medication Aide #R confirmed the medication cardboard lacked a prescription label... confirmed the medication had been delivered from a pharmacy... confirmed the dose in the card was not administered on 6/19/16 as ordered by the physician (medication error).	S3200		

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S3200	Continued From page 8 By review of record, #170 admitted to facility 01/31/12 with diagnoses of Hypertension, Chronic lymphedema, and Osteoarthritis. The current Functional Capacity Screen assessed #10 unable to perform (3) medication and treatment management. The current Negotiated Service Agreement documented facility staff to provide this needed service. The medical record contained a written physician's order to administer one Fluconazole on 6/12/16 and one dose on 6/19/16. The medical record documented the two doses of medication ordered from the pharmacy. The medical record lacked documentation to explain why the prescription label removed from the remaining tablet in the medication cart. The medical record documented notification of physician of the medication error (missed dose) and included an order to give the dose now. The Administrator failed to ensure #170 received all medications in accordance with a medical care provider's written order and in accordance with professional standards of practice to include not removing a prescription label of a pharmacy dispensed medication.	S3200		
S3290 SS=E	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary	S3290		

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	N078015	A. BUILDING: _____ B. WING _____	06/23/2016

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S3290	Continued From page 9	S3290		

services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations.
(b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee.
(1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents.
(2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-206(a)(b)

The census equalled 109 the sample included six Residents. The facility identified all Residents as receiving meal services. Based on observations, interviews, and reviews of records:
For one of six sampled (#183) and 19 non-sampled on an NAS (no added salt) diet, and for all Residents on a Regular diet, the Administrator failed to ensure the provision of dietary services to Residents as identified in the negotiated service agreement (NSA).

Findings included:

- On 6/21/16 at 10:15am, Dietary Service Manager (DSM) #P provided a listing of Resident

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S3290	Continued From page 10 diets, a notebook with Residents' physician orders for diets, and a facility/company Preparation Manual signed by the Corporate Registered dietician, DSM #P, and Health and Wellness Director #H. In review, the facility listing included 20 NAS diets and 69 Regular diets. By observation and review, the written directions for a NAS diet in the company Preparation Manual documented: "The No Added Salt Diet is the Regular Diet with no salt added at the table. There are no foods restricted on the Regular Diet thus there may be some high sodium foods on the NAS Diet along with the salt being omitted at the table." "The Regular Diet is planned to provide a well-balanced, nutritious diet for the older adult. There are no restrictions with the Regular Diet." By review the "Company Approved Diets: Diet Order Translation" documented: "There are no restrictions with the Regular Diet." "The No Added Salt Diet is the Regular Diet with no salt added at the table... there are no foods restricted on the Regular Diet thus there may be some high sodium foods on the NAS Diet along with the salt being omitted at the table." By interview on 6/21/16 at 10:21am, DSM #P stated "we do not add salt to any of the food we prepare - that's why we have salt on the table... our recipes are all on line... if the recipe asks for salt or pepper we leave that out... no salt in any preparation... salt shakers are on the tables... By interview on 6/21/16 at 10:32am, Dietary Cook #Q stated we use garlic powder or minced garlic etc... but do not use any salt in any cooking... no recipe with salt used... no salt used at all in kitchen...	S3290		

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S3290	Continued From page 11 By observations of main dining room on 6/20/16, 6/21/16, and 6/22/16, all tables set with salt and pepper shakers and a variety of condiments. The Administrator failed to ensure the provision of dietary services to all Regular Diet Residents and all NAS Diet Residents as identified in the NSA.	S3290		
S3420 SS=J	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or	S3420		

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S3420	Continued From page 12 machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256 The census equalled 109, the sample included six Residents. The Executive Director identified twelve water heaters used to supply the entire facility, including the fourteen accessible hand wash sinks. Based on observation and interviews for one of the 14 hand wash sinks accessible to residents (main dining room hand sink), the Administrator failed to ensure the water remained between 98 degrees Fahrenheit (F.) and 120 degrees F. at all times. The temperatures at time of entrance on 6/20/16 in the main dining hand sink ranged from 147 degrees F. to 149 degrees F., placing Residents or anyone using the sink in immediate jeopardy for harm or injury. Findings included: - On 6/21/16 at 10:03am, Surveyor obtained a water temperature of 147 degrees F. in the main dining room hand sink. Surveyor verified this thermometer reading with facility Cook #M.	S3420		

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S3420	Continued From page 13 Surveyor notified Executive Director #G at 10:06am and re-tested water as Executive Director #G observed and obtained a water temperature of 149 degrees F. Executive Director #G immediately placed a phone call to Maintenance Director #K. On 6/21/16 at 10:18am, Maintenance Director #K reported that he/she had removed the hot water handle from the water line below the sink. Maintenance Director #K stated this would prevent anyone from using the hot water at this sink. Maintenance Director #K stated a new mixer valve had been ordered and would be installed under the sink on the water line as soon as it arrived from out of state... stated he/she had logs for all other sinks in the building but he/she did not know this one was here... do not check this sink routinely... this sink is supplied by the same water heater as the dish washer in the kitchen. Surveyor's thermometer checked for accuracy and calibrated with ice water at 33 degrees F. On 6/21/16 at 11:25am notified Executive Director #G of need for written Action Plan to correct the temperature of water accessible at the hand sink. On 6/21/16 at 11:55am, Executive Director #G provided a written plan: "On June 21, 2016 Maintenance Director #K shut off the hot water valve to the sink and removed the valve handle, so that it was inoperable (cold setting only). Maintenance Director #K also notified our Regional Maintenance regarding the issue and an inline mixing valve was ordered. The valve will be installed immediately when it	S3420		

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	N078015	A. BUILDING: _____ B. WING _____	06/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HUTCHINSON	2416 BRENTWOOD STREET HUTCHINSON, KS 67502

(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
S3420	Continued From page 14 arrives in 7-10 business days. Going forward, this sink will be checked for temperature settings bi-weekly to avoid any risk to the Residents, staff or guests of Facility." According to Department policy and procedure, tissue destruction possible: at 149 degrees F. in 1 - 2 seconds; at 140 degrees F. in 5 seconds; at 133 degrees F. in 15 seconds; and at 131 degrees F. in 30 seconds. For one of 14 publicly accessible hand sinks, served by one of 12 water heaters, the Administrator failed to ensure the water remained between 98 degrees F. and 120 degrees F. at all times. The temperatures on 6/21/16 in the main dining room sink, publicly accessible to Residents ranged from 147 degrees F. to 149 degrees F. placing Residents or anyone who used the sink in immediate jeopardy for harm or injury. The jeopardy was corrected on 6/21/16 when the Executive Director provided a plan to adjust the hot water temperature and institute ongoing monitoring.	S3420		