STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B059006	A. BUILDING: _____ B. WING _____	11/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CARE OF MCPHERSON	1411 DOVER ROAD MCPHERSON, KS 67460

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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 McPherson, Kansas on 11/08/16, 11/09/16, and 11/10/16. Complaint #104130 also investigated.	S 000		
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 six the sample included three Residents. Based on interview and reviews of record, for one of three sampled (#185), the Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services that met the needs of each Resident, in regard to services to address falls and pressure sores. Findings included: - Record review revealed #185 admitted to facility 5/27/14 with diagnoses of Dementia, Constipation, Rapid hear rate, Arthritis, Hypercholestrolemia, Skin cancer, and	S5155		

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

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S5155	Continued From page 1 Gastroesophageal reflux disease. The current FCS of 01/26/16 assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers, and treatment management; in need of supervision with mobility, eating, and medication management; incontinent; with impaired short term and long term memory problems, impaired memory recall and decision making; with falls/unsteadiness; with vision impairment, with wandering, and used a cane, walker, and wheelchair. Interdisciplinary Notes detailed non-injury falls for #185 on 02/08/16, 02/14/16, 4/03/16, and 8/15/16. Interdisciplinary Notes detailed the occurrence, re-occurrence, healing, and re-opening of buttock pressure sores. The current NSA/HSP (health service plan) of 01/26/16 documented #185 to receive services to meet these identified needs. The NSA/HSP lacked mention of falls or fall prevention strategies and interventions. The NSA/HSP lacked mention of pressure sore prevention strategies and interventions. On 11/09/16 at 11:50am, Facility Nurse #A confirmed the current NSA/HSP lacked interventions or services to address falls and re-occurring pressure sores. The Operator failed to ensure a Licensed nurse provided or coordinated the provision of necessary health care services for #185 in regard to services to address falls and pressure sores.	S5155		

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S5313	Continued From page 2	S5313		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The census equalled six the sampled included three Residents. The Resident roster identified all Residents as receiving medication management. Based on observations and interviews, for three of three sampled (#189, #185 and #187) and three non-sampled (#180, #182, and #184), the Operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of Resident on full packages of over-the-counter medications. Findings included: - On 11/08/16 at 1:45pm, observations of medication cupboard contents revealed over-the-counter medications lacked the name of the Resident to whom the medication belonged:	S5313		

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S5313	Continued From page 3 Sampled Resident #189 - Eye vitamins, D3 1000 units Sampled Resident #185 - Vitamin D 1000 units Sampled Resident #187 - Senna tablets, Monistat vaginal cream Non-sampled Resident #180 - Multivitamins, Omeprazole Non-sampled Resident #182 - Mucinex tablets, two bottles Melatonin, Loratidine Non-sampled Resident #184 - Magnesium Oxide tablets On 11/08/16 at 1:45pm, Facility Nurse #A confirmed the medication packages lacked the first and last name as required... stated he/she would implement system to ensure over the counter medications not over-looked in the future. The Operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of Resident on full packages of over-the-counter medications for #189, #185, #187, #180, #182, and #184.	S5313		
S5380 SS=E	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets	S5380		

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S5380	Continued From page 4	S5380		

at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by:
KAR 28-39-437(i)(2)

The census equalled six the sample included three Residents. The facility identified two water heaters. Based on observations and interviews, for one of two water heaters, (serving the North Resident bathroom of facility, kitchen, and and bathroom next to kitchen), and for four of eight Resident rooms, the Operator failed to ensure the water remained between 98 degrees Fahrenheit (F) and 120 degrees F at all times.

Findings included:

- By observations during the entrance tour of facility, on 11/08/16 at 12:15pm, the following water temperatures obtained:

Resident bathroom #1 - 129 degrees F (Fahrenheit)
Resident room #3 - 126.9 degrees F
Resident room #4 - 127 degrees F
Visitor/Employee bathroom in kitchen - 128.8 degrees F
Kitchen sink - 123 degrees F.

On 11/08/16 at 1:00pm, Owner/Operator/CMA #B stated our routine is we try to check them monthly but I do not know if that has been happening... maintenance staff recently let go in September... I have been trying to take over what that person was doing... we also had a leak in house last week and suspect the water heater got mis-adjusted when repair completed... temperatures have been both high and low

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S5380	Continued From page 5 sporadically... On 11/09/16 at 11:20am, Owner/Operator #B checked water temperatures with facility thermometer, and reported 106 and 107 degrees F. On 11/09/16 at 11:45am re-checked water temperatures with facility thermometer and Surveyor thermometer accompanied by Facility Nurse #A. Resident bathroom #1 - Surveyor thermometer 109 degrees F, Facility thermometer 108.5 degrees F Resident bathroom #6 - Surveyor thermometer 101.8 degrees F, Facility thermometer 101.3 degrees F. On 11/09/16 at 11:50am, Owner/Operator #B stated I did not turn heater down from yesterday... our temperatures often vary from pretty high to pretty low on their own. The Operator failed to ensure the water remained between 98 degrees F and 120 degrees F at Resident accessible outlets at all times.	S5380		