| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B088002 | A. BUILDING: _____ B. WING _____ | 08/30/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOMESTEAD ESTATES HOME PLUS | 1140 S PERSHING AVENUE LIBERAL, KS 67901 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations are the result of an Initial Survey at the above named Home Plus Facility in Liberal, Kansas on 8/24/16, 8/25/16, and 8/30/16. | S 000 | | |
| S 230 SS=E | 26-39-102 (b) (c) Admission Advanced Directives Resident Rights<br><br>b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives.<br>(1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record.<br>(2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives.<br>(c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-39-102(b)(c)<br><br>The census equalled 2 the sample included two Residents. Based on interview and review of record, for two of two sampled (#187 and #185), the Operator failed to inform the Resident or the Resident's legal representative, in writing, of the state statutes related to advance medical | S 230 | | |

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

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| S 230 | Continued From page 1<br>directives.<br><br>Findings included:<br><br>- Review of record revealed #185 admitted to facility 11/30/15 with diagnoses of Anxiety, Alzheimer's, Arteriosclerotic heart disease, Hyperlipidemia, Delusional disorder, Hypothyroidism, and Diabetes.<br><br>The record lacked evidence of written advanced directive information related to state statutes given to Resident or Resident's representative at time of or before admission to facility.<br><br>- Review of record revealed #187 admitted to facility 3/21/16 with diagnoses of Advanced liver cirrhosis, Ethol alcohol abuse, Gastroesophogeal reflux disease, Arthritis, and Hepatic encephalopathy.<br><br>The record lacked evidence of written advanced directive information related to state statutes given to Resident or Resident's representative at time of or before admission to facility.<br><br>On 8/24/16 at 7:09pm, Owner/Operator/CMA (certified medication aide) #A confirmed written state statute information related to advanced directives not given in writing... stated our nurse goes over that with them verbally... we have not provided written information...<br><br>By review, facility policy titled "Advance Directive Planning" documented:<br><br>Procedure:<br>1. Prior to or at move in, the nurse or Operator will provide Residents and their legal representative with written information related to | S 230 | | |

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| S 230 | Continued From page 2<br>the Resident's right under state law toe execute a living will, durable power of attorney for health care and other advance directive documents.<br><br>The Operator failed to inform #185 and #187 in writing, of the state statutes related to advance medical directives; and failed to ensure the implementation of facility policies and procedures that specified written information would be given. | S 230 | | |
| S5115 SS=E | 26-42-202 (c) Admission Negotiated Service Agreement<br><br>(c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-202(c)<br><br>The census equalled 2 the sample included two Residents. Based on interview and review of record, for two of two sampled (#187 and #185), the Operator failed to ensure the development of an initial negotiated service agreement (NSA) at admission.<br><br>Findings included:<br><br>- Review of record revealed #185 admitted to facility 11/30/15 with diagnoses of Anxiety, Alzheimer's, Arteriosclerotic heart disease, Hyperlipidemia, Delusional disorder, Hypothyroidism, and Diabetes.<br><br>The current functional capacity screen (FCS) of 11/18/15 assessed #185 in need of physical | S5115 | | |

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| S5115 | Continued From page 3<br>assistance with bathing, dressing, toileting, mobility; unable to perform medication and treatment management; with bladder incontinence; with short term and long term memory impairment, decision making and memory recall impairments; with falls, wandering, and impaired hearing.<br><br>By review the admission NSA completed 12/01/15.<br><br>On 8/25/16 at 12:26pm, Owner/Operator/CMA (certified medication aide) #A confirmed the admission agreement not completed on or before #185's admission to facility.<br><br>The Operator failed to ensure the development of an initial NSA for #185 at admission.<br><br>- Review of record revealed #187 admitted to facility 3/21/16 with diagnoses of Advanced liver cirrhosis, Ethol alcohol abuse, Gastroesophogeal reflux disease, Arthritis, and Hepatic encephalopathy.<br><br>The current functional capacity screen (FCS) of 6/21/16 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers; in need of supervision with mobility and eating; unable to perform medication and treatment management; incontinent of bladder; with decision making impairment and with falls.<br><br>The record contained an addition FCS of 3/17/16 with the same needs identified, in addition to physical assistance with mobility and eating.<br><br>By review, the admission NSA completed 3/22/16. | S5115 | | |

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| S5115 | Continued From page 4<br>On 8/25/16 at 1:05pm, Owner/Operator/CMA (certified medication aide) #A confirmed the admission agreement not completed on or before #187's admission to facility.<br><br>The Operator failed to ensure the development of an initial NSA for #187 at admission. | S5115 | | |
| S5215 SS=E | 26-42-104 (d) Disaster and Emergency Preparedness Education<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the home ' s emergency management plan;<br>(2) education of each resident upon admission to the home regarding emergency procedures;<br>(3) quarterly review of the home ' s emergency management plan with employees and residents; and<br>(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-104(d)(3)<br><br>The census equalled two the sample included two Residents. The facility identified eight employees hired since the facility opened. Based on reviews of records and interviews, for all Residents and staff, the Operator failed to ensure a quarterly review of the home's emergency management | S5215 | | |

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| S5215 | Continued From page 5<br>plan with Residents and staff.<br><br>Findings included:<br><br>- On 8/24/16 at 4:30pm, requested information regarding quarterly disaster reviews with Residents and staff.<br><br>Owner/Operator/CMA's (certified medication aide) #A and #B described various efforts and methods used to inform Residents and staff of emergency plans. #A and #B confirmed the emergency plan not reviewed with both employees and Residents on a quarterly basis as required.<br><br>The Operator failed to ensure quarterly reviews of the facility emergency management plan completed with Residents and staff. | S5215 | | |
| S5300 SS=E | 26-42-205 (d) (1-2) Facility Administration of Medications<br><br>(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:<br>(1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility.<br>(2) Medication aides shall not administer medication through the parenteral route. | S5300 | | |

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| S5300 | Continued From page 6<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-205(d)<br><br>The census equalled two the sample included two Residents. The Resident roster identified both Residents as receiving medication management. Based on interview and record review, for two of two sampled with medication management (#185 and #187), the Operator failed to ensure all medications and biologicals administered to Residents in accordance with written medical care provider orders, and in accordance with professional standards of practice.<br><br>Findings included:<br><br>- Review of record revealed #185 admitted to facility 11/30/15 with diagnoses of Anxiety, Alzheimer's, Arteriosclerotic heart disease, Hyperlipidemia, Delusional disorder, Hypothyroidism, and Diabetes.<br><br>The current functional capacity screen (FCS) of 11/18/15 assessed #185 unable to perform medication and treatment management.<br><br>The negotiated service agreement (NSA) of 12/01/15 documented #185 to receive medication management.<br><br>Comparison of the current August 2016 MAR (medication administration record) with written physician's orders revealed the following:<br><br>A written physician's order of 12/18/15: Zolpidem 5mg (milligrams) one at HS (bedtime) PRN (as | S5300 | | |

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| S5300 | Continued From page 7 | S5300 | | |

needed) insomnia.
The August 2016 MAR contained an order: Zolpidem 5mg by mouth HS PRN give half tablet first, may repeat other half if needed document time given.

By interview on 8/24/16 at 8:06pm, Owner/Operator/CMA (certified medication aide) #A stated our nurse had a real concern with #185 getting the whole tablet... so he/she wrote the order on the MAR that way... doesn't want #185 to be over medicated... #A confirmed the medication not administered in accordance with written order and professional standards.

The Operator failed to ensure all medications and biologicals administered to #185 in accordance with written medical care provider orders, and in accordance with professional standards of practice.

- Review of record revealed #187 admitted to facility 3/21/16 with diagnoses of Advanced liver cirrhosis, Ethol alcohol abuse, Gastroesophogeal reflux disease, Arthritis, and Hepatic encephalopathy.

The current functional capacity screen (FCS) of 6/21/16 assessed #187 unable to perform medication and treatment management.

The negotiated service agreement (NSA) of 3/22/16 documented #187 to receive medication management.

Comparison of the current August 2016 MAR (medication administration record) with written physician's orders revealed the following:

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| S5300 | Continued From page 8<br><br>A written physician's order of 5/19/16 documented: Lactulose 30ml (milliliters)/20 Gm (grams) TID (three times daily).<br><br>The August 2016 MAR contained an order: Lactulose 45ml /30 Gm (grams) QID (four times daily).<br><br>By interview on 8/25/16 at 12:50pm, Owner/Operator/CMA (certified medication aide) #A confirmed a new order of 7/25/16 for Lactulose on a list of medications not signed by the physician, but put on the MAR anyway.<br><br>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 | | |