STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	06/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE 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 at the above named facility on 6/1/16, 6/2/16 and 6/6/16.	S 000		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility 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 26-41-204(a) The facility reported a census of 36 residents. The sample included 3 residents and 2 focus review residents. Based on record review, observation and interview for 3 (#601,#602 and #603) sampled residents, the operator failed to 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. Findings included: - Record review for resident #601 recorded admission date of 4/27/15 with diagnoses that included: dementia with Lewy bodies, type 2	S3155		

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

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S3155	Continued From page 1 diabetes mellitus. Functional Capacity Screen (FCS) dated 1/13/16 recorded resident required assistance with transfer, walk/mobility, management of medication and treatments and uses a wheelchair. Negotiated service agreement/ health care service plan (NSA/HCSP) dated 1/13/16 recorded resident to receive staff assistance with, transfer and mobility (staff to assist with wheelchair for meals and activities), and medications/treatments (staff to administer medications and treatments as ordered by physician. Observation on 6/1/16 at 4:50pm outside medication room, observed licensed staff # B hand resident a dial up insulin pen, resident self-injected the insulin into his/her abdomen. Observation on 6/2/16 at 10:20 in resident ' s room with administrative staff #C, noted air mattress on resident ' s bed and 2 half bed rails at the top of resident bed. The NSA/HCSP lacked interventions for: resident self-injection of insulin, use of side rails and air mattress. Interview on 6/2/16 with licensed staff #A, licensed staff #B, administrative staff #C and administrative staff #E, licensed staff #A confirmed the following: resident self-injection of insulin; resident has 2 side rails on his/her bed that are used to assist in turning and resident has an air mattress on his/her bed and the NSA/HCSP lacked entries for self- injection, side rails and an air mattress.	S3155		

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S3155	Continued From page 2 Record review for resident #602 recorded admission date of 4/29/16 with diagnoses of: essential hypertension, orthopedic aftercare, open wound of scalp, senile osteoporosis and fracture of sternum. FCS dated 4/28/16 recorded resident required assistance with transfer, walk/mobility, eating (2), and resident uses a wheelchair. NSA/HCSP dated 1/13/16 recorded resident to receive staff assistance with transfer and walk/mobility with his/her wheelchair, 3 meals per day 7 days per week and staff to notify the nurse if a fall occurs. Clinical notes report dated 5/15/16 at 4:26pm recorded resident found sitting on his/her bottom on the floor in the doorway of his/her apartment. Resident stated he/she fell. Interview on 6/2/16 with licensed staff #A, licensed staff #B, administrative staff #C and administrative staff #E, licensed staff #A confirmed the following: resident has a history of falls at home and has fallen at the facility and staff will assist resident by feeding him/her at times, and the NSA/HCSP lacked interventions for falls and entries for assistance with eating. Record review for resident #603 recorded admission date of 2/29/16 with diagnoses of: major depressive disorder, single episode severe with psychotic features, essential hypertension, osteoporosis and chronic pain syndrome. FCS dated 2/24/16 recorded resident required assistance with eating (2) and has a history of falls.	S3155		

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S3155	Continued From page 3 NSA/HCSP dated 2/24/16 recorded resident to receive 3 meals a day, seven days per week and staff to notify staff nurse if a fall occurs. Clinical notes report dated 3/18/16 at 2:44pm recorded injury fall in resident ' s room. Observation on 6/2/16 at 10:32am with administrative staff # C revealed a blue mat up against the wall, administrative staff #C confirmed staff puts the mat on the floor by resident ' s bed for if he/she rolls out of bed at night. The NSA/HCSP lacked entries for staff assistance with eating and interventions for falls including the use of a blue mat by the bed. Interview on 6/2/16 with licensed staff #A, licensed staff #B, administrative staff #C and administrative staff #E, licensed staff #A confirmed the following: resident requires assistance (cut up meat) with eating and has a history of falls. NSA/HCSP lacked entries for eating assistance and interventions for falls. The operator failed to ensure that a licensed nurse provided and coordinated 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.	S3155		
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	S3200		

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S3200	Continued From page 4 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: 26-41-205(d)(3)(A) The facility reported a census of 36 residents. The sample included 3 residents and 2 focus review residents. Based on record review, observation and interview for 2 residents (#604 and #605) requiring medication administration assistance, the operator failed to ensure the licensed nurse or medication aide administered only the medication that the licensed nurse or medication aide had personally prepared. Findings included: - Record review for resident # 604 recorded admission date of 8/6/02 with diagnoses of: schizophrenia, bipolar disorder, obsessive compulsive disease, senile dementia, esophageal reflux disease, constipation, stomach function disease, acquired hypothyroid, hyperlipidemia, and diabetes mellitus 2.	S3200		

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S3200	Continued From page 5 Functional Capacity Screen (FCS) dated 4/27/16 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 4/27/16 recorded: Staff to assist resident with medications and treatments as ordered by physician. Staff nurse to set medications in a med-box to be kept in the med room. Staff nurse to assess resident ' s ability to retrieve medications from a preset med-box as needed. Resident ' s May 2016 treatments record recorded " med (medication) box four times daily, resident will retrieve meds set up by licensed nurse. " And " Set up med planner one time weekly, med planner set up 1 time weekly by licensed nurse. " Both signed as completed by staff. Record review for resident #605 recorded admission date of 9/10/12 with diagnoses of: memory loss, hypothyroidism, hypertension, esophageal reflux disease, pre-senile depression, urinary frequency and pure hypercholesterolemia. FCS dated 3/29/16 recorded resident required assistance with management of medications and treatments. NSA/HCSP dated 3/29/16 recorded: staff nurse to fill prefilled med box and assess self- medication program as needed. Staff will administer medications and treatments. Staff nurse to preset meds in a med box. Staff to assist with med (medication) box as needed. Resident ' s May 2016 treatments record	S3200		

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S3200	Continued From page 6	S3200		

recorded " med box two times daily, resident will retrieve meds set up by licensed nurse. " and " Set up med planner one time weekly, med planner set up 1 time weekly by licensed nurse. " Both signed as completed by staff.

Observation on 6/1/16 at 9:50am during facility tour in the medication room, observed 2 large plastic medication boxes sitting on the counter with medications in them.

Interview on 6/1/16 at 11:55am with licensed staff #A and #B, confirmed licensed staff #A sets up the medication boxes weekly, certified medication aides (CMAs) and Licensed practical nurses (LPNs) take the box to the resident (#604 or #605), resident opens the snap box medication box and takes the medications. CMA or LPN then documents medications were taken on resident ' s record.

Observation on 6/2/16 at 9:13 am in main dining room revealed licensed staff # D hand resident # 605 a plastic medication box. Resident opens box marked " MORN " with cueing from licensed staff #D. Resident puts pills from the box (approximately 8 pills) into his/her hand and takes them all except one large white tablet. When asked, " Do you know what all those pills are? " Resident responded " no, I don ' t, I ' m here for my memory. " Resident placed all the pills into his/her mouth and drank some water. He/she then took the large white tablet. Licensed staff #D then returned the medication box to the medication room.

Interview on 6/2/16 with licensed staff #A, licensed staff #B, administrative staff #C and administrative staff #E, the following was confirmed: licensed staff #A pre-sets up the

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S3200	Continued From page 7 medication boxes for residents #604 and #605 weekly, but does not chart anywhere what he/she puts into the medication boxes; the CMAs/ LPNs administer the pre-set medications; the CMA/LPNs do not know for sure what is in the boxes or if it is what the resident is supposed to receive; and the residents do not know what is in the medication boxes. For residents #604 and #605 who receive medication management assistance, the operator failed to ensure the licensed nurse or medication aide administered only the medication that the licensed nurse or medication aide had personally prepared.	S3200		