STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N091002	A. BUILDING: _____ B. WING _____	05/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHEAT RIDGE ACRES	707 WHEATRIDGE CIRCLE GOODLAND, KS 67735

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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Assisted Living and Residential Health Care Facility in Goodland, Kansas on 5/17/16 and 5/18/16. Complaint #94044 also investigated.	S 000		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (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(i) The census equalled 40 the sample included three Residents. The facility identified all Residents as receiving health care services and meal services. Based on review of records and interviews, for one of three sampled (#189), the Operator failed to ensure all health care services, including licensed nurse clarification of physician orders and implementation of physician orders, provided by qualified staff in accordance with acceptable standards of practice. Findings included: - Review of record revealed #189 admitted 5/03/16 with diagnoses of Diabetes II, Hypertension, Gout, Polyneuropathy, Chronic obstructive pulmonary disease, Back pain, and Hypothyroidism. The functional capacity screen/negotiated service agreement/health service plan (FCS/NSA/HSP) dated 5/03/16 assessed #189 independent with	S3171		

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

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S3171	Continued From page 1	S3171		

dining/eating, and unable to perform medication and treatment management.
The FCS/NSA/HSP of 5/03/16 documented #189 independent with dining; served a "Consistent Carbohydrate Diet."

The medical record contained a 5/11/16 written physician's order for a "Low carbohydrate, high protein, no dessert" diet.

The 5/11/16 physician's order diet not included in the FCS/NSA/HSP.

By review, the dietary department notebook of Resident Diets lacked documentation of this new physician ordered diet on 5/11/16.
By review, the dietary manual which listed all diets served by the facility, and included preparation instructions lacked diet guidelines that corresponded with the physician's written specifications.
The medical record lacked evidence of contact with the physician by a licensed nurse to clarify the written order.
The medical record lacked evidence of contact with the Registered Dietician to consult on preparation instructions for the physician ordered diet.

By interview on 5/18/16 at 9:50am, Facility Registered Nurse #B stated I was going to talk with the Registered Dietician (RD)... he/she comes one time per month... guess the kitchen still serving the "Consistent Carbohydrate" diet that is on the FCS/NSA/HSP... #B confirmed no contact with physician by a licensed nurse to clarify the order or discuss different possibilities... #B confirmed the ordered diet not provided and not added to the FCS/NSA/HSP.

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S3171	Continued From page 2 By interview on 5/18/16 at 10:00am, Dietary staff #C provided facility dietary manuals and reviewed with Surveyor. Dietary staff #C confirmed the available dietary instructions lacked a "Low Carbohydrate, High Protein" diet guideline... added we don't have any diets that eliminate desserts... #C stated Resident #189 is very good about watching what he/she eats... doesn't choose many starches at all from daily choice page. By interview on 5/18/16 at 1:00pm, #189 stated aware of the new diet order on 5/11/16... acknowledged he/she has not been served a Low Carbohydrate, High Protein diet. The Operator failed to ensure all health care services for #189, including licensed nurse clarification of physician's orders and implementation of physician's orders, provided by qualified staff in accordance with acceptable standards of practice.	S3171		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked	S3215		

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S3215	Continued From page 3	S3215		

medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals.
(2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides.
(3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility.
(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205(h)

The census equalled 40 the sample included three Residents. The roster identified two Residents who used insulin and one included in the sample. Based on observations, interviews, and review of record;
For one non-sampled (#180) who used insulin, the licensed nurses and medication aides failed to ensure insulin pens stored in accordance with manufacturer's recommendations to discard after open and in use 28 days; and,
For one of three sampled (#189), one non-sampled (#182), and for three employees (#J, #K, and #L), the licensed nurses and medication aides failed to ensure tuberculosis (TB) solution stored in accordance with

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S3215	Continued From page 4 manufacturer's recommendations to discard after open and in use 30 days. Findings included: - By observation on 5/17/16 at 10:00am in the medication storage room of facility, licensed nurses and medication aides stored insulin pens in use in the designated medication carts. By observation, the pens were located in separate Resident bins, but lacked labeling of the date the pens opened and put into use. Three different pens in the medication cart lacked the date opened labeling: Toujeo insulin for #189 Humalog insulin for #189 Lantus insulin for #180 By review, each individual pen and/or package/package insert each described the manufacturer's directions to discard after 28 open and in use 28 days. By comparison of the pen capacity with the ordered doses of medication for each insulin type, the Lantus pen would not be empty at the end of 28 days. By interview on 5/17/16 at 10:00am, Medication aides #M and #N, and Licensed nurse #C all confirmed were not aware of the need to discard insulin pens after 28 days in use... all confirmed the pen for #180's Lantus would not be empty at the end of 28 days, and had consistently been used beyond that time frame until empty. The licensed nurses and medication aides failed to store the Lantus insulin pen for #180 in accordance with manufacturer's recommendations to discard after 28 days in use.	S3215		

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S3215	Continued From page 5 - By observation on 5/17/16 at 10:10am, in the nursing office of the facility, the current in use vial of TB solution labeled as opened 4/03/16. By interview on 5/17/16 at 10:10am, Licensed nurse #C stated I was getting ready to throw this away... #C acknowledged the manufacturer's packaging recommended discard 30 days after vial opened... #C acknowledged individuals had received the TB solution as skin tests since the recommended discard date of 5/02/16: Resident #182 - 5/07/16 Resident #189 - 5/07/16 Employee #J - 5/11/16 Employee #K - 5/09/16 Employee #L - 5/09/16 The licensed nurses failed to store the TB solution used for Residents and Employee TB skin tests in accordance with manufacturer's recommendations to discard after 30 days in use.	S3215		