STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B073001	A. BUILDING: _____ B. WING _____	04/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING OF LARNED HOME PLUS	710 W 9TH STREET LARNED, KS 67550

(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 Resurvey at the above named Home Plus Facility in Larned, Kansas on 4/19/16 and 4/20/16.	S 000		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The census equalled 12 the sample included three Residents. Based on interviews and reviews of records, for one of three sampled (#185), the Operator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence,a action taken, and results of the action. Findings included: - Record review revealed #185 admitted to facility 02/25/16 with diagnoses of Diabetes, Cerebrovascular accident, Low spine fracture, Hypertension, Congestive heart failure, and Dementia. The current 02/25/16 FCS (functional capacity screen) assessed #185 in need of physical assistance with bathing, dressing, toileting,	S5251		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B073001	A. BUILDING: _____ B. WING _____	04/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING OF LARNED HOME PLUS	710 W 9TH STREET LARNED, KS 67550

(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
S5251	Continued From page 1 transfers, mobility; supervision with eating; unable to perform medication and treatment management; with bladder incontinence, with memory impairment, with communication impairment; with Falls, unsteadiness, with impaired decision making, with inappropriate behaviors, used walker. The current 02/25/16 NSA (negotiated service agreement) documented services to meet these identified needs provided by facility staff. Physician telephone orders documented: 4/08/16 - 1557 - "Give 10 units Novolog now re-check in 2 hours" 4/09/16 - 2035 - "Give 8 units Novolog Subcutaneously STAT (now) for increased whole blood glucose." 4/17/16 - 2330 - Give Novolog 10 units subcutaneously STAT and re-check whole blood glucose (WBG) in 2 hours. If WBG >400mg/dl (milligrams per deciliter) then give Novolog 8 units subcutaneously 1 time only and re-check WBG in another 2 hours for elevated blood sugar>600mg/dl." The MAR (medication administration record) for April 2016 lacked documentation of these three STAT doses. The MAR lacked the date, time, dose given, and name of person who administered the ordered insulin doses. Resident Progress Notes (RPN) of medical record: 4/11/16 - 0745 - On 4/9/16 staff notified this writer that WBG 513. Notified physician and received phone order for STAT insulin. 4/11/16 - 1416 - New order to change Novolog to 8 units before meals for Diabetes... 4/18/16 - 0645 - On 4/17/16 at 2323 staff notified	S5251		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B073001	A. BUILDING: _____ B. WING _____	04/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING OF LARNED HOME PLUS	710 W 9TH STREET LARNED, KS 67550

(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
S5251	Continued From page 2 nurse that WBG was greater than 600mg/dl. Notified physician via telephone and received verbal order for insulin. Noted new order. (This the last entry in medical record). By further review, the RPN lacked documentation of all incidents, symptoms, and other indications of illness. The RPN lacked details to include: Assessments of Resident's signs and symptoms of illness (circumstances leading to the new orders), When ordered medications administered and by whom (implementation of the orders), Results of the implemented orders (actions taken and response to actions). By interview on 4/19/16 at 5:16pm facility Licensed nurse #C and Licensed nurse #E confirmed nothing about the re-check of WBG levels documented for 4/18/16... #C stated the on call nurse that weekend (#D) contacted me by phone to verbally report details of the re-check... Licensed nurse #C confirmed that neither #E or #C documented the follow-up information. On 4/20/16 at 2:00pm, facility Licensed nurse #C and Licensed nurse #E reported sequence of events surrounding orders for insulin, orders for glucometers, and lack of specific parameters for calling physician. #C and #E confirmed documentation lacking for above events. The Operator failed to ensure for #185 the documentation of all incidents, symptoms, the date, time of occurrence, action taken, and results of the action.	S5251		