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 _____	12/23/2015

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 12/21/15, 12/22/15, and 12/23/15.	S 000		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (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. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The census equalled eight the sample included three Residents. The facility identified eight employees hired since assuming ownership in January 2015. Based on review of record and interview, for all Residents and all employees, the Operator failed to ensure a quarterly review of the home's emergency management plan with employees and residents.	S5215		

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

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S5215	Continued From page 1 Findings included: - On 12/21/15 at 4:30pm the Operator/Certified Medication Aide (CMA) #E stated we complete reviews every quarter... do not cover all topics of the emergency plan at each review... we try to focus on the topics pertinent to the season. On 12/21/5 at 4:30pm, Operator/CMA #E presented a listing of topics: January 2015 - Topics covered are not limited to but will include, loss of power and warmth in case of extended periods of heat loss; fire escape procedures that will minimize cold weather exposure to Residents and disaster planning for ice storms and winter weather. April 2015 - Topics covered are not limited to but will include, loss of power and spring storm preparedness. Fire escape procedures that will minimize cold weather exposure to Residents and disaster planning for severe weather and tornadoes that could affect the area. August 2015 - Topics covered are not limited to but will include, loss of power and air condition in case of extended periods of extreme heat. Fire escape procedures that will minimize hot weather exposure to Residents and disaster planning for flooding and heat exposure related conditions. October 2015 - Topics covered are not limited to but will include, loss of power and warmth in case of extended periods of heat loss. Fire escape procedures and disaster planning for winter weather. Preparations of winter emergency kits will be checked. These reviews lacked Flood, Tornado, Explosion,	S5215		

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S5215	Continued From page 2 Natural gas leak, and Missing Resident. The Operator failed to ensure quarterly reviews of the entire facility emergency management plan completed with Residents and Employees.	S5215		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (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: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The census equalled eight the sample included three Residents. The Resident roster identified all Residents as receiving medication management, and two Residents self administered select medications. Based on interview and record review, for two of three sampled with medication management (#189 and #187), the Operator	S5300		

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S5300	Continued From page 3 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. Findings included: - Review of record revealed #187 admitted to facility 3/20/15 with diagnoses of Diabetes, Neuropathy, Chronic kidney disease, Osteoarthritis, Hematuria, and Recent urinary tract infection. The 3/20/15 functional capacity screen assessed #187 in need of physical assistance with medication and treatment management. The 3/19/15 negotiated service agreement documented facility staff to provide medication and treatment management, Resident to self administer "over the counter medications." Comparison of the December 2015 MAR (medication administration record) with physician's written orders revealed: Facility Nurse #F provided a current list of physician signed medications. This medication list contained in a Home Health care plan, signed by the physician. Medications included: Losartan Potassium-HCTZ (blood pressure medication) 100-12.5mg (milligrams) one tablet daily; Lovastatin (cholesterol lowering medication) 20mg one tablet daily; Gabapentin (nerve pain medication) 600mg twice daily; Robitussin DM 1-2 teaspoons every four hours PRN (as needed) for coughing;	S5300		

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S5300	Continued From page 4 Pred Forte (anti inflammatory) 1% one drop left eye every night at bedtime; Muro 128 (corneal edema medication) drops 5% four times per day Muro 128 ointment 5% every night at bedtime Omega shield (supplement) one tablet PRN daily; Macular Shield (supplement) one tablet PRN daily; Anacin (analgesic) 400-25mg 1-2 tablets PRN daily: Tylenol (analgesic) 500mg 1-2 tablets PRN, Tylenol 500mg every night at bedtime; Novolog Mix (insulin) 70/30 Flex pen 10 units daily subcutaneous. According to the December 2015 MAR, Resident #187 self administered Muro 128 eye drops and Pred Forte. By interview on 12/22/15 at 3:30pm, Certified Medication Aide #A stated #187 used to self administer medications from a mediset box... but was not aware of any medications besides the eye drops that #187 now administered... added maybe he does an eye vitamin perhaps... By interview on 12/22/15 at 4:00pm, Facility Nurse #F stated #187 self administers Omega Shield, Macular Shield, Anacin, Tylenol, Pred Forte, and Muro 128 eye drops. Facility Nurse confirmed the MAR, negotiated service agreement, and service plan each failed to clarify medication administration for #187 in accordance with professional standards of practice. The Operator failed to ensure all medications administered to #187 in accordance with professional standards of practice.	S5300		

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S5300	Continued From page 5 - Review of record revealed #189 admitted to facility 5/27/14 with diagnoses of Dementia, Constipation, Osteoarthritis, Gastroesophageal reflux disease, Arthritis, Rapid heart rate, Hypercholestrolemia, Edema, Hemorrhoids, and Decubitus ulcers. Current functional capacity screen of 9/04/15 assessed #189 in need of physical assistance with medication and treatment management. Current negotiated service agreement of 9/04/15 documented facility staff to provide medication management. On 12/22/15 at 11:00am, Operator/Certified Medication aide #E provided a recent physician visit for current medication orders. The office visit dictation, signed by physician, included a listing of medications. On 12/22/15 at 11:45am, Facility Nurse #F stated the most current list of signed medication orders included in a Home Health Care Plan dated 12/21/15. Comparison of the December 2015 MAR (medications administration record) with written medical care provider orders revealed: Multivitamin (supplement) one tablet daily Ranitidine (ulcer/reflux medication) 150mg one tablet daily Aspirin (cardiac protection) 81mg one tablet daily Metoprolol Tartrate (blood pressure) 50mg 1/2 tablet twice per day Naproxen (anti inflammatory) 220mg twice per day Colace (stool softener) PRN (as needed) Aclovate (topical corticosteroid) 0.05% Monday-Wednesday-Friday Vitamin D-3 1000 unit capsules daily	S5300		

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S5300	Continued From page 6 Hydrocodone-Acetaminophen (pain) 5-325mg tablet 1/2 to 1 tablet PRN every 6 hours Miralax (laxative) 17 gram PRN daily Uroxetral (prostrate medication) 10mg one tablet daily Lexapro (antidepressant) 10mg one tablet daily Preparation H ointment (hemorrhoid relief) PRN rectal Tucks pads (hemorrhoid relief) PRN/as needed external Zyprexa (anti-psychotic) 2.5mg every night at bedtime Solosite (wound treatment) gel apply gel on gauze twice daily external Imodium (anti-diarrhea medication) 2mg, 2 caps after 1st loose stool, 1 tab after each subsequent loose stool... Lumigan (glaucoma medication) 3.01% 1 drop each eye daily at bedtime In contrast, the December 2015 MAR included: Milk of Magnesia (laxative) 30cc PRN (as needed) for constipation Zofran 4mg, 1-2 tablets every 4 hours PRN nausea/vomiting Hydrocodone-Acetaminophen 2.5/325mg, take 1/2 to 1 tablet PRN pain every 6 hours Ranitidine 300mg 1 tablet daily Luetein (eye nutrient) one tablet daily Proscar (prostrate medication) 5mg one tablet daily Tylenol (analgesic) 500mg 2 tablets twice daily. In contrast, the December 2015 MAR lacked the Naproxen and Aclovate included in the list of current orders. On 12/22/15 at 11:50am, Facility Nurse #F confirmed the current lists of medications ordered and being administered did not match...	S5300		

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S5300	Continued From page 7 confirmed he/she needed to obtain clarification from physician. The Operator failed to ensure all medications and biologicals administered to #189 in accordance with written medical care provider orders, and in accordance with professional standards of practice.	S5300		
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 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 eight the sample included three Residents. The facility identified two water heaters, but not able to identify which heater served which areas/rooms. Based on observations and interviews, for five of nine water outlets tested, 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	S5380		

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S5380	Continued From page 8 facility, on 12/21/15 at 11:00am, accompanied by the Operator/Certified Medication Aide (CMA) #E, the following water temperatures obtained: Resident bathroom #1 - 129 degrees F (Fahrenheit) Resident room #2 - 124.1 degrees F Resident room #3 - 124.1 degrees F Resident room #4 - 122.9 degrees F Visitor/Employee bathroom in kitchen - 128.3 degrees F On 12/21/15 at 11:00am, Operator/CMA #E stated we do not keep logs of water temperatures... we do not check the temperatures routinely... when I do check them, I check them just up front (Kitchen/South portion of facility)... we do not have any Residents who wander aimlessly about facility. The Operator failed to ensure the water remained between 98 degrees F and 120 degrees F at Resident accessible outlets at all times.	S5380		