STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B078030	A. BUILDING: _____ B. WING _____	10/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT HILLS	2500 PLEASANT HILLS PARKWAY HUTCHINSON, KS 67502

(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 an Initial Survey at the above named Home Plus Facility in Hutchinson, Kansas on 10/05/15, 10/06/15, and 10/07/15.	S 000		
S5095 SS=E	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The census equalled four the sample included three Residents. Based on observations, interviews, and reviews of records, for two of three sampled (#185 and #189), the Operator/Licensed Nurse failed to ensure the accuracy of the functional capacity screening (FCS). Findings included: - Review of record revealed #185 admitted to facility 3/16/15 with diagnoses of Dementia, Nausea, Anxiety, Osteoarthritis, and Prostrate cancer. The current 5/11/15 functional capacity screen coded #185 in need of physical assistance (2) with Bathing, Dressing, Toileting, Transfers, Mobility; in need of supervision (1) with Eating;	S5095		

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

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S5095	Continued From page 1 unable to perform (3) Medication and Treatment Management; with Bladder incontinence (4); with Short term and long term memory impairment, decision making and memory recall impairment (4); usually understood and usually understands (1-1). Section III. (Current or Recent Problems and Risks) of the FCS coded #185 with Falls/unsteadiness but remained blank for Impaired Vision; Impaired Hearing; Wandering; Socially Inappropriate Disruptive Behavior; and Impaired Decision-Making. Section IV Mobility identified the use of a wheelchair, but remained blank for mechanical lift. By observations on 10/06/15 at 1:40pm, facility staff physically assisted #185 to stand and pivot out of recliner and into wheelchair; then out of wheelchair and onto toilet; and again from toilet back into wheelchair. #185 displayed resistive behavior in the transfer from toilet back into wheelchair. Review of medical record Resident Progress Notes (RPN) from 3/27/15 to 10/06/15 revealed descriptive entries of repetitive and consistent behaviors and impaired decision making. These included resisting care, agitation, smearing of feces, combativeness, dumping of liquids, kicking, striking, and hitting staff members, and refusals of assistance for dressing and grooming. RPN also detailed events of staff using a mechanical lift to transfer #185, and notes of #185 leaving bed unattended and either sitting on floor or crawling on floor to bedroom doorway. The current FCS failed to assess and identify accurately #185's impaired decision making, inappropriate behaviors, and the use of a mechanical lift.	S5095		

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S5095	Continued From page 2 By interview on 10/06/15 at 6:55pm, Operator/Licensed Nurse stated I wasn't here when the May 2015 FCS completed, but I do see the inaccuracy... looks like it all needs to be re-done. The Operator/Licensed Nurse failed to ensure the accuracy of the FCS for #185. - Review of record revealed #189 admitted to facility 6/26/15 with diagnoses of Joint pain, Rhinitis, Poliomyelitis, Dysuria, History breast cancer, Depressive disorder, Anxiety, and Weight loss. By review on 10/05/15, the current 6/16/15 FCS coded #189 unable to perform (3) Bathing; independent (0) with Dressing, Mobility, and Eating; the word "transfer" for toileting (FCS requires a numerical code of 0, 1, 2, or 3); the words "1-2 at times" for transfer (FCS requires a numerical code of 0, 1, 2, or 3); unable to perform (3) medication and treatment management; the word "Foley" for Bladder Incontinence (FCS requires a numerical code of 0, 1, 2, or 3); with Falls/unsteadiness, and used an electric scooter. The 6/26/15 negotiated service agreement (NSA) and health service plan (HSP) documented mainly independent, "limited assistance" for bathing and transfers... the NSA and HSP lacked the use of oxygen concentrator. By interview on 10/05/15 at 5:40pm, Operator/Licensed Nurse stated I have seen the FCS manual... and I believe there is one in my Operator book. By observation on 10/06/15 at 1:20pm in	S5095		

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S5095	Continued From page 3 Resident room, direct care staff assisted #189 off of toilet and into recliner from electric scooter. #189 completed own toileting hygiene, staff assisted with pulling up and positioning clothing. Observed an oxygen concentrator parked between bed and wall. By interview on 10/06/15 at 1:20pm, #189 stated I've always had the oxygen to use at night but lately I have asked to use it during the day at times... staff helps me get in and out of electric chair, recliner, on and off toilet... they help me with my bath unless I beat them to it... confirmed the use of a Foley catheter and leg bag, adding they empty that for me as needed... On 10/06/15 at 6:14pm, Operator/Licensed Nurse stated I have an updated FCS and NSA... not scanned yet into electronic medical record... provided an additional FCS and NSA dated 10/05/15. This FCS coded #189 as (3) for Bathing, (2) for Dressing, Toileting, Transfers, (0) for Mobility and Eating; (3) for Medication and Treatment management; (0) Continent of bladder (Foley written below); no Falls/unsteadiness; with vision and hearing deficits and used wheelchair. By interview on 10/06/15 at 6:51pm, Operator/Licensed Nurse stated I just look at definitions to code the FCS... the 6/16/15 FCS completed by someone else... acknowledged the bathing coded incorrectly for #189's ability in both FCS's and with Resident's recent fall on 9/11/15, Falls/unsteadiness should be marked. Operator/Licensed Nurse stated to his/her knowledge, #189 had not used Oxygen in this facility until 10/02/15 even though #189 brought own concentrator with him/her at time of	S5095		

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S5095	Continued From page 4 admission. The Operator/Licensed nurse failed to ensure the accuracy of the FCS for #189.	S5095		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The census equalled four the sample included three Residents. Based on observations, interviews and reviews of records, for three of three sampled (#189, #187, and #185), the Operator/Licensed nurse failed to ensure the negotiated service agreement (NSA) contained a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. Findings included: - Review of record revealed #185 admitted to facility 3/16/15 with diagnoses of Dementia, Nausea, Anxiety, Osteoarthritis, and Prostrate cancer. The current 5/11/15 functional capacity screen coded #185 in need of physical assistance with Bathing, Dressing, Toileting, Transfers, Mobility;	S5161		

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S5161	Continued From page 5	S5161		

in need of supervision with Eating; unable to perform Medication and Treatment Management; with Bladder incontinence; with Short term and long term memory impairment, decision making and memory recall impairment; usually understood and usually understands.
Section III. (Current or Recent Problems and Risks) of the FCS coded #185 with Falls/unsteadiness but remained blank for Impaired Vision; Impaired Hearing; Wandering; Socially Inappropriate Disruptive Behavior; and Impaired Decision-Making.
Section IV Mobility identified the use of a wheelchair, but remained blank for mechanical lift.

The current NSA of 5/11/15 documented the following health care services to be provided: soft diet, meal assistance as needed; assistance with bathing, toileting, incontinence, mobility, dressing/grooming, escort to appointments; assist with transfers or use sit to stand lift; change and reposition at night; Hospice home care to provide incontinent supplies; monitor for agitation and aggression, "treat as needed."
The NSA contained the name of a licensed nurse no longer employed by the facility.

By observations on 10/06/15 at 1:40pm, facility staff physically assisted #185 to stand and pivot out of recliner and into wheelchair; then out of wheelchair and onto toilet; and again from toilet back into wheelchair. #185 displayed resistive behavior in the transfer from toilet back into wheelchair.
Observations on 10/05/15 at 3:00pm and on 10/06/15 at 1:40pm revealed full length bed rails on both sides of #185's bed.

Resident Progress Notes (RPN) from 3/27/15 to

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S5161	Continued From page 6 10/06/15 revealed repetitive entries of consistent behaviors and impaired decision making. These included resisting care, exiting bed around end of bed rails, agitation, smearing of feces, combativeness, dumping of liquids, kicking, striking, and hitting staff members, and refusals of assistance for dressing and grooming. RPN also detailed events of staff using a mechanical lift to transfer #185, and notes of #185 leaving bed unattended and either sitting on floor or crawling on floor to bedroom doorway. The current NSA lacked a description of the health care services to be provided to address these identified needs. The NSA lacked individualized services to address medication and treatment management, transfers, behaviors, falls, and the assessed need for bed rails or their appropriate use. By interview on 10/06/15 at 6:55pm, Operator/Licensed Nurse acknowledged the NSA did not contain the name of nurse currently responsible for the Resident's health care services. Operator/Licensed nurse stated I did not complete this NSA, but I can see the items lacking... I became responsible for the supervision of health care services on 7/23/15. The Operator failed to ensure the NSA for #185 contained the name of the licensed nurse responsible for the implementation and supervision of the plan, and failed to ensure the NSA contained a description of the health care services to be provided to #185. - Review of record revealed #189 admitted to facility 6/26/15 with diagnoses of Joint pain, Rhinitis, Poliomyelitis, Dysuria, History breast	S5161		

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S5161	Continued From page 7 cancer, Depressive disorder, Anxiety, and Weight loss. By review on 10/05/15, the current 6/16/15 FCS coded #189 unable to perform (3) Bathing; independent (0) with Dressing, Mobility, and Eating; the word "transfer" for toileting; the words "1-2 at times" for transfer; unable to perform (3) medication and treatment management; the word "Foley" for Bladder Incontinence; with Falls/unsteadiness, and used an electric scooter. The 6/26/15 NSA documented three meals daily, provides own Ensure... Bathing, Toileting assistance, Incontinence assistance, Escort to appointments, Foley catheter change monthly and as needed, Monitor vital signs, Sleep cycle support, Review/report changes in condition, and Catheter care. The NSA lacked medication and treatment management, and the use of oxygen concentrator. The NSA contained the name of a licensed nurse no longer employed by the facility. By observation on 10/06/15 at 1:20pm in Resident room, direct care staff assisted #189 off of toilet and into recliner from electric scooter. #189 completed own toileting hygiene, staff assisted with pulling up and positioning clothing. Observed an oxygen concentrator parked between bed and wall. By interview on 10/06/15 at 1:20pm, #189 stated I've always had the oxygen to use at night but lately I have asked to use it during the day at times... staff helps me get in and out of electric chair, recliner, on and off toilet... they help me with my bath unless I beat them to it... confirmed the use of a Foley catheter and leg bag, adding they empty that for me as needed...	S5161		

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S5161	Continued From page 8 On 10/06/15 at 6:14pm, Operator/Licensed Nurse stated I have an updated FCS and NSA... not scanned yet into electronic medical record... provided an additional FCS and NSA dated 10/05/15. This FCS coded #189 as (3) for Bathing, (2) for Dressing, Toileting, Transfers, (0) for Mobility and Eating; (3) for Medication and Treatment management; (0) Continent of bladder (Foley written below); no Falls/unsteadiness; with vision and hearing deficits and used wheelchair. This 10/05/15 NSA contained the name of this nurse now responsible for supervision of health care services. This NSA still lacked medication and treatment management, but did include the use of oxygen. By interview on 10/06/15 at 6:51pm, Operator/Licensed Nurse stated to his/her knowledge, #189 had not used Oxygen in this facility until 10/02/15 even though #189 brought own concentrator with him/her at time of admission... acknowledged medication and treatment management and transfers needed a space on the NSA form. The Operator/Licensed nurse failed to ensure the NSA for #189 contained a description of the health care services to be provided. - Review of record revealed #187 admitted to facility 8/29/15 with diagnoses of Dementia, Back ache, Rash, Reflux, Hyperlipidemia, Diabetes, Obesity, Hypertension, Congestive heart failure, Constipation, Osteoarthrosis, Pacemaker, Hyperpotassemia, Depressive disorder, Heart	S5161		

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S5161	Continued From page 9 disease, Shortness of breath, and Acute kidney failure. The current functional capacity screen of 9/25/15 assessed #187 in need of physical assistance with Bathing, Dressing, Toileting, Transfers, and Mobility; independent with eating; unable to perform medication and treatment management; with decision making impairment, falls/unsteadiness, impaired decision making, and used both walker and wheelchair. The current NSA of 9/25/15 lacked a description of services for transfers, for falls, and for medication and treatment management. The NSA documented #187 to self inject insulin but failed to detail storage, when and by whom insulin pen prepared for self injection, and the NSA failed to detail when and who completed blood glucose monitoring as ordered by physician for sliding scale insulin administration. This NSA did contain the name of the current nurse responsible for the supervision of health care services, the current Operator/Licensed nurse. On 10/06/15 at 7:10pm Operator/Licensed nurse stated I can see the NSA form needs revision... I can see what's lacking. The Operator/Licensed nurse failed to ensure the NSA for #187 contained a description of the health care services to be provided.	S5161		
S5215 SS=F	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:	S5215		

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S5215	Continued From page 10 (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 four the sample included three Residents. The facility identified 18 employee hired since the facility opened. Based on review of record and interview, for all Residents and all employees, the Operator/Licensed nurse failed to ensure a quarterly review of the home's emergency management plan with employees and residents. Findings included: - On 10/05/15 at 4:05pm the Operator/Licensed nurse stated we opened facility in February 2015... we have not yet completed emergency management plan reviews with Residents and staff... we may try to do those this week some time... On 10/06/15 at 10:00am, Operator/Licensed nurse presented a list of staff and Resident names... stated we completed an evacuation drill	S5215		

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S5215	Continued From page 11 and an emergency plan review last evening... we will be doing this quarterly from now on... The Operator/Licensed nurse failed to ensure quarterly reviews of the facility emergency management plan completed with Residents and Employees.	S5215		
S5315 SS=D	26-42-205 (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 home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked 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 home. (4) A licensed nurse or medication aide shall not	S5315		

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S5315	Continued From page 12 administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1)(4) The census equalled four the sample included three Residents. The facility identified four Residents with facility managed medications and treatments. The facility identified one Resident who used insulin. Based on observation, interview, and review of record, for one of one sampled Resident who used insulin pens (#187), and for any Resident of facility who utilized insulin pens, the Licensed nurse failed to: Ensure all medications and biologicals stored in accordance with each manufacturer's recommendations, in regard to manufacturer directions to store in use insulin pens at room temperature, and unopened insulin pens in refrigerator. Findings included: - Observation on 10/05/15 at 2:48pm in the medication room of facility revealed all insulin pens for #187 stored in the medication room refrigerator. The refrigerator contained a plastic bag with "open/in use" pens inside. The refrigerator contained the partially filled boxes of unopened insulin pens. By review, manufacturer's boxes and package inserts for Humalog and Lantus insulin documented the directive "keep in cold place 36 to 46 degrees Fahrenheit until first use." The	S5315		

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S5315	Continued From page 13 package boxes and inserts then directed to keep in use pens at room temperature. By interview on 10/05/15 at 2:48pm, Operator/Licensed nurse stated I was not aware the in use or open insulin pens were to be stored at room temperature... we have always stored them this way... in the refrigerator... The Operator/Licensed nurse failed to ensure all medications and biologicals for #187 stored in accordance with each manufacturer's recommendations, to refrigerate unopened insulin pens until first use, and then to store at room temperature.	S5315		