STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B030013	A. BUILDING: _____ B. WING _____	04/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTCARE HOMES OF OTTAWA LLC	27 E ROCKWOOD DRIVE OTTAWA, KS 66067

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S 000	INITIAL COMMENTS The following citations represent the findings of an initial survey with complaint investigation 86277 at the above named home plus facility conducted on 4-29-15 and 4-30-15. Revised 2567 mailed to facility on 5-7-2015	S 000		
S5028 SS=D	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced	S5028		

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

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S5028	Continued From page 1 by: 26-42-101(f)(3)(A) The facility a census of 7 residents. The sample included 3 residents and 1 focus review resident. Based on interview for all residents the operator failed to insure each allegation of abuse or neglect shall be reported to the department within 24 hours, and an investigation shall be started when the operator received notification of an alleged violation. Findings included: - Interview with operator on 4-29-15 at 1:10 pm stated he/she received a telephone call from a person who made accusations of abuse/neglect based on hearsay. In response the operator issued a written memo to facility staff on 4 -3-2015 which documented the accusations as follows: "The type of information stated was as followed: 1. A resident had their arm broken by a staff member (obviously false) 2. A caregiver slept on a shift with permission 3. A female resident made inappropriate advances toward a male resident 4. A female resident went through the home naked. The person reporting the information had specifics on the items above, calling out residents and employees by name. Staff is not allowed to sleep in our homes...so my assumption is that this did not happen..." The memo lacked documentation of investigation of the allegations. Interview on 4-30-15 at 1:00 pm with licence	S5028		

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S5028	Continued From page 2 nurse A confirmed he/she did not investigate the allegations, stated he/she "left that up to the operator". Interview on 4-30-15 at 1:12 pm with the operator stated he/she did an investigation of the allegations but confirmed he/she failed to document the investigation and/or it's outcome. For all residents, the operator failed to insure each allegation of abuse or neglect was reported to the department within 24 hours, and an investigation started when the operator received notification of an alleged violation.	S5028		
S5165 SS=D	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(e) The facility reported a census of 7 residents. The sample included 3 residents and 1 focus review. Based on record review and interview for 1 (600) focus review resident requiring " accuchecks " (blood sugar monitoring with a glucometer), a nursing procedure not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments	S5165		

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S5165	Continued From page 3	S5165		

thereto.

Findings included:

- Record review for resident #600 revealed admission on 11-19-14 with diagnoses Cardiomyopathy, Hyperlipidemia, Diabetes Mellitus, Hypertension, Peripheral Neuropathy, Osteopenia, Sleep Apnea, Hernia, Obesity, Prostate Cancer, Cardiac pacemaker/Defibrillator, Chronic Obstructive Pulmonary Disease.

The Functional Capacity Screen dated 11-19-14 recorded resident required physical assistance with medication management and medical treatments. The Negotiated Service Agreement (NSA)/Health Care Services dated 11-19-14 recorded services for " daily accuchecks " for " Diabetes " .

Physician ' s orders dated 11-19-14 stated: " Daily accuchecks " .

Review of Medication Administration Record for April 2015 revealed:
" Check Blood Sugar Daily " at 8:00 am and initialed as completed by certified staff.

Facility " Resident Care Policies and Procedure Manual " procedure for glucose monitoring lacked requirement for licensed nurse to check certified staff competency.

Review of personnel records for newly hired certified medication aides revealed the records lacked documentation of education or assessment of competency by a licensed nurse for delegation of blood sugar monitoring with a glucometer.

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S5165	Continued From page 4 Interview on 4-29-15 at 5:10 pm with licensed staff #A stated resident #600 received daily blood sugar monitoring (accuchecks) as ordered by physician. Further stated he/she did not check certified staff to verify competency. Confirmed staff records lacked documentation of competency to perform blood glucose monitoring. The operator failed to ensure the licensed nurse delegated blood sugar monitoring with a glucometer to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S5165		
S5256 SS=E	26-42-102 (b) Staff Qualifications Awake & Responsive (b) Direct care staff or licensed nursing staff shall be in attendance and responsive at all times. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(b) The facility reported a census of 7 residents. Sample included 3 sample review residents and 1 focus review resident. Based on observation and interview for 2 sampled residents and 1 non sampled resident. The operator failed to insure direct care staff or licensed staff shall be in attendance and responsive at all times. Findings included: - Observation on 4-29-15 at 2:40 pm revealed certified staff B and C sitting outside with 4 residents. 3 residents remained inside the facility:	S5256		

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S5256	Continued From page 5 resident #400 in his/her room; residents #230 and #120 in living room in recliners. The resident roster identified all residents in facility with cognitive impairment. Interview on 4-29-15 at 2:45 pm with certified staff B confirmed no staff with residents who stayed inside. For residents #400, #230 and #120 the operator failed to insure direct care staff or licensed staff shall be in attendance and responsive at all times when both certified staff were sitting outside while 3 residents remained inside.	S5256		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: Over the Counter Meds 5313 KAR 26-42-205(g)(3)	S5313		

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S5313	Continued From page 6 The facility reported a census of 7 residents. The sample included 3 residents and 1 focus review. Based on observation and interview the operator failed to ensure the licensed nurse placed the full name of the resident on each resident's over-the-counter medication package. Findings included: - Review of the resident roster revealed all 7 residents received medication management. Observation on 4-29-15 at 11:40 am of medication cabinet revealed the following open over the counter medication in resident ' s plastic bins: 1 bottle of Vitamin D3 1 bottle of Advil PM 2 bottles of advil liquid gels 2 bottles of Melatonin 3 milligrams (mg) 1 bottle of Glucosamine Chondroitin 2 bottles of Acetaminophen 325 (mg) 1 bottle of Ibuprofen 200 mg 1 bottle of Multivitamin B12 1000 mg 2 bottles of Aspirin 81 mg 1 bottle of Aspirin 325 mg 1 bottle of Miralax 1 bottle of Daily Vitamin 1 bottle of Iron 65 mg 1 bottle of Colace 1 bottle of Vitamin C Interview on 4-29-15 at 11:40 am with Registered Nurse #A confirmed the over the counter medications contained no names. For all residents receiving medication management, the operator failed to ensure the licensed nurse placed the full name of the	S5313		

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S5313	Continued From page 7 resident on each resident's over-the-counter medication package.	S5313		