STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089086	A. BUILDING: _____ B. WING _____	02/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSDALE PLACE LLC	1402 SW LANCASTER ST TOPEKA, KS 66604

(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 represent the findings of an initial survey at the above named home plus facility on 2-18-15 and 2-19-15.	S 000		
S5310 SS=F	26-42-205 (e) (f) (g 1 - 3) Medication Orders, Ordering, Labeling (e) Medication orders. Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order. (f) Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident ' s medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(e) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview for 3 (#114, #146, #158) of 3 sampled residents, the licensed nurse failed to ensure all verbal orders were signed by the medical care provider within seven working days of receipt of the verbal order. Findings included:	S5310		

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

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S5310	Continued From page 1 - Record review for resident #114 revealed admission on 7-24-14 with diagnoses Transient Ischemic Attacks, Irritable Bowel Syndrome, Hypertension, Carotid Stenosis, Aortic Valve Stenosis. The functional capacity screens dated 7-24-24 and 10-30-14 recorded resident unable to perform management of medications and treatments. The negotiated service agreement dated 7-24-24 recorded services for facility management of medications with licensed nurse A responsible for the plan. Review of verbal orders revealed the following: 8-21-14: Bourbon/Whiskey 1 ounce by mouth every evening for anxiety/sundowners. Signed by physician on 12-3-14. 12-17-14: Ambien 5 mg (milligrams) one tablet by mouth at bedtime as needed for sleep. Hold medication if he/she takes alcohol. Lacked signature of a medical care provider. Interview on 2-18-15 at 5:22 pm with operator confirmed the above orders lacked documentation of a medical care provider's signature within 7 working days of receipt of order. - Record review for resident #146 revealed admission on 5-29-14 with diagnoses Pulmonary Emboli, Dementia, Hyperlipidemia. The functional capacity screen dated 4-1-14 recorded resident unable to perform management of medications and treatments. The negotiated service agreements dated 4-1-14 and 5-29-14 recorded services for facility management of medications. Review of verbal orders revealed the following:	S5310		

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S5310	Continued From page 2	S5310		

12-31-14 at 11:30 am: Warfarin 5 mg (milligrams) (2.5 mg) 1/2 tablet every day for one week then recheck Protime/INR; Change Guaifenesin cough syrup 2 teaspoons (10 milliliters) to as needed. Written by licensed nurse A.
1-9-15 at 4:00 pm: Warfarin 5 mg (2.5 mg) 1/2 tablet every day for one week the recheck PT/INR. Written by licensed nurse A.
1-21-15 at 3:30 pm: Warfarin 3 mg daily by mouth and recheck PT/INR in one week. Written by licensed nurse A.
All verbal orders lacked documentation of the medical care provider's signature.

Interview on 2-18-15 at 3:06 pm with operator confirmed the verbal orders were not signed. Further confirmed the medical care provider was at the facility today (2-18-15) and failed to sign the orders.

- Record review for resident #158 revealed admission on 6-30-14 with diagnoses Alzheimer's Dementia, Insomnia, Depression, Restlessness and Restless Legs Syndrome, The functional capacity screens dated 6-30-14 and 12-4-14 recorded resident unable to perform management of medications and treatments. The negotiated service agreements dated 6-30-14 and 12-4-14 recorded services for facility management of medications.

Review of verbal orders revealed the following:
10-2-14 at 12:00 pm: Clarification (for order dated 10-1-14 at 4:00 pm for Requip 50 mg every morning): Requip 0.5 mg (milligrams) by mouth at bedtime for restless leg syndrome. Written by licensed nurse A.
12-3-14 Discontinue Anusol cream 1%. 12-4-14

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S5310	Continued From page 3 Start Anusol cream 2.5% every day for one week the as needed. Written by licensed nurse A. 12-31-14 at 11:30 am: Bactroban twice a day to right lateral ankle and Mepilex foam dressing. Written by licensed nurse A. 1-13-14 at 1:15 pm: Transport resident to an urgent care for treatment of skin tear for open skin tear right forearm. Written by licensed nurse A. All verbal orders lacked documentation of the medical care provider's signature. Interview on 2-18-15 at 3:06 pm with operator confirmed the verbal orders were not signed. Further confirmed the medical care provider was at the facility today (2-18-15) and failed to sign the orders. For residents #114, #146, #158, the licensed nurse failed to ensure all verbal orders were signed by the medical care provider within seven working days of receipt of the verbal order.	S5310		