| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | B022001 | A. BUILDING: _____ B. WING _____ | R 10/20/2014 |

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| {S 000} | INITIAL COMMENTS<br><br>The following citations are the result of a Revisit and Correction Order visit #14-89 at the above named Home Plus Facility in Highland, Kansas on 10/16/14 and 10/20/14. | {S 000} | | |
| {S5105} SS=D | 26-42-202 (a) Negotiated Service Agreement<br><br>a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-202(a)<br><br>The census equalled 12 the sample included three Residents. Based on reviews of records and interviews, for one of three sampled (#1107), the Operator failed to ensure the NSA (negotiated service agreement) provided a written description of services the Resident will receive, identification of the provider of each service, and identification of each party responsible for payment if outside resources provide a service. | {S5105} | | |

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

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| {S5105} | Continued From page 1<br><br>Findings included:<br><br>- Review of record revealed #1107 admitted to facility 12/10/13 with diagnoses of Urinary tract infection, Hypertension, Hyperlipidemia, Osteoarthrosis, General pain, and Hypothyroidisim.<br>The current FCS (functional capacity screen) of 8/12/14 assessed #1107 unable to perform (3) bathing, dressing, toileting, transfers, mobility, medication and treatment management; in need of physical assistance (2) with eating; incontinent of bowel and with a foley catheter for bladder; with short term, memory recall, and decision making impairments; in need of a wheelchair and a mechanical lift for transfers.<br>The current NSA (negotiated service agreement) of 12/10/13 documented facility staff to wash entire body and hair; dress and undress Resident; manage foley catheter and assist with use of bedpan for bowel; use Hoyer lift when transferring Resident; manages and re-orders medications and administers pills whole in applesauce; cut up foods and provide straw; staff to cue for cognition and to use a hoyer lift and wheelchair for transfers and mobility.<br><br>Observations on 10/16/14 at 11:19am revealed #1107 in room in bed with staff assistance to move from bed to chair for lunch time. Direct care staff #G and #H dressed #1107, provided personal hygiene care, and transferred #1107 to electric wheelchair. Observed a nebulizer breathing treament machine and an oxygen concentrator in room, neither in use at the time of this observation.<br><br>The medical record contained a 10/09/14 written physician's order of: "Oxygen 2 Liters continuous | {S5105} | | |

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| {S5105} | Continued From page 2 | {S5105} | | |

by nasal cannula."
The record contained a previous 10/07/14 physician's order: "Oxygen prn (as needed) to keep O2 above 90% or above."

The NSA/HSP (health service plan) lacked oxygen service, lacked the provider of the oxygen service, and lacked a payment source.

The MAR (medication administration record) contained documentation of glucometer checks completed by facility staff.

The NSA/HSP lacked glucometer testing as a service.

Hospital discharge orders of 10/06/14 included an order for a Dysphagia II ground minced diet, and for IV antibiotics.
The NSA/HSP lacked this diet, stating "General diet, set up, cut meats, provide straws, cue Resident... will allow family to assist with feeding at times."

On 10/16/14 at 2:13pm Operator/Licensed Nurse #C confirmed the oxygen not added to the NSA/HSP, no name of provider and no payment source... stated they were in the process of trying to get the order changed to PRN (as needed)... but the physician out of town, and the on call physician unwilling to change the order... stated they had been checking O2 saturations and monitoring #1107's condition. Operator/Licensed Nurse #C confirmed facility staff completed glucometer checks on #1107 three times weekly, but this service not on the NSA.
Operator/Licensed nurse #C confirmed the Diet order from the hospital discharge never implemented and never placed on the NSA/HSP... stated they cut up his/her meats but

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| {S5105} | Continued From page 3<br>did not provide a Dysphagia II diet.<br>Operator/Licensed nurse stated Home Health services initiated after the hospital discharge... although the facility staff administered the IV antibiotics... stated Home Health came to facility and completed visits and those services not included in the NSA/HSP.<br><br>The Operator failed to ensure the NSA/HSP provided a written description of services #1107 to receive, identification of the provider of each service, and identification of each party responsible for payment if outside resources provide a service.<br><br>- Review of record revealed #1102 admitted to facility 9/25/14 with diagnoses of Breast cancer, Restless leg syndrome, Elevated cholesterol, and elevated blood pressure.<br>The current FCS (functional capacity screen) of 9/25/14 assessed #1102 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility, and medication management.<br>The FCS assessed #1102 with history of falls, vision and hearing deficits, and in need of a wheelchair for mobility.<br>The current 9/25/14 NSA (negotiated service agreement) documented facility staff to administered medications and treatments and to assist with bathing, dressing, toileting, transfers, and mobility.<br><br>On 10/16/14 at 2:30pm, Operator/Licensed Nurse #C reviewed MAR (medication administration record) and stated #1102 uses a CPAP (continuous positive airway pressure) and this not included on the MAR... stated staff helps him/her get it on at bedtime and he/she takes it off in the morning... confirmed the CPAP and | {S5105} | | |

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| {S5105} | Continued From page 4<br>associated assistance not included on the NSA/HSP.<br><br>The Operator failed to ensure the NSA/HSP provided a written description of services #1102 to receive. | {S5105} | | |
| S5300 SS=E | 26-42-205 (d) (1-2) Facility Administration of Medications<br><br>(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:<br>(1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility.<br>(2) Medication aides shall not administer medication through the parenteral route.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-205(d)<br><br>The census equalled 12 the sample included three Residents. The Resident Roster identified all Residents as receiving medication management. Based on interviews and reviews of records, for two of three sampled (#1107 and #1102), the Operator failed to ensure all | S5300 | | |

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| S5300 | Continued From page 5 | S5300 | | |

medications administered to all Residents in accordance with a medical care provider's written order and in accordance with professional standards of practice.

Findings included:

- Review of record revealed #1107 admitted to facility 12/10/13 with diagnoses of Urinary tract infection, Hypertension, Hyperlipidemia, Osteoarthrosis, General pain, and Hypothyroidisim.
The current FCS (functional capacity screen) of 8/12/14 assessed #1107 unable to perform (3) bathind, dressing, toileting, transfers, mobility, medication and treatment management; in need of physical assistance (2) with eating; incontinent of bowel and with a foley catheter for bladder; with short term, memory recall, and decision making impairments; in need of a wheelchair and a mechanical lift for transfers.
The current NSA (negotiated service agreement) of 12/10/13 documented facility staff to wash entire body and hair; dress and undress Resident; manage foley catheter and assist with use of bedpan for bowel; use Hoyer lift when transferring Resident; manages and re-orders medications and administers pills whole in applesauce; cut up foods and provide straw; staff to cue for cognition and to use a hoyer lift and wheelchair for transfers and mobility.

Observations on 10/16/14 at 11:19am revealed #1107 in room in bed with staff assistance to move from bed to chair for lunch time. Direct care staff #G and #H dressed #1107, provided personal hygiene care, and transferred #1107 to electric wheelchair. Observed a nebulizer breathing treament machine and an oxygen concentrator in room, neither in use at the time of

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| S5300 | Continued From page 6<br>this observation.<br><br>Review and comparison of the current October 2014 MAR (medication administration record) with written signed medical care provider orders revealed the following discrepancies:<br><br>Albuterol 2.5mg(milligrams)/3ml (milliliters) 0.083% inhalation solution every 6 hours, ordered; documented on MAR as "Albuterol .0%5 every 6 hrs neb/sob"<br>Ensure BID (twice daily) on MAR; no documentation of this order on hospital return page<br>Colace 100mg one tab three times daily on MAR; written order of 10/06/14 directed Colace 100mg two times daily.<br>Cranberry capsule one po (by mouth) daily; not located on transfer sheet.<br>All remaining medications listed on a hospital transfer of 10/06/14 lacked a physician's signature. (Narco, Hydroxyzine; Toviaz; Nystatin powder; Ensure; Aspirin, Atenolol; Macrobid; Synthroid, Probiotic<br>Probiotic; Vitamin D; Zantac, Neurontin, Norco, Cranberry capsule, melatonin, Xanax, Ensure).<br><br>On 10/16/14 at 1:30pm, Operator/Licensed Nurse #C confirmed the medication orders from the hospital lacked clarification for accuracy, and lacked a medical care provider's signature...will need to get a copy that has the physician's signature, and get clarification on a few of them...<br><br>The Operator failed to ensure all medications for #1107 administered in accordance with a written medical care provider's order and in accordance with professional standards of practice. | S5300 | | |

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| S5300 | Continued From page 7<br>- Review of record revealed #1102 admitted to facility 9/25/14 with diagnoses of Breast cancer, Restless leg syndrome, Elevated cholesterol, and elevated blood pressure.<br>The current FCS (functional capacity screen) of 9/25/14 assessed #1102 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility, and medication management.<br>The FCS assessed #1102 with history of falls, vision and hearing deficits, and in need of a wheelchair for mobility.<br>The current 9/25/14 NSA (negotiated service agreement) documented facility staff to administered medications and treatments and to assist with bathing, dressing, toileting, transfers, and mobility.<br><br>Comparison of the current October 2014 MAR (medication administration record) with written physician orders revealed discrepancies:<br>MAR contained Cymbalta 60mg (milligrams) daily; the signed physician orders lacked this item.<br>MAR contained Vitamin D 10000 units daily; the signed physician orders directed 1000 units daily.<br>MAR contained Tums use as directed prn (as needed) for gas; the signed order did not indicate this medication for "gas"<br><br>On 10/16/14 at 2:30pm, Operator/Licensed Nurse #C confirmed the Cymbalta not included in the signed physician's orders at time or admission, and not obtained since admission... stated the Vitamin D and Tums orders were typos.<br><br>The Operator failed to ensure all medications for #1102 administered in accordance with a written medical care provider's order and in accordance with professional standards of practice. | S5300 | | |