Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087196	A. BUILDING: _____ B. WING _____	05/06/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE OF MIND LLC II	223 N BURR OAK RD WICHITA, KS 67206

(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 a resurvey and complaint investigation 74718 at the above named home plus facility conducted on 4-29-14, 4-30-14, 5-1-14, 5-5-14 and 5-6-14. Revised 2567 mailed to facility 5-12-14.	S 000		
S 110 SS=E	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: KAR 26-39-103(c)(A) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 2 (#205, #315) of 3	S 110		

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

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S 110	Continued From page 1 sampled residents, the operator failed to ensure that each resident or the resident's legal representative is informed, both orally and in writing of the rights of the resident in a language the resident or the resident's legal representative understands. Findings included: - Record review for resident #205 revealed admission on 7-8-13. The record lacked documentation of the receipt of the rights of the resident. Interview on 4-29-14 at 4:20 pm with operator confirmed the record lacked documentation that the resident or the resident's legal representative had received both orally and in writing a copy of the resident's rights. For resident #205, the operator failed to ensure that the resident or the resident's legal representative was informed, both orally and in writing of the rights of the resident. - Record review for resident #315 revealed admission on 4-3-14. The record lacked documentation of the receipt of the rights of the resident. Interview on 4-29-14 at 4:20 pm with operator confirmed the record lacked documentation that the resident or the resident's legal representative had received both orally and in writing a copy of the resident's rights. For resident #315, the operator failed to ensure that the resident or the resident's legal representative was informed, both orally and in	S 110		

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S 110	Continued From page 2 writing of the rights of the resident.	S 110		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(g) The facility reported a census of 6 residents. The sample included 3 residents. Based on observation and interview for all residents the operator failed to ensure a notice of availability of policies and procedures shall be posted in a place readily accessible to residents. Findings included: - Observation during entrance tour on 4-29-14 at 9:12 am revealed the facility lacked a notice of availability of policies and procedures posted in a place readily accessible to residents. Interview on 4-29-14 at 10:00 am with operator confirmed he/she had not posted a notice of availability of policies and procedures. For all residents, the operator failed to ensure a notice of availability of policies and procedures	S5029		

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S5029	Continued From page 3 shall be posted in a place readily accessible to residents.	S5029		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of 6 residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#315) of 3 sampled residents, designated staff failed to ensure the resident's functional capacity screening form was completed using the definitions specified by the department. Findings included:	S5080		

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S5080	Continued From page 4 - Record review for resident #315 revealed admission on 4-3-14 with diagnoses Cecal Volvulous and Insulin Dependent Diabetes Mellitus. The functional capacity screen (FCS) dated 4-3-14 recorded resident required supervision with dressing, physical assistance with bathing, toileting, transfers, walking/mobility; unable to perform management of medications/treatments and independent with eating. Continent of bladder. Communication: usually understandable, usually understands. Under "Cognition", the FCS documented an "A" for short term memory and lacked documentation for long term memory, memory/recall and decision making. Current problems/risks identified included decision-making. Review of resident roster revealed resident #315 with an impaired cognitive status. Nurse's Notes dated 4-3-14 stated: Resident "alert and oriented with intermittent confusion. Able to make needs known. Pleasant and cooperative with cares." Observation of resident on 4-29-14 and 4-30-14 revealed resident alert and oriented to person and place with some forgetfulness regarding time and situation. Required reminders for meals and activities. Interview on 4-29-14 at 2:24 pm with the operator confirmed the FCS lacked documentation for Cognition using the definitions specified by the department. For resident #315, designated staff failed to	S5080		

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S5080	Continued From page 5 ensure the resident's functional capacity screening form was completed using the definitions specified by the department.	S5080		
S5095 SS=D	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 facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 1 (#315) of 3 sampled residents, designated staff failed to ensure the resident's functional capacity is accurately reflected on the resident's screening form. Findings included: - Record review for resident #315 revealed admission on 4-3-14 with diagnoses Cecal Volvulous and Insulin Dependent Diabetes Mellitus. The functional capacity screen (FCS) dated 4-3-14 recorded resident required supervision with dressing, physical assistance with bathing, toileting, transfers, walking/mobility; unable to perform management of medications/treatments and independent with eating. Continent of	S5095		

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S5095	Continued From page 6 bladder. Communication: usually understandable, usually understands. Under "Cognition", the FCS documented an "A" for short term memory and lacked documentation for long term memory, memory/recall and decision making. Interview on 4-29-14 at 2:24 pm with the operator confirmed the FCS lacked accurate documentation for Cognition. Designated staff failed to ensue resident #315's functional capacity was accurately reflected on the resident's functional capacity screening form.	S5095		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement 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: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)	S5105		

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S5105	Continued From page 7 The facility reported a census of 6 residents. The sample included 3 residents. Based on observation, record review and interview for 3 (#110, #205, #315) of 3 sampled residents, the operator failed to ensure the negotiated service agreement provided a description of the services the resident will receive; identification of the provider of each service; and identification of each party responsible for payment if outside resources provided a service. Findings included: - Record review for resident #110 revealed admission on 2-11-13 with diagnoses Dementia, Obstructive Sleep Apnea, Hypothyroidism, Diabetes Mellitus, Atria;l Fibrillation, Left Knee Septic Arthritis and Hypertension. The functional capacity screen dated 6-13-13 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility; supervision with eating and unable to perform management of medications and treatments. Occasionally incontinent of urine. Cognition: problems with short term memory, memory/recall and decision making. Current problems/risks identified included falls, impaired vision, impaired hearing, and impaired decision-making. The negotiated service agreement (NSA) dated 6-13-13 recorded services for physical assistance with bed bath, assistance with dressing of upper and lower body, assistance to use a bed pan and commode, assistance with pivoting into a wheelchair and use of a mechanical lift: (physical assistance of 2 staff when using hoyer lift for transfers); when eating and drinking elevate head of bed 90 degrees (regular diet with low concentrated sweets), set up assistance with	S5105		

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S5105	Continued From page 8 meals. Certified medication aide/licensed staff for medication management. Baby monitor. The NSA lacked documentation of a description of services for diabetes management including the party responsible for blood glucose monitoring; further lacked identification of pharmacy provider and identification of each party responsible for payment of the pharmacy. The record contained a medical care providers order for accuchecks (blood sugar monitoring) with a glucometer 2 times weekly on Mondays and Thursdays. The Medication Administration Record for April 2014 revealed documentation of blood glucose monitoring by facility certified medication aides. Interview on 4-29-14 at 4:20 pm with operator confirmed the NSA lacked documentation of the party responsible for blood glucose monitoring, identification of the pharmacy and identification of the party responsible for payment of the pharmacy. For resident #110, the operator failed to ensure the NSA contained a description of services for diabetic management including the party responsible for blood glucose monitoring, identification of the pharmacy provider and identification of each party responsible for payment of the pharmacy. - Record review for resident #205 revealed admission on 7-8-13 with diagnoses Syringomyelia, Eczema, Osteoporosis, Functional Quadriplegia, Urinary Incontinence, and Gastroesophageal Reflux Disorder with Hiatal Hernia. The functional capacity screen dated 7-8-13 recorded resident unable to perform	S5105		

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S5105	Continued From page 9 bathing, dressing, toileting, transfers, walking mobility, and management of medications and treatments. Incontinent of bladder. No problems with cognition or communication. Current problems/risks identified included falls and impaired vision. The negotiated service agreement (NSA) dated 7-8-13 recorded services for physical assistance of 2 for bathing three times per week; assistance with dressing; assist with toileting every two hours; physical assistance for two person transfers; mobile per wheelchair; staff to feed meals and monitor for choking/aspiration; certified medication aides/licensed staff for medication/medical treatment management; and baby monitor per resident's request. The NSA lacked identification of pharmacy provider and identification of each party responsible for payment of the pharmacy. Interview on 4-30-14 at 5:00 pm with operator confirmed the NSA lacked documentation of a pharmacy and party responsible for payment of the pharmacy. For resident #205, the operator failed to ensure the NSA contained identification of the pharmacy provider and identification of each party responsible for payment of the pharmacy. - Record review for resident #315 revealed admission on 4-3-14 with diagnoses Cecal Volvulous and Insulin Dependent Diabetes Mellitus. The functional capacity screen dated 4-3-14 recorded resident required supervision with dressing, physical assistance with bathing, toileting, transfers, walking/mobility; unable to perform management of medications and	S5105		

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S5105	Continued From page 10	S5105		

treatments; and independent with eating. Continent of bladder. Current problems/risks included decision-making.

The negotiated service agreement (NSA) dated 4-3-14 recorded services for bathing three times per week in the evening; supervision of dressing; toileting every two hours and as needed; supervision with transfers, use of walking or wheelchair for mobility; low concentrated sweets diet; facility to do medication management; insulin injections for diabetes management per home health agency three times per day. The NSA lacked documentation of a description of services for diabetes management including the party responsible for blood glucose monitoring; further lacked identification of pharmacy provider and identification of each party responsible for payment of the pharmacy.

The record contained a medical care provider's order for accuchecks (blood sugar monitoring) with a glucometer four times a day (fasting and 2 hours after 1 meal) and as needed when exhibiting signs of hypoglycemia. The Medication Administration Record for April 2014 revealed documentation of blood glucose monitoring by facility certified medication aides and home health nurses.

Observations on 4-29-14 and 4-30-14 revealed home health agency nurses performing accuchecks.

Interview on 4-29-14 at 4:15 pm with certified medication aide #F stated "the home health nurses do most of the accuchecks (for resident #315), but we do accuchecks too."

Interview on 4-29-14 at 4:20 pm with operator

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S5105	Continued From page 11 confirmed the NSA lacked documentation of the party responsible for blood glucose monitoring, identification of the pharmacy and identification of the party responsible for payment of the pharmacy. For resident #315, the operator failed to ensure the NSA contained a description of services for diabetic management including the party responsible blood glucose monitoring, identification of the pharmacy provider and identification of each party responsible for payment of the pharmacy.	S5105		
S5161 SS=F	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 facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 3 (#110, #205, #315) of 3 sampled residents, the operator failed to ensure the negotiated service agreement (NSA) contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. Findings included: - Record review for resident #110 revealed	S5161		

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S5161	Continued From page 12 admission on 2-11-13 with diagnoses Dementia, Obstructive Sleep Apnea, Hypothyroidism, Diabetes Mellitus, Atria;l Fibrillation, Left Knee Septic Arthritis and Hypertension. The functional capacity screen dated 6-13-13 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility; supervision with eating and unable to perform management of medications and treatments. Occasionally incontinent of urine. Cognition: problems with short term memory, memory/recall and decision making. Current problems/risks identified included falls, impaired vision, impaired hearing, and impaired decision-making. The negotiated service agreement (NSA) dated 6-13-13 recorded services for physical assistance with bed bath, assistance with dressing of upper and lower body, assistance to use a bed pan and commode, assistance with pivoting into a wheelchair and use of a mechanical lift: (physical assistance of 2 staff when using hoyer lift for transfers); when eating and drinking elevate head of bed 90 degrees (regular diet with low concentrated sweets), set up assistance with meals. Certified medication aide/licensed staff for medication management. Baby monitor. The NSA documented licensed nurse #E as the nurse responsible for the nursing plan. - Record review for resident #205 revealed admission on 7-8-13 with diagnoses Syringomyelia, Eczema, Osteoporosis, Functional Quadriplegia, Urinary Incontinence, and Gastroesophageal Reflux Disorder with Hiatal Hernia. The functional capacity screen dated 7-8-13 recorded resident unable to perform bathing, dressing, toileting, transfers, walking mobility, and management of medications and treatments. Incontinent of bladder. No problems	S5161		

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S5161	Continued From page 13 with cognition or communication. Current problems/risks identified included falls and impaired vision. The negotiated service agreement (NSA) dated 7-8-13 recorded services for physical assistance of 2 for bathing three times per week; assistance with dressing; assist with toileting every two hours; physical assistance for two person transfers; mobile per wheelchair; staff to feed meals and monitor for choking/aspiration; certified medication aides/licensed staff for medication/medical treatment management; and baby monitor per resident's request. The NSA documented licensed nurse #E as the nurse responsible for the nursing plan. - Record review for resident #315 revealed admission on 4-3-14 with diagnoses Cecal Volvulous and Insulin Dependent Diabetes Mellitus. The functional capacity screen dated 4-3-14 recorded resident required supervision with dressing, physical assistance with bathing, toileting, transfers, walking/mobility; unable to perform management of medications/treatments and independent with eating. The negotiated service agreement (NSA) dated 4-3-14 recorded services for bathing three times per week in the evening; supervision of dressing; toileting every town hours and as needed; supervision with transfers, use of walking or wheelchair for mobility; low concentrated sweets diet; facility to do medication management; insulin injections for diabetes management per home health agency three times per day (lacked documentation of party responsible for blood glucose monitoring). The NSA lacked documentation of licensed nurse responsible for the plan.	S5161		

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S5161	Continued From page 14 Interviews on 4-29-14 at 9:50 am and 5-5-14 at 8:15 am with the operator stated licensed nurses C and D were currently working at the facility and licensed nurse #E was no longer employed there and had not been for about 4 to 5 months. For residents #110, #205, and #315, the operator failed to ensure the NSA contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.	S5161		
S5165 SS=F	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 6 residents. The sample included 3 residents. Based on observation, record review and interview for 2 (#110, #315) resident requiring blood sugar monitoring, 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 thereto. Findings included:	S5165		

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S5165	Continued From page 15 - Record review for resident #110 revealed admission on 2-11-13 with diagnoses Dementia, Obstructive Sleep Apnea, Hypothyroidism, Diabetes Mellitus, Atria;l Fibrillation, Left Knee Septic Arthritis and Hypertension. The functional capacity screen dated 6-13-13 recorded resident unable to perform management of medications and treatments. The negotiated service agreement (NSA) dated 6-13-13 recorded certified medication aide/licensed staff for medication management. The record contained a medical care providers order for accuchecks (blood sugar monitoring) with a glucometer 2 times weekly on Mondays and Thursdays. The Medication Administration Record for April 2014 revealed documentation of blood glucose monitoring by facility certified medication aides. Interview at 9:00 am on 4-30-14, certified medication aide #G confirmed he/she did not receive training from facility nurse on how to perform an accucheck. Review of employee files on 4-30-14 at 9:15 am with operator revealed the lack of documentation of licensed nurse delegation of glucometer testing to 11 of 14 certified medication aides (certified medication aides #G, #H, #I, #J, #K, #L, #M, #N, #O, #P, #Q) listed as working in the facility. Interview on 4-30-14 at 1:25 pm with licensed nurse #D confirmed he/she did not instruct certified medication aides on the use of a glucometer and did not delegate the procedure to the aides. For resident #110, the operator failed to ensure	S5165		

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S5165	Continued From page 16 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. - Record review for resident #315 revealed admission on 4-3-14 with diagnoses Cecal Volvulous and Insulin Dependent Diabetes Mellitus. The functional capacity screen dated 4-3-14 recorded resident unable to perform management of medications/treatments. The negotiated service agreement (NSA) dated 4-3-14 recorded services for facility to do medication management; insulin injections for diabetes management per home health agency three times per day. The NSA lacked documentation of party responsible for blood glucose monitoring. The record contained a medical care provider's order for accuchecks (blood sugar monitoring) with a glucometer four times a day (fasting and 2 hours after 1 meal) and as needed when exhibiting signs of hypoglycemia. The Medication Administration Record for April 2014 revealed documentation of blood glucose monitoring by facility certified medication aides and home health nurses. Observations on 4-29-14 and 4-30-14 revealed home health agency nurses performing accuchecks. Interview on 4-29-14 at 4:15 pm with certified medication aide #F stated "the home health nurses do most of the accuchecks (for resident #315), but we do accuchecks too."	S5165		

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S5165	Continued From page 17 Interview at 9:00 am on 4-30-14, certified medication aide #G confirmed he/she did not receive training from facility nurse on how to perform an accucheck. Review of employee files on 4-30-14 at 9:15 am with operator revealed the lack of documentation of licensed nurse delegation of glucometer testing to 11 of 14 certified medication aides (certified medication aides #G, #H, #I, #J, #K, #L, #M, #N, #O, #P, #Q) listed as working in the facility. Interview on 4-30-14 at 1:25 pm with licensed nurse #D confirmed he/she did not instruct certified medication aides on the use of a glucometer and did not delegate the procedure to the aides. For resident #315, 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		
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: (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	S5215		

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S5215	Continued From page 18 (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 facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for all staff and residents, the operator failed to ensure disaster and emergency preparedness by performing quarterly reviews of the home's emergency management plan with employees and residents. Findings included: - Review of the facility's emergency management plan revealed the plan lacked documentation of quarterly review with staff and residents. Interview on 4-30-14 at 1:55 pm with certified staff #G and administrative staff #B confirmed they did not know where the emergency management plan was kept. Interview on 4-30-14 at 3:10 pm with operator confirmed he/she had not documented any inservices with residents and employees and there is no system/schedule in place to ensure quarterly review of the emergency management plan with residents and employees. For all residents and staff, the operator failed to ensure disaster and emergency preparedness by performing quarterly reviews of the home's emergency management plan with employees	S5215		

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S5215	Continued From page 19 and residents.	S5215		
S5230 SS=E	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 4 (Certified staff #I. #R, #T and Licensed Staff #D) personnel files, the operator failed to ensure the home's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Personnel record reviews conducted on 4-30-14 at 9:15 am with the operator revealed the following:	S5230		

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S5230	Continued From page 20 Certified Medication Aide #I, date of hire unknown: 2-step tuberculosis (TB) testing with 2nd step planted on 4-23-14 lacked documentation of result. Certified Staff #R, date of hire 4-11-14: record lacked documentation of TB screening questionnaire or 2nd step of TB testing. Certified Medication Aide #T, date of hire 8-3-13: record lacked documentation of TB screening questionnaire or 2nd step of TB testing. Licensed Staff #D, date of hire 3-31-14: record lacked documentation of TB testing and TB screening questionnaire. Interview on 4-30-14 at 1:20 pm with the operator confirmed the above records lacked documentation of TB screening questionnaires or 2-step TB skin testing. For certified staff #I, #R, #T and licensed staff #D, the operator failed to ensure the home's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
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	S5300		

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S5300	Continued From page 21 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 facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 2 (#110, #315) of 3 sampled residents whose medications are managed by the facility, the operator failed to ensure all medications were administered to the resident in accordance with a medical care provider's written order and professional standards of practice. Findings included: - Record review for resident #110 revealed admission on 2-11-13 with diagnoses Dementia, Obstructive Sleep Apnea, Hypothyroidism, Diabetes Mellitus, Atria;l Fibrillation, Left Knee Septic Arthritis and Hypertension. The functional capacity screen dated 6-13-13 recorded resident unable to perform management of medications and treatments. The negotiated service agreement (NSA) dated 6-13-13 recorded services for medication management by certified medication aide/licensed staff. Review of Medication Administration Record (MAR) for 4-15-14 to 4-30-14 revealed the	S5300		

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S5300	Continued From page 22 following medications circled as not administered: Zoloft 50 mg (milligrams) by mouth daily for depression at 8:00 am on 4-27-14, 4-28-14, 4-29-14 and 4-30-14. Nystatin Powder to left axilla three times daily for 10 days for yeast at 6 am, 2 pm and 10 pm on 4-27-14, 4-28-14 and 4-29-14. Interview on 4-30-14 at 1:40 pm with licensed nurse #D confirmed the above medications circled as not administered and further confirmed the physician was not notified that resident did not receive medication as ordered on the above dates and times. Stated he/she had not been informed the medication was not available for the resident. For resident #110, the operator failed to ensure all medications were administered to the resident in accordance with a medical care provider's written order and professional standards of practice. - Record review for resident #315 revealed admission on 4-3-14 with diagnoses Cecal Volvulous and Insulin Dependent Diabetes Mellitus. The functional capacity screen dated 4-3-14 recorded resident unable to perform management of medications/treatments. The negotiated service agreement (NSA) dated 4-3-14 recorded services for facility to do medication management; insulin injections for diabetes management per home health agency three times per day. Review of the Medication Administration Record for April 15, 2014 to April 30, 2014 revealed the following medications circled as not administered:	S5300		

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S5300	Continued From page 23 Magnesium Oxide 400 mg (milligram) tablet, 1 tablet three times daily for magnesium replacement on 4-16-14 at 8:00 am, 12:00 pm and 5:00 pm and on 4-17-14 at 8:00 am, and 12:00 pm. Documentation on back of MAR for 4-16-14 and 4-17-14 stated "Magnesium Oxide 400 mg Not Available". Interview on 4-30-14 at 1:40 pm with licensed nurse #D confirmed the above medication was circled as not administered and further confirmed the physician was not notified that resident did not receive medication as ordered on the above dates and times. For resident #315, the operator failed to ensure all medications were administered to the resident in accordance with a medical care provider's written order and professional standards of practice.	S5300		
S5313 SS=E	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.	S5313		

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S5313	Continued From page 24 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of 6 residents. The sample included 3 residents. Based on observation, and interview the operator failed to ensure the licensed nurse or licensed pharmacist 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 6 residents received medication management. Observation on 4-30-14 at 9:07 am of medication cart revealed the following over the counter medications labeled "stock": Extra strength acetaminophen 500 mg (milligrams), approximately 225 caplets Acetaminophen 325 mg, 27 tabs (tablets) Antidiarrheal loperamide 2 mg, 15 tabs Allergy Relief: Diphenhydramine HCL 25 mg, 15 capsules Milk of Magnesia, one bottle Liquid antacid, one bottle Vitamin D3 1000 international units, approximately 100 tabs Oral glutose 15 gel, 3 tubes labeled as "stock supply" Interview on 4-30-14 at 9:07 am with certified medication aide #G stated "these are stock medications for the residents for if they don't have the medication." For all residents receiving medication management, the operator failed to ensure the licensed nurse or licensed pharmacist placed the	S5313		

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S5313	Continued From page 25 full name of the resident on each resident's over-the-counter medication package.	S5313		
S5316 SS=D	26-42-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(i) The facility reported a census of 6 residents. The	S5316		

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S5316	Continued From page 26 sample included 3 residents. Based on record review and interview for 1 (#500) discharged resident, the operator failed to ensure licensed nurses and medication aides maintained records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation. Findings included: - Observation on 4-29-14 at 11:45 am of the facility locked medication refrigerator revealed the following medications for resident #500: Depo-Medrol 80 mg/ml (milligrams per milliliter) injection, filled 6-20-13, 2/3 full bottle. Ceftriaxone sodium 1 Gram injection, filled 6-20-13, 2 unopened bottles. Xylocaine 1% solution, filled 6-20-13, 3/4 bottle. Interview with operator on 4-29-14 at 11:45 am with operator stated resident was on hospice and passed away in June of 2013. Confirmed the medications should have been returned to the pharmacy or destroyed at that time. Facility did not provide a policy for disposition of medications. For resident #500, the operator failed to ensure licensed nurses and medication aides maintained records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation.	S5316		
S5325 SS=D	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by	S5325		

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S5325	Continued From page 27 the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: 'KAR 26-42-205(l) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 1 (#205) of 3 sampled residents, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. Findings included: - Record review for resident #205 revealed admission on 7-8-13 with diagnoses Syringomyelia, Eczema, Osteoporosis, Functional Quadriplegia, Urinary Incontinence, and Gastroesophageal Reflux Disorder with Hiatal Hernia. The functional capacity screen dated 7-8-13 recorded resident unable to perform management of medications and treatments. The negotiated service agreement (NSA) dated 7-8-13 recorded services for certified medication aides/licensed staff for medication/medical treatment management. Review of the resident's record revealed the record contained medication regimen reviews dated 1-24-14 and 4-21-14. The record lacked documentation of a medication regimen review	S5325		

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S5325	Continued From page 28 from July 2013 through December 2013. Interview on 4-29-14 at 5:40 pm with operator confirmed he/she could not find documentation of a medication regimen review from July 2013 through December 2013 for resident #205. The operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for resident #205 whose medication is managed by the home.	S5325		

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(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
R9999	FINAL COMMENTS K.S.A. 39-970. Operation of adult care home precluded, when; access of secretary of health and environment to certain records; background check of employees, civil liability, fee for information request; provision of criminal history record information by secretary; licensed or registered professional service providers, volunteers and certain employees exempt; certain persons in custody of secretary of corrections exempt; report of convictions and adjudications by the Kansas bureau of investigation. (a) (2) A person operating an adult care home may employ an applicant who has been convicted of any of the following if five or more years have elapsed since the applicant satisfied the sentence imposed or was discharged from probation, a community correctional services program, parole, postrelease supervision, conditional release or a suspended sentence; or if five or more years have elapsed since the applicant has been finally discharged from the custody of the commissioner of juvenile justice or from probation or has been adjudicated a juvenile offender, whichever time is longer: A felony conviction for a crime which is described in: (A) Article 34 of chapter 21 of the Kansas Statutes Annotated, prior to their repeal, or article 54 of chapter 21 of the Kansas Statutes Annotated, or K.S.A. 2013 Supp. 21-6104, 21-6325, 21-6326 or 21-6418, and amendments thereto, except those crimes listed in subsection (a)(1); (B) articles 35 or 36 of chapter 21 of the Kansas Statutes Annotated, prior to their repeal, or article 55 or 56 of chapter 21 of the Kansas Statutes Annotated, or K.S.A. 2013 Supp. 21-6419 through 21-6421, and amendments thereto, except those crimes listed in subsection (a)(1) and K.S.A. 21-3605, prior to its repeal, or K.S.A. 2013 Supp. 21-5606, and amendments thereto; (C) K.S.A. 21-3701, prior to its repeal, or	R9999		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087196	A. BUILDING: _____ B. WING _____	05/06/2014

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R9999	Continued From page 1 K.S.A. 2013 Supp. 21-5801, and amendments thereto; (D) an attempt to commit any of the crimes listed in this subsection (a)(2) pursuant to K.S.A. 21-3301, prior to its repeal, or K.S.A. 2013 Supp. 21-5301, and amendments thereto; (E) a conspiracy to commit any of the crimes listed in subsection (a)(2) pursuant to K.S.A. 21-3302, prior to its repeal, or K.S.A. 2013 Supp. 21-5302, and amendments thereto; (F) criminal solicitation of any of the crimes listed in subsection (a)(2) pursuant to K.S.A. 21-3303, prior to its repeal, or K.S.A. 2013 Supp. 21-5303, and amendments thereto; or (G) similar statutes of other states or the federal government. home. This requirement is not met as evidenced by: KSA 39-970 (a) (2) (C) S/S=L The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for all residents, the operator failed to ensure no employee had been convicted/adjudicated of an offense which prohibits employment in an adult care home in the state of Kansas pursuant to K.S.A. 39-970 and K.S. A. 65-5117. The operator received a letter from the department dated 11-19-13 that stated Certified Medication Aide #T (CMA #T) was prohibited from employment in an adult care home. CMA #T remained employed by the facility until 4-18-14, placing all residents in immediate jeopardy for harm. Findings included: - Review of employee files on 4-30-14 revealed the file of CMA #T with date of hire 8-3-13. The file contained a nurse aide registry confirmation	R9999		

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R9999	Continued From page 2 notice from the Kansas Department for Aging and Disability Services (KDADS) survey, certification, and credentialing commission that contained documentation of employment prohibition on file. This confirmation notice contained a facility print date of 4-18-14. The file also contained a letter dated 11-19-13 from KDADS Health Occupations Credentialing Criminal Record Check Program giving notice to the operator of this facility that employee (CMA #T) had been convicted of an offense which prohibited employment in an adult care home or home health agency in the state of Kansas pursuant to K.S.A. 30-970 and K.S.A. 65-5117. The file contained a criminal record check dated 8-29-13 that documented further information from a Kansas court of law needed to determine if the named individual had been convicted of an offense that would prohibit employment under the provisions of K.S.A. 39-970 and K.S.A. 65-5117. The file contained a criminal record check dated 11-19-13 that contained the documentation of a conviction for the offense. Interview on 4-30-14 at 12:10 pm with the operator stated that they had hired an office manager on 4-1-14 to help with medicaid billing and "to go through everybody's files". The office manager reviewed employee files and on 4-18-14 found the criminal record checks for the employee and informed Administrative Staff #B that this employee was not to be working in the facility. The Operator stated he/she was out of town on 4-18-14. The Operator stated that Administrative Staff #B terminated the employee on 4-18-14. The Operator denied knowledge of the results of the criminal record check dated 8-29-13, the letter from KDADS dated 11-19-13, and criminal record check dated 11-19-13. The Operator stated he/she was not sure who had	R9999		

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R9999	Continued From page 3	R9999		

received, reviewed, and placed documents in the employee's file but thought it was Certified Staff #Q who had been given permission to open mail. Stated, "I'm sure he/she opened it and put it in the file not really knowing.". Stated the office manager had worked for the homes for about 3 weeks.

Interview on 5-5-14 at 1:30 pm with the office manager confirmed he/she reviewed the employee's file on 4-18-14 and read the criminal record checks dated 8-29-13 and 11-19-13. She further confirmed the file contained an opened letter dated 11-19-13 from the department to inform the operator the employee was prohibited from working in the facility. The office manager stated he/she then completed an on-line check with the Kansas nurse aide registry for the employee and noted the documentation of employment prohibited. Office manager stated the operator was out of town on 4-18-14 so he/she notified the marketing manager. The office manager stated he/she and the marketing manager terminated the employee on 4-18-14.

Interview on 4-29-14 at 11:08 am with Operator and Administrative Staff #B stated the previous office manager left in June of 2013 and that the operator managed employee files after that date.

On 4-30-14 at 3:10 pm, the Operator provided staff schedules from 11-18-13 to the present that documented CMA #T worked in the facility on the following dates: 11-21-13, 11-24-13, 11-30-13, 12-1-13, 12-3-13, 12-4-13, 12-5-13, 12-9-13, 12-11-13, 12-14-13, 12-15-13, 12-19-13, 12-20-13, 12-23-13, 12-24-13, 12-26-13, 12-28-13, 12-29-13, 1-2-14, 1-3-14, 1-11-14, 1-17-14, 1-18-14, 1-25-14, 1-26-14, 2-1-14, 2-2-14, 2-4-14, 2-5-14, 2-6-14, 2-7-14, 2-11-14,

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R9999	Continued From page 4 2-13-14, 2-14-14, 2-15-14, 2-16-14, 2-22-14, 2-23,14, 2-27-14, 2-28-14, 3-5-14, 3-8-14, 3-9-14, 3-10-14, 3-13-14, 3-14-14, 3-19-14, 3-23-14, 3-24-14, 3-26-14, 3-28-14, 4-2-14, 4-3-14, 4-4-14, 4-8-14, 4-9-14, 4-10-14, 4-11-14, 4-13-14, 4-14-14, and 4-17-14. The Operator stated CMA #T was terminated on 4-18-14 and "did not work from that date on." The resident roster completed by the Operator revealed 6 residents living in the facility and all required physical assistance with bathing, dressing, toileting, transfers, experienced impaired cognition and required assistance with medication management. For all residents, the operator failed to ensure no employee had been convicted/adjudicated of an offense which prohibits employment in an adult care home in the state of Kansas pursuant to K.S.A. 39-970 and K.S. A. 65-5117. The immediate jeopardy was removed on 4-18-14 with the termination of CMA #G's employment. On 4-30-14 at 10:30 pm, Operator provided a written statement that Operator would hire a human resource employee, and would assist with the responsibility to perform background checks and would sign off on them as the operator.	R9999		