STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087119	A. BUILDING: _____ B. WING _____	09/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER LIVING BY WARDEN LLC	234 S ANNA STREET WICHITA, KS 67209

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey for the above named Home Plus facility conducted on 09/22/22 and 09/26/22.	S 000		
S5085 SS=E	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c)(2) The facility reported a census of 11 residents(R). The sample included three residents. Based on observation, interview and record review the operator failed to ensure designated staff completed a resident "Functional Capacity Screen" for one (R 924) of three sampled residents following a significant change in condition as defined in KAR 26-39-100. Findings Included: - Review of R924's medical record revealed she moved into the facility on 08/17/22 with a diagnoses of chronic kidney disease and chronic obstructive pulmonary disease.	S5085		

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

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S5085	Continued From page 1 R924's most current "Functional Capacity Screen" dated 08/16/22 identified the resident required physical assistance with all activities of daily living except eating, in which she was independent. R924's "Negotiated Service Agreement" dated 08/16/22 had the following changes: 08/31/22 the resident no longer used a gait belt with walking. 08/31/22 the resident no longer needed 1 person assistance with ambulation and transfers, was now independent with use of a four-wheeled-walker. On 09/22/22 at 11:44 AM CMA E walked over R924 in the recliner and told her it was time for lunch. The resident used the remote to raise the lift chair and had one hand on her walker and pushed up with the other hand to stand up. R923 then walked to her room with staff walking behind her. When R924 came out of her room she walked independently using her walker and sat at the dining room table for lunch. On 09/22/22 at 02:49 PM "Certified Medication Aide" (CMA) E reported R924 was independent and did not need as much help as she used to. CMA E stated they put her clothing out and she can dress herself. If she needs help she will call and ask. CMA E stated R923 was independent in transferring and walking now using her walker and did not use a wheelchair. On 09/22/22 at 03:41 PM "Licensed Nurse" B	S5085		

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S5085	Continued From page 2 acknowledged R924 had an improvement in her transfers and walking since she first came but did not realize she needed to complete a new FCS with the improvement. The operator failed to ensure designated staff completed R923's FCS when she had a significant improvement in status.	S5085		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (c) The facility reported a census of 11 residents (R). The sample included 3 residents. Based on observation, interview, and record review the operator failed to ensure 1 (R923) of 3 sampled residents received a mechanically altered diet	S5185		

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S5185	Continued From page 3	S5185		

according to the residents "Negotiated Service Agreement" and medical providers orders.

Findings included:

- Review of R923's medical record revealed she moved into the facility on 04/26/22 with diagnosis of Alzheimer's disease.

R923's "Functional Capacity Screen" dated 04/25/22 revealed the resident required physical assistance with eating.

R923's "Negotiated Service Agreement" (NSA) dated 04/25/22 identified the staff needed to assist the resident to eat and to provide a pureed diet.

R923's "Health Care Service Plan" and her "Dietary Card" dated 04/25/22 identified the resident needed a pureed diet.

Review of R923's physicians orders dated 4/25/22 included "Pureed diet with Nectar thick liquids".

On 09/26/22 at 12:16 PM CNA served the resident a folded piece of buttered bread, whole corn, piece of salisbury steak, mashed potatoes with gravy. At 12:17 PM CMA F brought a glass of liquids over to the resident and sat it in front of her. She then cut a part of the meat and gave her a bite.

Interview on 09/26/22 at 12:18 PM CMA G stated the resident was a regular diet. She got the ADL book and looked at the "Cares at a Glance" form and it revealed the resident was on a regular

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S5185	Continued From page 4 diet. On 09/26/22 at 12:19 "Licensed Nurse" (LN) C looked through the resident's medical record and confirmed the medical providers orders are for a pureed diet. The operator failed to ensure dietary staff served R923 a pureed diet as ordered.	S5185		
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: K.A.R 26-42-207(c) The facility reported a census of 11 residents (R). The sample included three residents. Based on interview and record review for two (R922 and R924) of three sampled residents the operator failed to ensure the facility remained in	S5230		

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S5230	Continued From page 5 compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of R922's medical record revealed she moved into the facility on 12/16/21 and her record revealed she had an initial tuberculosis (TB) skin test (TST) completed on 02/25/22 which is more than 7 days after admission. Her record also failed to include a second TB skin test. On 09/22/22 at 02:13 PM "Administrative staff" A reviewed R922's medical record and acknowledged the staff did not complete a second TB skin test. - Review of R923's medical record revealed she moved into the facility on 04/26/22 and failed to include the completion of a second, TB skin test. On 09/26/22 at 11:14 AM "Licensed Nurse" B acknowledged according to the resident record she did not receive a second TB skin test. Review of the "Kansas Department for Aging and Disability Service" notice, "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013, each new resident shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency. For R922 and R923 the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult	S5230		

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S5230	Continued From page 6 care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (a)(1) The facility reported a census of 11 resident (R)s. The sample included three residents. Based on observation, interview, and record review for one (R922) of one resident who self-injected her insulin, the operator failed to ensure a licensed nurse assessed the resident to ensure she was able to safely and correctly self-inject her insulin	S5265		

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S5265	Continued From page 7	S5265		

that had been prepared and dialed to the ordered dosage by the "Certified Medication Aide" prior to the resident self-injecting her insulin.

Findings included:

- Review of R922's medical record revealed she moved into the facility on 12/16/21 with diagnosis of diabetes mellitus type I.

R922's "Functional Capacity Screen" dated 12/16/21 identified the resident needed physical assistance to manage her medications and medical treatments.

R922's "Negotiated Service Agreement" dated 12/26/21 identified certified staff administered medications. It also identified injections were provided by the resident, facility staff, and/or medical care provider.

Review of the resident's medical record lacked evidence that a licensed nurse completed an assessment to ensure the resident could accurately and safely self-inject her insulin that had been prepared by someone else.

On 09/22/22 at 01:26 PM "Certified Medication Aide" D prepared R922's insulin pen in the medication room. She wiped the end of the pen, put needle on, wasted two units and then dialed it to 10 units. CMA D and the resident went to her room where CMA D wiped R922's abdomen with the alcohol pad and then pointed the pen to where she had just wiped and told the resident to take the pen and give herself the insulin. R922 took the pen and poked herself and pushed the

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S5265	Continued From page 8 plunger until it clicked and then handed it to the resident. On 09/22/22 at 01:48 PM, "Administrative staff" A looked through the resident's medical record and confirmed she could not find an assessment that identified the resident could accurately and safely self-inject her insulin. The operator failed to ensure a licensed nurse assessed R922 to ensure she was able to self-inject her insulin safely and correctly after the insulin pen had been prepared and dialed to the correct dosage by a "Certified Medication Aide".	S5265		
S5300 SS=D	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 shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route.	S5300		

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S5300	Continued From page 9 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 11 residents (R). The sample included three residents. Based on record review and interview the operator failed to ensure staff administered medications according to standards of practice in following the physician's orders for one (R922) of three sampled residents. Findings included: - Review of R922's medical record revealed she moved into the facility on 12/16/21 with diagnosis of diabetes mellitus type I. R922's "Functional Capacity Screen" dated 12/16/21 identified the resident required physical assistance with management of medications and medical treatments. R922's "Negotiated Service Agreement" dated 12/16/21 identified the facility staff provided finger stick checks for blood sugar levels. Review of the "Medical Care Providers" standing orders dated 09/09/21 revealed "notify (name) provider if finger stick glucose < 70 or > 300". Review of the admission physician's orders dated 12/20/21 directed staff to check blood sugar before each meal, at bedtime, and as needed and to call the nurse if blood sugars are greater then 300 or less than 100 for type 1 diabetes.	S5300		

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S5300	Continued From page 10 Review of the August 2022 "Medication Administration Record" (MAR) included directions for staff to check blood sugar before each meal, at bedtime and as needed and to call the nurse if blood sugars are greater than 300 or less than 100. The August MAR revealed staff documented eight times a blood sugar greater than 300 with only two of those times notifying the nurse as directed. Review of the September 2022 MAR included the same directions for blood sugar monitoring and staff documented a bloods sugar greater than 300 nine times and only notified the nurse one time. On 09/26/22 at 09:46 AM "Certified Medication Aide" (CMA) F reported staff were to call the nurse if the resident's blood sugar was over 300 and document it on the report sheets as well. On 09/26/22 at 10:22 AM "Licensed Nurse" (LN) B and LN C stated the resident's blood sugar orders would be the standing orders from her medical provider group. LN B and LN C reviewed the standing orders dated 09/09/21 in the resident's chart and confirmed they were to contact the medical provider if finger stick glucose was < 70 or > 300. The operator failed to ensure staff reported elevated blood sugars as directed according to the medical providers standing orders in the resident's record.	S5300		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication	S5315		

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S5315	Continued From page 11 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 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)(4)	S5315		

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S5315	Continued From page 12	S5315		

The facility reported a census of 11 residents. Based on observation, interview, and record review the Operator failed to ensure staff stored medications in accordance with manufacturer's recommendations to ensure medications were not accidentally administered beyond the manufacturers or pharmacy recommended date of expiration.

Findings included:

- On 09/22/22 at 01:26 PM "Certified Medication Aide" D opened the medication cabinet to get an insulin pen out to prepare for R922 and observation revealed the Insulin Aspart pen did not include a date the use of the pen was initiated. The resident also received Insulin Glargine which also did not include a date it had been initially opened. Observation of another resident's Insulin Glangrine, revealed it did not have a date when use initially started. All three pens had been opened and partially used. CMA D reported did not know what date the pens had been opened.

On 09/22/22 at 01:35 PM "Licensed Nurse" B acknowledged the insulin pens needed to have the date they were opened so that staff knew the date they expired.

Per manufacturer directions Insulin Aspart and Insulin Glargine, once in use, are to be discarded after 28 days even if they still have insulin in the pen.

Review of the "Nursing - Insulin Administration" policy dated 01/2015 provided by the facility on 09/27/22 directed staff to ensure pre-filled insulin

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S5315	Continued From page 13 pens had the patient's name and the date opened on it. The operator failed to ensure designated staff dated insulin pens to ensure they were not accidentally administered beyond the manufacturers recommended date of expiration.	S5315		