STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N059017	A. BUILDING: _____ B. WING _____	01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL ARMS	1318 OAKLANE MCPHERSON, KS 67460

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints (#173762 and #170080) at the above named facility conducted on 01/05/23.	S 000		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility 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 facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) The census equaled 12 residents. The sample included 3 residents. Based on record review, interview and observation for 2 Residents (R)1 and R2, Operator/ Certified Medication Aide (CMA) A failed to ensure all medications and	S3200		

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

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S3200	Continued From page 1	S3200		

treatments were administered in accordance with professional standards of practice.

Findings included:

- Record review for R1 revealed admission date of 04/01/19 with diagnoses of Diabetes Mellitus type II, hypertension and hyperlipidemia.

Review of R1's current Functional Capacity Screen (FCS) dated 06/03/22 recorded the resident unable to manage his medications and treatments.

Review of R1's Negotiated Service Agreement NSA)/ Health Care Service Plan (HCSP) dated 06/03/22 recorded the facility staff would manage and administer all of R1's medications.

Signed physician order dated 12/02/22 recorded, "Levemir flex pen 100 units/milliliter 5 units subcutaneously daily."

Current January 2023 MAR (medication administration record) recorded, "Levemir flex pen 100 units/milliliter 5 units subcutaneously daily." Medication administered and signed off on 01/01/23, 01/02/23, 01/03/23, 01/04/23 and 01/05/23.

- Record review for R2 revealed admission date of 12/29/22 with diagnoses of Diabetes Mellitus type II and hypertension.

Review of R2's current Functional Capacity Screen (FCS) dated 12/29/22 recorded the resident unable to manage her medications and treatments.

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S3200	Continued From page 2 Review of R2's Negotiated Service Agreement (NSA)/ Health Care Service Plan (HCSP) dated 12/29/22 recorded the facility staff would manage and administer all of R2's medications. Signed physician order dated 12/29/22 recorded, "Levemir Flex pen 13 units subcutaneously daily" and "Victoza 18 milligrams (mg)/ 3 milliliters 1.8 mg subcutaneously daily." Current January 2023 MAR (medication administration record) recorded, ""Levemir Flex pen 13 units subcutaneously daily" and "Victoza 18 milligrams (mg)/ 3 milliliters 1.8 mg subcutaneously daily." Medications administered and signed off on 01/01/23, 01/02/23, 01/03/23, 01/04/23 and 01/05/23. Observation of the medication cart on 01/05/23 at 10:27 AM with Operator/CMA A revealed two Levemir Flex pens without resident's name and 1 Victoza pen without resident's name in the bottom drawer of the medication cart. Interview on 01/05/23 with Operator/CMA A confirmed insulin pens were to be labeled with resident's name for identification. Facility's "Medication Cart Protocol" policy dated 04/14/18 recorded, "Only a licensed nurse shall label medication with resident's full name on package and bottle." Operator/CMA A failed to ensure all medications and treatments were administered in accordance with professional standards of practice when the nurse failed to write each resident's name on the	S3200		

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S3200	Continued From page 3 insulin pen to ensure accuracy.	S3200		
S3211 SS=D	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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: KAR 26-41-205 (g) (3) The census totaled 12 residents. The sample included 3 residents. Based on observation and interview for 1 resident (R)2 and 1 non-sampled resident (R)4, Operator/ Certified Medication Aide (CMA) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation on 01/05/23 at 10:27 AM with CMA C and Operator/CMA A revealed a locked	S3211		

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S3211	Continued From page 4 medication cart in the facility. The following over the counter medications were noted without full names: For R2 the cart contained one bottle of Calcium Gummies (dietary supplement), one bottle of Claritin (antihistamine), one bottle of Prevagen (dietary supplement), one bottle of Super B Complex (dietary supplement), one bottle of Multivitamin Women supplement, one bottle of Nexium (acid reducer), one bottle of Bayer Low Dose Aspirin (non-steroidal anti-inflammatory drug), one bottle of Tylenol Arthritis (pain reliever) and one bottle of Ocuvite (eye vitamin and mineral supplement). For R4 the cart contained one bottle of Acetaminophen (pain reliever) and one bottle of Tylenol Arthritis. Interview on 01/05/23 at 10:27 AM with Operator/ CMA A confirmed the above listed medications were without full first and last names for R2 and R4. Facility's "Medication Cart Protocol" policy dated 04/14/18 recorded, "Only a licensed nurse shall label medication with resident's full name on package and bottle." Operator/CMA A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared	S3298		

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S3298	Continued From page 5 using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (d) The census equaled 12 residents. Based on record review, observation and interview for all residents living in the facility and receiving meal services, Operator/ Certified Medication Aide (CMA) A failed to ensure the facility staff served food at the proper temperature. Findings included: - During the initial tour on 01/05/23, facility food temperature monitoring logs were requested. Record lacked lunch food temperatures for the following dates:	S3298		

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S3298	Continued From page 6 12/25/22 through 01/04/2023 . Record lacked supper food temperatures for the following dates: 12/04/22 through 12/16/22 and 12/18/22 through 01/04/2023 Interview on 01/05/23 with Operator/CMA A confirmed she was unable to locate lunch food temperatures for 12/25/22 through 01/04/23 and further confirmed record lacked supper food temperatures from 12/04/22 through 12/16/22 and 12/18/22 through 01/04/23. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. Facility's "Dietary Services" policy (no date) recorded, "Foods shall be prepared by safe methods that conserve the nutritive value, flavor and appearance, and shall be attractively served at the proper temperature." For all residents of the facility, Operator/CMA A failed to ensure facility staff served food at the proper temperature.	S3298		
S3299 SS=E	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.	S3299		

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S3299	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (e) The census equaled 12 residents. The sample included 3 residents. Based on record review, interview and observation for all residents receiving meal services, Operator/Certified Medication Aide (CMA) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 01/05/23 revealed a kitchen containing food and beverages. Observation of the kitchen pantry revealed the following foods, which were not sealed: one box of Cheerios, one box of Corn Flakes, one box of Raisin Brand, one box of Captain Crunch, one box of pancake mix and 1 bag of sugar. Interview on 01/05/23 with Operator/CMA A confirmed all food was to be sealed. Facility's "Dietary Services" policy (no date) recorded, "Food shall be stored under safe and sanitary conditions." For all residents receiving meal services, Operator/CMA A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		

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S3310 SS=E	26-41-207 (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; and (c) Each administrator or operator shall ensure the facility ' 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 26-41-207 (c) The census totaled 12 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 2 Staff (Certified Medication Aide (CMA) D and Certified Nurse Aide (CNA) E, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - CMA D's "Employee Record" revealed a hire date of 06/26/22. CMA D's record lacked evidence of TB testing and completion of a TB questionnaire upon hire. CMA D's first step TB test and TB questionnaire were completed on	S3310		

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S3310	Continued From page 9 09/28/22, approximately 3 months after being hired by the facility. Record lacked evidence of second step of TB testing. CNA E's "Employee Record" revealed a hire date of 01/10/22. CNA E's first step was completed on 09/21/21 and record lacked evidence of a second step of TB testing. Interview on 01/05/23 at 12:38 PM with Operator/CMA A confirmed TB testing and TB questionnaire was not completed upon hire for CMA D and further confirmed a second step of TB testing was not completed on CNA E. Facility's "Infection Control" policy (no date) recorded, "Tuberculosis skin testing of each new resident and new employee as soon as residency or employment begins, unless the resident or employee has documentation of a previous significant reaction." The facility failed to follow the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		