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	B087221	A. BUILDING: _____ B. WING _____	02/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigations 169154, 174444, 175889, and 176980 for the above named Home Plus Facility conducted on 02/20-21/2023.	S 000		
S 225 SS=E	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the	S 225		

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

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S 225	Continued From page 1 resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(3) The facility reported a census of four residents (R). The sample included three residents and one focused record review. Based on interview and record review two (R5 and R6) of three sampled residents the operator failed to execute with the resident or the resident's representative written admission agreement that described in detail the services the resident would receive and the specifics as to the resident's obligation/liability to the facility. Findings included: - Review of R5's medical record revealed he	S 225		

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S 225	Continued From page 2 moved into the facility on 06/10/22 with diagnosis of type II diabetes. His record included an admission agreement dated 06/10/22 but did not include information as to what the resident's obligated liability was. On 02/20/23 at 02:10 PM Administrative Staff A looked at R5's admission agreement and confirmed that the admission agreement should have had the resident liability written in the agreement. The operator failed to include the financial obligation of the resident toward the facility in the admission agreement. - Review of R6's medical record revealed she moved into the facility on 08/09/22 with diagnoses of dementia and hypertension. R6's record included an admission agreement that had been signed by "Licensed Nurse" (LN) G, but all the information fields were blank, and it was not signed by the resident's legal representative. On 02/20/23 at 12:49 PM "Certified Medication Aide" C looked at the admission agreement and acknowledged it did not include any information in it and had not been signed by the resident and or her legal representative. Review of the facilities undated "Admission, Transfer, and Discharge" policy revealed at the time of admission the operator or designee, shall execute a written agreement that describes in detail the services and good the residnet will	S 225		

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S 225	Continued From page 3 receive and specifies the obligations the resident has toward the home plus. The operator failed to ensure designated staff completed the admission agreement to include details as to services the resident received and the resident's obligation to the facility.	S 225		
S5105 SS=E	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)(1)(2)(3) The facility reported a census of four residents(R). The sample included three residents and one focused record review. Based on observation, interview, and record review for three (R5, R6, R7) of three sampled residents	S5105		

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S5105	Continued From page 4	S5105		

the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and service needs, which include a description of all the services the resident would receive, the provider of those services, and the party responsible for payment if outside resources provided a service for the resident.

Findings included:

- Review of R5's medical record revealed the resident moved into the facility on 06/10/22 with diagnosis of type II diabetes.

R5's "Functional Capacity Screen" (FCS) dated 06/10/22 revealed the resident had impaired cognition, impaired communication, and impaired decision-making ability. It also identified the resident required supervision with bathing and dressing.

R5's "Negotiated Service Agreement" (NSA) dated 06/10/22 had checked "assistance with dressing" but did not identify who would provide the assistance. The NSA failed to address services related to supervision with bathing, impaired cognition, communication, and impaired decision making. It also failed to identify the Home Health agency would administer the resident's insulin and the payment source for the outside service.

On 02/20/23 at 08:45 AM R5 walked down the hall out of his room without using an assistive device and outside to go have a smoke.

On 02/20/23 at 01:52 PM "Certified Medication

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S5105	Continued From page 5	S5105		

Aide" (CMA) D reported staff had to help him in and out of the showers and would wash his back and legs and help when he shaves.

On 02/20/24 at 02:54 PM CMA H reported the only help the resident needed was giving him medications, wash his back, bottom legs, and feet when in the shower.

On 02/21/23 at 07:24 AM "Licensed Nurse" B acknowledged she was aware there were "issues" regarding the completion of the NSA and had set up a meeting with CMA D to discuss the issues.

On 02/21/23 at 11:00 AM CMA C compared the resident's FCS with his NSA and acknowledged the NSA did not address the service needs as identified on the FCS.

Review of the undated "Negotiated Service Agreement" policy revealed the written NSA for each resident will be based on the resident's functional capacity screen, their service needs, and preferences. It will include a description of the services, the provider of each service, and each party responsible for payment when an outside resource provides a service.

The operator failed to ensure R5's NSA was developed based on the service needs identified in his FCS.

- Review of R6's medical record revealed she moved into the facility on 08/09/22 with diagnoses of dementia and hypertension.

R6's "Functional Capacity Screen" (FCS) dated

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S5105	Continued From page 6 08/09/22 identified the resident required supervision with bathing and dressing, was unable to manage medications or medical treatments, had impaired cognition and decision-making as well as impaired vision. R6's "Negotiated Service Agreement" dated 08/09/22 failed to identify who would assist with bathing, dressing or the administration of medications and medical treatments. It also failed to address the residents impaired cognition and decision- making ability, as well as his impaired vision. It also failed to include the resident used a four-wheeled walker as an assistive device. On 02/20/23 at 01:36 PM the resident sat on side of bed independently, the stood up holding onto her walker and then walked over to the dining room table with staff walking beside her. On 02/20/23 at 01:52 PM "Certified Medication Aide" (CMA) D stated we remind her throughout the day to use her walker and we have to do almost all her shower for her. She can dress herself and we cut her food up. Otherwise, she is independent. On 02/20/23 at 02:54 PM CMA H reported staff had to help her with showers, washing her back, legs and bottom, and give her medications. CMA D said she walks around with her walker independently as she chooses. On 02/21/23 at 07:24 AM "Licensed Nurse" B acknowledged she was aware there were "issues" regarding the completion of the NSA and had set up a meeting with CMA D to discuss the	S5105		

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S5105	Continued From page 7	S5105		

issues.

On 02/21/23 at 11:00 AM CMA C compared the resident's FCS with his NSA and acknowledged the NSA did not address the service needs as identified on the FCS.

Review of the undated "Negotiated Service Agreement" policy revealed the written NSA for each resident will be based on the resident's functional capacity screen, their service needs, and preferences. It will include a description of the services, the provider of each service, and each party responsible for payment when an outside resource provides a service.

The operator failed to ensure R5's NSA was developed based on the service needs identified in his FCS.

- Review of R7's medical record revealed she moved into the facility on 09/23/22 with diagnoses of diabetes mellitus, epileptic seizures, and anxiety.

R7's "Functional Capacity Screen" dated 09/25/22 revealed the resident needed supervision with bathing, dressing, toileting, transfers and eating. She also needed physical assistance with walking/mobility. It identified she had impaired cognition, communication, vision, and impaired decision-making abilities. She also was unable to manage her medications and medical treatments.

R7's "Negotiated Service Agreement" dated 09/25/23 under personal care had checked bathing, toileting assistance, mobility assistance,

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S5105	Continued From page 8 assistance with dressing, incontinence assistance and transferring assistance. It failed to identify who would provide the assistance with these personal care services. Under "Health Care Services" it had marked medication administration, dressing changes, vital signs, blood sugar checks and weight. It did not include who would be providing assistance with these health care services. It also did not identify the "Certified Medication Aide" would prepare the resident's insulin pen and dial it to the correct ordered dosage and give to the resident for self-injection. On 02/21/23 at 07:24 AM "Licensed Nurse" B acknowledged she was aware there were "issues" regarding the completion of the NSA and had set up a meeting with CMA D to discuss the issues. Review of the undated "Negotiated Service Agreement" policy revealed the written NSA for each resident will be based on the resident's functional capacity screen, their service needs, and preferences. It will include a description of the services, the provider of each service, and each party responsible for payment when an outside resource provides a service. The operator failed to ensure R5's NSA was developed based on the service needs identified in his FCS.	S5105		
S5130 SS=D	26-42-202 (j) NSA Outside Resources (j) If a resident's negotiated service agreement includes the use of outside resources, the designated staff shall perform the following:	S5130		

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S5130	Continued From page 9 (1) Provide the resident, the resident's legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(j)(3) The facility reported a census of four resident's. The sample included three residents and one focused record review. Based on interview and record review, the operator failed to ensure if a resident received a service from an outside resource, designated staff monitored services and act as an advocate for the resident to ensure services met professional standards of practice. Findings included: - Review of R5's medical record revealed the resident moved into the facility on 06/10/22 with diagnosis of type II diabetes. R5's "Functional Capacity Screen" dated 06/10/22 revealed the resident was unable to manage his medications. R5's "Negotiated Service Agreement" dated 06/10/22 identified a local Home Health agency	S5130		

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S5130	Continued From page 10	S5130		

would check the resident's blood sugars but did not mention administration of his insulin.

Review of the resident's Physician's Order Sheet dated 02/06/23 included the following orders:
06/10/22 - Novolog Flexpen - give subcutaneously with meals for type II diabetes according to sliding scale: 200-249 give 5 units, 250-299 give 8 units, 300-349 give 10 units and 350-399 give 12 units.
06/10/22 - Tresiba FlexTouch pen inject 50 units subcutaneously every morning and 60 units at bedtime for hypoglycemia - call if BS below 60 or greater then 500.

Review R5's Medication Administration Record (MAR) revealed the following:
January 2023 - MAR lacked documentation of the 08:00 AM blood sugar three out of 31days, 27 out of 31 days for the 11:00 AM blood sugar check and 26 out of 31 days for the 04:00 PM blood sugar check.
February 2023 - MAR lacked documentation of the 11:00 AM blood sugars 19 out of 20 days, and eight out of 20 days the 04:00 PM blood sugar check.

On 02/20/23 at 03:03 PM "Certified Medication Aide" (CMA) C reported there was a 14-day period when the facility staff took the resident's blood sugars and had it on a log that she made, otherwise the Home Health agency is supposed to be checking them. CMA C also stated the Home Health agency does not come in and check it at noon.

On 02/20/23 at 03:13 PM "Licensed Nurse" (LN) B acknowledged according to the resident's

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S5130	Continued From page 11 physician's insulin orders; Home Health should have been coming in to check the residents blood sugar before all three meals and document their findings and if they administered insulin and how much. On 02/21/23 at 09:00 AM CMA C reported she did not know they needed to be checking on Home Health to make sure they were following physicians orders. The operator failed to ensure designated staff monitored Home Health to ensure they were checking blood sugars and administering insulin for R5 as the physician had ordered.	S5130		
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 (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	S5215		

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S5215	Continued From page 12 by: KAR 26-42-104 (d)(3) The facility reported a census of six residents. Based on record review and interview for all resident's and staff, the operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan with employees. Findings included: - On 02/20/23 at 11:54 AM Administrative staff A reported he knew the disaster plan was reviewed with all new employees and new residents initially but was not sure about reviewing it quarterly. At 11:58 AM Administrative staff A provided a notebook and acknowledged they were behind on getting the reviews done. Review of the provided notebook revealed the emergency management plan had been reviewed with resident's and employees on 04/19/21, 04/14/22 and again on 12/10/22. Review of the undated disaster and emergency preparedness policy revealed the operator shall ensurethe performance of quarterly reviews of the home's emergency management plan with employees and residents. The operator failed ensure the emergency management plan was reviewed on a quarterly basis with all residents and all facility staff.	S5215		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents	S5251		

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S5251	Continued From page 13 (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of five residents (R). The sample included three residents and one focused record review. Based on interview and record review the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury including the time and date of occurrence, action taken, and results of the action for three (R5, R6, R7) of three sampled residents and one (R4) of one focused record review. Findings included: - Review of R4's medical record revealed she moved into the facility on 04/19/19 with diagnoses of chronic obstructive pulmonary disease and heart failure. R4's "Functional Capacity Screen" dated 04/07/22 revealed the resident needed supervision with activities of daily living, was unable to manage her own medications and medical treatments and had impaired cognition and at risk for falls. R4's "Negotiated Service Agreement" dated	S5251		

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S5251	Continued From page 14 04/07/23 directed staff to assist with activities of daily living as needed, certified staff were to administer medications, used a walker and needed someone to go with her to appointments due to impaired memory. Review of the resident's progress notes included the following: -04/16/22 - found sitting near bed on floor - stated was getting up from the bed and felt dizzy and sat down on floor. The record lacked follow up on resident's status post fall. -04/20/22 - staff heard sound from resident's room and found resident lying alongside the bed and stated she "was trying to fetch something from the table and slid from the bed". The record lacked follow up on resident's status post fall. - 05/06/22 - found sitting on floor near bed and stated she was "trying to pick up paper from the floor and fell". The record lacked follow up on resident's status post fall. -05/07/22 - resident slid down from the bed and stated she "don't know what happened, I slid from the bed". Resident re-educated to call for assistance and keep walker close to the bed. The record lacked follow up on resident's status post fall. - 05/13/22 - fall when coming in from smoking outside and said, "My legs gave way and fell" The record lacked follow up on resident's status post fall. - 07/1/22 - tripped on oxygen cord and fell - resident refused to allow staff to zip cord excess tubing. The record lacked follow up on resident's status post fall. From 07/11/22 to 12/13/22 there are 11 entries and only one includes the time of the entry.	S5251		

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The final documentation in the resident's record is 12/13/22: that the resident returned to facility after being discharged from hospital.

The record lacked documentation of the resident having low oxygen saturation and being sent out to the hospital on 01/01/23.

On 02/21/23 at 07:24 AM via electronic interview Licensed Nurse B acknowledged the facility had "issues" with documentation in the resident's record and had a meeting planned to discuss the issues.

On 02/21/23 at 08:50 AM "Certified Medication Aide" C reported the resident was on oxygen and had low saturation on 01/01/23 and had increased her oxygen flow to 4 liters per nasal canula and it still wasn't getting better so she went to the hospital, and they ended up admitting her to Intensive Care Unit and she passed away shortly after. She acknowledged the record lacked documentation of the resident having low oxygen levels and going to the hospital.

The operator failed to ensure the resident's record included documentation of all incidents, symptoms, and indications of illness or injury including the time of occurrence, action taken and the results of the action.

- Review of R5's medical record revealed the resident moved into the facility on 06/10/22 with diagnosis of type II diabetes.

R5's "Functional Capacity Screen" (FCS) dated 06/10/22 revealed the resident had impaired cognition, impaired communication, and impaired

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decision-making ability. It also identified the resident required supervision with bathing and dressing.

R5's "Negotiated Service Agreement" (NSA) dated 06/10/22 had checked "assistance with dressing" and identified the Home Health agency would monitor the resident's blood sugars.

Review of R5's nursing notes from 06/10/22 to 02/06/23 included eight out of 11 entries that lacked the time the entry was documented.

On 02/21/23 at 07:24 AM via electronic interview Licensed Nurse B acknowledged the facility had "issues" with documentation in the resident's record and had a meeting planned to discuss the issues.

The operator failed to ensure the resident's record included documentation of all incidents, symptoms, and indications of illness or injury including the time of occurrence, action taken and the results of the action.

- Review of R6's medical record revealed she moved into the facility on 08/09/22 with diagnoses of dementia and hypertension.

R6's "Functional Capacity Screen" (FCS) dated 08/09/22 identified the resident required supervision with bathing and dressing, was unable to manage medications or medical treatments, had impaired cognition and decision-making as well as impaired vision.

R6's "Negotiated Service Agreement" dated 08/09/22 identified the resident needed

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S5251	Continued From page 17 supervision with showers and staff would provide medications as ordered. Review of R6's progress notes revealed the following: -09/02/22 - found on floor 04:12 PM and taken to emergency room for evaluation. enc resident to call for assist to change clothing - blanket has a slick side and assisted in her slipping off the bed. The record lacked follow up on resident's status post fall -10/02/22 - unwitnessed fall in room and was not using her walker. The record lacked follow up on resident's status post fall -11/14/22 - staff expressed that it was hard for her to take pills and physician ordered speech therapy evaluation. The record lacked any follow up on residents' ability to swallow pills or progress of speech therapy services. - 12/01/22 -fell after taking her plate to the sink, was not using her walker. informed res of need to always have walker with her. The record lacked follow up on resident's status post fall - From 08/09/22 to 02/03/23 the record included 10 entries that lacked the time of the occurrence. On 02/21/23 at 07:24 AM via electronic interview Licensed Nurse B acknowledged the facility had "issues" with documentation in the resident's record and had a meeting planned to discuss the issues. The operator failed to ensure the resident's record included documentation of all incidents, symptoms, and indications of illness or injury including the time of occurrence, action taken and the results of the action.	S5251		

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S5251	Continued From page 18 - Review of R7's medical record revealed she moved into the facility on 09/23/22 with diagnoses of diabetes mellitus, epileptic seizures, and anxiety. R7's "Functional Capacity Screen" dated 09/25/22 revealed the resident needed supervision with bathing, dressing, toileting, transfers and eating. She also needed physical assistance with walking/mobility. It identified she had impaired cognition, communication, vision, and impaired decision-making abilities. She also was unable to manage her medications and medical treatments. R7's "Negotiated Service Agreement" dated 09/25/23 under personal care had checked bathing, toileting assistance, mobility assistance, assistance with dressing, incontinence assistance and transferring assistance. Under "Health Care Services" it had marked medication administration, dressing changes, vital signs, blood sugar checks and weight. The residents record included documentation from 09/25/22 to 02/14/23 included 10 nursing entries with eight of those lacking the time of occurrence. On 02/21/23 at 07:24 AM via electronic interview Licensed Nurse B acknowledged the facility had "issues" with documentation in the resident's record and had a meeting planned to discuss the issues. The operator failed to ensure the resident's record included documentation of all incidents, symptoms, and indications of illness or injury	S5251		

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S5251	Continued From page 19 including the time of occurrence, action taken and the results of the action.	S5251		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2) The facility reported a census of four residents. Based on record review and interview, the operator failed to provide evidence of licensure,	S5258		

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registration, and certification check completion upon hire for two of five newly hired staff that required specialized education and training. The operator also failed to have evidence of completing the required criminal background check upon hire for one of five newly hired staff. This had the potential to affect all residents who resided in the facility.

Findings included:

- Review of two of five newly hired employees record revealed the following:

"Certified Medication Aide" (CMA) D was hired on 12/30/22 and here employee record included a registry check completed on 02/20/23 and had a receipt for submitting her required criminal background check on 02/20/23.

CMA D's registry identified her last criminal background check had been completed on 06/21/20.

On 02/21/23 at 10:08 AM "Administrative Staff" A reported CMA D had worked at the facility before and thought the required information may be in an old file.

As of 02/21/23 at 12:34 PM Administrative Staff" A had not provided information to show the registry check and criminal background checks were completed within the appropriate time frames.

- "Certified Medications Aide" F hired on 02/04/21 and her employee file included a registry check but not include the date it was

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S5258	Continued From page 21 checked to ensure it was done upon hire. The operator failed to ensure newly hired employee records contained evidence of registration/certification check and completion of the required criminal background checks to be completed upon hire.	S5258		
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 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 four residents (R). The sample included three residents and one focused record review. Based on interview and record review the operator failed to ensure	S5300		

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two (R5 and R7) of three sampled residents had their blood sugars monitored and documented according to physicians' orders and standards of practice.

Findings included:

- Review of R5's medical record revealed the resident moved into the facility on 06/10/22 with diagnosis of type II diabetes.

R5's "Functional Capacity Screen" dated 06/10/22 revealed the resident was unable to manage his medications.

R5's "Negotiated Service Agreement" dated 06/10/22 identified a local Home Health agency would check the resident's blood sugars but did not mention administration of his insulin.

Review of the resident's Physician's Order Sheet dated 02/06/23 included the following orders:
6/10/22 - Novolog Flexpen - give subcutaneously with meals for type II diabetes according to sliding scale: 200-249 give 5 units, 250-299 give 8 units, 300-349 give 10 units and 350-399 give 12 units.
6/10/22 - Tresiba FlexTouch pen inject 50 units subcutaneously every morning and 60 units at bedtime for hypoglycemia - call if BS below 60 or greater then 500.

Review R5's Medication Administration Record (MAR) revealed the following:
January 2023 - MAR lacked documentation of the 08:00 AM blood sugar three out of 31days, 27 out of 31 days for the 11:00 AM blood sugar check and 26 out of 31 days for the 04:00 PM

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blood sugar check.
February 2023 - MAR lacked documentation of the 11:00 AM blood sugars 19 out of 20 days, and eight out of 20 days the 04:00 PM blood sugar check.

On 02/20/23 at 03:03 PM "Certified Medication Aide" (CMA) C reported there was a 14-day period when the facility staff took the resident's blood sugars otherwise the Home Health agency is supposed to be checking them. CMA C stated the Home Health agency does not come in and check it at noon.

On 02/20/23 at 03:13 PM "Licensed Nurse" (LN) B acknowledged according to the resident's physician's insulin orders; the resident is to be given insulin according to the sliding scale with meals. LN B confirmed the resident's record should include documentation of the resident's blood sugar at each meal to ensure insulin was administered according to the sliding scale directions.

The operator failed to ensure the MAR included entries of the resident's blood sugar according to physicians' orders.

- Review of R7's medical record revealed she moved into the facility on 09/23/22 with diagnosis of diabetes mellitus.

R7's "Functional Capacity Screen" dated 09/25/22 revealed the resident was unable to manage her own medications.

R7's "Negotiated Service Agreement" dated 09/25/23 had medication administration marked,

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S5300	Continued From page 24 (X), under health care services. Review of R7's physicians orders included an order dated 12/23/22 to obtain accuchecks four times daily. Review R7's Medication Administration Records (MAR) revealed the following: December 2023 MAR lacked documentation of an 08:00 AM blood sugar 13 out of 31 times, 19 out of 31 times for the 12:00 PM blood sugar, 10 out of 31 times for the 05:00 PM blood sugar and 14 out of 31 times for the 08:00 PM blood sugar. January 2023 MAR lacked documentation six out of 31 times for the 08:00 AM blood sugar, 29 out of 31 days for the noon blood sugar, nine out of 31 days for 05:00 PM blood sugar, and 14 out of 31 times for 08:00 PM. February 2023 MAR lacked documentation 3 out of 20 days for the 08:00 AM blood sugar, three out of 19 days for the Noon blood sugar, three out of 19 for the 05:00 PM blood sugar, and 7 out of 19 for the 08:00 PM blood sugar. The February 2023 MAR also lacked documentation of the administration of 08:00 AM insulin three out of 20 times, five out of 19 times for the noon administration, and four out of 19 times for the 05:00 PM administration. On 02/20/23 at 03:23 PM "Certified Medication Aide" (CMA) C reported the CMA is supposed to initial on the MAR when they dial the insulin pen, and the resident self injects. If the resident is out of the facility, they are supposed to circle it and document on that back that it was sent with the	S5300		

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S5300	Continued From page 25 resident for self administration. On 02/21/23 via electronic interview at 07:47 AM "Licensed Nurse" B acknowledged if a resident has orders to obtain blood sugars the person taking the blood sugar is to document it in the MAR. On 02/21/23 at 10:35 AM CMA C acknowledged staff were forgetting to document blood sugars on the MAR and had discussed it with the CMAs before. Review of the undated "Medication Management" policy provided by "Administrative Staff" A revealed Medications the facility is responsible for will be administered in accordance with a medical provider's written or and professional standards of practice. The operator failed to ensure certified staff documented blood sugars and initialed the administration of insulin as the physician ordered and according to standards of practice.	S5300		
S5302 SS=D	26-42-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by:	S5302		

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S5302	Continued From page 26 KAR 26-42-205(d)(4) The facility reported a census of four residents (R). Based on interview and record review for four of four "Certified Medications Aide's" employee files, the operator failed to ensure the delegated nursing procedure for the dialing of insulin pens for each certified medication under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of the resident roster provided by "Certified Medication Aide" (CMA) C revealed two residents received insulin injections. On 02/20/23 at 09:30 AM CMA C stated R5 had a Home Health agency come in check his blood sugars and give his insulin. R7 had the staff check her blood sugar and the CMA prepared and dialed the pen to the ordered dose and then the resident self injected her insulin. On 02/20/23 at 03:25 PM surveyor asked Administrative staff for delegation/competency checks for CMA C, CMA D, CMA E, and CMA F. Explained the need to see where a nurse delegated the procedure of preparing and dialing an insulin pen to the CMAs for the resident to then self-inject. On 02/20/23 at 03:34 PM Administrative staff reported he could not find delegation/competency papers for the CMA's for preparing and dialing of insulin pens.	S5302		

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S5302	Continued From page 27 The operator failed to ensure the procedure for dialing of insulin pens was delegated to CMA C, CMA D, CMA E, and CMA F according to the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S5302		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication 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 '	S5315		

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S5315	Continued From page 28 s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (h) (4) The facility reported a census of 62 residents (R). Based on observation and interview the operator failed to ensure licensed nurses and certified medication aides could not administer medications beyond the medication manufacturer's or pharmacy provider's recommended date of expiration by a failure to ensure staff dated insulin pens once opened. Findings included: - Review of the resident roster provided by "Certified Medication Aide" (CMA) C revealed two residents received insulin injections. On 02/20/23 at 09:30 AM CMA C unlocked the medication cart for investigation. Observation revealed a plastic container with two insulin pens for R5. One pen included the date the pen was first used but the Humalog pen did not include a date that it was first used on it. The pen was almost full. In another plastic container were an Ozempic pen and a Humalog pen. Both pens had been used but neither one included the date it was first used. The Humalog Kwickpen manufacture	S5315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087221	A. BUILDING: _____ B. WING _____	02/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE WICHITA, KS 67208

(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
S5315	Continued From page 29 recommended to store the opened insulin at room temperature for 28 days and discard even if insulin remained in the pen. The Ozempic Pen manufacture recommended to store the opened insulin in the refrigerator or at room temperature but must be discarded after 56 days. The administrator failed to ensure licensed nurses and certified medication aides could not administer medications beyond the medication manufacturer's or pharmacy provider's recommended date of expiration by a failure to ensure staff dated insulin pens once opened.	S5315		