STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075007	A. BUILDING: _____ B. WING _____	06/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBUD PLAZA ASSISTED LIVING	205 WEST 9TH STREET ONAGA, KS 66521

(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 at the above named facility conducted on 06/12/23.	S 000		
S3166 SS=F	26-41-204 (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 26-41-204 (e) The census equaled 9 residents. The sample included 3 residents. Based on record review and interview for 2 sampled Residents (R)1 and R2 requiring "accuchecks" (blood sugar monitoring with a glucometer), a nursing procedure not included in the medication aide curriculum, Administrator A 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: - Record review for R1 revealed he admitted on 01/12/22 with diagnosis of diabetes mellitus type II.	S3166		

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

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S3166	Continued From page 1 R1's "Functional Capacity Screen" (FCS) dated 03/13/23 recorded the resident was unable to perform management of medications and treatments. The resident's "Negotiated Service Agreement" (NSA) dated 03/13/23 recorded facility staff administered medications and provided diabetic management. The resident's "Health Care Service Plan" (HCSP) dated 03/13/23 recorded facility staff administered medications but failed to identify party responsible for obtaining accuchecks. Review on 06/12/23 of R2's June 2023 "Medication Administration Record" (MAR) revealed the following: "Accuchecks at bedtime" performed by a CMA on 06/01/23, 06/06/23, 06/08/23, 06/10/23 and 06/11/22. - Record review for R2 revealed he admitted on 09/01/22 with diagnosis of diabetes mellitus type II. R2's "Functional Capacity Screen" (FCS) dated 09/01/22 recorded the resident required physical assistance with management of medications and treatments. The resident's "Negotiated Service Agreement" (NSA) dated 09/01/22 recorded facility staff administered medications and provided diabetic management. The resident's "Health Care Service Plan"	S3166		

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S3166	Continued From page 2	S3166		

(HCSP) dated 09/01/22 recorded facility staff administered medications but failed to identify party responsible for obtaining accuchecks.

Review on 06/12/23 of R2's June 2023 "Medication Administration Record" (MAR) revealed the following:
"Accuchecks before meals and at bedtime" performed by a CMA at least twice daily on 06/01/23, 06/02/23, 06/03/23, 06/04/23, 06/05/23, 06/06/23, 06/07/23, 06/08/23, 06/09/23, 06/10/23, 06/11/22 and 06/12/23.

Review of sampled personnel records on 06/12/23 recorded the following Certified Medication Aide (CMA) recently hired, competency exams for accuchecks were requested.

CMA C, hire date 03/17/23

Interview on 06/12/23 at 02:47 PM with Licensed Nurse B confirmed she did not complete competencies for CMA's to obtain accuchecks, including CMA C.

Interview on 06/12/23 at 01:00 PM with CMA D stated she obtained accuchecks on residents.

Interview on 06/12/23 at 02:49 PM with R2 confirmed CMA's obtained accuchecks daily.

Facility failed to provide a policy on blood glucose monitoring by a CMA.

For residents requiring "accuchecks", a nursing procedure not included in the medication aide curriculum, Administrator A failed to ensure the

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REDBUD PLAZA ASSISTED LIVING	205 WEST 9TH STREET ONAGA, KS 66521

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S3166	Continued From page 3 licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3166		
S3202 SS=F	26-41-205 (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: KAR 26-41-205(d)(4) The facility reported a census of 9 residents. The sample included 3 residents. Based on record review and interview for 2 sampled Residents (R)1 and R2 requiring insulin by injection, Administrator A failed to ensure the licensed nurse delegated 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 when medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse. Findings included: - The "Resident Roster" obtained on 06/12/23 from Licensed Nurse (LN) B identified two residents as receiving insulin by injection (R1 and R2).	S3202		

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S3202	Continued From page 4 - Record review for R1 revealed he admitted on 01/12/22 with diagnosis of diabetes mellitus type II. R1's "Functional Capacity Screen" (FCS) dated 03/13/23 recorded the resident was unable to perform management of medications and treatments. The resident's "Negotiated Service Agreement" (NSA) dated 03/13/23 recorded facility staff administered medications and provided diabetic management. The resident's "Health Care Service Plan" (HCSP) dated 03/13/23 recorded facility staff administered medications but failed to identify party responsible for administering insulin. Review on 06/12/23 of R1's June 2023 "Medication Administration Record" (MAR) revealed the following: "Basaglar KwikPen (insulin pen) inject 21 units subcutaneously at bedtime for diabetic management" administered by a Certified Medication Aide (CMA) on 06/01/23, 06/06/23, 06/08/23, 06/10/23 and 06/11/23, "NovoLOG PenFill (insulin pen) inject 6 units subcutaneously one time a day for diabetic management" administered by a CMA on 06/01/23, 06/02/23, 06/03/23, 06/04/23, 06/05/23, 06/06/23, 06/07/23, 06/08/23, 06/09/23, 06/10/23, 06/11/23 and 06/12/23, "NovoLOG PenFill inject 7 units subcutaneously one time a day for diabetic management" administered by a CMA on 06/01/23, 06/02/23, 06/03/23, 06/04/23, 06/05/23, 06/06/23,	S3202		

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S3202	Continued From page 5 06/07/23, 06/08/23, 06/09/23, 06/10/23, 06/11/22 and 06/12/23, "NovoLOG PenFill inject 8 units subcutaneously one time a day for diabetic management" administered by a CMA on 06/01/23, 06/06/23, 06/08/23, 06/09/23, 06/10/23 and 06/11/23. - Record review for R2 revealed he admitted on 09/01/22 with diagnosis of diabetes mellitus type II. R2's "Functional Capacity Screen" (FCS) dated 09/01/22 recorded the resident required physical assistance with management of medications and treatments. The resident's "Negotiated Service Agreement" (NSA) dated 09/01/22 recorded facility staff administered medications and provided diabetic management. The resident's "Health Care Service Plan" (HCSP) dated 09/01/22 recorded facility staff administered medications but failed to identify party responsible for administering insulin. Review on 06/12/23 of R2's June 2023 "Medication Administration Record" (MAR) revealed the following: "NovoLOG FlexPen (insulin pen) inject 20 units subcutaneously one time a day for diabetic management" administered by a Certified Medication Aide (CMA) on 06/01/23, 06/05/23, 06/08/23, 06/09/23, 06/10/23 and 06/11/23, "Levemir FlexPen (insulin pen) inject 28 units subcutaneously every morning and at bedtime for hyperglycemia" administered at least once daily by a CMA on 06/01/23, 06/02/23, 06/03/23,	S3202		

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S3202	Continued From page 6 06/04/23, 06/06/23, 06/07/23, 06/08/23, 06/09/23, 06/10/23 and 06/11/23, "NovoLOG FlexPen inject 16 units subcutaneously two times a day for hyperglycemia" administered at least once daily by a CMA on 06/01/23, 06/02/23, 06/03/23, 06/04/23, 06/05/23, 06/06/23, 06/07/23, 06/08/23, 06/09/23, 06/10/23 and 06/11/23. Review of sampled personnel records on 06/12/23 recorded the following Certified Medication Aide (CMA) recently hired, competency exams for dialing insulin pens were requested. CMA C, hire date 03/17/23 Interview on 06/12/23 at 02:47 PM with LN B confirmed she did not complete competency check offs for CMA's to dial insulin pens, including CMA C. Interview on 06/12/23 at 01:00 PM with CMA D stated she dialed insulin pen for residents to self-inject. Interview on 06/12/23 at 02:49 PM with R2 confirmed CMA's dialed insulin pen and he injected himself while CMA present. Interview on 06/12/23 at 03:01 PM with R1 confirmed CMA's dialed insulin pen and he injected himself. Facility failed to provide a policy for CMA's dialing insulin pens. Administrator A failed to ensure the licensed	S3202		

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S3202	Continued From page 7 nurse delegated 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 when medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse.	S3202		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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 by: KAR 26-41-104 (d) (3) The census equaled 9 residents. The sample included 3 residents and review of 2 newly hired employee records. Based on record review and	S3280		

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S3280	Continued From page 8 interview, Administrator A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with staff. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents. Review on 06/12/23 of the facility's quarterly reviews of the emergency management plan with staff revealed the following reviews completed: 03/24/22 and 05/04/23. The facility failed to provide documentation regarding emergency management plan reviews with staff for the second, third and fourth quarter of 2022 and the first quarter of 2023. Interview on 06/12/23 at 04:23 PM with Administrator A confirmed unable to locate reviews with staff for the second, third and fourth quarter of 2022 and the first quarter of 2023. Administrator A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with staff.	S3280		