STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087158	A. BUILDING: _____ B. WING _____	R 11/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT CARE SENIOR LIVING	14422 TWINLAKE DRIVE WICHITA, KS 67230

(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 Revisit Licensure surveyor for the above named Home Plus facility conducted on 11/08/23.	{S 000}		
{S5165} SS=E	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 seven residents (R), with one resident (R6)who had her blood sugar monitored by facility staff. . Based on interview and record review for Certified Medications Aides (CMA) who check resident's blood sugars if ordered by the medical provider, the operator failed to ensure the delegated nursing procedure for monitoring blood glucose via glucometer for 10 of 12 CMA's was completed by a licensed nurse under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of R6's medical record revealed she moved into the facility on 03/16/22 with diagnosis of diabetes mellitus type II.	{S5165}		

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

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{S5165}	Continued From page 1 Review of R6's medication administration record from 10/11/23 to 11/08/23 revealed the following Certified Medication Aides had checked R6's blood glucose without having delegation completed by a licensed nurse to ensure the CMA could complete the task safely and accurately: Administrative Staff/CMA A, CMA C , CMA D, CMA E, CMA F, and CMA G. On 11/08/23 at 01:00 PM Licensed Nurse B reported she had completed two of the 12 CMA's delegations but not all of them. She acknowledged there were some that have worked and performed blood glucose testing for R6 that lacked a delegation for blood glucose monitoring. The operator failed to ensure certified medication aides were properly delegated the nursing procedure for monitoring of blood glucose via a glucometer device.	{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 (4) an emergency drill, which shall be conducted	{S5215}		

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{S5215}	Continued From page 2 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)(4) The facility reported a census of seven residents. Based on record review and interview the operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan with all employees and residents. This failure affected all residents who lived in the facility. Findings included: - On 11/08/23 at 12:23 PM Operator A reported he had not completed a review of the emergency management plan with residents or staff.. He did not have a date scheduled for the reviews. The Operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the emergency management plan with all residents and all staff.	{S5215}		
{S5302} SS=E	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.	{S5302}		

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{S5302}	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d)(4) The facility reported a census of seven residents (R), with one resident (R6) who required facility staff to prepare her insulin pen which included the dialing of the pen to the correct dosage for the resident to self-inject. Based on interview and record review for 10 of 12 Certified Medications Aides (CMA) who prepared R6's insulin pen, the operator failed to ensure the delegated nursing procedure for preparing and dialing an insulin pen was completed by a licensed nurse under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of R6's medical record revealed she moved into the facility on 03/16/22 with diagnosis of diabetes mellitus type II. Review of R6's medication administration record from 10/11/23 to 11/08/23 revealed the following Certified Medication Aides had prepared and dialed R6's insulin pen for her to self-inject without having delegation completed by a licensed nurse to ensure the CMA could complete the medication administration safely and accurately included the following six out of ten CMA's: Operator/CMA A, CMA C , CMA D, CMA E, CMA F, and CMA G. On 11/08/23 at 01:00 PM Licensed Nurse B	{S5302}		

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{S5302}	Continued From page 4 reported she had completed two of the 12 CMA's delegation but not all of them. She acknowledged there were some that have worked and prepared/dialed the insulin pen for R6 that lacked a nursing delegation. The operator failed to ensure certified medication aides were properly trained on the on how to prepare and dial an insulin pen to the correct administration dosage for the resident to self-inject. .	{S5302}		