STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175383	A. BUILDING _____ B. WING _____	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESLEY TOWERS INC	700 MONTEREY PL HUTCHINSON, KS 67502

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation KS00186756. The 2567 was sent electronically on 05/13/24.	F 000		
F 759 SS=E	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: The facility had a census of 42 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to ensure an error rate of five percent (%) or less, when staff failed to prime (a procedure used to remove the air from the needle and cartridge that may collect during normal use)) insulin (a hormone that lowers the level of glucose in the blood) KwikPens (a disposable prefilled pen containing insulin) prior to administration to Resident (R) 21. This deficient practice resulted in a medication error rate of 6.06 % and placed all residents who received insulin at risk for medication errors. Findings included: - On 05/07/24 at 09:33 AM, observation during medication administration revealed Licensed Nurse (LN) G turned the dial on R21's Humalog (fast-acting insulin) KwikPen to 36 units and the Lantus (long-acting insulin) KwikPen to 80 units	F 759		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/13/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 759	Continued From page 1	F 759		

but did not prime either pen. LN G entered R21's room and asked the resident where he would like his insulin administered; R21 replied in his abdomen. Further observation revealed LN G used an alcohol pad on R21's right lower abdomen and without priming the Humalog pen, administered the 36 units. Further observation revealed LN G used the same procedure to administer the 80 units of Lantus insulin in a different spot on R21's lower abdomen.

On 05/07/24 at 09:33 AM, LN G verified she had not primed either insulin KwikPen and stated it was not the facility policy to prime insulin KwikPens prior to administration.

The "Humalog KwikPen Instruction Sheet," instructed staff to use the following procedure before administrating the physician-ordered dosage of the medication:
For each injection:
1. Select a dose of 2 units
2. Take off the outer needle cap (save it) and inner needle cap (throw it away)
3. With the pen pointing up, tap the insulin to move the air bubbles to the top
4. Press the button all the way in and make sure insulin comes out of the needle

The "Lantus KwikPen Instruction Sheet," instructed staff to use the following procedure before administrating the physician-ordered dosage of the medication:
1. Remove the pen cap with clean hands. Check the reservoir to make sure the insulin is clear and colorless and has no particles-if not, use another pen.
3. Attach the needle.

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F 759	Continued From page 2 4. Dial a test dose of 2 Units. Hold the pen with the needle pointing up and lightly tap the insulin reservoir so the air bubbles rise to the top of the needle. This will help you get the most accurate dose. Press the injection button all the way in and check to see that insulin comes out of the needle. The dial will automatically go back to zero after you perform the test. On 05/07/24 at 02:07 PM, Administrative Nurse D stated she expected the nurse to prime Humalog and Lantus KwikPens before administration. The facility's "Specific Medication Administration Procedures Policy," revised in April 2020, instructed staff to administer medications via subcutaneous (beneath the skin), intradermal (between the layers of the skin), and intramuscular (into, a muscle) routes in a safe, accurate, and effective manner. The facility failed to ensure residents received their medications with an error rate of five percent or less when staff failed to prime a Humalog and Lantus KwikPen before administration resulting in an error rate of 6.06% and placed the residents who received insulin at risk for medication errors.	F 759		
F 801 SS=F	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments,	F 801		

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F 801	Continued From page 3	F 801		

individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)

This includes:
§483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who-
(i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.
(ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.
(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.
(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.

§483.60(a)(2) If a qualified dietitian or other

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F 801	Continued From page 4	F 801		

clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services.
(i) The director of food and nutrition services must at a minimum meet one of the following qualifications-
(A) A certified dietary manager; or
(B) A certified food service manager; or
(C) Has similar national certification for food service management and safety from a national certifying body; or
D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or
(E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and
(ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and
(iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 42 residents. Based on observation, record review, and interview, the facility failed to employ a full-time Certified Dietary Manager (CDM) for the 42 residents who resided

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F 801	Continued From page 5	F 801		

in the facility and received their meals from the kitchen. This placed the residents at risk for inadequate nutrition.

Findings included:

- On 05/06/24 at 12:06 PM, observation revealed dietary staff preparing meals for the midday meal. Dietary Staff (DS) BB reported she was the dietary manager and was enrolled in a Certified Dietary Manager course. DS BB reported she worked under the supervision of a registered dietician and had completed the first module of the training.

The facility's "Certified Dietary Manager Job Summary", dated 03/2024, documented the CDM is responsible for providing quality nutritional care to the residents according to facility policy and procedures and federal and state regulations. The qualifications require successful competition of the Certified Dietary Manager exam following the approved training program, certification as a Certified Food Protection Professional preferred and prior experience in healthcare food service also preferred.

The facility failed to employ a full-time Certified Dietary Manager for the 42 residents who resided in the facility, which placed the residents at risk for inadequate nutrition.