| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N078010 | A. BUILDING: _____ B. WING _____ | 07/18/2024 |

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

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a Re-Licensure survey with complaint investigation KS00182636 for the above named assisted living facility conducted on 07/17/24 and 07/18/24. | S 000 | | |
| S3186 SS=D | 26-41-205 (b) Administration of Selected Medications<br><br>(b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205 (b)<br><br>The facility reported a census of 69 residents(R). The sample included three residents and one focused record review. Based on observation, interview, and record review the administrator failed to ensure one (R4) of three sampled residents Negotiated Service Agreement included the selected medications the resident chose to administer.<br><br>Findings included:<br><br>. Review of R4's electronic record revealed she moved into the facility on 08/14/19 with diagnosis | S3186 | | |

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

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| S3186 | Continued From page 1<br>of osteoarthritis.<br><br>R4's "Functional Capacity Screen" dated 04/18/24 revealed she required supervision with management of medications and medical treatments and had no cognitive impairment.<br><br>R4's 'Negotiated Service Agreement" dated 04/18/24 identified medications were managed by Certified Medication Aides (CMA) and/or a Licensed Nurse (LN) and "Self administration of select medications/select medications administered by CMA/LN (see physicians order sheet for specific meds)." The "Negotiated Service Agreement" failed to identify what medications the resident was responsible for self-administration.<br><br>Review of R4's medical record included a self-administration medication assessment for her to be able to self administer her Systane eye drops.<br><br>Interview on 07/18/24 at 02:45 PM Administrative Nurse C reported she puts the name of the medication she assessed for on the self-administration assessment but did not realize she needed to identify the medication specifically on the "Negotiated Service Agreement".<br><br>The executive director failed to ensure designated staff identified what select medications a resident chose to self-administer. | S3186 | | |
| S3280 SS=F | 26-41-104 (d) Disaster and Emergency Preparedness<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by | S3280 | | |

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| S3280 | Continued From page 2<br>ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;<br>(2) education of each resident upon admission to the facility regarding emergency procedures;<br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-104(d)(3)<br><br>The facility reported a census of 69 residents. Based on record review and interview for all employees, the executive director failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with all facility staff.<br><br>Findings included:<br><br>- Review of the emergency plan reviews provided by Administrative Nurse C on 07/17/24 at 04:00 PM did not include information related to reviewing the emergency management plan with facility staff.<br><br>On 07/17/24 at 04:37 PM Executive Director A reported Administrative Nurse C had 10:00 AM | S3280 | | |

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| S3280 | Continued From page 3 | S3280 | | |

meeting with the staff that are in the facility and they discuss different disaster plans and have different monthly meetings including a skills fair that includes reviewing our emergency plan. Executive Director also reported they have online training that is completed.

Review of additional information provided by Administrative Nurse C on 07/18/24 revealed the following information:
11/15/23 - completed a "Tabletop" exercise for bomb threat with 29 staff present.
05/15/24 - staff in-service but did not include review of the emergency management plan with 10 staff present.
06/19/24 - In-service for review of the emergency management plan with five staff present.
06/25/24 - In-service for active shooter with four staff present.

On 07/17/24 at 04:50 PM Administrative Nurse B reported the on-line training for staff included some generic disaster training but there was also "Emergency Preparedness and Environmental Safety" that was based specifically on the facility's emergency plan.

On 07/18/24, review of on-line training provided by Administrative Nurse B for six newly hired staff revealed the "Emergency Preparedness and Environmental Safety" was completed annually and not quarterly.

On 07/18/24 at 12:13 PM Administrative Nurse B acknowledged the training for the facility's emergency management plan was not completed quarterly.

The executive director failed to ensure the facility's emergency plan, including fire, flood,

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| S3280 | Continued From page 4<br>severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, missing resident and any other potential emergency was reviewed with all employees quarterly. | S3280 | | |