STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087023	A. BUILDING: _____ B. WING _____	10/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICHITA PRESBYTERIAN MANOR	4700 W 13TH STREET NORTH WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named assisted living conducted on 10/22/23, 10/23/24, and 10/28/24.	S 000		
S3165 SS=D	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 63 residents with six residents included in the sample. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) for Resident (R) 4 named the licensed nurse responsible for implementing and supervising her "Healthcare Service Plan" (HSP). Findings included: - Record review for R4 revealed an admission date of 02/19/24 with diagnoses of type two diabetes mellitus, legal blindness, and malignant neoplasm of the skin of the scalp and neck. The 05/15/24 "Functional Capacity Screen" (FCS) required supervision with bathing, dressing, and management of medications and treatments; and was identified at risk for falls, impaired vision, and impaired hearing.	S3165		

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

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S3165	Continued From page 1 The 05/10/24 "NSA" identified facility staff provided R4 supervision with bathing and dressing; management of administration of Humalog for medications; changed her glucose monitor for management of treatments; and provided a call pendant to prevent injury from falls. Services provided for impaired vision and hearing were not described on R4's "NSA." The 05/10/24 "NSA" for R4 documented the name of the licensed nurse responsible for implementing and supervising the "HSP" was Licensed Nurse D, who no longer worked at the facility. On 10/28/24 at approximately 10:44 AM Administrative Staff A confirmed License Nurse D no longer worked at the facility. On 10/28/24 at approximately 11:47 AM Administrative Staff A confirmed R4's "NSA" failed to identify a current nurse at the facility who was responsible for implementing and supervising her "HSP." The administrator failed to ensure R4's "NSA" named the licensed nurse responsible for implementing and supervising her "HSP."	S3165		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications (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	S3186		

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S3186	Continued From page 2 medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The facility reported a census of 63 residents with six residents included in the sample. Based on interview and record review the administrator failed to ensure Resident (R) 4 and R5's "Negotiated Service Agreements" (NSA) identified who was responsible for the administration and management of select medications. Findings included: - Record review for R4 revealed an admission date of 02/19/24 with diagnoses of type two diabetes mellitus and legal blindness. The 05/15/24 "Functional Capacity Screen" (FCS) identified R4 required supervision with management of medications. The 05/10/24 "NSA" identified facility staff administered R4 Humalog. The "NSA" failed to identify who was responsible for administration of all other medications for R4. The Medication Administration Record (MAR) for the month of October 2024 documented R2 self-administered her own medications. On 10/28/24 at approximately 11:28 AM R4 stated during interview that she administered all	S3186		

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S3186	Continued From page 3 her own medications except Humalog, which facility staff administered. On 10/28/24 at approximately 11:47 AM Administrative Nurse B confirmed R4's "NSA" failed to identify who was responsible for administration of select medications. - Record review for R5 revealed an admission date of 08/16/23 with diagnoses of type two diabetes mellitus and pain. The 08/10/24 "FCS" identified R4 was unable to perform management of medications. The 08/10/24 "NSA" identified facility staff provided total assistance to R5 for administration of medications. The "Resident Roster" provided during the survey revealed R5 self-administered medications. On 10/28/24 at approximately 11:47 AM Administrative Nurse B confirmed R5's "NSA" failed to identify who was responsible for administration of select medications. The administrator failed to ensure R4 and R5's "NSAs" identified who was responsible for the administration and management of select medications.	S3186		
S3215 SS=E	26-41-205 (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	S3215		

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S3215	Continued From page 4 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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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 facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of 63 residents. Based on observation and interview, the administrator failed to ensure resident medications were stored in accordance with each manufacturer's recommendations.	S3215		

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S3215	Continued From page 5 Findings included: - Observation on 10/22/24 at 12:14 PM of the facility's medication room revealed a refrigerator with an opened box with an unsealed vial of Tubersol. The box was labeled with an open date of 07/16/24 which was 98 days from open date to start of survey. The box, product insert, and the vial of Tubersol itself contained instructions that a vial of Tubersol which has been opened and in use for 30 days should be discarded. On 10/22/24 at approximately 12:14 PM Administrative Nurse B confirmed the Tubersol was dated 07/16/24 and facility staff should have discarded it within 30 days. On 10/23/24 at 03:41 PM Administrative Staff A stated facility nurses verified the expired vial of Tubersol had been administered to at least three residents. The administrator failed to ensure medications were stored in accordance with each manufacturer's recommendations.	S3215		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care	S3310		

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S3310	Continued From page 6 setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 63 residents with six residents included in the sample. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Record review for Resident (R) 1 revealed an admission date of 09/30/24 with a diagnosis of hypertension. The 10/23/24 TB symptom screen questionnaire was completed on the second day of the survey which was 23 days after admission. On 10/23/24 at 03:50 PM Licensed Nurse C confirmed R1's record lacked evidence of documentation an admission TB symptom screen questionnaire was completed within seven days of residency. - Record review for R4 revealed an admission date of 02/19/24 with diagnoses of type two diabetes mellitus, legal blindness, and malignant	S3310		

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S3310	Continued From page 7 neoplasm of the skin of the scalp and neck. R4's record lacked evidence of documentation the second step of the two-step TB skin test was provided. On 10/23/24 at 03:50 PM Licensed Nurse C confirmed R4's record lacked evidence of documentation the second step of the two-step TB skin test was provided. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new resident shall receive a two-step TB skin test and symptom screen questionnaire within seven days of admission. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S3310		