STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N018011	A. BUILDING: _____ B. WING _____	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANSAS VETERANS HOME	1220 WORLD WAR II MEMORIAL DRIVE WINFIELD, KS 67156

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 01/08/2025.	S 000		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-201 (d) The facility reported a census of 21 residents. The sample included 3 "Residents'" (R)'s 1, 2 and 3. Based on record review and interview the Administrator failed to ensure the "Functional Capacity Screening" (FCS) for R1 accurately reflected his ability to manage his own medications. Findings included: - Record review for R1 revealed an admission date of 10/02/23 with diagnoses of unspecified combined systolic and diastolic heart failure. Hypoglycemia, unspecified atrial fibrillation, Type 2 diabetes mellitus, and major depressive disorder. Review of R1's FCS dated: 09/10/24 revealed R1 was independent with bathing, dressing,	S3082		

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

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S3082	Continued From page 1	S3082		

toileting, transferring, walking/mobility, and eating. R1 was marked as a caregiver was needed to administer medications and to perform all tasks related to ordered treatments. R1 was cognitively intact. R1 was able to make himself understood and he understood others. He was marked with impaired decision making and inappropriate behavior.

Review of R1's "Negotiated Service Agreement" (NSA) dated 09/11/24 revealed the following health care services to be provided to R1;

Monitoring of vital signs
Monitoring of weight
Reviewing/reporting of changes in function and/or condition
Facility management of medications
Self-administration of medications "without assistance"
Follow-up with physician for lab results/diagnostic testing
Assistance with blood sugar monitoring

The section titled "Skilled Nursing Services" identified the facility licensed nurse administered R1's insulin.

The NSA lacked identification of who was administering select medications.

Review of R1's "Health Service Plan" (HSP) under the section titled "Medication Management" instructed the facility licensed nurse to administer R1's insulin, instructed facility staff to administer medications and treatments, and there were a few medications R1

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S3082	Continued From page 2	S3082		

had been approved to "Keep at the bedside".

Review of R1's electronic "Medical Record" under the "Forms" tab revealed an assessment titled "Mediation Self -Administration Safety Screen" and listed the following medications R1 could self -administer; Glucose Oral Tablet, Biotene Dry Mouth Moisturizing Mouth Spray, Over-the-Counter cough drops, Neutrogena T/Gel External Shampoo, and Refresh Ophthalmic Solution.

Review of the R1's electronic "Medication Administration Record" for 01/2025 revealed the following orders:

Cough Drops Mouth/Throat give 1 drop by mouth as needed for cough "unsupervised self-administration"

Glucose Oral Tablet Chewable Give 2 tablet by mouth as needed for hypoglycemia "unsupervised self-administration, Resident will purchase from store".

Refresh Ophthalmic Solution 1.4-0.6% instill 1 drop in both eyes every 2 hours "unsupervised self-administration".

Clobetasol Propionate External Ointment 0.05% Apply to affected areas topically 2 times a day "unsupervised self-administration".

Interview on 01/08/25 at approximately 04:00 PM with "Licensed Nurse" (LN C) confirmed R1 does administer some of his own medications and ordered treatments.

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S3082	Continued From page 3 The Administrator failed to ensure the FCS for R1 accurately reflected his ability to manage his own medications.	S3082		
S3186 SS=D	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 medications. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (b) The facility reported a census of 21 residents. The sample included 3 "Residents'" (R)'s 1, 2 and 3. Based on record review and interview the Administrator failed to ensure the "Negotiated Service Agreement" (NSA) for R1 identified who was responsible for the administration of select medications. Findings included: - Record review for R1 revealed an admission date of 10/02/23 with diagnoses of unspecified	S3186		

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S3186	Continued From page 4 combined systolic and diastolic heart failure. Hypoglycemia, unspecified atrial fibrillation, Type 2 diabetes mellitus, and major depressive disorder. Review of R1's FCS dated: 09/10/24 revealed R1 was independent with bathing, dressing, toileting, transferring, walking/mobility, and eating. R1 was marked as a caregiver was needed to administer medications and to perform all tasks related to ordered treatments. R1 was cognitively intact. R1 was able to make himself understood and he understood others. He was marked with impaired decision making and inappropriate behavior. Review of R1's "Negotiated Service Agreement" (NSA) dated 09/11/24 revealed the following health care services to be provided to R1; Monitoring of vital signs Monitoring of weight Reviewing/reporting of changes in function and/or condition Facility management of medications Self-administration of medications "without assistance" Follow-up with physician for lab results/diagnostic testing Assistance with blood sugar monitoring The section titled "Skilled Nursing Services" identified the facility licensed nurse administered R1's insulin. The NSA lacked identification of who was administering select medications.	S3186		

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S3186	Continued From page 5 Review of R1's "Health Service Plan" (HSP) under the section titled "Medication Management" instructed the facility licensed nurse to administer R1's insulin, instructed facility staff to administer medications and treatments, and there were a few medications R1 had been approved to "Keep at the bedside". Review of R1's electronic "Medical Record" under the "Forms" tab revealed an assessment titled "Mediation Self -Administration Safety Screen" and listed the following medications R1 could self -administer; Glucose Oral Tablet, Biotene Dry Mouth Moisturizing Mouth Spray, Over-the-Counter cough drops, Neutrogena T/Gel External Shampoo, and Refresh Ophthalmic Solution. Review of the R1's electronic "Medication Administration Record" for 01/2025 revealed the following orders: Cough Drops Mouth/Throat give 1 drop by mouth as needed for cough "unsupervised self-administration" Glucose Oral Tablet Chewable Give 2 tablet by mouth as needed for hypoglycemia "unsupervised self-administration, Resident will purchase from store". Refresh Ophthalmic Solution 1.4-0.6% instill 1 drop in both eyes every 2 hours "unsupervised self-administration". Clobetasol Propionate External Ointment 0.05% Apply to affected areas topically 2 times a day	S3186		

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S3186	Continued From page 6 "unsupervised self-administration". Interview on 01/08/25 at approximately 04:00 PM with "Licensed Nurse" (LN C) confirmed R1's NSA lacked identification of who administers the select medications. The Administrator failed to ensure the "Negotiated Service Agreement" (NSA) for R1 identified who was responsible for the administration of select medications.	S3186		