Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N002001	A. BUILDING: _____ B. WING _____	01/30/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES VII	806 W 4TH STREET GARNETT, KS 66032

(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 resurvey at the above named Residential Health Care Facility conducted on 1/30/18.	S 000		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) The facility reported a census of 21 residents. The sample included 3 residents. Based on observation, interview and record review operator staff C failed to ensure certified staff administered 1 (#121) of 3 resident's medications in accordance with physician's orders and standards of practice.	S3200		

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

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S3200	Continued From page 1 Findings included: - Review of resident #121's medical record revealed he/she admitted to the facility on 1/19/18 with a diagnosis of diabetes mellitus. Review of the Functional Capacity Screen dated 1/19/18 revealed the resident needed physical assistance with medication administration. Review of the Negotiated Service Agreement dated 1/19/18 revealed staff to assist with ordering, set up and administration of medications. Review of the January 2018 Medication administration record (MAR) revealed staff administered Lantus insulin 41 units Subcutaneous (SC) and Metformin 500 milligrams at bed time for diabetes. The MAR also directed staff to notify the nurse for blood sugars greater than 400 and the nurse needed to notify the physician. Review of the signed admission physician orders dated 1/19/18 lacked physician orders for Lantus insulin or bed time Metformin. The orders did direct staff to contact the physician for blood sugars greater than 400. Review of the January 2018 blood sugar monitoring log revealed the resident's blood sugar on 1/19/18 at 4:00 pm was 483 and on 1/28/18 at bed time it was 463. Review of the nurse's notes lacked any evidence staff notified the physician of the blood sugars above 400. During an interview on 1/30/18 at 12:10 PM	S3200		

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S3200	Continued From page 2 licensed nursing staff A reported he/she used the MAR from the resident's prior facility to complete the current MAR and did not notice the Lantus and bedtime Metformin were not on the signed admission orders. Staff A also reported he/she notified the physician of the blood sugar on 1/19/18 but failed to document speaking to the physician. Staff A reported he/she did not know about the elevated blood sugar on 1/28/18. Review of the Health Care Services policy dated 7/2005 revealed a physician's order for nursing service shall be documented in the resident's record. Operator B failed to ensure staff administered medications according to physician orders and standards of practice.	S3200		