STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N007005	A. BUILDING: _____ B. WING _____	02/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE HEIGHTS NURSING & REHABILITATIVE CENT	302 E IOWA STREET HIAWATHA, KS 66434

(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 represent the findings of a resurvey for the above named Assisted Living facility conducted on 02/06/23 - 02/07/23..	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1) The facility reported a census of 11 residents with three residents included in the sample. Based on interview, and record review the facility failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen"	S3085		

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

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S3085	Continued From page 1 (FCS) for resident (R)101, and R103. Findings included: - R101's medical record revealed the resident moved into the facility on 04/01/20 with a diagnosis of multiple sclerosis and urinary tract infection. The 10/12/22 FCS identified R101 triggered for falls, unsteadiness. The 10/12/22 NSA did not address falls, unsteadiness. The NSA did not address R101 self-administering of topical medications. On 02/08/23 at 09:00 AM Administrative Staff A stated if what triggered on the FCS was pertinent to the resident's care it should be addressed on the NSA. The facility failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS. - R103's medical record revealed the resident moved into the facility on 09/03/21 with a diagnosis of weakness, pain and gastro-esophageal disease. The 12/03/22 FCS identified R103 as having triggered for falls, unsteadiness. The 12/03/22 NSA did not address falls, unsteadiness. The NSA did not address R103 self-administering of oral pain relievers and antiacids.	S3085		

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S3085	Continued From page 2 On 02/08/23 at 09:00 AM Administrative Staff A stated if what triggered on the FCS was pertinent to the resident's care it should be addressed on the NSA. The facility failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS.	S3085		
S3175 SS=F	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 11 residents.	S3175		

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S3175	Continued From page 3	S3175		

The sample included three residents. Based on observation, interview and record review the facility failed to ensure two of three sampled residents medical records contained documentation of a completed medication self-administration assessment.

Findings included:

-R101's medical record revealed she moved into the facility on 04/01/22 with a diagnosis of urinary tract infection.

The 10/12/22 "Functional Capacity Screen" (FCS) documented R101 required physical assistance with medication administration.

The 10/12/22 "Negotiated Service Agreement" (NSA) documented staff administered R101's medications. The NSA did not identify that R101 self-administered her triamcinolone and estradiol creams.

Order dated 07/22/22 for Estrace (estradiol) 0.1 milligram (mg)/gram cream, apply small pea-size amount topically around urethra once a week urinary tract infection.

Order dated 09/15/22 for triamcinolone acetonide 0.1% cream, apply topically once a day on Wednesday for urinary tract infection.

Review of R101's medical records failed to locate a medication self-administration assessment completed for topically applying medicated creams.

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S3175	Continued From page 4 On 02/07/23 at 01:05 PM tubes of prescription estradiol and triamcinolone creams were observed in R101's restroom. On 02/07/23 at 1:00 PM R101 stated she applied her own creams. On 02/07/23 at 02:42 PM Certified Medication Aide C stated staff administered all of R101's medications and was not aware of R101 having any medications in her room. On 02/07/23 at 02:28 PM Administrative Staff A stated a self-administration assessment should have been completed for R101's use of medicated creams. The December 2016 "Self-Administration of Medications" policy documented, "As part of their overall evaluation, the Nurse will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident." The facility failed to ensure a medication self-administration assessment was completed for R101's self use of medicated creams. -R103's medical record revealed she moved into the facility on 09/03/21 with diagnoses of pain and gastro-esophageal reflux disease. The 12/03/22 FCS documented R103 required physical assistance with medication administration. The 12/03/22 NSA documented staff	S3175		

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S3175	Continued From page 5	S3175		

administered R103's medications. The NSA did not identify that R103 self-administered acetaminophen and antacid medication.

Review of R103's medical records failed to locate a medication self-administration assessment completed for oral administration acetaminophen and antacid medication.

On 02/07/23 at 01:26 PM there was a bottle Equate Pain Reliever and a bottle of Equate Antacid Tablets in the top drawer of a clear storage cabinet located between R103's recliner and bed.

On 02/07/23 at 01:26 PM R103 stated she took Tylenol and antacids herself when she needed them.

On 02/07/23 at 02:36 PM CMA C stated staff gave R103 all her medications and was not aware of any other medications the resident self-administered.

On 02/07/23 at 02:28 PM Administrative Staff A stated a self-administration assessment should have been completed for the use of acetaminophen and antacids.

The December 2016 "Self-Administration of Medications" policy documented, "As part of their overall evaluation, the Nurse will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident."

The facility failed to ensure a medication

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S3175	Continued From page 6 self-administration assessment was completed for R103's use of oral pain relievers and antacids.	S3175		
S3200 SS=E	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 11 residents. Based on observation and interview, the facility failed to ensure that all medications were administered within professional standards of practice. The Certified Medication Aide pre-popped medications into medication cups for administration to residents at a future time and	S3200		

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S3200	Continued From page 7 failed to follow professional standards of practice designed to safeguard each resident. Findings included: On 02/07/22 at 12:40 PM an observation of the lower drawer of the medication cart revealed a white basket with a medication cup for resident (R)104 that contained four unidentified medications and a medication cup for R105 that contained five unidentified medications. On 02/07/23 at 12:41 PM Administrative Nurse B stated it was not acceptable to pre-pop medications for future administration. On 02/07/23 at 12:44 PM Certified Medication Aide C stated she did not pre-pop the medications in question and did not know who or when the medications had been pre-popped. The February 2011 Kansas Certified Medication Curriculum page 165 documented, "All medications must be identified to point of administration. For medications removed from a package or container with the prescription label, a medication card must be used which contains the resident's name, the name of the medication, the route of administration, special instructions for administration and time of administration. This card must be checked against the MAR before administering the medication to a resident." The facility failed to ensure staff followed professional standards of practice designed to safeguard each resident when administering	S3200		

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S3200	Continued From page 8 medications.	S3200		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 11 residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the original package of over the counter (OTC) medications for nine residents. Findings included: - Observation on 02/07/23 at 12:01 PM revealed the 400-hall medication cart contained the following OTC medications which were not labeled with a resident's full name:	S3211		

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S3211	Continued From page 9 Resident (R)101: One bottle of AZO Cranberry One bottle of Spring Valley Acidophilus One bottle of Equate Allergy Relief One bottle of Low Dose Aspirin One Flex pen of Lantus One Flex pen of Novolog One box of Spirit 360 all day allergy relief One box of Ready in Case all day allergy relief One bottle of Equate Antacid R106: One bottle of Cetirizine Hydrochloride R107: One bottle of Equate Pain Reliever 500 milligrams (mg) R103: One bottle off Equate Stool Softener. One bottle of Equate Clear-Lax R102: One bottle of GNC Multivitamin One bottle of Equate 8HR Arthritis Pain Relief R108: One bottle of Bayer Low Dose Aspirin One bottle of Milk of Magnesia R105: One bottle of Tylenol 8 HR Arthritis One bottle of Equate Dry Eye Relief One box of Equate Anti-Diarrheal One box of Equate Allergy Relief R109:	S3211		

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S3211	Continued From page 10 One bottle of One A Day Women's 50+ Complete Multivitamin One bottle of Good Neighbor Pharmacy Melatonin R110: One bottle of Sunmark Fish Oil (labeled as Stock) One bottle of GeriCare Ibuprophen (labeled as Stock) One bottle of GeriCare Gas Relief (unmarked) One bottle of GeriCare Vitamin C 500 mg (unmarked) One bottle of Care All Aspirin (unmarked) One Bottle of GeriCare Zinc 50 mg (unmarked) One bottle of Sunmark Stool softener (unmarked) One bottle of GeriCare Geri-Lanta (unmarked) The 2011 "OTC Stock Medications" policy documented, "Over the Counter (OTC) medications are stored ...following safe standards of practice." The facility failed to ensure all OTC medications were labeled by a pharmacist or licensed nurse with the resident's full name.	S3211		
S3215 SS=F	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 provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals	S3215		

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S3215	Continued From page 11 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)(1) The facility reported a census of 11 residents. Based on observation and interview, the facility failed to ensure controlled medications were securely stored in a separate locked compartment in the medication cart. Findings included:	S3215		

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S3215	Continued From page 12 - On 02/06/22 at 03:56 PM the 400-hall medication cart was located in the assisted living dining room. On 02/07/23 at 12:01 PM the 400-hall medication cart was located in the assisted living dining room. The narcotics drawer containing controlled medications was not separately locked. On 02/07/23 at 03:00 PM Administrative Staff A stated the medication cart was usually stored in the medication room behind locked doors and this was how the narcotics were double-locked. Stated she was not aware the narcotics drawer lock was not working and stated someone should have known since staff did a narcotic count daily. On 02/07/23 at 03:30 PM Certified Medication Aide C stated she has never used the narcotic drawer lock since she started working about a year ago and stated the medication cart should be stored in the locked medication room when staff were not administering medications. The 12/2012 "Controlled Substances" policy documented, "Controlled substances must be stored ...in a locked container, separate from containers for any non-controlled medications. This container must remain locked at all times, except when it is accessed to obtain medications for residents." The facility failed to ensure controlled medications were securely stored in separate locked compartment in the medication cart with a functioning lock.	S3215		

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S3270	Continued From page 13	S3270		
S3270 SS=F	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(b)(2)(3)(8) The facility reported a census of 11 residents. Based on record review and interview for all residents and all facility employees, the facility failed to ensure the disaster and emergency plan include all required items as it failed to include information on floods, severe weather, and missing persons. Findings included: - On 02/08/22 review of documentation of the emergency management plan as provided by the facility revealed it did not include information concerning floods, severe weather, and missing	S3270		

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S3270	Continued From page 14 residents. On 02/08/23 at approximately 04:00 PM, Administrative Staff A acknowledged the emergency management plan provided for review did not include all required items. The facility failed to ensure the emergency management plan included all the required items.	S3270		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)	S3280		

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MAPLE HEIGHTS NURSING & REHABILITATIVE CENT	302 E IOWA STREET HIAWATHA, KS 66434

(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
S3280	Continued From page 15 The facility reported a census of 11 residents. Based on record review and interview for all residents and all facility employees, the facility failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the emergency management plan with employees and residents. Findings included: - On 02/07/23 Administrative Staff A provided documentation of resident council meeting minutes and staff education on RELIAS (computerized training software) for review of the emergency management plan. Review of the resident council minutes revealed that all eight of the required items were not reviewed on a quarterly basis and not all residents attended the resident council meetings. Review of the RELIAS training for staff revealed that all eight of the required items were not reviewed on a quarterly basis. The facility failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff.	S3280		
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	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N007005	A. BUILDING: _____ B. WING _____	02/07/2023

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S3310	Continued From page 16 on the control of infections in a health care 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 11 residents. Based on record review the facility failed to ensure the facility was in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings include: - Review of four newly hired staff records revealed the following: Certified Nurse Aide (CNA) D hired on 09/15/21 did not have a TB symptom screening questionnaire until 30 days after hire and the first step of the two-step skin test (TST) was administered 48 days late. Certified Medication Aide (CMA) C hired on 06/01/21 had the first step of the two-step TST read on 06/05/21. The second step of the two-step TST was not administered until 07/13/21 which was 17 days late. Licensed Nurse (LN) E hired on 01/13/23 had the first step of the two-step TST administered on	S3310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3310	Continued From page 17 01/31/23 which was 11 days late. On 02/07/23 at 11:02 AM Administrative Staff A stated she expected the TB screening questionnaires and TST to be completed within seven days of the staff being hired. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of employment. Each new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within seven days of employment..." The facility failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		