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	N018006	A. BUILDING: _____ B. WING _____	03/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINFIELD SENIOR LIVING COMMUNITY	1320 WHEAT RD 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 03/03/2021, 03/04/2021, and 03/08/2021.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c) (1) The facility reported a census of 15 residents. The sample included 3 residents. Based on interview and record review the administrator failed to ensure the functional capacity screening for resident #121 was conducted at least once every 365 days. Findings included: - Record review for resident #121 revealed an admission date of 10/28/2019, with diagnosis of heart failure, polyosteorarthritis, stage 3 chronic kidney disease, insomnia, exudative age-related macular degeneration of the left eye with active choroidal neovascularization, and magnesium	S3081		

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

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S3081	Continued From page 1 deficiency. The admission functional capacity screening (FCS) dated 10/11/2019 revealed the following: resident cognition intact (no short term, long term, memory, or decision-making deficits), she was independent with bathing, dressing, toileting, transferring, walking and eating. She was able to manage own medications, marked as a fall, and used a walker for ambulation. Interview on 03/04/2021 at 12:00 PM with administrator B confirmed resident #121 electronic record lacked a functional capacity screening less than 365 days old. The administrator failed to ensure the functional capacity screening for resident #121 was conducted at least once every 365 days.	S3081		
S3165 SS=E	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 15 residents. The sample included 3 residents. Based on interview and record review the administrator failed to ensure each resident's negotiated service agreement included the name of the	S3165		

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S3165	Continued From page 2	S3165		

licensed nurse responsible for the implementation and supervision of the health care service plan for 3 of 3 residents reviewed (#121, 211, and #312).

Findings included;

- Review of the record for resident #121 revealed an admission date of 10/11/2019.

The admission functional capacity screening (FCS) dated 10/11/2019 identified the following: resident cognition intact (no short term, long term, memory, or decision-making deficits), she was independent with bathing, dressing, toileting, transferring, walking and eating. She was able to manage own medications, marked as a fall, and used a walker for ambulation.

The negotiated service agreement updated 09/18/2020 instructed staff to assist with bathing, and medication administration, and she used a walker for mobility. The negotiated service agreement lacked identification of the licensed nurse responsible for implementation and supervision of the health care service plan. The final page of the document was unsigned.

- Record review for resident #211 revealed an admission date of 09/18/2019.

The annual functional capacity screen dated 10/09/2020 identified the following; resident cognition intact (no short term, long term, memory, or decision-making deficits), she required assistance with bathing and dressing, and lacked the ability to manage medications and treatments, and used a walker assistive device for mobility.

The negotiated service agreement dated

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S3165	Continued From page 3 10/09/2020 instructed staff to manage medications and assist with bathing. The negotiated service agreement lacked identification of the licensed nurse responsible for implementation and supervision of the health care service plan. The final page of the document only included a signature line and listed the name of a facility licensed nurse. - Record review #312 revealed an admission date of 11/01/2019 The readmission functional capacity screen dated 06/10/2020 identified the following; resident cognition intact (no short term, long term, memory, or decision-making deficits), she was independent with bathing, and lacked the ability to manage medications and treatments, The negotiated service agreement dated 06/11/2020 instructed staff to assist with medication and treatments and assist with bathing. The negotiated service agreement lacked identification of the licensed nurse responsible for implementation and supervision of the health care service plan. The final page of the document only included a signature line and listed the name of a facility licensed nurse. Interview on 03/04/2021 at 11:30 with administrator B confirmed the negotiated service agreement lacked the identification of the licensed nurse responsible for implementation and supervision of the health care service plan. The administrator failed to ensure each resident's negotiated service agreement included the name of the licensed nurse responsible for the implementation and supervision of the health care service plan for 3 of 3 residents reviewed	S3165		

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S3165	Continued From page 4 (#121, 211, and #312).	S3165		
S3175 SS=D	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 15 residents. The sample included 3 residents. The resident roster provided upon survey entrance showed the facility managed medications for 14 of the 15 residents. Based on interview and record review the administrator failed to ensure the licensed nurse performed an assessment for self-administration of medications annually for resident #121.	S3175		

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S3175	Continued From page 5 Findings included: - Review of the resident roster on 03/03/2021 at 1:30 PM provided by certified medication aide C, revealed the facility managed medications for 14 of the 15 residents. Resident #121 was marked as gives own medications. Record review for resident #121 revealed an admission date of 10/28/2019, with diagnosis of heart failure, polyosteorarthritis, stage 3 chronic kidney disease, insomnia, exudative age-related macular degeneration of the left eye with active choroidal neovascularization, and magnesium deficiency. Review of the electronic record on 03/03/2021 at 4:07 PM under the forms tab revealed two Medication self-administration safety screens dated 10/28/2019. Interview on 03/04/2021 at 12:00 PM with administrator B confirmed resident #121 electronic record lacked an annual medication self-administration safety screen, the most current screen was greater than annually old. The administrator failed to ensure the licensed nurse performed an assessment for self-administration of medications annually for resident #121.	S3175		
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	S3186		

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S3186	Continued From page 6 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: KAR 26-41-205 (b) The facility reported a census of 15 residents. The sample included 3 residents. Based on interview and record review the administrator failed to ensure the negotiated service agreement identified who was responsible for administration and management of selected medications for resident #121. Findings included: - Record review for resident #121 revealed an admission date of 10/28/2019, with diagnosis of heart failure, polyosteorarthritis, stage 3 chronic kidney disease, insomnia, exudative age-related macular degeneration of the left eye with active choroidal neovascularization, and magnesium deficiency. The admission functional capacity screening (FCS) dated 10/11/2019 revealed the following: resident cognition intact (no short term, long term, memory, or decision-making deficits), she was independent with bathing, dressing, toileting, transferring, walking and eating. She was able to manage own medications, marked as a fall, and used a walker for ambulation.	S3186		

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S3186	Continued From page 7 The amended combined negotiated service agreement/health care service plan dated 09/18/2020 revealed the resident could obtain new prescriptions and refills independently and had a clear understanding of medications and purposes. Review of electronic resident progress notes on 3/3/2021 at 4:07 PM revealed an entry on 11/17/2020 at 11:52 AM stating the following; " ...resident states she would comply with us administering all medications except her vitamins which she will take... call placed to PCP's office to very medication list and inform of the above, awaiting return call." Review of electronic documents on 3/4/2021 at 12:00 PM revealed an order signed 12/04/2020 from the medical provider for resident #121 for facility to administer medications and resident #121 to self-administer her vitamins. Interview on 3/4/2021 at 10:20 AM with certified medication aide C, she confirmed resident #121 administered her own vitamins and the facility administers her prescription medications. Interview on 03/04/2021 at 12:00 PM with administrator B confirmed resident #121 negotiated service agreement lacked who was responsible for the administration and management of her medications. The administrator failed to ensure the negotiated service agreement identified who was responsible for administration and management of selected medications for resident #121.	S3186		

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S3215	Continued From page 8	S3215		
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 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) (4)	S3215		

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S3215	Continued From page 9 The facility reported a census of 15 residents. Based on observation, interview and record review the administrator failed to ensure the licensed nurse did not administer medication beyond the manufacturer's recommended date of expiration regarding insulin pens for residents #416, 518, 621, 741, and 856. Findings included: - On 03/03/2021 at 12:55 PM certified medication aide C opened the treatment cart located in the dining room. Observation revealed a drawer with the names of residents #416, 518, 621, 741, and 856 written on the outside of the drawer. In each individual drawer the insulin pens are stored. Inspection of the resident drawers revealed the following: Resident #416 drawer contained a Basaglar Kwik Pen was labeled with the resident's name on the pen. The pen did not have a date recorded of when the pen was opened for use. Resident #518 drawer contained a Lantus Solostar pen labeled with the resident's name on the pen. The pen did not have a date recorded of when the pen was opened for use. Resident # 621 drawer contained a Levemir flextouch pen labeled with the resident's name on the pen. The pen did not have a date recorded of when the pen was opened for use. Resident #741 drawer contained a Tresiba flex touch pen labeled with the resident's name on the pen. The pen did not have a date recorded of when the pen was opened for use. Resident # 856 drawer contained a Basaglar Kwik Pen labeled with the resident's name on the pen. The pen did not have a date recorded of when the pen was opened for use.	S3215		

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S3215	Continued From page 10 Interview on 03/03/2021 at 12:55 PM with certified medication aide C and licensed nurse B confirmed all 5 pens were to be dated when opened, and these 5 pens lacked the date of when the pens were opened for use. Review of the Levemir flex touch pen manufacturers recommendations revealed the following; storing the in use pen out of the refrigerator below 86 degrees F., and the pen should be thrown away after 42 days even if insulin remained in the pen. Review of the Basaglar Kwik pen manufacturers recommendations revealed the following; storing the in use pen out of the refrigerator below 86 degrees F., and the pen should be thrown away after 28 days. Review of the Tresiba flex touch pen manufacturers recommendations revealed the following; storing the in use pen out of the refrigerator below 86 degrees F., and the pen should be thrown away after 56 days. Review of the Lantas SoloStar flex pen manufacturers recommendations revealed the following; storing the in use pen out of the refrigerator below 86 degrees F., and the pen should be thrown away after 28 days. Based on observation, interview and record review the administrator failed to ensure the licensed nurse did not administer medication beyond the manufacturer's recommended date of expiration regarding insulin pens for residents #416, 518, 621, 741, and 856.	S3215		

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S3280	Continued From page 11	S3280		
S3280	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) The facility reported a census of 15 residents. Based on interview and record review the administrator failed to provide quarterly emergency and disaster preparedness training to staff and residents. Findings included: - Record review on 3/8/2021 at 8:00 AM revealed the following documents; an in-service training performed on 3/18/2020 which included COVID 19, fire emergency preparedness, personnel protective equipment and handwashing. The	S3280		

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S3280	Continued From page 12 recorded included a sign in sheet for employees. Inservice on 10/21/2020 which included COVID-19 and medical emergency preparedness training. The recorded included a sign in sheet for employees. Interview on 03/04/2021 at 11:45 AM with administrator B confirmed the lack of quarterly emergency preparedness training to employees and residents for each quarter and the sign training sign in sheet listed employees signatures only. The administrator failed to provide quarterly emergency and disaster preparedness training to staff and residents.	S3280		
S3310 SS=D	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 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:	S3310		

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S3310	Continued From page 13 KAR 26-41-207 (c) The facility reported a census of 15 residents. The sample included 3 residents and 1 sampled employee. Based on interview and record review for 1 newly hired employee 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 with the potential to affect all residents. Findings included: - Review of licensed nurse A's personnel record revealed she began employment on 10/22/2020. The employee record lacked the evidence of the 2-step tuberculin (TB) test performed within 7 days of hire. Interview on 03/03/2021 at 1:00PM with licensed nurse A and administrator B confirmed the personnel record lacked the evidence of the 2-step TB test being performed. 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 with the potential to affect all residents.	S3310		