STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N031003	A. BUILDING: _____ B. WING _____	01/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW SENIOR LIFE	1417 W ASH ST JUNCTION CITY, KS 66441

(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 the licensure resurvey for the above named facility conducted on 01/23/23.	S 000		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41 204 (i) The census totaled 11 residents. The sample included 3 residents. Based on observation, interview and record review, Administrator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 2 of 3 sampled residents (R)1 and R2. Findings included: - The "Resident Roster" obtained on 01/23/23 identified two residents as having a bed rail. R1's "Medical Record" revealed she admitted to the facility on 06/09/17 with diagnoses of hypertension, lymphedema and Parkinson's Disease.	S3171		

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

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S3171	Continued From page 1 The "Resident Functional Capacity Screen" (FCS) dated 12/16/22 recorded the resident as independent with dressing, toileting, walk/mobility, and eating, physical assistance required for bathing and transfer and unable to perform management of medications and treatments. was at risk for falling. The "Negotiated Service Agreement" (NSA) dated 12/16/22 recorded staff assisted with bathing, transfers, medication management and treatment management. The NSA recorded R1 used a wheelchair for ambulation and self-propelled. R1 was at risk for falling due to knee pain. The NSA failed to identify a bed assistive device used for safe transfers. The "Care Plan" dated 12/16/22 recorded staff assisted with bathing, medication management and treatment management. R1 had a half rail to assist with bed mobility. Record review lacked an annual assessment of the resident to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an annual assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 01/23/23 at 01:07 PM in R1's room revealed a bed assist device to the left side of her bed. R1 stated she used the bed device to get out of bed. Bed assist device not secured to the bed.	S3171		

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S3171	Continued From page 2 R2's "Medical Record" revealed he admitted to the facility on 11/19/20 with diagnoses of hypertension, diabetes mellitus type II, hypoxemia and chronic obstructive pulmonary disease. The "Resident Functional Capacity Screen" (FCS) dated 03/29/22 recorded the resident as independent with eating, required supervision with transfer and walk/mobility, required physical assistance for bathing, dressing and toileting, and was unable to perform management of medications and treatments. R2 was occasionally incontinent, was at risk for falling and had impaired vision and hearing. The "Negotiated Service Agreement" (NSA) dated 03/29/22 recorded staff assisted with bathing, donning and doffing compression socks, toileting and managed medications and treatments. The NSA recorded R2 used a four wheeled walker and wheelchair for ambulation. The NSA failed to identify a bed assistive device used for safe transfers. The "Care Plan" dated 03/29/22 recorded staff assisted with bathing, dressing, toileting, medication management and treatment management. Record review lacked an annual assessment of the resident to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an annual assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and	S3171		

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S3171	Continued From page 3 posed no risk for entrapment. Observation on 01/23/23 at 01:12 PM in R2's room revealed a bed assist device to both sides of his bed. R2 stated he used the bed assist device to get in and out of bed. Bed assist device was not properly secured to the bed. Electronic interview on 01/23/23 at 09:36 AM with Operator B confirmed unable to locate safety checks and bed assistive device assessments for R1 and R2 by a licensed nurse. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Facility's "Bed Rails" policy dated 2023 recorded, "If a bed rail is used, the facility will ensure correct installation, use and maintenance of bed rail including but not limited to: Assessment of resident for risk of entrapment from bed rails prior to installation, review of risks and benefits of bed rails with resident/ representative and obtained informed consent prior to installation, ensure the bed's dimensions are appropriate for	S3171		

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S3171	Continued From page 4 resident's size and weight, follow the manufacturer's recommendation and specifications for installing maintaining bed rails." Administrator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs of R1 and R2 regarding use of a bed assistive device.	S3171		
S3211 SS=E	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 census totaled 11 residents. The sample included 3 residents. Based on observation and interview for 2 residents (R)2 and R3 and 7 non-sampled resident (R)4, R5, R6, R7, R8, R9	S3211		

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S3211	Continued From page 5	S3211		

and R10, Administrator A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication.

Findings included:

- Observation on 01/23/23 at 10:19 AM with Certified Medication Aide (CMA) C revealed a locked medication cart in the facility. The following over the counter medications were noted without full names:

For R2 the cart contained one bottle of Famotidine (acid reducer),
For R3 the cart contained one bottle of Melatonin (hormone),
For R4 the cart contained one bottle of Acetaminophen (pain reliever) and one bottle of Omeprazole (antacid),
For R5 the cart contained one bottle of Vitamin E (supplement), one bottle of Vitamin C (supplement) and one bottle of Tylenol (pain reliever),
For R6 the cart contained one bottle of Complete Multivitamin,
For R7 the cart contained one bottle of Iron (supplement), one bottle of Folate (supplement), and one bottle of Vitamin C (supplement),
For R8 the cart contained one bottle of Probiotics,
For R9 the cart contained one bottle Tylenol,
For R10 the cart contained one bottle Allergy Relief, one bottle of Vitamin D3 (supplement) and one bottle of Tylenol.

Interview on 01/23/23 with CMA C confirmed the above listed medications were without full first

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S3211	Continued From page 6 and last names for R2, R3, R4, R5, R6, R7, R8, R9 and R10 Facility's "Drug Labels" policy dated 2023 recorded, "medications are labeled in accordance with facility requirements and state and federal laws." Administrator A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		