STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175503	A. BUILDING _____ B. WING _____	08/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PLAZA HEALTH SERVICES AT SANTA MARTA	13875 W 115TH TERRACE OLATHE, KS 66062

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F 000	INITIAL COMMENTS A Recertification Survey was conducted by Healthcare Management Solutions, LLC on behalf of the Kansas Depart for Aging and Disability Services (KDADS). The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. Survey Dates: 08/20/18 through 08/23/2018 Survey Census: 29 Sample size: 15 Supplemental Sample: 18	F 000		
F 582 SS=D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services	F 582		

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

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F 582	Continued From page 1 available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that one resident (Resident 24), of three residents reviewed for Advance Beneficiary Notices, received a written notification when the facility determined that skilled services were no longer of benefit to the resident, and would be discontinued. This deficient practice had	F 582		

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F 582	Continued From page 2	F 582		

the potential to effect any residents who wished to continue services, or wished to appeal a change in coverage. The facility failed to provide the required information to the resident's or their representatives to do so.

Findings include:

Review of R24's undated resident "Profile" revealed an original admission date of 12/30/17, and a readmit date of 03/31/18, with diagnoses of hypertension (high blood pressure), dementia, osteoporosis, and arthritis.

Review of the "Beneficiary Notice - Discharged Within the Last Six Months," form completed by the facility, revealed R24 had a discharge date of 07/20/18 for Medicare Part A with benefit days remaining, in the last six months.

Review of the forms signed by R24's representative revealed that only the form titled "Notice of Medicare Non-Coverage," was signed. There was no form titled "Skilled Nursing Facility Advance Beneficiary Notice (SNFABN)" as required, and on which the resident's representative could have selected to continue services.

During an interview on 08/22/18 at 4:40 PM, the Social Worker (SW) stated that originally the resident was to be discharged to the assisted living. The family chose not to move R24, and she remained in the facility. The SW confirmed that it was her mistake that the SNFABN was not given to the resident's representative as required.

Review of the undated facility policy numbered, "13006, Subject: Advance Beneficiary Notice ...

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F 582	Continued From page 3 Responsibility... Social Worker will provide the ABN48 hours prior to discharge from Part A services ...Standard: The ABN will be given when the facility determines that a resident no longer qualifies for Medicare Part A skilled services when the resident has not used all the Medicare benefit days for that episode ..."	F 582		
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data	F 732		

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F 732	Continued From page 4	F 732		

available to the public for review at a cost not to exceed the community standard.

§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.
This REQUIREMENT is not met as evidenced by:
Based on observation, document review and interview, the facility failed to post the required facility staffing data. The facility must post on a daily basis: the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered nurses (RNs), Licensed practical nurses or licensed vocational nurses (LPNs or LVNs) and Certified nurse aides (CNAs). The staff posting must include an accurate census, and should be posted at the beginning of each shift. This information should be prominently displayed and readily available to residents, visitors, and staff.

Findings include:

An observation on each day of the survey, 08/20-08/23/18, revealed the "Skilled Nursing Daily Assignments", was located on a table in the facility entryway, The daily observations revealed the facility staffing document was incomplete and lacked the minimum required information including: an accurate daily census, and the actual number of hours worked by staff, on four of four days of the recertification survey.

The staff postings were reviewed and the Administrator was interviewed on 08/23/2017 at

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F 732	Continued From page 5 2:30 PM. The Administrator confirmed the "Skilled Nursing Daily Assignments" is the facility's required posting of the census and staffing assignments. The interview further confirmed the facility failed to ensure the staffing information was accurate, and completed with the minimum required information on a daily basis.	F 732		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in	F 756		

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F 756	Continued From page 6	F 756		

the resident's medical record.

§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.
This REQUIREMENT is not met as evidenced by:
Based on observation, record review and staff interview, the facility failed to ensure that pharmacy recommendations were acted upon to reduce unnecessary medications, for one of four sampled residents reviewed. Resident (R) 21 continued to receive Melatonin (a medication to induce sleep) without a rationale for it's continued use, following a pharmacy recommendation to re-evaluate the Melatonin order on 07/09/18 . This had the potential to result in unnecessary doses of the sleep medication, with a side effect of R 21 being sleepy during normal daily activities.

Findings include:

Observation on 08/20/18 at 2:59 PM, revealed R 21 was sleeping in her wheelchair, during a scheduled activity (BINGO game).

Record review of R 21's August 2018 "Medication Administration Record" (MAR) revealed:
Melatonin tab 3mg tabs, give 1 tab PO (by mouth) PRN (as needed) and Melatonin 3mg tabs give 1 tab by mouth as needed at bedtime (HS)."
Further review of the MAR revealed that Melatonin was initialed as given nightly on August 11,12, 14,15, 16, 17,19 and 21, 2018.

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F 756	Continued From page 7	F 756		

Record review of R 21's "Consultant Pharmacist's Note To Attending Physician/Prescriber" dated 07/09/218 revealed: " ... A re-evaluation of patient is required every 14 days after the initial order, with goal of eliminating unnecessary medication. Your patient (R21) was prescribed Melatonin 3mg HS PRN insomnia on 03/12/18. Please assist us with regulatory compliance by designating an appropriate response below. If the acute condition for which this PRN order was prescribed has resolved. Please discontinue PRN Melatonin ..." Continued review of the "Consultant Pharmacist's Note" revealed that the DON and the attending physician did not indicate a response to the recommendations on the form. In an interview on 08/22/18 at 11:51 AM, the DON stated she would look in R21's medical record to find the doctor's rationale for the continued use of Melatonin 3 milligrams (mg) at bedtime.

Record review of a telephone physician's order dated 08/10/18 revealed " .... change Melatonin to PRN."

Record review of R 21's August 2018 MAR revealed: "Melatonin 3mg tabs, give 1tab PO PRN."

Record review of the "Interdisciplinary notes" dated 08/22/18 read: "Orders received on 08/10/18 to change Melatonin to PRN. Resident received scheduled Melatonin on 08/11-08/12, 08/14-08/17, 08/19 and 08/21. Physician notified and no new orders received. Family notified."

In an interview on 08/22/18 at 12:07 PM, the Assistant Director of Nurses (ADON) stated that R21 was administered the Melatonin every night

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F 756	Continued From page 8	F 756		

and she (ADON) would request that the doctor discontinue the as needed (PRN) Melatonin, as recommended by the pharmacist on 07/09/18. On 08/22/18 at 3:29 PM, the ADON stated that "R21's scheduled Melatonin 3 mg every night was discontinued today."

In an interview on 08/23/18 at 8:44 AM, the ADON confirmed the facility's failure to follow the pharmacist's recommendations on 07/09/18 could have resulted in additional doses. She further stated that she would report the issue to Quality Assurance(QA) team.

Record review of the facility's policy dated 11/2017 read: "Subject: Pharmacy Services, Effective 2008, Objective: To provide pharmacy services to each resident. Responsibility: Licensed Nursing Home Administrator, Director of Nursing. Standard:.. Guideline:.. 4. The licensed pharmacist will report any irregularities to the attending physician Medical Director, and the Director of Nursing, and these reports will be result in corrective action ... 6. Facility will ensure resident do not receive PRN psychotropic drugs unless that medication is necessary to treat a specific diagnosed condition. 7. PRN orders are limited to 14 days and cannot be continued beyond that time unless the PCP documents the rationale for this continuation in the record."