STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087071	A. BUILDING: _____ B. WING _____	R-C 02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHISHOLM PLACE	1859 N WEBB ROAD WICHITA, KS 67206

(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 folowing citations represent the findings of a revisit for correction order 21-21 survey at the above named assisted living facility conducted on 2/23,24/2021.	{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 38 residents. The sample included 4 residents. Based on record review and interview the administrator failed to ensure that all medications and biologicals were administered for 1 (#1425) of 4 sampled residents according to the medical care provider's written order and according to	{S3200}		

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

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{S3200}	Continued From page 1 professional standards of practice. Findings included: - Review of resident #1425's medical record revealed the resident admitted into the facility on 1-10-19 with diagnoses of diabetes. Review of the resident's current functional capacity screen dated 1-19-21 revealed the resident could not manage her medications or medical treatments. Review of the resident's current negotiated service agreement/health care service plan dated 1-21-21 revealed a caregiver/staff needed to administer medications and perform all tasks related to ordered medications and treatments according to medical care providers orders. Review of the residents signed physician order sheet dated 2-8-21 under the Routine medications/treatments sections included the following order: Novolog insulin 100/unit Flex pen - inject 3 units subcutaneous three times a day before meals. Blood sugars (BS) >250=3 units, BS>325=6 units, BS>400=10 units (fax for pharmacy refills) - 8 AM, 12 PM, 5 PM. Under the PRN (as needed) medications/treatments included the following orders: Novolog Flexpen 100 unit/ml inject 3 units as needed for BS above 225 Novolog Flexpen 100 unit/ml inject 6 units as needed for BS above 325 Novolog Flexpen 100 unit/ml inject 10 units for BS above 400	{S3200}		

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{S3200}	Continued From page 2 Novolog Flexpen 100 unit/ml inject 14 units as needed for BS above 500 The orders also included the monitor the Dexcom G6 Receiver (continuous blood glucose receiver) 4 times a day at 6:00 AM, Noon, 5:00 PM and 9:00 PM. Review of the February 2021 medication administration record (MAR) revealed the following: At 8:00 AM blood sugar readings and insulin administration: 2-16-21 at 8:00 am the administration of 3 units was circled and the further documentation revealed nurse licensed nurse C documented the medication was not available and pharmacy would deliver. 2-18-21 BS 396 and licensed nurse B administered 10 units. The Noon administration record revealed the following blood sugar readings and insulin administration: 2-15-21 BS 400 and licensed nurse D administered 10 units. 2-20-21 BS 504 and licensed nurse B administered 10 units 2-22-21 BS 319 and licensed nurse E administered 3 units. The 5:00 PM administration record revealed the following blood sugar readings and insulin administration: 2-4-21 at 5:00 PM the insulin record is circled, and further documentation read accucheck of 94. (the residents orders did not include parameters to hold the resident's insulin) 2-22-21 at 5:00 PM the accucheck was again circled, and further documentation read blood	{S3200}		

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{S3200}	Continued From page 3 sugar 148 (The residents orders did not include parameters to hold the resident's insulin) At 9:00 PM on 2-1-21 accucheck read 369, on 2-11-21 accucheck read 384, 2-15-21 accucheck read 328, 2-21-21 accucheck read 347, and 2-22-21 accucheck read 371. The resident did not receive any insulin on the above 9:00 PM dates as ordered according to the sliding scale. On 2-24-21 at 10:00 AM licensed nurse D reported the nurse needed to document 3 units with meals and the amount according to the sliding scale in the PRN part of the MAR On 2-24-21 at 12:22 PM licensed nurse C reported for mealtime the nurse documented the amount of insulin administered at that time in the routine space. The PRN administration was for insulin administered outside of the mealtimes. Based on record review the operator failed to ensure the licensed nurses administered resident #1425's insulin according to physicians orders and standard of practice.	{S3200}		