| 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 _____ | 07/16/2018 |

| 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 |
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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a resurvey with investigation of complaints #118403, #124824, and #125225 of the above residential health care facility on 7/9/18, 7/10/18, 7/11/18, 7/12/18, and 7/16/18. | S 000 | | |
| S 115 SS=F | 26-39-103 (d) Resident Right Inspection of Records<br><br>(d) Inspection of records.<br>(1) The administrator or operator shall ensure that each resident or resident's legal representative is afforded the right to inspect records pertaining to the resident. The administrator or operator, or the designee, shall provide a photocopy of the resident's record or requested sections of the resident's record to each resident or resident's legal representative within two working days of the request. If a fee is charged for the copy, the fee shall be reasonable and not exceed actual cost, including staff time.<br>(2) The administrator or operator shall ensure access to each resident ' s records for inspection and photocopying by any representative of the department.<br><br>This STANDARD is not met as evidenced by:<br>KAR 26-39-103(d)(2)<br><br>The facility reported a census of 43 residents. The sample included 3 residents and 1 closed record review. Based on interview for all residents, the administrator failed to ensure independent direct access to each resident's electronic record for inspection.<br><br>Findings included: | S 115 | | |

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

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| S 115 | Continued From page 1<br>- At 10:14 a.m. on 7/9/18, administrator B stated facility maintained a paper record and an electronic record for each resident. Surveyor asked administrator B for access to electronic resident records.<br><br>At 12:42 p.m. on 7/9/18, administrator B stated he/she spoke with (corporate staff O) on phone and was told surveyor could not have computer access to electronic resident records. Administrator B called corporate staff O on phone and surveyor spoke with him/her. Corporate staff O informed surveyor it was company policy to not allow surveyor independent access to electronic records. Corporate staff O stated staff could print requested forms for review or administrator B could show surveyor requested documents on the computer.<br><br>The facility policy for electronic records management included the following:<br>No access to (facility's electronic resident records) will be granted to any non-employ of the company.<br>Electronic records requested through the appropriate channels and process will be printed, scanned and emailed or faxed. Alternatively, the requested records can be printed and hand-delivered to the requesting party.<br>Current and accurate records release forms will be completed by the resident's legal representative and archived in the resident's medical chart to ensure proper authorization for release of those records.<br>Supervised access to private healthcare documents requires the authorized resident representative to agree to the supervised access and review of the resident's records, including the signing of a release form specifically identifying the person who will be viewing the health records. | S 115 | | |

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| S 115 | Continued From page 2<br><br>For all residents, the administrator failed to ensure independent direct access to each resident's electronic record for inspection. | S 115 | | |
| S3081 SS=D | 26-41-201 (c) Functional Capacity Screen Reassessment<br><br>(c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements:<br>(1) At least once every 365 days;<br>(2) following any significant change in condition as defined in K.A.R. 26-39-100; and<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-201(c)(2)<br><br>The facility reported a census of 43 residents. The sample included 3 residents and 1 closed record review. Based on record review, interview, and observation for 1 (#602) of 3 residents sampled, the licensed nurse failed to conduct a screening to determine the resident's functional capacity following a significant change in condition as defined in K.A.R. 26-39-100.<br><br>Findings included:<br><br>- Record review for resident #602 revealed an admission date of 4/28/18 with diagnoses of Alzheimer's disease, asthma, hypertension, and anxiety disorder. | S3081 | | |

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| S3081 | Continued From page 3<br><br>Functional capacity screen completed by licensed nurse L on 4/23/18 indicated resident required physical assistance with bathing and dressing and supervision with toileting, transferring, walking with a walker, and eating. Functional capacity screen indicated resident experienced impaired short-term memory, memory recall, and decision making.<br><br>Negotiated service agreement (NSA)dated 5/3/18 documented resident to receive total assistance with bathing, eating, dressing, and toileting. NSA documented resident required extensive assistance of 2 staff members to transfer. NSA documented resident mobilized in a wheelchair due to resident's inability to bear weight.<br><br>Health care service plan (HCSP) dated 5/3/18 described that a hospice aide provided total assistance when bathing resident. Facility certified staff to provide total assistance with dressing, eating, toileting, two-person assistance with transfers, and mobility in a wheelchair.<br><br>Progress notes contained the following entries by licensed nurses:<br><br>4/29/18 resident ambulating independently with walker.<br><br>4/30/18 resident ambulating with walker independently and toilets self during the night.<br><br>5/6/18 resident fell when trying to sit on toilet.<br><br>5/17/18 resident stated he/she fell when sitting on toilet.<br><br>5/20/18 staff propelled resident in wheelchair to | S3081 | | |

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| S3081 | Continued From page 4 | S3081 | | |

bathroom and one-person assistance provided to transfer resident to toilet.

5/20/18 resident admitted to hospice services.

5/26/18 unwitnessed fall, resident stated he/she fell getting into bed.

5/28/18 resident has been refusing to feed self since admission. Encourage resident to feed self and assist as needed.

6/1/18 resident found sitting on floor next to bed. Has an air mattress that "may have collapsed with resident's body weight at edge of bed." Hospice nurse confirmed air mattress not needed at this time and air mattress removed.

6/3/18 resident transfers with two-person assistance.

6/4/18 resident transfers with one-person assistance.

During an interview at 2:27 p.m. on 7/10/18, certified staff K stated resident required physical assistance with all activities of daily living. Certified staff K stated resident required two staff members for all transfers.

At 10:15 a.m. on 7/11/18, surveyor observed resident sitting in a high-back wheelchair in the activity room. Resident sat with head down and eyes closed.

During an interview at 10:37 a.m. on 7/11/18, licensed nurse C stated and confirmed the functional capacity screen dated 4/23/18 did not accurately reflect resident's current functional status. Licensed nurse C could not find a more

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| S3081 | Continued From page 5<br>recent functional capacity screen.<br><br>The licensed nurse failed to conduct a screening to determine resident #602's functional capacity following a significant change in condition as defined in K.A.R. 26-39-100. | S3081 | | |
| S3085 SS=E | 26-41-202 (a) Negotiated Service Agreement<br><br>(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:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(a)(1)(2)(3)<br><br>The facility reported a census of 43 residents. The sample included 3 residents and 1 closed record review. Based on record review and interview for 2 (#601 and #602) of 2 residents sampled receiving services provided by an | S3085 | | |

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| S3085 | Continued From page 6 | S3085 | | |

outside resource, administrator B failed to ensure the development of a written negotiated service agreement (NSA) for each resident, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident's legal representative, that included a description of service the resident would receive from the outside resource, identification of the outside resource, and each party responsible for payment of the services.

Based on record review and interview for 2 (#601 and #600) of 3 residents sampled, administrator B failed to ensure the development of a written negotiated service agreement (NSA) for each resident, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident's legal representative, that included a description of the service and provider of management of medications and medical treatments.

Findings included:

- Record review for resident #601 revealed an admission date of 11/22/17 with diagnoses of Alzheimer's disease and diabetes mellitus.

Functional capacity screen dated 4/20/18 documented resident required supervision with bathing; was independent with dressing, toileting, transferring, walking with walker, and eating; was unable to perform management of medications and medical treatments; and experienced impaired short-term memory, memory recall, and decision making. The licensed nurse conducting the functional capacity screen documented under the therapies section that resident started receiving hospice services of skilled nursing and home health aide on 9/20/17.

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| S3085 | Continued From page 7<br><br>NSA dated 4/20/18 did not contain a description of hospice services, the name of the hospice provider, and the party responsible for payment of the services. The NSA lacked a description and the provider of services to address resident's inability to manage medications and medical treatments.<br><br>Health care service plan dated 4/20/18 also lacked services provided by hospice and services of management of medications and medical treatments.<br><br>During an interview at 2:30 p.m. on 7/10/18, certified staff K stated a hospice aide provided bathing assistance to resident.<br><br>During an interview at 11:30 a.m. on 7/11/18, licensed nurse C stated resident's NSA did not list hospice as a service provider. Administrator B stated facility provided medication and treatment management with medications administered by certified medication aides and licensed nurses<br><br>For resident #601, administrator B failed to ensure the development of a written NSA based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident's legal representative, that included a description of service for management of medications and medical treatments and services provided by an outside resource, identification of the outside resource, and each party responsible for payment of the services.<br><br>- Record review for resident #602 revealed an admission date of 4/28/18 with diagnoses of Alzheimer's disease, asthma, hypertension, and anxiety disorder. | S3085 | | |

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| S3085 | Continued From page 8<br><br>Functional capacity screen completed by licensed nurse L on 4/23/18 indicated resident required physical assistance with bathing and dressing; supervision with toileting, transferring, walking with a walker, and eating; and experienced impaired short-term memory, memory recall, and decision making. Licensed nurse L added in the therapies section that hospice started on 5/20/18 with skilled nursing and home health aide services.<br><br>NSA dated 5/3/18 documented a hospice aide provided total assistance to resident for bathing. The NSA lacked a description of skilled nursing services provided by hospice, the identity of the hospice, and the party responsible for payment of the services.<br><br>During an interview at 2:27 p.m. on 7/10/18, certified staff K stated a hospice aide provided bathing assistance for resident.<br><br>During an interview at 10:37 a.m. on 7/11/18, licensed nurse C stated resident received skilled nursing visits from hospice and confirmed the NSA lacked a description of this, the provider, and party responsible for payment.<br><br>For resident #602, administrator B failed to ensure the development of a written NSA based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident's legal representative, that included a description of services provided by an outside resource, identification of the outside resource, and each party responsible for payment of the services.<br><br>- Record review for resident #600 revealed an | S3085 | | |

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| S3085 | Continued From page 9<br>admission date of 8/17/17 with diagnoses of dementia, hypertension, hypothyroidism, and depression.<br><br>Functional capacity screen dated 8/17/17 indicated resident was unable to perform management of medications and treatments.<br><br>NSA dated 4/4/18 did not identify the provider of management and administration of medications and medical treatments.<br><br>Health care service plan dated 4/4/18 lacked a description of management and administration of medications and medical treatments.<br><br>Review of the resident's July 2018 medication administration record revealed documentation that licensed nurses and certified medication aides administered medications to the resident.<br><br>Administrator B failed to ensure the development of a written NSA for resident #600, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident's legal representative, that included a description of the service and provider of management of medications and medical treatments. | S3085 | | |
| S3101 SS=E | 26-41-202 (h) NSA Signatures<br><br>(h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. | S3101 | | |

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| S3101 | Continued From page 10 | S3101 | | |

This REQUIREMENT is not met as evidenced by:
KAR 26-41-202(h)

The facility reported a census of 43 residents. The sample included 3 residents and 1 closed record review. Based on record review and interview for 3 (#600, #601, and #602) of 3 residents sampled, administrator B failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement.

Findings included:

- Record review for resident #600 revealed an admission date of 8/17/17 with diagnoses of dementia, hypertension, hypothyroidism, and depression.

Functional capacity screen dated 8/17/17 indicated resident was independent with bathing, dressing, toileting, transferring, and eating; and was unable to perform management of medications and treatments.

NSA dated 4/4/18 documented facility provided services of planned activities; assistance with bathing, toileting, and transferring; meal services; housekeeping; and laundry. The NSA lacked the signatures of the individuals involved in the development of the NSA.

- Record review for resident #601 revealed an admission date of 11/22/17 with diagnoses of Alzheimer's disease and diabetes mellitus.

Functional capacity screen dated 4/20/18

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| S3101 | Continued From page 11 | S3101 | | |

documented resident required supervision with bathing; was independent with dressing, toileting, transferring, walking with walker, and eating; was unable to perform management of medications and medical treatments; and experienced impaired short-term memory, memory recall, and decision making.

NSA dated 4/20/18 documented the facility provided planned activities, meal services, administration of medication, stand-by assistance with dressing, physical assistance with ambulation, incontinence management, laundry, and housekeeping. The signature page of the NSA lacked the signatures of the individuals involved in the development of the NSA.

- Record review for resident #602 revealed an admission date of 4/28/18 with diagnoses of Alzheimer's disease, asthma, hypertension, and anxiety disorder.

Functional capacity screen dated 4/23/18 indicated resident required physical assistance with bathing and dressing; supervision with toileting, transferring, walking with a walker, and eating; was unable to perform management of medications and medical treatments; and experienced impaired short-term memory, memory recall, and decision making.

NSA dated 5/3/18 documented facility services of planned activities; meal services; total assistance with eating, dressing, and toileting; and two-person assistance with transferring and walking. The NSA lacked the signatures of the individuals involved in the development of the NSA.

During an interview at 10:37 a.m. on 7/11/18,

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| S3101 | Continued From page 12<br>administrator B confirmed the lack of signatures on the NSA for these residents.<br><br>For residents #600, #601, and #602, administrator B failed to ensure each individual involved in the development of the NSA signed the agreement. | S3101 | | |
| S3155 SS=E | 26-41-204 (a) Health Care Services<br><br>. (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(a)<br><br>The facility reported a census of 43 residents. The sample included 3 residents. Based on record review, interview, and observation for 2 (#600 and #602) of 2 residents sampled utilizing bilateral bed rails on bed, administrator B failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of each resident in accordance with the functional capacity screening and the negotiated service agreement.<br><br>Findings included: | S3155 | | |

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| S3155 | Continued From page 13<br><br>- Resident roster indicated resident #600 utilized side rails on his/her bed.<br><br>Record review for resident #600 revealed an admission date of 8/17/17 with diagnoses of dementia, hypertension, hypothyroidism, and depression.<br><br>Functional capacity screen dated 8/17/17 indicated resident was independent with bathing, dressing, toileting, transferring, and eating; and was unable to perform management of medications and treatments. Functional capacity screen did not indicate resident was at risk for falls.<br><br>Negotiated service agreement dated 4/4/18 did not document a description of resident's use of side rails on bed. Negotiated service agreement described services to address resident's risk for falls of night safety checks, make certain resident has call light in reach, encourage resident to use mobility assistive device appropriately, attempt to assist resident with transferring, hospital bed, and physical assistance with toileting. Health care service plan dated 4/4/18 documented the same interventions to address resident's risk for falls but did not include resident's use of side rails on bed.<br><br>Progress notes contained an entry at 12:06 p.m. on 3/9/18 by licensed nurse L that a care conference was conducted with resident's durable power of attorney (DPOA) who requested a hospital bed for resident. DPOA thought resident's bed was too high causing resident to slide off bed when transferring self. On 3/29/18 at 3:38 p.m., licensed nurse P documented resident's personal bed replaced with a facility | S3155 | | |

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| S3155 | Continued From page 14 | S3155 | | |

bed. On 4/2/18 at 5:09 p.m., licensed nurse P documented resident's DPOA had hospital bed with (side) rails delivered to resident's room this shift.

Resident's record lacked an assessment of the safety of the side rails and resident's ability to safely and appropriately use side rails for bed mobility.

At 2:58 p.m. on 7/10/18, certified staff K accompanied surveyor to resident's room. Surveyor observed a hospital bed with bilateral rails on each side of upper half of bed.

At 3:20 p.m. on 7/10/18, administrator D asked director of environmental services Q for his/her assessment of the safety of the side rails for resident. Director of environmental services Q stated he/she did not do an assessment because residents were not to have side rails on bed. Administrator B stated no assessment was completed and confirmed resident's negotiated service agreement and healthcare service plan lacked a description of resident's use of side rails.

Administrator B failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of resident #600 in accordance with the functional capacity screening and the negotiated service agreement.

- Record review for resident #602 revealed an admission date of 4/28/18 with diagnoses of Alzheimer's disease, asthma, hypertension, and anxiety disorder.

Functional capacity screen dated 4/23/18 indicated resident required physical assistance

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| S3155 | Continued From page 15 | S3155 | | |

with bathing and dressing; supervision with toileting, transferring, walking with a walker, and eating; was unable to perform management of medications and medical treatments; and experienced impaired short-term memory, memory recall, and decision making.

Negotiated service agreement (NSA) dated 5/3/18 documented facility provided health care services of total assistance with eating, dressing, and toileting; and two-person assistance with transferring and walking.

At 2:50 p.m. on 7/10/18, accompanied by certified staff K, surveyor observed resident #602 in his/her room asleep in a hospital bed with bilateral one-quarter size rails in the raised position and a fall mat on the floor beside the bed.

Resident's NSA and health care service plan lacked a description of resident's use of side rails. Resident's record lacked an assessment of the safety of the side rails and resident's ability to safely use the rails.

During an interview at 3:20 p.m. on 7/10/18, administrator B stated hospice provided resident's bed with side rails. Administrator stated and confirmed an assessment of the safety of the side rails and resident's ability to safely use the rails was not completed and the NSA and health care service plan lacked a description of resident's need for and use of side rails.

Administrator B failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of resident #602 in accordance with the

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| S3155 | Continued From page 16<br>functional capacity screening and the negotiated service agreement. | S3155 | | |
| S3165 SS=E | 26-41-204 (d) Health Care Services<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(d)<br><br>The facility reported a census of 43 residents. The sample included 3 residents and 1 closed record review. Based on record review and interview for 3 (#600, #601, and #602) of 3 residents sampled, administrator B failed to ensure the negotiated service agreement (NSA) documented the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.<br><br>Findings included:<br><br>- Record review for resident #600 revealed an admission date of 8/17/17 with diagnoses of dementia, hypertension, hypothyroidism, and depression.<br><br>Functional capacity screen dated 8/17/17 indicated resident was independent with bathing, dressing, toileting, transferring, and eating; and was unable to perform management of medications and treatments. | S3165 | | |

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| S3165 | Continued From page 17<br><br>NSA dated 4/4/18 documented facility provided health care services of assistance with bathing, toileting, and transferring. The NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.<br><br>- Record review for resident #601 revealed an admission date of 11/22/17 with diagnoses of Alzheimer's disease and diabetes mellitus.<br><br>Functional capacity screen dated 4/20/18 documented resident required supervision with bathing; was independent with dressing, toileting, transferring, walking with walker, and eating; was unable to perform management of medications and medical treatments; and experienced impaired short-term memory, memory recall, and decision making.<br><br>NSA dated 4/20/18 documented the facility provided health care services of administration of medication, stand-by assistance with dressing, physical assistance with ambulation, and incontinence management. The NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.<br><br>- Record review for resident #602 revealed an admission date of 4/28/18 with diagnoses of Alzheimer's disease, asthma, hypertension, and anxiety disorder.<br><br>Functional capacity screen dated 4/23/18 indicated resident required physical assistance with bathing and dressing; supervision with toileting, transferring, walking with a walker, and eating; was unable to perform management of | S3165 | | |

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| S3165 | Continued From page 18<br>medications and medical treatments; and experienced impaired short-term memory, memory recall, and decision making.<br><br>NSA dated 5/3/18 documented facility provided health care services of total assistance with eating, dressing, and toileting; and two-person assistance with transferring and walking. The NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.<br><br>During an interview at 10:37 a.m. on 7/11/18, administrator B stated and confirmed each resident's NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.<br><br>For residents #600, #601, and #602, administrator B failed to ensure the NSA documented the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. | S3165 | | |
| S3200 SS=E | 26-41-205 (d) (1-2) Facility Administration of Medications<br><br>(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:<br>(1) Only licensed nurses and medication aides shall administer and manage medications for | S3200 | | |

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| S3200 | Continued From page 19<br>which the facility has responsibility.<br>(2) Medication aides shall not administer medication through the parenteral route.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR26-41-205(d)<br><br>The facility reported a census of 43 residents. The sample included 3 residents and 1 closed record review. Based on record review and interview for 3 (#601, #600, and #602) of 3 residents sampled, the administrator failed to ensure medications were administered to each resident in accordance with a medical care provider's written order and professional standards of practice.<br><br>Findings included:<br><br>- Record review for resident #601 revealed an admission date of 11/22/17 with diagnoses of Alzheimer's disease and diabetes mellitus.<br><br>Functional capacity screen dated 4/20/18 documented resident was unable to perform management of medications.<br><br>Negotiated service agreement dated 4/20/18 did not list facility management of medications.<br><br>Health care service plan dated 4/20/18 documented staff to store and assist with medications as ordered by medical care provider.<br><br>Review of the resident's July 2018 medication | S3200 | | |

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administration record (MAR) revealed documentation that resident did not receive sertraline (antidepressant) 25 milligram tablet at 8:00 a.m. on 7/6/18 and 7/7/18; mirtazapine (antidepressant) 15 milligram tablet at 8:00 p.m. on 7/9/18; quetiapine (to treat depression)at 8:00 p.m. on 7/9/18; levothyroxine (to treat hypothyroidism) 50 microgram tablet at 7:00 a.m. on 7/10/18; and sertraline 25 milligram tablet at 8:00 a.m. on 7/10/18 as ordered by the medical care provider. The MAR contained documentation of "Pharmacy has not delivered yet" as the reason these medications were not administered.

- Record review for resident #600 revealed an admission date of 8/17/17 with diagnoses of dementia, hypertension, hypothyroidism, and depression.

Functional capacity screen dated 8/17/17 indicated resident was unable to perform management of medications.

Negotiated service agreement dated 4/4/18 did not identify the provider of management and administration of medications.

Health care service plan dated 4/4/18 lacked a description of management and administration of medications.

Review of the resident's July 2018 medication administration record (MAR) revealed documentation that licensed nurses and certified medication aides administered medications to the resident. The MAR documented resident did not receive gabapentin (to treat neuropathic pain) 100 milligram capsule at 12:00 p.m. on 7/3/18 and meloxicam (to manage mild to moderate

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| S3200 | Continued From page 21 | S3200 | | |

pain) 15 milligram tablet as ordered by the medical care provider. The MAR contained documentation of "Pharmacy had not delivered yet" as the reason the medications were not administered.

- Record review for resident #602 revealed an admission date of 4/28/18 with diagnoses of Alzheimer's disease, asthma, hypertension, and anxiety disorder.

Functional capacity screen dated 4/23/18 indicated resident was unable to perform management of medications.

Negotiated service agreement dated 5/3/18 documented certified medication aides administered medications to the resident.

Health care service plan dated 5/3/18 did not identify the provider of medication management and administration.

Review of the July 2018 medication administration record revealed resident did not receive Tamsulosin 0.4 milligram tablet at 8:00 a.m. on 7/4/18; cephalexin (antibiotic) 250 milligram capsule at 8:00 a.m. on 7/5/18; hydrochlorothiazide (to treat hypertension) 25 milligram tablet at 8:00 a.m. on 7/5/18; lisinopril (to treat hypertension) 40 milligrams at 8:00 a.m. on 7/5/18; omeprazole (stomach acid reducer) 20 milligram capsule. The MAR contained documentation these medications had been ordered through pharmacy but had not been delivered to facility.

During an interview at 10:37 a.m. on 7/11/18, when asked why medications were unavailable for administration and process to ensure

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| S3200 | Continued From page 22<br>availability of all medications, administrator B stated the pharmacy was slow to refill and deliver medications. Administrator B stated certified medication aides had been instructed to notify pharmacy if a medication was unavailable and ask pharmacy to fill and deliver at that time. Licensed nurse D stated if a medication was not in the medication cart he/she called pharmacy to determine if medication had been filled and delivered to facility. Licensed nurse D explained that the for resident #602, pharmacy stated medications had been refilled and delivered to facility. Licensed nurse D found the medications in the medication room and placed in the medication cart.<br><br>The administrator failed to ensure medications were administered to residents #601, #600, and #602 in accordance with a medical care provider's written order and professional standards of practice. | S3200 | | |
| S3211 SS=F | 26-41-205 (g) (3) OVER THE COUNTER DRUGS<br><br>(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. | S3211 | | |

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| S3211 | Continued From page 23<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(g)(3)<br><br>The facility reported a census of 43 residents. The sample included 3 residents and 1 closed record review. Based on interview, observation, and record review for all residents receiving over-the-counter medications, licensed nurses and medication aides failed to administer over-the-counter medications from a medication bottle or package labeled by a licensed nurse or licensed pharmacist with the first and last name of the resident.<br><br>Findings included:<br><br>- The resident roster indicated the facility provided medication management and administration to each resident.<br><br>At 10:52 a.m. on 7/9/18 in the front dining room, licensed nurse M unlocked a medication cart. Surveyor observed the following:<br><br>Polyethylene glycol (laxative) 2 bottles with what appeared to be a resident room number written on each bottle cap. Licensed nurse M did not know who these bottles belonged to.<br><br>Aspirin (heart health) 81 milligrams with a resident #604's last name written on the bottle.<br><br>Milk of magnesia (laxative) 1 bottle with pharmacy label for "stock use."<br><br>Robafen-DM (cough medicine) 2 bottles labeled "stock use." | S3211 | | |

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| S3211 | Continued From page 24<br><br>Antacid liquid bottle labeled "stock use."<br><br>Tums antacid tablets labeled "stock."<br><br>Polyethylene glycol 2 bottles label as "stock."<br><br>At 11:11 a.m. on 7/9/18 in the back dining room, certified staff N unlocked a medication cart. Surveyor observed the following:<br><br>Tylenol 500 milligram tablets partial bottle and a full bottle without a resident's first and last name. Certified staff N stated staff administered Tylenol from this bottle to any resident that had (medical care provider's) order for but did not have own supply.<br><br>Antacid one bottle without a resident's first and last name.<br><br>Milk of magnesia 1 bottle labeled as stock.<br><br>Vitamin C (supplement) 3 bottles labeled with resident's first name and initial of last name.<br><br>Loperamide (antidiarrheal) 3 bubble-pack cards with 30 tablets in each card labeled by pharmacy as "stock."<br><br>Polyethylene glycol 1 bottle labeled as "stock."<br><br>Miralax (polyethylene glycol) 1 bottle without a label. Certified staff N stated this was also stock.<br><br>Prilosec (stomach acid reducer) tablets labeled as "stock."<br><br>During an interview at 10:25 a.m. on 7/11/18, licensed nurse D stated stock medications were | S3211 | | |

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| S3211 | Continued From page 25<br>administered to residents according to standing orders for these medications on an as needed basis. | S3211 | | |
| S3248 SS=E | 26-41-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following documentation:<br>(1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training;<br>(2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto;<br>(3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and<br>(4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-102(d)(1)(2)(3) | S3248 | | |

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| S3248 | Continued From page 26 | S3248 | | |

The facility reported a census of 43 residents. The sample included 3 residents and 1 closed record review.

Based on record review and interview for 1 of 1 licensed nurse file reviewed, the administrator failed to ensure the file contained evidence that the employee was a licensed nurse at the time of employment.

Based on record review and interview for 3 of 4 certified employee files reviewed, the administrator failed to ensure the request of a criminal background check at the time of employment.

Based on record review and interview for 4 of 4 certified employee files reviewed, the administrator failed to verify with the Kansas nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home.

Findings included:

- Review of the employee files of 1 licensed nurse and 4 certified employees at 3:50 a.m. on 7/10/18 revealed the following:

Licensed nurse D hired on 5/7/18 with proof of licensure as a nurse in the state of Kansas obtained on 6/14/18.

Certified staff E hired 4/30/18 with nurse aide registry verification dated 6/14/18 and criminal background check results obtained on 6/19/18.

Certified staff F hired 11/6/17. The nurse aide registry verification form lacked a date as evidence the facility obtained the verification

| 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 _____ | 07/16/2018 |

| 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 |
|---|---|---|---|---|
| S3248 | Continued From page 27<br>before or at the time of employment.<br><br>Certified staff G hired 3/5/17 with nurse aide registry verification dated 3/7/18 and criminal background check results obtained on 4/24/18.<br><br>Certified staff H hired 12/27/17 with nurse aide registry verification dated 1/18/18 and criminal background check results obtained on 4/25/18.<br><br>At 3:57 p.m. on 7/10/18, business office director J stated he/she recently completed an audit of employee files and found that licensure verification and nurse aide registry verification was not obtained at the time of employment. Business office director J stated he/she was slow in requesting criminal background checks.<br><br>The administrator failed to ensure each employee file contained evidence of licensure or nurse aide registry verification and a criminal background check (for certified employees) at the time of employment. | S3248 | | |
| S3310 SS=E | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(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;<br>(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<br>(c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes | S3310 | | |

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|---|---|---|---|---|
| S3310 | Continued From page 28<br>adopted by reference in K.A.R. 26-39-105<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-207(c)<br><br>The facility reported a census of 43 residents. The sample included 3 residents and 1 closed record reviewed. Based on record review and interview for 5 of 5 employee files reviewed, the administrator failed to ensure the facility's compliance with the department's tuberculosis (TB) guidelines for adult care homes.<br><br>Findings included:<br><br>- Review of the employee TB notebook for the 5 employees reviewed revealed the following:<br><br>Licensed nurse D hired 5/7/18 lacked documentation of TB testing.<br><br>Certified staff E hired 4/301/8 with documentation of a TB symptom screen and a TB skin test each dated 6/6/18.<br><br>Certified staff F hired 11/6/17 with documentation of a TB symptom screen and TB skin test each dated 6/20/18.<br><br>Certified staff G hired 3/5/18 with documentation of a TB symptom screen and a TB skin test each dated 6/6/18.<br><br>Certified staff H with documentation of a TB symptom screen and a TB skin test each dated 6/6/18. | 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 29<br><br>At 4:34 p.m. on 7/10/18, administrator B reviewed the personnel file for each of these employees and stated no documentation found of TB testing at the time of employment.<br><br>The administrator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes. | S3310 | | |