STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087077	A. BUILDING: _____ B. WING _____	05/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LARKSFIELD PLACE ASSISTED LIVING	2727 N ROCK ROAD WICHITA, KS 67226

(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 a resurvey for the above named Assisted Living facility conducted on 05/05/22, 05/09/22 and 05/10/22.	S 000		
S3155 SS=D	26-41-204 (a) Health Care Services . (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 73 residents. The sample included 3 residents. Based on interview and record review the Administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary healthcare services to meet the needs for 1 of 3 sampled Residents, (R) 507 in accordance with the Functional Capacity Screen and Negotiated Service Agreement regarding the Certified Medication Aide dialed the resident's insulin pen to the ordered dose and the resident self-injected the pen. Findings included:	S3155		

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

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S3155	Continued From page 1 - R507's record revealed the resident moved into the facility on 12/20/21 with diagnoses of type two diabetes mellitus. R507's "Functional Capacity Screen" dated 11/16/21 identified the resident required physical assistance with medication and treatment management. R507's "Negotiated Service Agreement" dated 11/16/21 identified Larksfield place staff provided services related to medication and treatment management as well as diabetic management. R507's Service Plan dated 11/16/21 identified medications were administered by staff unless identified on the self-medication assessment. R507's "Service Plan" failed to identify the facility staff prepared and dialed the residents insulin pen to the ordered dose and the resident self-injected it. On 05/09/22 R507 reported that the staff come in and have already dialed the pen to the right dose and then he takes it and self-injects it. On 05/09/22 at 05:05 PM Administrative Licensed Nurse B confirmed the resident's "Service Plan" did not identify the CMA dialed the residents insulin pen and he self-injected it. The Administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet R507's needs in accordance with the Functional Capacity Screen and Negotiated Service Agreement regarding the Certified Medication Aide preparing and dialing the resident's insulin pen to the ordered dose and the resident self-injected the	S3155		

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S3155	Continued From page 2 pen.	S3155		
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 73 residents (R). The sample included 3 residents. Based on interview and record review for 1 Resident (R) (R 507) of 2 residents who self-injected their insulin, the operator failed to ensure a licensed nurse completed an assessment prior to the resident initially starting to self-inject his insulin to ensure he could complete the task safely and accurately. Findings included:	S3175		

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S3175	Continued From page 3 - R507's record revealed the resident moved into the facility on 12/20/21 with diagnoses of type two diabetes mellitus. R507's "Functional Capacity Screen" dated 11/16/21 identified the resident required physical assistance with medication and treatment management. R507's "Negotiated Service Agreement" dated 11/16/21 identified Larksfield place staff provided services related to medication and treatment management as well as diabetic management. R507's Service Plan dated 11/16/21 identified medications were administered by staff unless identified on the self-medication assessment. Review of the resident's medical record included a Self-Medication Administration assessment, which included the safe injection of insulin pens that were prepared by Certified Medications Aides dated 05/05/22. The resident's record lacked a Self Medication Administration assessment prior to 05/05/22 to identify the resident could safely and accurately inject his insulin. On 05/10/22 at 08:51 AM Administrative Licensed Nurse B confirmed R507 should have had a self-administration / self injection assessment completed on admission to the facility. The Administrator failed to ensure a licensed nurse assessed R507 prior to his self-injecting his insulin to ensure he was able to safely and correctly complete the task.	S3175		

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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 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 73 residents (R). The sample included 3 residents. Based on observation, interview, and record review the administrator failed to ensure the Negotiated Service Agreement for 1 (R505) of 3 sampled residents identified the responsible person for administration and management of selected medications the resident chose to self-administered. Findings included: - R505's medical record revealed she moved into the facility on 05/20/19 with diagnoses of diabetes mellitus type two, gastritis, and Barrette's esophagus. R505's "Functional Capacity Screen" revealed the resident needed physical assistance with	S3186		

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S3186	Continued From page 5 management of medications. R505's "Negotiated Service Agreement" (NSA) identified "Larksfield Place" provided services for "medication management" and the resident was independent with "Diabetic management". The NSA failed to identify selected medications the resident chose to self-administer. R505's "Care Plan" identified the facility staff administered scheduled treatments, unless indicated on the self-medication assessment and that the resident's insulin was prepared per facility staff and resident could independently inject the pre-dialed dosage. Review of the self-administration assessment dated 04/27/22 revealed the resident chose to self administer the following: nutra shield barrier cream, lactaid, Humalog 2 units and then sliding scale and Lantus insulin. Insulin prepared by staff and the resident self-injects. On 05/09/22 at 04:53 PM Administrative Licensed Nurse B confirmed the NSA did not include the resident would self-administer specific medications and facility staff would administer the rest. The administrator failed to ensure the Negotiated Service Agreement for 1 resident (R) (R505) identified the responsible person for administration and management of selected medications the resident chose to self-administered.	S3186		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS	S3420		

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S3420	Continued From page 6 (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be	S3420		

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S3420	Continued From page 7 equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256(c)(2)(B) The facility reported a census of 73 residents. Based on observation and interview the facility failed to ensure the temperature of hot water ranged between 98 degrees Fahrenheit (F) and 120 degrees F at sinks and lavatories in resident use areas. This had the potential to affect any resident who used the public bathrooms throughout the facility. Findings included: - On 05/09/22 at 09:25 AM during initial tour surveyor checked multiple public/resident accessible area sinks and got the following temperature results: Women's restroom by the front doors read 127.8 F and the other sink measured 76.9 F. The men's restroom read 127.7 F. Laundry room at end of the deluxe apartments had a hot water sink temperature of 122.1 F. Laundry room on the second floor had a hot water sink temperature of 122.5 F. At 11:41 AM additional sink temperatures read: Restroom by the Nurses Station in the studio apartment area read 128.8 F. Sink in the library area read 129.5 F. Sink in the tea room read 124.5 F. Restroom on the Deluxe apartment side read 126.8 F. The bathroom just off the elevator read 127.7 F.	S3420		

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S3420	Continued From page 8 The beauty shop sink read 131.1 F. Restroom sink on the second floor past the nurses station read 126.5 F. At 1:23 PM Surveyor and Maintenance staff C reported he was not sure what the cold and hot water temperatures were supposed to be. Maintenance Staff C checked the above listed area water temperatures with his thermometer which revealed all of the above hot water temperatures were out of range, between 98 F and 120 F, except for the public restroom on the deluxe side which read 119.4 F. On 05/09/22 at 01:57 PM Administrative staff A reported staff tried to keep the hot water temperatures around 104 F, but was not sure. Staff A reported maintenance staff have the sinks split up and have some checked weekly and some daily. Review of the undated facility policy for "Water Temperatures - Common Areas and Resident Use Areas" identified that water temperatures would be within 98 to 120 degrees F for bathing facilities, hand washing sinks, and lavatories for resident safety. The operator failed to ensure hot water temperatures were between 98 F and 120 F in resident use areas.	S3420		