

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N047002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/23/2021
NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 607 COURT PLACE LAKIN, KS 67860		
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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named assisted living facility conducted on 2-17,18-22-2021.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (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: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(1)(2) The facility reported a census of 31 resident's. The sample included 3 residents and 2 focused record reviews. Based on interview and record review the operator failed to ensure 2 (#217 and 317) and 1 (#517) focused record review residents negotiated service agreement included a description of all the services the resident would receive and identification of the provider of each	S3085		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3085	Continued From page 1 service related to blood glucose monitoring and using a bed cane assistive device. Findings included: - Review of resident #217's medical record revealed she admitted to the facility on 9-28-20 with diagnoses of hypertension, reflux disease and parkinsons. Review of the functional capacity screen dated 12-11-20 revealed the resident needed physical assistance with activities of daily living and used an assistive device for mobility. Review of the residents negotiated service agreement and health care service plan dated 12-11-20 lacked information the resident used a hand cane on one side of the bed to assist with bed mobility. Observation on 2-17-21 at 2:30 PM the resident had a small "c" shaped hand cane on the left side of her bed. The hand cane fit secure to the bed and had a mesh cover over the gap area. During an interview on 2-18-21 at 2:11 PM licensed nursing staff D reported the need for the assistive device for bed mobility is typically assessed prior to putting it on the bed. On 2-28-21 at 2:13 PM operator A confirmed the use of a bed assistive devise was not on the negotiated service agreement. The operator failed to ensure the resident's negotiated service agreement included the use of a hand cane for assistance with bed mobility.	S3085		

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S3085	Continued From page 2 - Review of resident #317's medical record revealed the resident admitted to the facility on 7-2-14 with diagnoses of coronary artery disease and diabetes type II. Review of the residents functional capacity screen dated 5-2-20 revealed the resident required physical assistance for management of medical treatments. Review of the residents negotiated service agreement dated 6-23-20 revealed medications would be administered by assisted living nursing staff. The health care service plan reviewed on 6-2-20 also identified that the medication aide or licensed nurse would administer, document, store and reorder the residents medications. Neither the negotiated service agreement or health care service plan identified the certified medication aides or licensed nurse would be completing the resident's blood glucose monitoring. Review of the resident's physicians orders dated 2-17-21 included an order to check the residents glucose by glucometer twice a day. During an interview on 2-17-21 at 5:32 PM certified staff G reported the medication aides checked the residents blood sugar levels twice a day. - Review of resident #517's record revealed the resident admitted to the facility on 7-31-15 with diagnoses of diabetes mellitus. Review of the residents functional capacity screen dated 6-4-20 revealed the resident	S3085		

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S3085	Continued From page 3 needed physical assistance with medications and was independent with medical treatments. Review of the resident negotiated service agreement dated 6-23-20 revealed medications would be administered by assisted living nursing staff. The health care service plan reviewed on 6-4-20 revealed facility staff would administer all medications to the resident. Neither the negotiated service agreement or health care service plan identified that certified medication aides or licensed nurses would be completing the resident's blood glucose monitoring. Review of the physicians order dated 12-1-20 directed staff to monitor blood glucose levels fasting and at bed time. During an interview on 2-18-21 at 3:00 PM operator A confirmed the negotiated service agreements / health care service plans did not include the service of monitoring blood glucose levels by certified medication aides and/or licensed nurses. The operator failed to ensure blood glucose monitoring was included in the negotiated service agreement.	S3085		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3166		

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S3166	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR-26-41-204 (e) The facility reported a census of 31 residents. The sample included 3 residents and 2 focused record reviews. Based on record review and interview for 2 (#417 and #517) focused record reviews and 2 of 2 newly hired certified medication aide employee files reviewed, operator A failed to delegate the nursing procedure of blood sugar monitoring to each certified medication aide according to the Kansas nurse practice act, K.S.A.65-1124 and amendments thereto. Findings included: - During an interview on 2-18-21 at 11:02 AM - certified staff B reported there were 2 residents (#417 and #517) that had their blood sugars checked by the certified medication aides. - Review of employee records of certified staff B and certified staff C revealed the following: Certified staff B's employee record revealed she hired onto the facility on 1-29-20 and her record lacked evidence of training for completion of blood sugar monitoring. Certified staff C's employee record revealed she hired onto the facility on 11-19-20 and her record lacked evidence of training for completion of blood sugar monitoring.	S3166		

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S3166	Continued From page 5 On 2-18-2021 at 10:43 AM operator A reported the blood sugar monitoring competency for certified medication aides was completed by watching a video on "care learning" and the medication completed a quality control test. Operator A stated the certified staff did not complete an actual finger stick with a licensed nurse. The operator failed to ensure 2 newly hired medication aides were trained and found to be competent before performing glucose testing according to the Kansas nurse practice act, K.S.A.65-1124 and amendments thereto.	S3166		
S3185 SS=D	26-41-205 a(4) Prefilled Medication Containers (a) Self- administration of medications 4) If a resident self-administers medication with a prefilled medication container or syringe, the prefilled medication container or syringe shall have a label with the resident ' s name and the date the container or syringe was prefilled. The label, or a medication administration record provided to the resident, shall also include the name and dosage of each medication and the time or event at which the medication is to be self-administered. Facility staff may remind residents to take medications or inquire as to whether medications were taken. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (a)(4)	S3185		

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S3185	Continued From page 6 The facility reported a census of 31 residents. The sample included 3 residents and 2 focused record reviews. Based on observation, interview and record review the operator failed to ensure 1 (#417) resident focused review who self-administered medications with a prefilled medication container failed to have a label with the resident's name and the date the container was prefilled. Findings included: - Review of resident #417's medical record revealed she admitted to the facility on 5-24-18 with diagnoses of hypertension, congestive heart failure and chronic obstructive pulmonary disease. Review of the residents functional capacity screen dated 4-26-20 revealed the resident required physical assistance with management of medications. Review of the residents negotiated service agreement signed on 6-23-20 revealed nursing services included medication assistance. The health care service plan dated 4-26-20 revealed staff would set up medications on a weekly basis and the resident would take on her own. During an interview on 2-17-21 at 1:30 PM licensed nurse D reported one of the licensed nurses would set up the resident's medication planner weekly except for her inhaler and breathing treatments and the resident would self administer those medications. Observation on 2-18-21 at 11:15 AM revealed a medication planner on the kitchen cabinet that did not have the residents name on it or the date it	S3185		

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S3185	Continued From page 7 was filled. During an interview on 2-18-21 at 12:53 PM operator A reported she did not realize the medication planner needed to have the resident's name on it or date it was prefilled. The operator failed to ensure 1 (#417) resident focused review who self-administered medications with a prefilled medication container was labeled with the resident's name and the date the container was prefilled.	S3185		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication	S3215		

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S3215	Continued From page 8 and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h)(1) The facility reported a census of 31 residents. Based on observation and interview the licensed nurses or medication aides failed to store 2 (#417 and #517) resident's insulin in a way to ensure accordance with manufacturer's recommendations and in a locked medication room, cabinet or medication cart to ensure only certified medication aides or licensed nurses had access to the insulin. Findings included: - During an interview on 2-17-21 at 11:04 AM licensed nursing staff D reported there were 2 residents in the facility who needed staff to administer their insulin. (#417 and #517) Observation on 2-17-21 at 11:04 AM with licensed nursing staff D of resident #417's room revealed a box of unused Novolin 70/30 pens in the unlocked refrigerator and a used Novolin 70/30 pen in the unlocked cabinet beside the refrigerator. The pen did not have the resident's name on it and it did not have the date staff	S3215		

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S3215	Continued From page 9 initiated use of the pen. At 11:05 on 2-17-21 licensed nursing staff D and surveyor to resident #517's room and there was a box of unused Levemir pens in the resident's unlocked refrigerator and a used pen in the residents unlocked cabinet by the refrigerator. The pen did not have the resident's name or date the staff initiated use of the pen. At 11:05 licensed nurse D confirmed facility staff administered both of the residents insulin and that both residents pens did not have the resident's name or date the pen was initiated and they were not stored in a locked cabinet. Review of Novolin 70/30 flex pen storage recommendations revealed it could only be stored for 28 days at room temperature whether in-use or not. Review of the Levemir flex touch pen storage recommendations revealed in-use or not in-use storage time allowed at room temperature is 42 days. Operator A failed to ensure insulin administered by facility staff was stored in a locked medication cabinet or medication cart and included the date the pen was no longer stored in the refrigerator to ensure it was discarded according to manufacturer recommendations.	S3215		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (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	S3310		

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S3310	Continued From page 10 equipment until the condition is no longer infectious; (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 (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207(c) The facility reported a census of 31 residents. The sample included 3 residents and 2 focused record reviews. Based on interview and record review for 3 sampled residents (#117, #217,#317) and 4 of 5 new employee records, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the assisted living facility. Findings included: - Review of resident #117's record revealed she admitted to the facility on 10-23-20 with diagnoses hypertension, diabetes, coronary artery disease, and chronic kidney disease. - Review of resident #217's medical record revealed she admitted to the facility on 9-28-20 with diagnoses of hypertension, parkinsons, and	S3310		

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S3310	Continued From page 11 anxiety. Review of resident #117 and #217's medical record lacked evidence the facility completed an initial TB symptom screen that included the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of residency. - Review of resident #317's medical record revealed she admitted to the facility on 7-2-14 with diagnoses of coronary artery disease, hypertension and diabetes. Review of the residents medical record lacked evidence the facility completed an annual TB symptom screen that included the components of the Tuberculosis Symptom Screen Questionnaire. On 2-18-21 at 3:06 PM licensed nurse D confirmed the facility had not completed an annual TB symptom screen or TB skin test. - Review of 5 newly hired employees file revealed the following: Certified staff B hired on 1-29-20 received a First TB skin test on 1-29-20 but did not receive a second skin test. Certified staff D hired on 11-19-20 received the first TB skin test on 11-19-20 but did not receive a second skin test. Certified staff E hired on 7-28-20 received her first TB skin test on 7-28-20 but did not receive a second TB skin test. Administrative staff F hired onto the facility on 8-12-20 and received her first TB skin test on	S3310		

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S3310	Continued From page 12 8-12-20 but did not receive a second TB skin test. The records revealed the above listed employees lacked TB testing according to TB guidelines. During an interview on 2-17-20 at 11:58 AM operator A reported the facility did not do the second TB skin test for employees, just the first one. For 3 of 3 sampled residents (#117, #217, #317) and 4 of 5 newly hired employees, the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and	S3320		

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S3320	Continued From page 13 (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254 (a) The facility reported a census of 31 residents. Based on observation and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - Observation on 2-17-21 during initial tour revealed the following observations: Observations at 10:03 AM of the unlocked spa on 300 Hall had an unlocked plastic shelving/cabinet that contained a container of clean for one step disinfectant which read keep out of reach of children. On the counter by the sink was a spray bottle of Virex plus that also has a keep out of reach of children notice. Observation of the 300 hall dining area at 10:20 AM revealed the unlocked cabinet under the sink contained a bottle of cream cleanser which said to keep out of reach of children and a spray bottle of heavy duty degreaser which also had a warning on it. An interview on 2-17-21 at 10:26 AM operator A walked into the Spa room and she confirmed the chemicals should have been in a locked cabinet and all chemicals are to be stored in locked cabinet.	S3320		

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S3320	Continued From page 14 Review of the cleaning supplies and chemical storage policy dated 9-2020 revealed the facility would ensure safety of all residents' by assuring that all cleaning supplies and chemicals are kept in locked cabinets in non-resident areas. The operator failed to ensure staff kept chemicals locked for resident safety.	S3320		