STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N056006	A. BUILDING: _____ B. WING _____	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMPORIA PRESBYTERIAN MANOR	2300 INDUSTRIAL ROAD EMPORIA, KS 66801

(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 the licensure resurvey for the above named facility conducted on 04/24/24 and 04/25/24.	S 000		
S3175 SS=E	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: K.A.R. 26-41-205 (a) The facility reported a census of 20 residents. The sample included 3 "Residents'" (R)'s . Based on record review and interview the Administrator failed to ensure the "Licensed Nurse" (LN) performed an assessment that determined that R2 and R3 could safely self-inject insulin	S3175		

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

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S3175	Continued From page 1 accurately and without staff assistance. Findings included: - Record review of the facility provided "Resident Roster" revealed R2 and R3 were marked yes under the section titled "Insulin Inject". Interview on 04/24/24 at approximately 0845 during the entrance interview, "Registered Nurse" (RN) C confirmed the LN's dial the insulin pens and the residents must be able to self-inject the insulin. - Record review for R2 revealed an admission date of 04/03/21 with diagnoses of Type 2 Diabetes Mellitus with diabetic neuropathy, long term use of insulin, chronic kidney disease stage 3, bipolar disorder, chronic obstructive pulmonary disease, and essential hypertension. Review of R2's "Functional Capacity Screen" (FCS) dated 04/03/24 revealed R2 required "some assistance/supervision" with bathing, toileting, and mobility. She was occasionally incontinent, was marked with falls, impaired hearing, and impaired vision. Typed next to "Impaired Vision" was "blind". She was able to make herself understood and she understood others. She used a walker and cane mobility device and lacked the ability to manager her own medications. Review of R2's combined "Negotiated Service Agreement" (NSA)/" Health Service Plan" (HSP) dated 04/03/24 instructed the facility staff to provide the following health services: Staff were	S3175		

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S3175	Continued From page 2	S3175		

to "assistance/supervise" on R2's preferred day of bathing/showering, "assistance/supervise" with "bladder management", and "assistance/supervision" with R2's mobility. In the section titled "Health Care Services", it was typed "Staff will provide total assistance with diabetic management, treatment management, medication administration, medication management, education/teaching."

R2's electronic medical record lacked documentation of an assessment determining she was able to self-inject her insulin safely and accurately without staff assistance.

- Record review for R3 revealed and admission date of 01/09/21 with diagnoses of Type 2 Diabetes Mellitus with diabetic chronic kidney disease, polyneuropathy, essential hypertension, long term use of anticoagulants, benign prostatic hyperplasia with lower urinary tract symptom, thrombocytopenia, unspecified atrial flutter, occlusion and stenosis of bilateral carotid arteries, weakness, anemia, chronic kidney stage 3, hypoglycemia, and transient cerebral ischemic attack.

Review of R3's FCS dated 01/15/24 revealed R3 required "some assistance/supervision" with bathing, he was independent with dressing, and he was frequently incontinent of his bladder. He was independent with his mobility and transferring. He used a walker and electric scooter mobility devices. He was able to make himself understood and he understood others. He lacked the ability to manage his own medications.

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S3175	Continued From page 3 Review of R3's combined NSA/HSP instructed the facility staff to provide the following health services: facility staff would provide "assistance/supervision" with his bathing/shower. In the section titled "Health Care Services", it was typed "Staff will provide total assistance with diabetic management, treatment management, medication administration, medication management, education/teaching." R3's electronic medical record lacked documentation of an assessment determining he was able to self-inject his insulin safely and accurately without staff assistance. Interview on 04/24/24 at approximately 0845 during the entrance interview, "Registered Nurse" (RN) C confirmed the LN's dial the insulin pens and the residents must be able to self-inject the insulin. Interview on 04/25/24 at approximately 11:15 AM Administrator B and RN's C, D, and E confirmed the electronic resident records for R2 and R3 did not have an assessment of R2 or R3's abilities to self-inject their insulin safely and accurately without staff assistance prior to 04/24/24. The Administrator failed to ensure the LN performed an assessment that determined that R2 and R3 could safely self-inject insulin accurately and without staff assistance.	S3175		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications	S3186		

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S3186	Continued From page 4 (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: K.A.R. 26-41-205 (b) The facility reported a census of 20 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Administrator failed to ensure the "Negotiated Service Agreements'"(NSA)'s for R2 and R3 identified who would administer the insulin for R2 and R3. Findings included: - Record review of the facility provided "Resident Roster" revealed R2 and R3 were marked yes under the section titled "Insulin Inject". Interview on 04/24/24 at approximately 0845 during the entrance interview, "Registered Nurse" (RN) C confirmed the LN's dial the insulin pens and the residents must be able to self-inject the insulin.	S3186		

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S3186	Continued From page 5 - Record review for R2 revealed an admission date of 04/03/21 with diagnoses of Type 2 Diabetes Mellitus with diabetic neuropathy, long term use of insulin, chronic kidney disease stage 3, bipolar disorder, chronic obstructive pulmonary disease, and essential hypertension. Review of R2's "Functional Capacity Screen" (FCS) dated 04/03/24 revealed R2 required "some assistance/supervision" with bathing, toileting, and mobility. She was occasionally incontinent, was marked with falls, impaired hearing, and impaired vision. Typed next to "Impaired Vision" was "blind". She was able to make herself understood and she understood others. She used a walker and cane mobility device and lacked the ability to manager her own medications. Review of R2's combined "Negotiated Service Agreement" (NSA)/" Health Service Plan" (HSP) dated 04/03/24 instructed the facility staff to provide the following health services: Staff were to "assistance/supervise" on R2's preferred day of bathing/showering, "assistance/supervise" with "bladder management", and "assistance/supervision" with R2's mobility. In the section titled "Health Care Services", it was typed "Staff will provide total assistance with diabetic management, treatment management, medication administration, medication management, education/teaching." R2's combined NSA/HSP lacked identification of who would dial the insulin pen, and further lacked who would inject the insulin for R2. - Record review for R3 revealed and admission	S3186		

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S3186	Continued From page 6	S3186		

date of 01/09/21 with diagnoses of Type 2 Diabetes Mellitus with diabetic chronic kidney disease, polyneuropathy, essential hypertension, long term use of anticoagulants, benign prostatic hyperplasia with lower urinary tract symptom, thrombocytopenia, unspecified atrial flutter, occlusion and stenosis of bilateral carotid arteries, weakness, anemia, chronic kidney stage 3, hypoglycemia, and transient cerebral ischemic attack.

Review of R3's FCS dated 01/15/24 revealed R3 required "some assistance/supervision" with bathing, he was independent with dressing, and he was frequently incontinent of his bladder. He was independent with his mobility and transferring. He used a walker and electric scooter mobility devices. He was able to make himself understood and he understood others. He lacked the ability to manage his own medications.

Review of R3's combined NSA/HSP instructed the facility staff to provide the following health services:
facility staff would provide "assistance/supervision" with his bathing/shower. In the section titled "Health Care Services", it was typed "Staff will provide total assistance with diabetic management, treatment management, medication administration, medication management, education/teaching."

R3's combined NSA/HSP lacked identification of who would dial the insulin pen, and further lacked who would inject the insulin for R3.

Interview on 04/24/24 at approximately 0845

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S3186	Continued From page 7 during the entrance interview, "Registered Nurse" (RN) C confirmed the LN's dial the insulin pens and the residents must be able to self-inject the insulin. Interview on 04/25/24 at approximately 11:15 AM Administrator B and RN's C, D, and E confirmed the electronic resident records for R2 and R3 did not have an assessment of R2 or R3's abilities to self-inject their insulin safely and accurately without staff assistance prior to 04/24/24. The Administrator failed to ensure the "Negotiated Service Agreements'"(NSA)'s for R2 and R3 identified who would administer the insulin for R2 and R3.	S3186		
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 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	S3310		

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S3310	Continued From page 8 by: K.A.R. 26-41-207 (c) The facility reported a census of 20 residents. The sample included 3 residents and 5 newly hired employees. Based on record review and interview the Administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired "Licensed Nurse" (LN) A. LN A provided a negative one step TB skin test being performed within six months of hire, and the Administrator failed to ensure the required one step was administered to LN A within seven days of hire to the facility. Findings included: - Record review for LN A revealed she began employment on 08/01/23. The record contained a document titled "TB Skin Test Form" and was dated 04/11/23. It revealed the first step was administered on 04/11/23 and read negative on 04/13/23. The record lacked a required one step being performed within seven days of hire. Interview with Administrator B confirmed the employee record for LN A lacked a one step TB test being performed within seven days of hire. The Administrator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired "Licensed Nurse" (LN) A. LN A provided a negative one step TB skin test being performed within six	S3310		

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S3310	Continued From page 9 months of hire, and the Administrator failed to ensure the required one step was administered to LN A within seven days of hire to the facility.	S3310		