STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N067008	A. BUILDING: _____ B. WING _____	01/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUEST HOME ESTATES III	7440 220TH ROAD CHANUTE, KS 66720

(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 at the above named residential health care facility conducted on 1-23-18 and 1-24-18.	S 000		
S3200 SS=E	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 14 residents. The sample included 3 residents. Based on record reviews and interviews for 3 (#121, #122, #123) of 3 sampled residents whose medications are managed by the facility, the Operator/licensed nurse failed to ensure all medications and biologicals are administered to the residents in accordance with a medical care providers written	S3200		

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

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S3200	Continued From page 1 order and professional standards of practice. Findings included: - Review of resident # 121's history and physical dated 1/3/18 included the following diagnoses: Hyperlipidemia, seizures, hypothyroidism, and muscle weakness. Review of the Functional Capacity Screen dated 1/5/18 revealed the resident needed physical assistance with medications. Review of the Negotiated Service Agreement dated 1/5/18 directed staff to order, manage and administer all his/her medications. Review of the January 2017 MAR revealed the resident received Estradiol 2 mg daily for hormone supplement and Phenytoin EX 100 mg 2 caps at bedtime for seizures. He/she also received Tamiflu 75 mg from 1/6-8/18. Review of the admission orders dated 11/29/17 lacked the Tamiflu, Estradiol, and the Phenytoin as orders to be administered. During an interview on 1/23/18 at 3:55 PM Operator/Licensed nurse reported he/she completed the January MAR based on the MAR from the facility the resident came from. Operator/Licensed nurse stated he/she had not identified the medications (Phenytoin, Estradiol, and Tamiflu) were no on the admitting physician's orders and he/she did not clarify orders upon admission. Review of the policy and procedure for medication orders dated 2/20/15 revealed all orders will be signed by the prescribing physician,	S3200		

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S3200	Continued From page 2	S3200		

physician assistant, or nurse practitioner. In the event the facility received an order without the appropriate information the nurse needed to obtain a clarification order and send for a signature.

The Operator/licensed nurse failed to ensure resident #121's medications were administered according to physician orders and standards of practice.

- Record review for Resident #122 revealed admission on 10-30-17 with diagnoses Heart Disease, Hypertension, Disorder of the Cornea, Constipation, Anxiety Disorder, Edema, Congestive Heart Failure, Type 2 Diabetes Mellitus, Allergic Rhinitis, Diarrhea, Gastroesophageal Reflux Disorder, Chronic, Osteoporosis, Neuropathy, Dementia, Vitamin D Deficiency, Hypokalemia, Prosthetic Heart Valve and Dry Eyes.

The Functional Capacity Screen (FCS) dated 12-22-17 recorded resident required physical assistance with management of medications and treatments.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 12-22-17 recorded facility staff to store, reorder, set up and administer medications. Resident to self administer insulin.

Review of Medication Administration Record (MAR) for January 2018 revealed the following MAR/Physician Order discrepancies:
Lorazepam 0.5 mg (milligrams) take 1/2 tablet by mouth twice a day as needed for anxiety
Physician's order dated 12-21-17 stated

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S3200	Continued From page 3	S3200		

Lorazepam 0.5 mg take 1 tablet by mouth every 12 hours as needed for anxiety.

Physician's order dated 12-21-17 stated Miralax Powder give 17 grams by mouth in the morning for constipation, mix in 8 ounces of fluid. The MAR lacked documentation of this order.

Physician's order dated 12-21-17 stated Cholecalciferol tablet 1000 units give one tablet by mouth in the morning for osteoporosis. The MAR lacked documentation of this order.

Interview on 1-24-18 at 9:53 am with operator/licensed nurse confirmed the discrepancy between the MAR and physician's orders.

Review of the policy and procedure for medication orders dated 2/20/15 revealed all orders will be signed by the prescribing physician, physician assistant, or nurse practitioner. In the event the facility received an order without the appropriate information the nurse needed to obtain a clarification order and send for a signature.

For Resident #122, the Operator/licensed nurse failed to ensure all medications and biologicals were administered in accordance with a medical care provider's written order and professional standards of practice.

- Review of resident # 123's history and physical dated 12/8/17 included diagnoses of major depression, chronic UTI's, seizure disorder, Reflux disease, osteoporosis and dementia.

Review of the Functional Capacity Screen dated

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S3200	Continued From page 4 1/20/17 revealed the resident could not manage his/her own medications. Review of the Negotiated Service Agreement dated 1/20/17 directed staff to manage, administer and order his/her medications. Review of the hospital return orders dated 12/23/17 which identified the need for the resident to take the following medications: Boniva 150 mg 1 time per month Phenergan 25 mg 3 times a day as needed. Vicodin 5/325 1 tablet every four hours as needed for moderate pain. The orders also directed that Zofran 4 mg 1 tablet every 6 hours as needed for nausea/vomiting needed to be discontinued. Review of the current MAR for January 2017 did not include administration for Boniva, Phenergan or the Vicodin. It also revealed the resident continued to have Zofran available for administration. The January 2017 MAR also identified the resident received Remeron 7.5 mg daily and it was not on the hospital discharge orders. During an interview on 1/24/18 at 9:45 AM Operator/licensed nurse reported that he/she did not clarify the discharge orders when the resident returned from the hospital. He/she confirmed that the discharge orders did not match the current MAR and had not been signed by a physician. Review of the policy and procedure for medication orders dated 2/20/15 revealed all orders will be signed by the prescribing physician, physician assistant, or nurse practitioner. In the	S3200		

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S3200	Continued From page 5 event the facility received an order without the appropriate information the nurse needed to obtain a clarification order and send for a signature. The Operator/licensed nurse failed to ensure resident #123's medications were administered according to physician orders and standards of practice.	S3200		