STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175563	A. BUILDING _____ B. WING _____	09/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF WICHITA	7057 WEST VILLAGE CIRCLE WICHITA, KS 67205

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey, Focused Infection Control Survey, and Complaint Investigation #KS00151947.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or	F 580		

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

09/29/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 580	Continued From page 1 (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: The facility reported a census of 24 residents with 12 sampled. Based on observation, interview, and record review, the facility failed to notify Resident (R)14's physician as ordered for out of parameter blood glucose readings. Findings Include: - Review of R14's signed "Physician Orders" dated 08/14/20 revealed the following diagnoses: diabetes mellitus (DM- a disease in which the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood and urine), and morbid obesity (weight is more than 80 to 100 pounds above their ideal body weight). Review of the "Admission Minimum Data Set" (MDS) dated 08/21/20 revealed a "Brief Interview	F 580		

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F 580	Continued From page 2	F 580		

for Mental Status" (BIMS) score of 14 indicating intact cognition. The resident received insulin (a hormone that works by lowering levels of glucose in the blood) injections seven days of the seven-day observation period.

Review of the "Care Plan" dated 08/27/20 lacked interventions to treat any issues with the resident's diabetes mellitus.

Review of the "Physicians Orders" dated 09/15/20 revealed an order for licensed nursing staff to contact the physician is the blood sugar level is above 400 milligrams/deciliter (mg/dl).

Review of the "Accuchecks" from 09/16/20 revealed at 10:00 AM R14 had a blood sugar of 401 mg/dl and at 02:00 PM a blood sugar level of 429 mg/dl. The documentation lacked information if the physician had been contacted per the orders.

Review of the "Nurse's Progress Notes" revealed no documentation of physician notification on 09/16/20 for blood sugars over 400 mg/dl.

Observation on 09/21/20 at 08:50 AM revealed Licensed Nurse I gave the resident 18 units of insulin for a blood sugar of 193 mg/dl.

During an interview on 09/22/20 at 10:00 AM Administrative Nurse B acknowledged on 09/16/20 there was no documentation of the physician being notified of the high blood sugar readings.

During an interview on 09/22/20 at 10:50 AM Physician Extender H reported the staff would usually tell her of a high blood glucose reading

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F 580	Continued From page 3 and she gave instructions to follow the sliding scale. The facility did not provide a policy for "Medication Administration" as requested. The facility failed to ensure the R14's physician was notified of elevated blood sugar reading per the written orders.	F 580		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F 880		

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F 880	Continued From page 4 (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:	F 880		

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F 880	Continued From page 5	F 880		

The facility census totaled 24 residents. Based on observation, interview, and record review the facility failed to provide a safe, sanitary environment for residents by the failure to wear appropriate personal protective equipment (PPE) when in a resident's room, under quarantine during the COVID-19 pandemic. (Resident (R)127)

Findings included:

- Observation on 09/21/20 at 08:54 AM revealed Certified Nurse Aide (CNA) J in Resident (R)127's room with his hand on the resident's bare back and CNA J did not have on PPE, as instructed by the sign's outside R127"s door. Certified Medication Aide (CMA) F entered the room with appropriate PPE of gown, gloves, face mask and eye protection and CNA J left the in . CNA J then washed his hands and donned appropriate PPE and returned to the room.

During an interview on 09/21/20 at 09:15 AM CNA J reported he knew he should wear a gown to enter the resident's room.

During an interview on 09/21/20 at 03:00 PM Administrative Nurse B reported she expected staff to follow the quarantine guidelines posted on the resident's door of wearing a mask, gown, gloves and eye protection when entering the room.

Review of the facility policy "Infection Control" dated 03/11/20 revealed all personnel, residents, and visitors follow established procedures and precautions for isolation precaution techniques.

The facility failed to wear appropriate personal

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F 880	Continued From page 6 protective equipment (PPE) when in a resident's room who was in the 14- day new admission quarantine.	F 880		