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	N087084	A. BUILDING: _____ B. WING _____	01/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZRIA HEALTH WICHITA	7057 WEST VILLAGE CIRCLE WICHITA, KS 67205

(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 with complaint investigations #173297 and #177084 for the above named facility conducted on 01/19/23 and 01/23/23.	S 000		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-201 (d) The facility reported a census of 22 residents(R). The sample included three residents, and two focused record reviews. Based on record review and interview the administrator failed to ensure designated facility staff completed R6's "Functional Capacity Screen" accurately to reflect the resident received physical assistance with dressing and management of medications. Findings included: - Review of R6 "Electronic Medical Record" (EMR) revealed she moved into the facility on 08/01/22 with diagnoses of diabetes type II and hypertension. R6's "Functional Capacity Screen" (FCS) dated 08/01/22 identified the resident was independent with dressing and management of medications.	S3082		

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

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S3082	Continued From page 1 It failed to identify the resident required physical assistance with dressing and management of medications. On 01/19/22 at 01:07PM R6 stated the staff help her with putting on her shoes and socks and are very helpful. She said she does all her own medications including her own insulin. The only medication the staff give me is my pain medicine. On 01/19/23 at 12:51 PM "Certified Medication Aide" D reported staff put on her socks in the morning because she refuses to wear ted hose. When she used to wear them we helped her put them on. She does all her own medications except for the pain pill, and we keep it in the medication cart and give it to her. On 01/23/23 at 12:40 PM "Licensed Nurse" D reported if staff are helping with any part of dressing the FCS should indicate physical assistance was needed as well as administering medications. The administrator failed to ensure R6's FCS accurately reflected the resident's functional status regarding medication and medical treatment management.	S3082		
S3090 SS=E	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission.	S3090		

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S3090	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c) The facility reported a census of 22 residents(R). The sample included three residents and two focused record reviews. Based on interview and record review the administrator failed to ensure two (R4 and R5) of three sampled residents had an initial "Negotiated Service Agreement" completed at admission. Findings included: - Review of R4's medical record revealed she moved into the facility on 12/31/22 with diagnoses of dementia and hypertension. On 01/19/22 at 03:07 PM "Licensed Nurse" C reported the Negotiated Service Agreement and Health Care Service Plan were all one document. R4's admission "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) had an initiation date of 01/04/23, 4 days after her moving into the facility. On 01/19/22 at 04:56 PM "Licensed Nurse" C reported the NSA/HCSP were to be completed the day they move in. The administrator failed to ensure designated staff conducted an initial NSA/HCSP for R4 on or before admission to assisted living. - Review of R5's medical record revealed she moved into the facility on 04/11/22 with	S3090		

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S3090	Continued From page 3 diagnoses of hypertension, heart failure, and chronic obstructive pulmonary disease. R5's admission "Negotiated Service Agreement/Health Care Service Plan" had an initiation date of 04/12/22, the day after admission into the facility. On 01/19/22 at 03:56 PM "Licensed Nurse" C reported the NSA/HCSP were to be completed the day they move in. . The administrator failed to ensure designated staff conducted an initial NSA/HCSP for R5 on or before admission to assisted living.	S3090		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 22 resident's (R). The sample included three residents and two focused record reviews. Based on observation, interview, and record review the administrator failed to ensure that health care services were provided to R5 in accordance with standards of practice regarding the assessment and safety quarter bed rails attached to R5's bed and a step with hand bars on each side that the	S3171		

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S3171	Continued From page 4	S3171		

resident used as an assistive device to get in and out of bed independently.

Findings included:

- Review of R5's "Electronic Medical Record" (EMR) revealed she moved into the facility on 04/11/22 with diagnoses of hypertension, heart failure, and chronic obstructive pulmonary disease.

R5's "Functional Capacity Screen" dated 04/11/22 identified the resident was independent with all activities of daily living.

R5's "Negotiated Service Agreement/Health Care Service Plan" dated 04/12/22 failed to identify the resident used bed rails and a step with bars to assist her in and out of bed.

Review of R5's EMR included a progress note dated 05/27/2022 that revealed a "Certified Medication Aide" (CMA) notified the nurse the resident was found sitting on the step next to her bed. Upon arrival, the resident sat on the step with back leaning against bed with her walker in front of her. The resident did not have on shoes or socks and reported she was half asleep when tried to get up and slid down to the step.

Review of the resident's EMR lacked evidence that the assistive devices were assessed for residents' ability to use the assistive devices safely or that the assistive devices were safely and securely placed to prevent accidental injury.

On 01/23/23 at 12:29 PM "Administrative Staff" A reported therapy would assess for anything that

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S3171	Continued From page 5 they put on the bed but could not find anything for the step and bed rails being assessed for R5's safety and ability to use in the EMR. The administrator failed to ensure health care services were provided to R5 in accordance with standards of practice regarding the assessment and safety quarter bed rails and a step with bars on the floor beside her bed.	S3171		
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 22 residents.	S3175		

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S3175	Continued From page 6 The sample included three residents and two focused record reviews. Based on interview and record review the administrator failed to ensure designated staff completed a medication self-administration assessment for one (R6) three sampled residents prior to their self-administration of medications. Findings included: - Review of R6's "Electronic Medical Record" (EMR) revealed the resident moved into the facility on 08/01/22 with diagnoses of type 2 diabetes mellitus, edema, hypertension, and chronic obstructive pulmonary disease. R6's "Functional Capacity Screen" dated 08/01/22 revealed the resident was independent with management of medications and medical treatments. R6's "Negotiated Service Agreement/Halth Care Service Plan" dated 08/01/22 revealed the resident was independent with ordering and taking her medications. R6's EMR included a "Self- Administration of Medication" assessment dated 12/20/22. A Licensed Nurse failed to complete the Self-Admnistration assessment prior to the resident administering her own medications. On 01/23/22 via electronic interview "Licensed Nurse" C reported a self-medication administration assessment should be completed before the resident initially begins self-administration, if the resident has a significand change of condition and annually.	S3175		

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S3175	Continued From page 7 The administrator failed to ensure designated staff completed a self-administration medication assessment for R6 prior to her administering her own medications.	S3175		
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 22 residents(R). The sample included three residents and two focused record reviews. Based on record review and interview the administrator failed to ensure one (R6) of three sampled residents who self-administered some of her medications had a Negotiated Service Agreement that identified the responsible person for the administration and management of selected medications. Findings included:	S3186		

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S3186	Continued From page 8 - Review of R6's "Electronic Medical Record" (EMR) revealed the resident moved into the facility on 08/01/22 with diagnoses of type 2 diabetes mellitus, edema, hypertension, and chronic obstructive pulmonary disease. R6's "Functional Capacity Screen" dated 08/01/22 revealed the resident was independent with management of medications and medical treatments. R6's "Negotiated Service Agreement/Health Care Service Plan" dated 08/01/22 revealed the resident was independent with ordering and taking her medications. The NSA failed to identify that facility licensed nurses administered the resident's Norco, a narcotic pain medication. On 01/23/23 at 04:11 PM "Licensed Nurse" C reported if the resident has the community managing any part of the medications the NSA should reflect that. The NSA should Identify what medications the staff give to the resident and what medications they are to take themselves. The administrator failed to ensure R6 had a "Negotiated Service Agreement/Health Care Service Plan" that identified the responsible person for the administration and management of her narcotic pain medication.	S3186		
S3201 SS=D	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the	S3201		

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S3201	Continued From page 9 licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d)(3)(D) The facility reported a census of 22 residents. The sample include three residents and two focused record reviews. Based interview, and record review the administrator failed to ensure the licensed nurse or medication aide documented the administration of R6's narcotic pain medication for which the facility was responsible for administration. Findings included: - Review of R6's "Electronic Medical Record" (EMR) revealed the resident moved into the facility on 08/01/22 with diagnoses of type 2 diabetes mellitus, edema, hypertension, and chronic obstructive pulmonary disease.	S3201		

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S3201	Continued From page 10 R6's "Functional Capacity Screen" dated 08/01/22 revealed the resident was independent with management of medications and medical treatments. R6's "Negotiated Service Agreement/Health Care Service Plan" dated 08/01/22 revealed the resident was independent with ordering and taking her medications. The NSA failed to identify that facility licensed nurses administered the resident's Norco, a narcotic pain medication. The resident's EMR included a physician's order dated 08/01/22 for Norco Tablet 5/325 milligrams (mg), give 1 tablet by mouth three times a day for pain. It included the resident could self-administer the medication unsupervised. Review of the January 2023 "Medication Administration Record" (MAR) included the following: Norco Tablet 5-325 mg. (Hydrocodone-Acetaminophen) Give 1 tablet by mouth three times a day for pain unsupervised self-administration. Where staff would normally initial a medication to indicate that they gave it to the resident for administration it read, "U-SA" (unsupervised self administration). On 01/19/23 at 12:51 PM "Certified Medication Aide" (CMA) D reported the only medication the facility staff give the resident is her pain pill we keep in the medication cart. On 01/23/23 at 10:22 AM CMA E reported the resident's Norco is in a bottle in the lock box of the medication cart. When it is time to give it we will and staff will put it in a cup and take it to her.	S3201		

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S3201	Continued From page 11 Stated she doesn't want it very often. On 01/23/23 at 04:11 PM "Licensed Nurse" C reported via electronic interview that staff should document administration of the pain medication in the MAR. The administrator failed to ensure designated staff documented the administration of R6's pain medication in the MAR.	S3201		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)	S3280		

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S3280	Continued From page 12	S3280		

The facility reported a census of 22 residents. Based on record review and interview for all facility residents and all facility staff, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan, including all eight required potential emergencies, with all residents and facility staff.

Findings include:

- On 01/19/23 at 10:25 AM surveyor asked, "Administrative Staff" A for evidence of reviewing the quarterly reviews of the "Emergency Management Plan" with residents and staff.

On 01/19/23 at 10:56 AM "Administrative Staff" A provided resident council minutes which included review of different sections of the EMP. The minutes included 3-7 residents attending the meeting but lacked evidence that the EMP had been reviewed with all residents who lived on the assisted living floor.

On 01/19/23 at 12:52 PM "Administrative Staff" A emailed a blank form entitled "Emergency Preparedness Plan and Procedure Acknowledgement Form". "Administrative Staff" A identified this as the quarterly review form and staff also had the book in the med room for their review as well as a brief review of key items posted in med room.

On 01/19/23 at 01:23 AM "Administrative staff responded via email that the form is not currently used and the emergency plan is normally just a reviewed at the time of resident council, and kept

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S3280	Continued From page 13 in a book. "Administrative Staff" A acknowledged the facility had not met the Quarterly training requirements and had a plan to get everything implemented for staff and residents. The administrator failed to ensure emergency preparedness by the failure to complete quarterly reviews of the facility's emergency management plan, including all eight required potential emergencies, with all residents and facility staff.	S3280		
S3310 SS=E	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 by: K.A.R 26-41-207(c) The facility reported a census of 22 residents(R). The sample included three residents and two focused record reviews. Based on interview and	S3310		

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S3310	Continued From page 14	S3310		

record review for two (R4 and R6) of three sampled residents the Administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

Findings included:

- Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the facility on 12/31/22. The EMR revealed the staff completed a TB symptom screen on 01/02/23 but failed to complete a two-step TB skin test on the resident.

On 01/19/23 "Administrative Licensed Nurse" B reported the resident was on Home Health and did not have standing orders for a TB skin test. Staff B stated they were waiting for Home Health to get the orders from their physician.

The Administrator failed to ensure designated staff completed skin testing according to TB guidelines

- Review of R6's EMR revealed she moved into the facility on 08/01/22. The EMR revealed the staff failed to complete a TB symptom screen until 12/20/22.

On 01/23/23 AM " Licensed Nurse" C acknowledged she did not find TB symptom screen in R5's record.

Review of the "Tuberculosis (TB) Guidelines for Adult Care Homes" dated June 2013 revealed each new resident shall have an initial TB symptom screen that includes the components of

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	N087084	A. BUILDING: _____ B. WING _____	01/23/2023

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AZRIA HEALTH WICHITA	7057 WEST VILLAGE CIRCLE WICHITA, KS 67205

(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
S3310	Continued From page 15 the TB symptom screen questionnaire within seven days of residency. Each new resident shall receive a two-step skin test within seven days of residency. The administrator failed to ensure designated staff completed TB symptom screen according to TB guidelines.	S3310		
S9999	Final Observations . K.S.A. 39-938 Adult care homes shall comply with all the lawfully established requirements and rules and regulations of the secretary of aging and the state fire marshal and any other agency of government so far as pertinent and applicable to adult care homes, their building, operators, staffs, facilities, maintenance, operation, conduct and the care and treatment of resident. This requirement is not met as evidenced by: The facility reported a census of 22 residents(R). Based on observation, record review, and interview, the Administrator failed to ensure the proper paperwork was completed for the use of a recording camera in 2 (R5 and R7) resident rooms and failed to post required notification to all residents, staff, and visitors at the entrance of all resident rooms that "some residents may be monitored electronically". Findings included: - During Entrance review on 01/19/23 at	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S9999	Continued From page 16	S9999		

10:41AM "Administrative Staff" A reported there were 2 resident rooms that had video monitoring devices that family had put in the resident's room, R5 and R7.

On 1/19/23 at PM surveyor walked through the facility and observed two resident rooms had posting on their doors identifying that there was video monitoring in their rooms. No other resident rooms included notification that some resident rooms may be monitored electronically.

Observation on 01/19/23 at 11:45 AM of R7's room revealed a camera on the wall in the corner of the living area of the resident's room. R7 had been discharged from the facility and no longer had a camera up in her room.

On 01/23/23 at 10:49 AM "Administrative Staff" A reported R5's family brought in a form she got and was signed that she would have electronic monitoring in the resident's room and that put a note on the door that said, "Video Surveillance in this room per KSA 39-981". The form was signed 12/17/22 by the resident's "Durable Power of Attorney for Health". "Administrative Staff" A acknowledged not all Authorized Electronic Monitoring papers were signed as required by the state. "Administrative Staff" A reported as far as R7, she did not realize the statutes regarding authorized electronic monitoring and did not have any forms signed by the resident but would.

The facility failed to ensure the proper paperwork was completed for the use of an electronic monitoring device in two resident's rooms and failed to post required notification outside each resident's room that "some residents rooms may

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S9999	Continued From page 17 be monitored electronically."	S9999		