Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089002	A. BUILDING: _____ B. WING _____	R 04/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK CREEK SENIOR CARE	3224 SW 29TH ST TOPEKA, KS 66614

(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 are the result of a licensure revisit at the above named residential health care facility on 4/7/16 and 4/11/16.	{S 000}		
{S3200} SS=F	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 26-42-205(d) The facility reported a census of 31 residents. The sample included 3 sample residents and 3 focus review residents. Based on record review and interview, for all residents, the operator failed to ensure all medications and treatments were administered in accordance with professional standards of practice, as evidenced by review of resident records for residents (#1409, #1410,	{S3200}		

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

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{S3200}	Continued From page 1	{S3200}		

#1411 and #1412) who received as needed (PRN) medications administered by the certified staff without seeking instructions from the licensed nurse.

Findings included:

- Record review for resident #1409 with admission date of 10-1-09 and diagnoses of osteoporosis, osteoarthritis, hypertension, constipation, anxiety state, ischemic heart disease, status post stent (heart procedure), stage 3 kidney disease, chest pain, acute renal failure in kidney disease, failure to thrive, gastroesophogeal reflux disease, adult can, vitamin D deficiency, hypercholesterolemia, restless leg syndrome, gout, hypothyroidism, dementia, gout and depression.

Functional Capacity screen dated 10/16/15 recorded resident requires assistance with medications and treatments.

Negotiated service agreement dated 10/16/15 recorded medications to be administered by RN (registered nurse), LPN (licensed practical nurse) or CMA (certified medication aide).

Resident PRN (as needed) medication record for April 2016 recorded resident received Tramadol Hydrochloride (a controlled narcotic pain medication), 1 tablet by mouth (PO) twice a day if needed for generalized moderate to severe pain, on 4-2-16 at 7:00, on 4-2-16 at 4:40, on 4-3-16 at 3:35 (entries lacked am/pm) and on 4-4-16 at 7:12am, for c/o (complaints of) pain, by certified staff #J. Record does not indicate level of pain, location of pain or that licensed nurse was called

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prior to administration of a PRN narcotic medication.

Review of nurses notes for resident #1409 revealed last nurses note recorded on 3/21/16. Record lacked notation of resident use of narcotic pain medication, reason for medication, nursing assessment of pain and contact of licensed nurse prior to giving PRN narcotic pain medications.

Interview on 4/7/16 at 3:25pm with licensed staff #K confirmed certified staff did not contact a licensed nurse prior to giving the PRN medication.

Focus record review of April 2016 PRN medications record for resident #1410 recorded PRN Hydrocodone/APAP (a narcotic pain medication with Tylenol) 5mg/325mg (milligrams) take one tablet by mouth every 6 hours if needed for severe pain. Medication recorded as administered by certified staff #L on 4-1-16 at 7:54am and 4/7/16 at 5:54am; and by certified staff # M on 4-2-16 at 5:00am and 4-4-16 at 5:00am, for back pain.

Review of nurses notes for resident #1410 revealed last nurses note recorded on 3/21/16. Record lacked notation of resident use of narcotic pain medication, reason for medication, nursing assessment of pain and contact of licensed nurse prior to giving PRN narcotic pain medications.

Interview on 4-7-16 at 4:25pm with licensed staff # K confirms certified staff did not contact a licensed nurse prior to administering PRN medications for resident #1410.

Focus record review of April 2016 PRN medications record for resident #1411 recorded

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PRN MAPAP (generic Tylenol pain medication) 325 mg, 2 tablets (650mg) every 8 hour if needed for generalized mild pain/ elevated temperature and headache. Medication recorded as administered by certified staff #J on 4-3-16 (no time recorded) for c/o pain. And PRN Tramadol hydrochloride 50mg tablet 1 tablet by mouth 3 times a day as needed for moderate to severe pain recorded as given by certified staff # J on 4-2-16 (no time recorded) for c/o pain.

Review of nurses notes for resident #1411 revealed last nurses note recorded on 3/14/16. Record lacked notation of resident use of narcotic pain medication, reason for medication, nursing assessment of pain and contact of licensed nurse prior to giving PRN narcotic pain medications.

Interview on 4-7-16 at4:25pm with licensed staff # K confirms certified staff did not contact a licensed nurse prior to administering PRN medications for resident #1411.

Focus record review of April 2016 PRN medications record for resident #1412 recorded PRN medication oxycodone-APAP 5/325mg (a narcotic pain medication containing Tylenol) 1 tablet by mouth every 4 hours if needed for moderate to severe pain. Medication recorded as administered on 4/2/16 by certified staff #J and certified staff # N. (no record of reason, time given or result of medication recorded)

Review of nurses notes for resident #1412 revealed last nurses note recorded on 4/1/16. Record lacked notation of resident use of narcotic pain medication, reason for medication, nursing assessment of pain and contact of licensed nurse prior to giving PRN narcotic pain medications.

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{S3200}	Continued From page 4 Interview on 4-7-16 at4:25pm with licensed staff # K confirms certified staff did not contact a licensed nurse prior to administering PRN medications for resident #1412 Review of facility policy for medications recorded: Staff must call the nurse if a resident needs a PRN for a reason that is not indicated. Facility in-service recorded policy was reviewed with staff on 3/29/16 including certified staff #J, L, M and N. Interview on 4/7/16 at 3:20pm with licensed nurse #K confirms he/she does not chart in the nurses notes when contacted by certified staff giving PRN medications. Interview on 4/7/16 at 3:20pm with administrator confirms facility lacks a system for recording when a nurse is contacted prior to giving PRN medications. Based on record review and interview, the operator failed to ensure all medications and treatments were administered in accordance with professional standards of practice, as evidenced by review of resident records for residents (#1409, #1410, #1411 and #1412) who received as needed (PRN) medications administered by the certified staff without seeking instructions from the licensed nurse.	{S3200}		