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 _____	03/16/2016

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 resurvey at the above named residential health care facility in Topeka on 3/14/16, 3/15/16 and 3/16/16.	S 000		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 31 residents. The sample included 3 residents. Based on record review and interview and observation for 2 of 3 residents sampled (#314 and #315) the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #314 recorded admission date 6/30/05 with diagnoses of: low back pain, weakness, hypothyroidism, RLS (restless leg syndrome), acute CHF (congestive heart failure) OAB (overactive bladder) osteoarthritis, HTN (hypertension), elevated	S3155		

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

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S3155	Continued From page 1	S3155		

cholesterol, hypokalemia, GERD (gastro-esophogeal reflux disease), hyponatremia, IBS (irritable bowel syndrome) and hyperlipidemia.
FCS (functional capacity screen) dated 1/8/16 recorded resident requires assistance with bathing, dressing, toileting, transfer, mobility eating, management of medications and treatments, has impaired vision and impaired decision making and he/she has a foley catheter.

Amended NSA Dated 8/6/15, recorded fall- no injury. Will have staff take off toilet riser prior to resident transferring to toilet due to it being too high but bathroom roommate needing it.
NSA (negotiated service agreement) dated 1/8/16 recorded resident to receive assistance with assistance with TED hose (tight stockings to aid in circulation of the legs), toileting, incontinence management and catheter care, mobility and transfers and uses a wheelchair. Resident to receive 3 meals a day and AM snack/ PM snack, assistance with eating (needs assistance w/feeding soft food).

Observation on 3/14/16 in resident #314 room reveals resident in bed on right side, has a gel cushion in the recliner, a wheelchair and bedside commode , 2 half bedrails on bed in up position and an air mattress.
HCSP (Health care service plan) dated 1/8/16 recorded: resident to receive assistance with dressing: complete assist, toileting: empty foley and provide catheter care every shift. Incontinent of bowel at times, wears pull ups/briefs, mobility: unable to propel self in w/c needs staff assist with transfers. Resident has decreased appetite, requires soft foods.
Nurses note dated 2/19/16 at 8am recorded: resident continues on comfort measures. Up for

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S3155	Continued From page 2	S3155		

meals, eating 100% most meals. While in bed is turned side to side by staff. Coccyx red
Interview on 3/14/16 at 4:50pm with licensed staff #C confirmed NSA/HCSP lacks entries for use of siderails, gel cushion, air mattress, turning schedule, " we try to turn her every 2 hours " , and lacks removal of toilet riser in shared bathroom.
Record review for resident #315 recorded admission date 3/13/16 with diagnoses of: parkinsons and severe aortic stenosis.
Medication administration record for March 2016 recorded allergies to cipro (an antibiotic), latex, and fish containing products.
FCS dated 3/13/16 recorded resident required assistance with bathing and medication and treatments and is independent with eating.
NSA and HCSP dated 3/13/16 recorded resident to receive assistance with bathing, medications and treatments to be administered by licensed or certified staff and food service: three meals a day are provided and snacks as ordered from physician. Cue to meals. Regular diet. NSA and HCSP lacked intervention for allergy to fish containing products..
Interview on 3/15/16 at 11:00am with dietary staff #F he/she stated " we do not have a list of food allergies " Regarding resident #315 ' s allergy to fish, he/she stated " no one told me. "
Interview on 3/15/16 at 12:00pm with licensed staff # C confirmed resident ' s allergy to fish was not addressed and stated, " We do not post food allergies or have a list in the kitchen. "
Based on record review and interview and observation for 2 of 3 residents sampled (#314 and #315) the operator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening

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S3155	Continued From page 3 and the negotiated service agreement.	S3155		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 31 residents. The sample included 3 residents. Based on record review and interview, the operator failed to ensure the negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan as evidenced by review of resident records for residents (#314, #315 and #316) who required health care services. Findings included: - Record review for resident #314 recorded admission date 6/30/05 with diagnoses of: low back pain, weakness, hypothyroidism, RLS (restless leg syndrome), acute CHF (congestive heart failure) OAB (overactive bladder) osteoarthritis, HTN (hypertension), elevated cholesterol, hypokalemia, GERD (gastro-esophogeal reflux disease), hyponatremia, IBS (irritable bowel syndrome) and hyperlipidemia. FCS (functional capacity screen) dated 1/8/16 recorded resident requires assistance with	S3165		

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S3165	Continued From page 4	S3165		

bathing, dressing, toileting, transfer, mobility eating, management of medications and treatments, has impaired vision and impaired decision making and has a foley catheter.
NSA (negotiated service agreement) and HCSP (Health care service plan) dated 1/8/16 recorded resident to receive assistance with bathing, dressing, toileting, transfer, mobility eating, foley catheter to be changed by the nurse and emptied every shift with catheter care, and medications to be administered by licensed or certified staff.
NSA and HCSP lack the name of the licensed nurse responsible for implementation and supervision of the HCSP.
Record review for resident #315 recorded admission date 3/13/16 with diagnoses of: parkinsons and sever aortic stenosis.
FCS dated 3/13/16 recorded resident required assistance with bathing and medication and treatments.
NSA and HCSP dated 3/13/16 recorded resident to receive assistance with bathing, and medications and treatments to be administered by licensed or certified staff.
NSA and HCSP lack the name of the licensed nurse responsible for implementation and supervision of the HCSP.
Record review for resident #316 recorded admission date 11/17/08 with diagnoses of: GERD, anxiety, HTN, allergies, depression, CHF, AFib (atrial fibrillation), edema, cellulitis, IDDM (insulin dependent diabetes mellitus) and hyperlipidemia.
FCS dated 12/4/15 recorded resident requires assistance with bathing and management of medications and treatments.
NSA and HCSP dated 12/4/15 recorded resident to receive assistance with bathing and medications to be administered by staff with additional skilled nursing services for diabetic

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S3165	Continued From page 5 monitoring, accuchecks, insulin pen and dressing change (Interim)(outside provider for wound care). NSA and HCSP lack the name of the licensed nurse responsible for implementation and supervision of the HCSP. Review of facility policy " negotiated service agreements " recorded: information included in the agreement should include: The name of the nurse responsible for implementing and supervising the health care services outlined in the negotiated service agreement. Interview on 3/15/16 at 1:18pm with licensed staff #C confirms the NSAs and HCSPs lack the name of the licensed nurse responsible for implementing and supervising the health care services outlined in the NSA. Based on record review and interview the operator failed to ensure the negotiated service agreements contain the name of the licensed nurse responsible for the implementation and supervision of health care services as outlined in the negotiated service agreements as evidenced by review of resident records for residents (#314, #315 and #316) who required health care services.	S3165		
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	S3200		

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S3200	Continued From page 6 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 residents. 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 (#314 and #316) who receive as needed (PRN) medications administered by the certified staff without seeking instructions from the licensed nurse. Findings included: - Record review for resident #314 recorded admission date 6/30/05 with diagnoses of: low back pain, weakness, hypothyroidism, RLS (restless leg syndrome), acute CHF (congestive heart failure) OAB (overactive bladder) osteoarthritis, HTN (hypertension), elevated cholesterol, hypokalemia, GERD (gastro-esophogeal reflux disease), hyponatremia, IBS (irritable bowel syndrome) and hyperlipidemia. FCS (functional capacity screen) dated 1/8/16 recorded resident requires assistance with	S3200		

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S3200	Continued From page 7	S3200		

management of medications and treatments, has impaired vision and impaired decision making.
NSA (negotiated service agreement) and HCSP (Health care service plan) dated 1/8/16 recorded medications to be administered by staff.
March 2016 medication record for resident #314, recorded the following PRN (as needed) medications: oxycodone hydrochloride (a narcotic pain medication) 5mg (milligrams) tablet by mouth daily as needed for pain. Recorded as administered by certified staff on 3/2/16. MAPAP (hydrocodone with Tylenol) (a narcotic pain medication), 500mg tablet 1 tablet every 6 hours PRN pain if pain level 1-5. Recorded as administered by certified staff on 3/7/16 and 3/8/16.
Record review for resident #316 recorded admission date 11/17/08 with diagnoses of: GERD, anxiety, HTN, allergies, depression, CHF, AFib (atrial fibrillation), edema, cellulitis, IDDM (insulin dependent diabetes mellitus) and hyperlipidemia.
FCS dated 12/4/15 recorded resident requires assistance with management of medications and treatments.
NSA and HCSP dated 12/4/15 recorded medications to be administered by staff.
March 2016 medication record for resident #316 recorded the following PRN medications: Ondansetron 4mg tablet (anti- nausea medication) 1 tablet by mouth every 8 hours if needed for nausea. Recorded administered by certified staff on 3/14/16. Simethicone 125mg tablet 1 tablet by mouth after each meal and at bedtime if needed for gas (generic Mylanta). Recorded as administered by certified staff on 3/2/16. MPAP 325mg (generic Tylenol) 2 tablets (650mg) by mouth every 4 hours if needed for pain /elevated temperature. Recorded as administered by certified staff on 3/12/16.

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S3200	Continued From page 8 Review of facility policy for medication administration (Med pass policies) revealed #22: Nurse is notified of med (medication) errors, held meds, refused meds, and PRN meds before giving. #25: PRN is documented with reason and effectiveness of med and per nurses instructions. Review of facility policy for PRN medications revealed the following: PRN medications that require a nursing assessment before giving will require non licensed staff to obtain permission from a licensed nurse before giving. Interview on 3/15/16 at 12:15pm with certified staff # D confirmed he/she did not notify licensed nursing staff prior to giving a PRN medication. Interview on 3/15/16 at 1:18pm with licensed staff # C confirmed facility policy requires notification of a licensed nurse prior to giving PRN medications and certified staff has not notified a licensed nurse prior to giving residents PRN medications 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 (#314 and #316)) who receive as needed (PRN) medications administered by the certified staff without instructions from the licensed nurse.	S3200		