| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a resurvey at the above named residential health care facility conducted on 3-17-14, 3-18-14 and 3-19-14. | S 000 | | |
| S 105 SS=E | 26-39-103 (b) Exercise of Resident Rights<br><br>(b) Exercise of rights.<br>(1) The administrator or operator shall ensure that each resident is afforded the right to exercise the resident ' s rights as a resident of the adult care home and as a citizen.<br>(2) The administrator or operator shall ensure that each resident is afforded the right to be free from interference, coercion, discrimination, or reprisal from adult care home staff in exercising the resident's rights.<br>(3) If a resident is adjudged incompetent under the laws of the state of Kansas, the resident ' s legal representative shall have the power to exercise rights on behalf of the resident.<br>(4) In the case of a resident who has executed a durable power of attorney for health care decisions, the agent may exercise the rights of the resident to the extent provided by K.S.A. 58-625 et seq. and amendments thereto.<br><br>This STANDARD is not met as evidenced by:<br>KAR 26-39-103(b)(1)<br><br>The facility reported a census of 29 residents. The sample included 3 residents. Based on observation, record review and interview for 2 (#231, #232) of 3 sampled residents, the operator failed to ensure that each resident is afforded the right to exercise the resident's rights as a resident of the adult care home and as a citizen. | S 105 | | |

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

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| S 105 | Continued From page 1<br>Findings included:<br><br>- Record review for resident #231 revealed admission on 2-6-14 with diagnoses Insulin Dependent Diabetes Mellitus, Diabetic Retinopathy, Cataracts, Asthma, Gastroesophageal Reflux Disorder, Hypokalemia, Depression and Allergies.<br><br>The Functional Capacity Screen (FCS) dated 2-6-14 recorded resident required supervision with bathing; independent with dressing, toileting, transfers, walking/mobility and eating; physical assistance with management of medications and treatments. Cognition: no problems. Communication: no problems. Current problems/risks identified: impaired hearing.<br><br>The Negotiated Service Agreement (NSA) dated 2-6-14 recorded services for supervision with bathing every 15 minutes while in shower; meal preparation of regular diet with diabetic precaution by staff 3 times a day; skilled nursing services included blood glucose monitoring four times a day. Medication management: medications administered by licensed nurse or certified medication aide (CMA) per doctor's orders.<br><br>Resident Qualification for Self-Administration of Medication form dated 2-7-14 stated: "Resident will draw up own insulin and self inject." signed by resident and administrative nurse B.<br><br>Resident Rights in record signed by resident states, "Each resident has the right to self-administer medications with or without assistance if deemed appropriate by the negotiated service agreement." | S 105 | | |

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| S 105 | Continued From page 2<br><br>Observation and interview of resident #231 on 3-18-14 at 11:40 pm stated the staff assisted with insulin administration but "I used to do it better. I can't do those pens they got now. These pens hurt me worse plus they leak out." Resident demonstrated how he/she had used an autoject device to self administer insulin with a regular insulin syringe at home and when he/she first moved into facility. Stated "this didn't hurt or bruise."<br><br>Interview on 3-18-14 with administrative staff A regarding whether resident #231 had been given a choice of continuing to draw up and self administer insulin or to use a Flexpen to self inject insulin stated, "No, he/she wasn't given a choice. We told resident #231 he/she was going to switch to the Flexpen when he/she came here."<br><br>For resident #231, the operator failed to ensure the resident was afforded the right to exercise his/her rights by being allowed to make a choice regarding how to self administer insulin.<br><br>- Record review for resident #232 revealed admission on 6-10-05 with diagnoses Anxiety, Osteoporosis, Constipation, Anemia.<br><br>The Functional Capacity Screen (FCS) dated 4-30-14 recorded resident independent with bathing, dressing, toileting, transfers, walking/mobility and eating; physical assistance with management of medications and treatments. No problems with cognition. No problems with communication. No current problems/risks identified.<br><br>The Negotiated Service Agreement (NSA) dated 4-30-14 recorded services for staff preparation of | S 105 | | |

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| S 105 | Continued From page 3 | S 105 | | |

regular diet meals three times daily. Medication Management: Medication administered by licensed nurse and Certified Medication Aide (CMA).

Observation of medication pass on 3-17-14 at 4:00 pm revealed the following: CMA placed medication cup with two tablets in resident's jewelry box. Stated this is done per resident's request so he/she can take Tylenol (325 mg 2 tablets) when he/she wakes up during the night.

Interview on 3-17-14 at 4:00 pm with resident #232 confirmed this was Tylenol, stated he/she didn't want it scheduled for administration by staff. Stated if he/she is awakened to take medication, can't go back to sleep. If he/she takes it when wakes up naturally, easier to go back to sleep. Further stated he/she places the Tylenol in a bottle and sets it next to bedside each night. Demonstrated that he/she could open the container. Further stated he/she usually awakens around midnight and 2 am to go to bathroom and takes one pill each time.

Interview on 3-18-14 at 12:50 with resident #232 stated they (CMA) would bring 2 Tylenol in the morning and put in jewelry box and "that was for if I needed it in the daytime. Then in the afternoon, they would bring me two more...and that would fix me up for the night." Further stated he/she never takes more than one at a time.

Interview on 3-17-14 at 5:30 pm with administrative staff A and administrative nurse B confirmed they knew that resident had talked staff into leaving Tylenol in room for him/her to take and had stopped the staff from doing this but didn't realize resident was doing it again. Further confirmed resident #232 had not been assessed

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| S 105 | Continued From page 4<br>for ability to self administer Tylenol as needed.<br><br>Resident Qualification for Self-Administration of Medication form dated 3-18-14, signed by resident #232 and administrative nurse B stated resident cognitively, visually and physically able to self administer; approved to self administer Tylenol 325 mg 2 tablets as needed.<br><br>For resident #232, the operator failed to ensure the resident was afforded the right to exercise his/her rights by being allowed to self-administer Tylenol as needed. | S 105 | | |
| S3085 SS=E | 26-41-202 (a) Negotiated Service Agreement<br><br>(a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by: | S3085 | | |

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| S3085 | Continued From page 5<br>KAR 26-41-202(a)<br><br>The facility reported a census of 29 residents. The sample included 3 residents. Based on observation, record review and interview for 2 (#230, #231) of 3 sampled residents, the operator failed to ensure the negotiated service agreement provided a description of services the resident will receive, identification of the provider of each service and identification of each party responsible for payment of outside resources.<br><br>Findings included:<br><br>- Record review for resident #230 revealed admission on 1-22-14 with diagnoses Hypertension, Chronic Bladder Outlet Obstruction, Frequent Urinary Tract Infection, Chronic Obstructive Pulmonary Disease, Hypothyroidism, Insulin Dependent Diabetes Mellitus, Right Lower Extremity Cellulitis and Allergies.<br><br>The Functional Capacity Screen dated 2-19-14 recorded resident unable to perform bathing, dressing, and walking/mobility; physical assistance with toileting, transfer, eating and management of medications and treatments. Cognition: problems with short term memory, memory/recall and decision making. Current problems/risks identified included impaired decision -making.<br><br>The Negotiated Service Agreement (NSA) dated 1-22-14 recorded services for staff assist with bathing at least 2 times weekly; assist of 1 staff with dressing; indwelling urinary catheter, supervision of staff with transfers, stand by assistance of staff or home health with ambulation, meal preparation of carbohydrate | S3085 | | |

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| S3085 | Continued From page 6 | S3085 | | |

controlled diet 3 times per day. Skilled nursing services included: insulin given 3 times daily. Accucheck (blood glucose monitoring) three times daily. Treatment to right heel ulcer cleanse with wound cleanser, apply santyl, wrap with gauze dressing. The NSA identified a home health agency. The NSA lacked documentation of the services the home health agency provided; lacked documentation of party responsible for management of the foley catheter, management of wound care, and lacked identification of services delegated to certified medication aides for blood glucose monitoring. The NSA further lacked documentation of party responsible for managing insulin administration.

Amendment to NSA dated 2-19-14 stated, "Resident was started on hospice on 2-18-14...hospice nurse to see resident 2 times weekly. Bath aide 1 time weekly. Staff will do 2 hour rounds and reposition resident. Assist in feeding resident. Nurse's will do all treatments as ordered. Staff will assist with transfers." The amendment lacked identification of oxygen provider,and identification of each party responsible for payment of the hospice and documentation of transfers requiring 2 persons.

Physician's hospice admission orders dated 2-18-14 included: "oxygen 1-3 liters per nasal cannula for shortness of breath or oxygen saturation less than 90%."

Physician's order dated 2-27-14: Accuchecks four times a day. Results less than 100 hold Novolog. 100-200 administer 4 units Novolog, 200-300 administer 6 units Novolog, over 300 call physician.

Observation on 3-17-14 at 3:30 pm revealed

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| S3085 | Continued From page 7 | S3085 | | |

resident resting in bed on back with head of bed elevated 30 degrees. Oxygen on at 2.5 liters per nasal cannula via oxygen concentrator. Protective boots on both feet with gauze dressing intact to right foot. Respirations slightly labored with audible gurgling. Resident awake, non-verbal but if given time, able to nod head or give appropriate one word answers. Skin pale, cool to the touch.

Interview on 3-17-14 during entrance tour at 12:20 pm with administrative staff A stated the nurses administer the insulin to resident #230 since the resident is unable to self inject.

Interview on 3-17-14 at 3:25 pm with administrative nurse B stated since the resident #230 declined it takes 2 staff members to dress and reposition resident, resident is no longer continent of bowels and is unable to walk or propel self in a wheelchair. Confirmed this was not documented in the negotiated service agreement dated 1-22-14 or the amendment to the negotiated service agreement dated 2-19-14.

Interview on 3-18-14 at 2:10 pm with administrative staff A confirmed the amendment to the negotiated service agreement lacked identification of the oxygen provider, identification of services delegated to CMAs for blood glucose monitoring and identification of who is responsible for managing insulin administration. Further lacked documentation of each party responsible for payment of the hospice and the oxygen provider.

For resident #230, the operator failed to ensure development of a written negotiated service agreement based on the resident's functional capacity screening which provided a description

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| S3085 | Continued From page 8 | S3085 | | |

of services, identification of the provider of each service and identification of each party responsible for payment of the outside providers.

- Record review for resident #231 revealed admission on 2-6-14 with diagnoses Insulin Dependent Diabetes Mellitus, Diabetic Retinopathy, Cataracts, Asthma, Gastroesophageal Reflux Disorder, Hypokalemia, Depression and Allergies.

The functional capacity screen (FCS) dated 2-6-14 recorded resident required supervision with bathing; independent with dressing, toileting, transfers, walking/mobility and eating; physical assistance with management of medications and treatments. Cognition: no problems. Communication: no problems. Current problems/risks identified: impaired hearing.

The Negotiated Service Agreement (NSA) dated 2-6-14 recorded services for supervision with bathing every 15 minutes while in shower; meal preparation of regular diet with diabetic precaution by staff 3 times a day; skilled nursing services included blood glucose monitoring four times a day. Medication management: medications administered by licensed nurse or certified medication aide (CMA) per doctor's orders. The NSA lacked identification of services delegated to certified medication aides for diabetes management (CMAs to perform blood glucose monitoring and dialing of insulin Flexpen then to give to resident to self-inject insulin).

Physician's order dated 2-17-14: "Accuchecks (blood glucose monitoring) four times daily and fax to physician every week." Dated 3-11-14: "Use Novolog 70/30 insulin pen, 50 units

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| S3085 | Continued From page 9<br>subcutaneously before lunch, 100 units subcutaneously before supper."<br><br>Interview on 3-18-14 around 2:00 pm with administrative staff A confirmed the NSA lacked identification of services delegated to CMAs for diabetes management.<br><br>For resident #231, the operator failed to ensure the negotiated service agreement described the services delegated to certified medication aides for diabetes management. | S3085 | | |
| S3155 SS=D | 26-41-204 (a) Health Care Services<br><br>. (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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(a)<br><br>The facility reported a census of 29 residents. The sample included 3 residents. Based on observation, record review, and interview for 1 (#230) of 3 residents sampled, the operator failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of the resident in accordance with the functional capacity screening and the negotiated service agreement to address the resident ' s risk for skin impairment by | S3155 | | |

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| S3155 | Continued From page 10 | S3155 | | |

performing an admission skin assessment on the resident who was at high risk for skin breakdown and implement a plan for prevention. The resident experienced impairment of skin on buttocks and coccyx.

Findings included:

- Record review for resident #230 revealed admission on 1-22-14 with diagnoses Hypertension, Chronic Bladder Outlet Obstruction, Frequent Urinary Tract Infection, Chronic Obstructive Pulmonary Disease, Hypothyroidism, Insulin Dependent Diabetes Mellitus, Right Lower Extremity Cellulitis and Allergies.

The Functional Capacity Screen dated 2-19-14 recorded resident unable to perform bathing, dressing, and walking/mobility; physical assistance with toileting, transfer, eating and management of medications and treatments. Cognition: problems with short term memory, memory/recall and decision making. Current problems/risks identified included impaired decision -making.

The Negotiated Service Agreement (NSA) dated 1-22-14 recorded services for staff assist with bathing at least 2 times weekly; assist of 1 staff with dressing; indwelling urinary catheter, supervision of staff with transfers, stand by assistance of staff or home health with ambulation, meal preparation of carbohydrate controlled diet 3 times per day. Skilled nursing services included: insulin given 3 times daily. Accucheck (blood glucose monitoring) three times daily. Treatment to right heel ulcer cleanse with wound cleanser, apply santyl, wrap with gauze dressing. The NSA identified a home

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health agency.

Amendment to NSA dated 2-19-14 stated, "Resident was started on hospice on 2-18-14...hospice nurse to see resident 2 times weekly. Bath aide 1 time weekly. Staff will do 2 hour rounds and reposition resident. Assist in feeding resident. Nurse's will do all treatments as ordered. Staff will assist with transfers."

Observation on 3-17-14 at 3:30 pm revealed resident resting in bed on back with head of bed elevated 30 degrees. Protective boots on both feet with gauze dressing intact to right foot. Respirations slightly labored with audible gurgling. Skin pale, cool to the touch.
Observation of skin on 3-19-14 at 10:12 am revealed buttocks deep reddish purple with two healed areas approximately 2 to 2.5 centimeters irregularly shaped, one on each buttock closed with no drainage.

Discharge/Transfer form from hospital dated 1-21-14 stated: Cleanse (right foot) heel ulcer with wound cleanser, apply Santyl and polymem silver to wound bed and place with tape. Change daily. " No documentation of additional skin impairments.

Home Health agency start of care note dated 1-24-14 recorded the following:
Pressure Ulcer Assessment: Was the patient assessed for risk of developing pressure ulcers? Yes.
Does the patient have a risk for developing pressure ulcers? Yes.
Documentation of wound to right heel. No documentation of further skin impairment.

Nurses Notes revealed the following:

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| S3155 | Continued From page 12<br>1-22-14 at 11:00 am: "Resident admitted to facility in wheelchair from hospital. Resident is hard of hearing. Needs assistance with activities of daily living, foley catheter intact and draining clear yellow urine. Alert and oriented times 3." Signed by administrative nurse B.<br>1-23-14 at 1:30 pm: "Treatment to right heel side. 3 centimeter (cm) wide by 4 cm long. No drainage noted. Noted 2 centimeter round white in color area in center of wound. No complaint of discomfort or pain voiced by resident." Signed by administrative nurse B.<br>2-1-14 at 7:00 am: "Received report from certified medication aide that resident noted to have open areas on midpart of buttocks bilaterally. Call placed to home health agency regarding open areas due to agency changes residents dressings Monday through Friday." Signed by staff nurse F.<br>2-4-14 at 2:00 pm: "...areas on buttock washed with soap and water, rinsed and moisture barrier applied." Signed by administrative nurse B.<br>2-5-14 at 12:30 pm: "This caller placed a call to physician office, request an order for resident's buttocks. Left message for nurse with signs and symptoms. Awaiting call back from nurse." Signed by administrative nurse B.<br>2-7-14 at 5:00 pm: "Resident seen by physician. New orders to continue wound care, Calmoseptine ointment twice a day and as needed to coccyx area, Keflex 500 milligrams three times a day for 10 days and to keep right foot off bed while lying down." Signed by administrative nurse B.<br>(Physician's Visit note on 2-7-14 stated: "Sacral/coccyx ulcer on admit. Calmoseptine twice a day to coccyx wound and as needed. Heel ulcers vascular and pressure on admit." Signed by physician.)<br>2-18-14 at 7:45 am: "...noted buttock very sore, | S3155 | | |

| 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 _____ | 03/19/2014 |

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

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| S3155 | Continued From page 13 | S3155 | | |

open even with treatment and was cleansed with wound cleanser, patted dry and powder applied." Signed by administrative nurse B.

Hospice note dated 2-19-14 at 11:15 am: Left buttock wound irregular in shape. Approximately 10 cm by 10 cm. Scant serosanguinous drainage. Discolored peri-wound. Skin protectant in place. Encourage off loading of right foot wounds and left buttock wounds. "

Interview on 3-17-14 at 4:35 pm with administrative nurse B confirmed he/she did not perform a skin assessment on admission on resident who was high risk for skin impairment, stated "we've never done those" and was unable to state whether resident had the pressure areas on buttocks on admission or obtained them at the facility. Further stated the resident was not placed on an every two hour repositioning schedule until he/she was placed on hospice services on 2-19-14.

Confidential interview on 3-19-14 at 9:35 am stated resident " did not have the wounds on his/her bottom " when he/she first came here. " He/she got those since he/she moved in. " Further stated resident was ambulatory then " he/she went down pretty fast. "

Interview on 3-19-14 at 9:50 am with administrative nurse B stated, " I was trying to treat (buttocks) with wound gel and doing good pericare with it. Confirmed no order for wound gel. " I was doing it as a nursing precaution, trying to delay the effects. " Confirmed the physician ' s " standing orders don ' t say anything about wound gel. I was washing (resident ' s) bottom a couple times a day, patting it dry, trying to protect it as much as possible. "

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| S3155 | Continued From page 14<br>Confirmed he/she did not notify the physician right away.<br><br>In a written statement from administrative nurse B obtained on 3-19-14 stated, " 1-22-14 resident was admitted from hospital ...skin assessment was not done on whole body at this time. Skin assessment was not completed because no policy for facility and not part of admission packet. On 2-1-14 it was noted by staff nurse F that resident had open areas mid part of buttocks bilaterally, call put in to home health agency. Staff nurse F requested that home health look at buttocks area. This writer was informed of open areas on 2-4-14, areas were cleaned with water, soap, patted dry and a moisture barrier applied. On 2-5-14, I called physician requesting an order for skin care to buttocks, cleansed area to keep clean. Physician came to facility on 2-7-14 and new order received for Calmoseptine ointment to buttock twice a day and as needed. "<br><br>Written statement from certified staff on 3-19-14 at 10:35 am revealed: " I took resident to the restroom after breakfast when he/she stood up so I could clean the BM from buttocks, I noticed blood. I called the nurse in to observe. When we got (resident) clean, we could see a couple of open spots. " Certified staff member further stated resident did not have these areas when he/she first came to facility.<br><br>For resident #230, the operator failed to ensure all health care services were provided by qualified staff in accordance with acceptable standards of practice when the nurse failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of the resident in accordance with the functional capacity screening and the | S3155 | | |

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| S3155 | Continued From page 15<br>negotiated service agreement to address the resident ' s risk for skin impairment by performing an admission skin assessment on the resident who was at high risk for skin breakdown and implement a plan for prevention. The resident experienced impairment of skin on buttocks and coccyx. | S3155 | | |