

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175231	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - ELLSWORTH VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 1156 HIGHWAY 14 ELLSWORTH, KS 67439	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0760 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 63 residents. The sample included three residents. Based on observation, record review, and interview, the facility failed to ensure residents were free of significant medication errors when Licensed Nurse (LN) G failed to hold Resident (R) 1's [MED] (anticoagulant-medication to treat and prevent blood clots) as physician ordered prior to surgical procedure. Findings included: - R1's Physician order [REDACTED]. The 5-day Minimum Data Set, dated dated [DATE], documented the resident had a Brief Interview for Mental Status score of six, indicating severe cognitive impairment. The MDS documented the resident received anticoagulant medication. The Physician Order, dated 05/26/18, directed staff to administer [MED] 5 milligrams (mg) two times a day for [MEDICAL CONDITION] (rapid, irregular heart beat). R1's physician's orders [REDACTED]. The Nurse's Note, dated 0[DATE] at 10:00 PM, documented LN G reported to LN H that the physician ordered to stop R1's [MED] one week prior to scheduled surgery on 01/29/2020. The note documented staff should have stopped administering the [MED] to R1 starting on 0[DATE]. The note documented the resident received the medication twice on 0[DATE] and 01/24/2020, and daily on 1/25/2020 and [DATE]. Staff notified Administrative Nurse D, who requested staff call the physician, and report the medication had not been stopped as ordered. On 03/04/2020 at 10:30 AM, observation revealed R1 sat in her room, alert, and dressed for the day. On 01/29/2020 at 02:31 PM, Administrative Nurse D gave LN G a written warning for failure to stop R1's medication as physician ordered, documented she expected LN G to follow physician orders, place them in the computer, and communicate to other nurses what the physician had ordered. On 03/04/2020 at 10:40 AM, LN G verified on 01/29/2020 she was instructed by Administrative Nurse D on properly entering physician orders, to hold medication when ordered, and how to prevent this from occurring again. On 03/04/2020 at 02:24 PM, LN I stated she received training on entering physician orders [REDACTED]. On 03/04/2020 at 05:30 PM, Administrative Nurse D verified she did not have documentation of the education verbally provided to nursing staff and there were four staff members that had not received any education. The facility's Physician order [REDACTED]. Accurate processing of physician orders [REDACTED]. The facility failed to stop R1's [MED] as physician ordered, placing the resident at risk for complications related to shunt malfunctions.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.