

Kansas Department on Aging

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VALHLTHCLOSE | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/19/2016 |
|--|---|---|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER VALLEY HEALTH CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 400 12TH STREET PO BOX 189 VALLEY FALLS, KS 66088 |
|--|---|

| (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 |
|--------------------|---|---------------|---|--------------------|
| M 000 | INITIAL COMMENTS The following citations represent the findings from a Health Resurvey and complaint investigation #93622, #91272 and #84379. | M 000 | | |
| M 240 SS=C | 28-39-234(c) QUALITY OF CARE (c) There shall be written policies and procedures concerning crisis intervention. These policies and procedures shall be: (1) Directed to maximizing the growth and development of the resident by listing a hierarchy of available alternative methods that emphasize positive approaches; (2) available in each program area and living unit; (3) available to residents and their families; and (4) developed with the participation, as appropriate, of residents served. (Authorized by and implementing K.S.A. 39-932, effective May 16, 1994. This REQUIREMENT is not met as evidenced by: MH28-39-234 (E) (c) (1) The facility had a census of 35 residents. Based on observation, interview, and record review, the facility failed to ensure the written policy and procedure for crisis intervention was available to residents and their families. Findings included: -During an interview on 1/12/16 at 8:00 a.m., administrative staff A stated the facility had a crisis intervention policy in the policy and procedure book located in the nursing office. Staff A further stated staff did not receive formal | M 240 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kansas Department on Aging

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VALHLTHCLOSE | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/19/2016 |
|--|---|---|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER VALLEY HEALTH CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 400 12TH STREET PO BOX 189 VALLEY FALLS, KS 66088 |
|--|---|

| (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 |
|--------------------|--|---------------|---|--------------------|
| M 240 | <p>Continued From page 1</p> <p>training on the crisis intervention procedure. He/she stated a program was being developed but was not yet implemented.</p> <p>An observation on 1/12/16 at 8:30 a.m. revealed the nursing office where the policy and procedure book was located remained locked by a keypad device. The crisis intervention procedure kept in the policy and procedure book was not available to residents and their families.</p> <p>The facility 's undated procedure for Crisis Intervention included instructions for staff interventions during crisis situations involving residents.</p> <p>The facility failed to ensure the written policy and procedure for crisis intervention was available to residents and their families.</p> | M 240 | | |
| M 250 SS=F | <p>28-39-235(a) NURSING SERVICES</p> <p>Nursing services. (a) Each nursing facility for mental health shall employ or have on contract a psychiatric nurse who shall perform a monthly written evaluation of each resident's response to the mental health plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: M-H 28-39-235(a)</p> <p>The facility had a census of 35 residents with 15 sampled for review. Based on interview and record review, the facility failed to ensure the contracted psychiatric nurse performed a monthly</p> | M 250 | | |

Kansas Department on Aging

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VALHLTHCLOSE | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/19/2016 |
|--|---|---|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER VALLEY HEALTH CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 400 12TH STREET PO BOX 189 VALLEY FALLS, KS 66088 |
|--|---|

| (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 |
|--------------------|--|---------------|---|--------------------|
| M 250 | <p>Continued From page 2</p> <p>written evaluation of each resident ' s response to the mental health plan of care for 8 of 15 sampled residents. (#1, #3, #4, #7, #8, #10, #28, and #29) This deficient practice had the potential to affect all residents in the facility.</p> <p>Findings included:</p> <p>-Review of the clinical records of residents #1, #3, #4, #7, #8, #10, #28, and #29, revealed the contracted psychiatric ARNP (advanced registered nurse practitioner) that assisted in care management of the residents in the facility failed to perform monthly written evaluations regarding the resident ' s response to their mental health care plan.</p> <p>An interview on 1/12/16 at 1:58 p.m. with licensed nurse H stated Nurse Practitioner JJ came to the facility twice a month to see residents.</p> <p>During an interview on 1/12/16 at 2:26 p.m. administrative nurse D confirmed Psychiatric Nurse Practitioner JJ assessed residents in the facility on a regular basis, but did not complete monthly evaluations of each resident ' s response to their mental health plan of care, for all of the residents in the facility.</p> <p>Review of the contract for psychiatry services dated 9/11/14 stated services included professional medication management services.</p> <p>The facility failed to ensure a psychiatric nurse performed monthly evaluations of each resident ' s response to their mental health plan of care.</p> | M 250 | | |