

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/15/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>17E613</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>LOGAN COUNTY MANOR - LTCU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 PRICE AVE</b> <b>OAKLEY, KS 67748</b>		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 41 residents. The sample included 6 residents. Based on observation, record review, and interview the facility failed to provide supervision and assistance to prevent a fall for 1 of the 3 sampled residents. (#3)</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Resident #3's quarterly (MDS) Minimum Data Set assessment, dated 5/9/16, indicated the resident had a (BIMS) Brief Interview for Mental Status Score of 3, which indicated the resident had severely impaired cognition. The MDS indicated the resident required extensive 1 staff assistance with bed mobility and dressing, and limited 1 staff assistance with transfer, walk in room, corridor, locomotion on and off unit, and toilet use. The MDS indicated the resident's balance was not steady, but able to stabilize</li> </ul>	F 323			

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.

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F 323	<p>Continued From page 1</p> <p>without staff assistance, and used a walker or wheelchair for mobility. The MDS indicted the resident had 1 injury fall since admission or prior assessment.</p> <p>The 5/20/16 care plan indicated the resident ambulated with limited 1 staff assistance with a gait belt and walker. The care plan indicated the resident would not wait for staff at times, and was very quick at getting where he/she wanted to go. The care plan indicated the resident was legally blind in his/her left eye. The care plan instructed staff to use a chair and bed electronic alarm for the resident and to make sure the alarms were working because the resident knew how to shut the alarms off. The care plan indicated the resident was high risk for falls because of his/her unawareness of safety needs and gait/balance problems.</p> <p>The 5/6/16 at 10:15 AM communication to the physician stated the resident had a fall on 5/6/16, when he/she was seated in a wheelchair at the dining room table, bent over to pick up a fork off the floor, and slid out of the unlocked wheelchair.</p> <p>The Morse fall scale indicated the following: 3/2/16 he/she had a score of 90 (a score of greater than or equal to 51, indicates high risk for fall). 5/16/16 he/she had a score of 80. 6/6/16 he/she had a score of 90.</p> <p>On 6/14/16 at 7:41 AM, observation revealed Nurse Aide A, entered the resident's room, assisted the resident with sitting upright on the side of the bed, turned off the bed pad alarm, placed the resident's walker in front of him/her, and told the resident to stay on the bed and</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>he/she would be right back with a gait belt. Observation revealed the resident had on soft slipper socks, without grips on the bottom. Continued observation revealed, as soon as Nurse Aide A was out the resident's room, the resident stood up, grabbed his/her walker, and quickly walked into the bathroom. Continued observation revealed Nurse Aide A returned to the room with a gait belt entered the bathroom, placed the gait belt on the resident and told the resident, he/she was supposed to wait for him/her to get back.</p> <p>On 6/14/16 at 10:10 AM, Nurse Aide A stated he/she should not have left the resident without supervision and assistance at 7:15 AM. Nurse Aide A stated the resident required 1 staff assistance, gait belt and walker, when ambulating. Nurse Aide A stated the resident had fallen in the past when getting up.</p> <p>On 6/14/16 at 10:49 AM, Administrative Nurse B stated staff should not leave the resident unattended, to go and retrieve an item they have forgotten, unless the resident is in his/her wheelchair or lying in bed with the pad alarm on.</p> <p>The facility's undated Fall Prevention policy stated the facility would ensure the residents achieve the highest quality of life by providing supervision and interventions that are deemed necessary to minimize significant injuries.</p> <p>The facility failed to provide supervision and assistance for Resident #3, who is at high risk for falls, and staff left him/her unattended in his/her room without a pad alarm on.</p>	F 323			