STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087167	A. BUILDING: _____ B. WING _____	07/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE CARE WEST	968 N TYLER ROAD WICHITA, KS 67212

(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 represent the findings of the licensure resurvey for the above named facility conducted on 07/25/22.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(c)(1) The facility reported a census of five residents with three residents included in the sample. Based on interview and record review the operator failed to conduct a screening to determine the individual's functional capacity based on their needs and preferences every 365 days. Findings included: - Record review for R726 revealed an admission date of 05/29/21 with the following diagnoses: dementia with behavioral disturbance, unsteady gait, and chronic kidney disease. The 05/28/21 "Admission FCS" identified R726 required physical assistance with bathing,	S5085		

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S5085	Continued From page 1	S5085		

dressing, toileting, and eating. She required supervision for transfers and walking/mobility. She was unable to perform management of medications and treatments and was frequently incontinent. R726 was marked for short-term memory, long-term memory, memory/recall, and decision making deficits, falls, impaired decision making, wandering, and inappropriate behavior.

The 05/28/21 "Admission NSA" directed facility staff to provide R726 with assistance of one staff two times a week for bathing, one staff assistance for dressing, toileting, eating, and bladder incontinence. Facility staff to manage medications and treatments per physician's orders and re-orient her to person, place, and time as needed for memory loss. They provided an alarm in her bed and her chair to prevent falls, she had a Durable Power of Attorney (DPOA) for impaired decision making, and the Registered Nurse (RN) was responsible for management of wandering and inappropriate behavior including notifying physician and family and monitoring medications.

R726's record lacked documentation of an "Annual FCS" completed since 05/25/21 which as of 07/25/20 was 426 days, 61 days past due.

On 07/25/22 at 01:45 PM Administrative Staff B stated an annual FCS was completed on time for R726 but she could not find it.

The operator failed to conduct a screening to determine the individual's functional capacity based on their needs and preferences every 365 days or following a significant change in condition.

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S5116	Continued From page 2	S5116		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(1) The facility reported a census of five residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the review and, if necessary, revision of one resident's "Negotiated Service Agreement" (NSA) at least once every 365 days. Findings included: - Record review for R726 revealed an admission date of 05/29/21 with the following diagnoses: dementia with behavioral disturbance, unsteady gait, and chronic kidney disease. The 05/28/21 Admission "Functional Capacity Screen" (FCS) identified R726 required physical	S5116		

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	B087167	A. BUILDING: _____ B. WING _____	07/25/2022

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S5116	Continued From page 3 assistance with bathing, dressing, toileting, and eating. She required supervision for transfers and walking/mobility. She was unable to perform management of medications and treatments and was frequently incontinent. R726 was marked for short-term memory, long-term memory, memory/recall, and decision making deficits, falls, impaired decision making, wandering, and inappropriate behavior. The 05/28/21 "Admission NSA" directed facility staff to provide R726 with assistance of one staff two times a week for bathing, one staff assistance for dressing, toileting, eating, and bladder incontinence. Facility staff to manage medications and treatments per physician's orders and re-orient her to person, place, and time as needed for memory loss. They provided an alarm in her bed and her chair to prevent falls, she had a Durable Power of Attorney (DPOA) for impaired decision making, and the Registered Nurse (RN) was responsible for management of wandering and inappropriate behavior including notifying physician and family and monitoring medications. R726's record lacked documentation of an "Annual NSA" completed since 05/25/21 which as of 07/25/20 was 426 days, 61 days past due. On 07/25/22 at 01:45 PM Administrative Staff B stated an annual NSA was completed on time for R726, but it had not been signed yet by all individuals involved. The operator failed to ensure the review and, if necessary, revision of R726's "NSA" at least once every 365 days.	S5116		

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S5230	Continued From page 4	S5230		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of five residents with three included in the sample. Based on interview and record review the operator failed to ensure the facility remained in compliance with all three residents sampled with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Record review for R725 revealed an admission date of 02/25/22 with the following diagnoses: hypertension, wound on sacrum/coccyx, type two diabetes mellitus, and neuropathy. The 02/25/22 Admission "Functional Capacity Screen" (FCS) identified R725 required physical	S5230		

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S5230	Continued From page 5	S5230		

assistance with bathing, dressing, toileting, transfers, walking/mobility, eating, and was usually continent of bladder. He was unable to perform management of medications and treatments and he was marked for falls.

The 02/25/22 Admission "Negotiated Service Agreement" directed facility staff to provide R725 with physical assistance of one staff two times a week for bathing, one staff assistance for dressing, toileting, walking/mobility, eating, and bladder incontinence. Facility staff were to manage medications and treatments per physician's orders and an alarm was provided for his bed and recliner to prevent falls.

The "Compassionate Care West TB Test" record for R725 documented the first step of a two-step TB skin test was administered on 04/25/22 and read on 04/27/22 with negative results. The "TB Test" record lacked documentation the second step of the two-step TB skin test was completed.

- Record review for R726 revealed an admission date of 05/29/21 with the following diagnoses: dementia with behavioral disturbance, unsteady gait, and chronic kidney disease.

The 05/28/21 "Admission FCS" identified R726 required physical assistance with bathing, dressing, toileting, and eating. She required supervision for transfers and walking/mobility. She was unable to perform management of medications and treatments and was frequently incontinent. R726 was marked for short-term memory, long-term memory, memory/recall, and decision making deficits, falls, impaired decision making, wandering, and inappropriate behavior.

The 05/28/21 "Admission NSA" directed facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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COMPASSIONATE CARE WEST	968 N TYLER ROAD WICHITA, KS 67212

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S5230	Continued From page 6	S5230		

staff to provide R726 with assistance of one staff two times a week for bathing, one staff assistance for dressing, toileting, eating, and bladder incontinence. Facility staff to manage medications and treatments per physician's orders and re-orient her to person, place, and time as needed for memory loss. They provided an alarm in her bed and her chair to prevent falls, she had a Durable Power of Attorney (DPOA) for impaired decision making, and the Registered Nurse (RN) was responsible for management of wandering and inappropriate behavior including notifying physician and family and monitoring medications.

The "Compassionate Care West TB Test" record for R726 documented a two-step TB skin test was completed on 06/09/21 with negative results. Her record lacked documentation of annual follow-up TB screening for 2022.

- Record review for R727 revealed an admission date of 12/28/17 with the following diagnoses: dementia without behavioral disturbance, major depressive disorder, and diabetes mellitus.

The 01/11/22 "Annual FCS" identified R727 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and eating. He was unable to perform management of medications and treatments and was frequently incontinent. R727 was marked for long-term memory, memory recall, decision- making deficits, and falls.

The 01/11/22 "Annual NSA" directed facility staff to provide R727 with assistance of one staff two times a week for bathing, one staff assistance for dressing, toileting, transfers, walking/mobility, eating, and bladder incontinence. Facility staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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COMPASSIONATE CARE WEST	968 N TYLER ROAD WICHITA, KS 67212

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S5230	Continued From page 7 manage medications and treatments per physician's orders and re-orient him to person, place, and time as needed for memory loss. They provided an alarm in his bed and chair to prevent falls. The "Compassionate Care West TB Test" record for R727 documented a two-step TB skin test was completed on 01/12/21 with negative results. His record lacked documentation of annual follow-up TB screening for 2022. On 07/25/22 at 10:43 AM Administrative Staff A stated she had completed all annual TB skin tests on the residents and hoped she remembered to document them in their records. On 07/25/22 at 12:35 PM Administrative Staff B confirmed the space for the second step on the "TB Test" record for R725 was left blank and the records for R726 and R727 lacked documentation of annual TB skin testing for 2022. The operator failed to ensure the facility remained in compliance with TB screening for R725, R726, and R727 according to the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105.	S5230		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an	S5265		

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S5265	Continued From page 8 assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(a)(1) The facility reported a census of eight residents with three included in the sample. Based on interview and record review the operator failed to ensure an assessment was completed to determine that one resident could self-administer insulin injections safely and accurately before he began self-administration of insulin. Findings included: - Record review for R725 revealed an admission date of 02/25/22 with a diagnosis of type two diabetes mellitus. The 02/25/22 Admission "Functional Capacity Screen" (FCS) identified R725 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, eating, and was usually continent of bladder. He was unable to perform management of medications and treatments and he was marked for falls. The 02/25/22 Admission "Negotiated Service	S5265		

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COMPASSIONATE CARE WEST	968 N TYLER ROAD WICHITA, KS 67212

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S5265	Continued From page 9	S5265		

Agreement" directed facility staff to provide R725 with physical assistance of one staff two times a week for bathing, one staff assistance for dressing, toileting, walking/mobility, eating, and bladder incontinence. Facility staff were to manage medications and treatments per physician's orders and an alarm was provided for his bed and recliner to prevent falls.

The 02/25/22 "Nurse's Progress Note" documented that R725 "was independent with administering insulin with visual supervision from staff."

The 06/01/22 - 06/30/22 Medication Administration Record (MAR) for R725 contained an entry for Humalog 100 units/milliliter (ml) insulin Lispro 100 units/ml inject six units subcutaneously (under the skin) three times a day with meals. Next the entry was a handwritten note that read "(Novolog) resident will administer, staff supervises."
R725's record lacked documentation of an assessment to determine that he could safely and accurately self-administer Novolog insulin injections.

On 07/25/22 at 02:09 PM R725 stated he administered his own insulin "with the girls' help."

On 07/25/22 at 02:28 PM Administrative Staff B stated facility staff provided supervision only when R725 administered his insulin. They did not dial the pen or provide any other hands-on assistance.

The administrator failed to ensure an assessment was completed to determine if R725 could safely and accurately self-administer insulin injections.

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	B087167	A. BUILDING: _____ B. WING _____	07/25/2022

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S5286	Continued From page 10	S5286		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of eight residents with three included in the sample. Based on interview and record review the operator failed to ensure one resident's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management of select medications. Findings included: - Record review for R725 revealed an admission date of 02/25/22 with a diagnosis of type two diabetes mellitus. The 02/25/22 Admission "Functional Capacity Screen" (FCS) identified R725 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, eating, and was usually continent of bladder. He was unable to perform management of medications and treatments and he was marked for falls.	S5286		

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	B087167	A. BUILDING: _____ B. WING _____	07/25/2022

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COMPASSIONATE CARE WEST	968 N TYLER ROAD WICHITA, KS 67212

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S5286	Continued From page 11 The 02/25/22 Admission "Negotiated Service Agreement" directed facility staff to provide R725 with physical assistance of one staff two times a week for bathing, one staff assistance for dressing, toileting, walking/mobility, eating, and bladder incontinence. Facility staff were to manage medications and treatments per physician's orders and an alarm was provided for his bed and recliner to prevent falls. The 02/25/22 "Admission NSA" failed to identify who was responsible for the administration of insulin injections for R725. The 02/25/22 "Nurse's Progress Note" documented that R725 "was independent with administering insulin with visual supervision from staff." The 06/01/22 - 06/30/22 Medication Administration Record (MAR) for R725 contained an entry for Humalog 100 units/milliliter (ml) insulin Lispro 100units/ml inject six units subcutaneously (under the skin) three times a day with meals. Next the entry was a handwritten note that read "(Novolog) resident will administer, staff supervises." On 07/25/22 at 02:09 PM R725 stated he administered his own insulin "with the girls' help." On 07/25/22 at 02:28 PM Administrative Staff B confirmed R725's NSA lacked documentation of who was responsible for the administration if his insulin injections. The administrator failed to ensure R725's NSA identified who was responsible for the administration and management of insulin injections.	S5286		

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