STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089081	A. BUILDING: _____ B. WING _____	C 06/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY PLACE #1	618 SW OAKLEY AVENUE TOPEKA, KS 66606

(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 with a complaint #KS00163129 for the above named facility conducted on 06/22/22.	S 000		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1) The facility reported a census of 11 residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure Resident (R) 621, R622, and R623's, "Negotiated Service Agreements" (NSA) described the services each resident would receive based on their "Functional Capacity Screens" (FCS). This failure put the residents at risk for injury and of receiving inappropriate care	S5105		

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

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S5105	Continued From page 1	S5105		

by facility staff.

Finding included:

- Record review for R621 revealed an admission date of 02/19/21 with the following diagnoses: hypertension and chronic kidney disease.

The 04/21/22 annual "FCS" identified R621 had difficulty with short-term memory, memory/recall and decision making.

The 04/13/22 combined "NSA"/"Healthcare Service Plan" (HSP) was completed eight days before the FCS and therefore could not have been based on the FCS. It also lacked instructions for facility staff to manage R621's cognitive difficulties.

The 06/09/22 at 06:45 AM nursing note by Licensed Nurse D documented R621 was agitated and sat in wheelchair in the dining area pushing the dining chairs over with her feet. She continuously tried to slide out of her wheelchair.

The 06/13/22 nursing note by Licensed Nurse D Documented R621 continued to be delusional with hallucinations and refused to eat or sleep.

Observation on 06/22/22 at 04:59 PM revealed R621 sat at a table in the dining area with her walker nearby and a cup with a lid and straw within reach. She had difficulty hearing. State surveyor spoke loudly near her right ear to ask questions. R621 answered questions appropriately.

- Record review for R622 revealed an admission date of 05/31/22 with the following diagnoses: end stage renal disease and hypertension.

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S5105	Continued From page 2 The 05/31/22 admission "FCS" identified R622 had difficulty with short-term and long-term memory, memory/recall and decision making. The 05/31/22 combined "NSA"/"HSP" lacked instructions for facility staff to manage R622's cognitive difficulties. Observation on 06/22/22 at 05:02 PM revealed R622 laid in a hospital bed in his room dozing with the TV on. He was covered with blankets and took a sip of water from a cup with a straw when offered by staff. - Record review for R623 revealed an admission date of 03/01/22 with a diagnosis of ovarian cancer. The 03/01/22 admission "FCS" identified R623 had difficulty with short-term and long-term memory, memory/recall and decision making. The 03/01/22 combined "NSA"/"HSP" lacked instructions for facility staff to manage R623's cognitive difficulties. Observation on 06/22/22 at 05:10 PM revealed R623 sat in a wheelchair in her room waiting to be taken to the dining area for supper. She had on oxygen per nasal cannula. She followed instructions when staff reminded her to breathe through her nose. On 06/22/22 at 04:20 PM Administrative Nurse A stated all residents' cognition was addressed in the HSP on the emergency page if resident's required help with instructions to exit the building during an emergency evacuation but did not instruct how facility staff would address cognitive	S5105		

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S5105	Continued From page 3 difficulties during routine day-to-day care and activities. The facility's undated "Negotiated Service Agreements" policy documented "The NSA will spell out the range of services necessary to support the health and safety of each resident. . . The agreement should reflect a resident's preferences and needs as identified in the functional capacity screen. . . This agreement needs to describe the resident's needs and preferences in enough detail to act as a care plan guide for staff."	S5105		
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)(2) The facility reported a census of 11 residents with three residents included in the sample. Based on	S5116		

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S5116	Continued From page 4	S5116		

observation, interview, and record review the operator failed to ensure Resident (R) 621's Negotiated Service Agreement (NSA) was revised to instruct how facility staff were to provide care after a fall on 04/12/22.

Findings included:

- Record review for R621 revealed an admission date of 02/19/21 with the following diagnoses: hypertension and chronic kidney disease.

The 04/21/22 annual "FCS" identified R621 required supervision with transfers and walking/mobility, and had difficulty with short-term memory, memory/recall and decision making. She was not marked for falls.

The 04/13/22 combined "NSA"/"Healthcare Service Plan" (HSP) instructed facility staff that R621 was independent with her walker for transfers and walking/mobility but may require a wheelchair for long distances. The NSA lacked instructions for facility staff to manage R621's falling and cognitive difficulties.

The 04/12/22 at 11:20 PM nursing note by Licensed Nurse D documented R621 rang her bell and was found sitting on the floor by her easy chair. She stated she lost her balance sat on the floor. She denied injury and insisted she didn't fall.

The 05/22/22 at 10:42 PM nursing note by unidentified Licensed Nurse documented staff found R621 laying on her left side almost under her bed. She had a skin tear on her right elbow that was four-by-four centimeters (cm) in size and another small skin tear on her left elbow. R621 complained of pain in her left elbow. She was

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S5116	Continued From page 5	S5116		

transferred to the ER.

The 05/23/22 nursing note by Administrative Nurse A documented R621 wanted to use her walker but could not because her right arm was in a sling.

The 06/09/22 at 06:45 AM nursing note by Licensed Nurse D documented R621 was agitated and sat in wheelchair in the dining area pushing the dining chairs over with her feet. She continuously tried to slide out of her wheelchair.

Observation on 06/22/22 at 04:59 PM revealed R621 sat at a table in the dining area with her walker nearby and a cup with a lid and straw within reach. She had difficulty hearing. State surveyor spoke loudly near her right ear to ask questions. R621 answered questions appropriately.

On 06/22/22 at 04:20 PM Administrative Nurse A stated the 04/21/22 FCS was for a significant change. A significant change NSA revision was not completed because the care the facility provided did not change that much. R621 had a pressure pad alarm place on her chair during the day and on her bed at night in case she tried to get up. She refused to ring her bell because she believed she did not need help.

The facility's undated "Negotiated Service Agreements" policy documented "The NSA will spell out the range of services necessary to support the health and safety of each resident. . . Information included in the agreement should include: . . . a description of the assistance the resident may need. . . Physical abilities including mobility and transferring and assistance required. . . This agreement needs to describe the

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S5116	Continued From page 6 resident's needs and preferences in enough detail to act as a care plan guide for staff. The agreement will be reviewed at least annually and with any significant changes."	S5116		
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 26-207(c) The facility reported a census of 11 residents. Based on interview and record review the operator failed to ensure the facility remained in compliance with one out of five staff sampled with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Review of Certified Medication Aid (CMA) C's	S5230		

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S5230	Continued From page 7 employee record revealed a hire date of 07/29/21. A TB skin test was completed on 03/05/20 (first step) and 03/17/20 (second step) which was 16 months prior to the hire date. The employee record included a negative TB symptom screening questionnaire completed on 10/24/21 which was three months after the hire date. The operator failed to conduct a two-step TB skin test within seven days of employment since the previous testing was not within six months of hiring as required in the "Tuberculosis Guidelines for Adult Care Homes." On 06/22/22 at 04:16 PM Administrative Nurse A stated CMA C had worked in the facility prior to being hired the second time. She completed TB skin testing the first time she worked in the facility. Upon rehire, CMA C was not retested for TB. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees.	S5230		