Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N078010	A. BUILDING: _____ B. WING _____	07/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESLEY TOWERS INC	700 MONTEREY PL HUTCHINSON, KS 67502

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 07-06-21 and 07-07-21.	S 000		
S 225 SS=E	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal	S 225		

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

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representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.
(4) An admission agreement shall not include a general waiver of liability for the health and safety of residents.
(5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger.

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-39-102 (a)(1)(C)(3)

The facility reported a census of 40 residents. The sample included 3 residents. Based on record review and interview the administrator/operator failed to ensure 2 of 3 sampled residents (#142 and #438) executed a written agreement which described in detail the services and goods the resident would receive and specified the obligations which the resident had toward the adult care home.

Findings included:

- Record review for resident #142 revealed an admission date of 11-24-2020 with diagnoses of chronic ischemic heart disease, anxiety disorder, major depressive disorder, age related osteoporosis and obesity.

The significant change functional capacity screen dated 01-20-21 identified the resident with cognitive deficit in all aspects, lacked the ability to perform any part of ADLs (activities of daily living)

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other than eating. She was identified as a fall risk, transferred with a mechanical lift and used a wheelchair for mobility. She lacked the ability to manager her own medications and treatments.

The negotiated service agreement (NSA) dated 01-21-21 directed staff to provide the resident with assistance in bathing, dressing, toileting, transfers, walking/mobility and medication management.

The facility utilized an electronic method for the resident's record. Review of the electronic record on 07-06-21 revealed no admission agreement on file. Licensed nurse/operator A contacted the business office and confirmed the facility lacked an admission agreement between the facility and the resident.

- Record review for resident #438 revealed an admission date of 03-09-2020 with diagnoses of fall history, anxiety disorder, restless leg syndrome, fibromyalgia, pain, pain in both feet, gout, peripheral vascular disease and lymphedema.

The annual functional capacity screen dated 04-15-21 identified the resident with intact cognition, needed physical assistance with bathing, dressing and supervision with toileting, walking and mobility. She needed physical assistance with medications and treatment, identified with a risk for falls and used a walker.

The negotiated service agreement (NSA) dated 04-16-21 directed staff to provide physical assistance with bathing and dressing. Facility staff to manage the resident's medications and treatments.

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S 225	Continued From page 3 The facility utilized an electronic method for the resident's record. Review of the electronic record on 07-06-21 revealed no admission agreement on file. Licensed nurse/operator A contacted the business office and confirmed the facility lacked an admission agreement between the facility and the resident. For all the above findings, the administrator/operator failed to ensure 2 of 3 sampled residents (#142 and #438) executed a written agreement which described in detail the services and goods the resident would receive and specified the obligations which the resident had toward the adult care home.	S 225		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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.	S3085		

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S3085	Continued From page 4 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (a)(1) The facility reported a census of 40 residents. The sample included 3 residents. Based on interview and record review the administrator failed to ensure the written negotiated service agreement was amended to accurately reflect current services for 2 of 3 sampled residents (#142 and #438) regarding outside providers of physical therapy (PT) and occupation therapy (OT). Findings included: - Record review for resident #142 revealed an admission date of 11-24-2020 with diagnoses of chronic ischemic heart disease, anxiety disorder, major depressive disorder, age related osteoporosis and obesity. The significant change functional capacity screen dated 01-20-21 identified the resident with cognitive deficit in all aspects, lacked the ability to perform any part of ADLs (activities of daily living) other than eating. She was identified as a fall risk, transferred with a mechanical lift and used a wheelchair for mobility. The negotiated service agreement (NSA) dated 01-21-21 included a blanket statement for outside provider of therapy services PT/OT/ST (speech), listed a name of the provider and therapies as needed and per physician orders. The NSA indicated the resident currently received PT/OT (01-21-21). The amended NSA dated 01-29-21 included a change to the use of a maxi-lift for transfers.	S3085		

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S3085	Continued From page 5 Record review revealed the resident's PT services ended on 04-19-21 and OT services on 04-21-21. Interview with licensed nurse/operator A on 07-06-21 at 11:55 AM confirmed the resident no longer received PT/OT services and she failed to amend the NSA to reflect this change in services. The administrator failed to ensure the written negotiated service agreement was amended to accurately reflect current services for this resident regarding outside providers of physical therapy (PT) and occupation therapy (OT). - Record review for resident #438 revealed an admission date of 03-09-2020 with diagnoses of fall history, anxiety disorder, restless leg syndrome, fibromyalgia, pain, pain in both feet, gout, peripheral vascular disease and lymphedema. The annual functional capacity screen dated 04-15-21 identified the resident with intact cognition, needed physical assistance with bathing, dressing and supervision with toileting, walking and mobility. She was identified with a risk for falls and used a walker. The negotiated service agreement (NSA) dated 04-16-21 and the previous NSA dated 10-29-2020 (without revision) included a blanket statement for outside provider of therapy services PT/OT/ST (speech) with a named provided and a narrative of therapy as needed as ordered by physician. Record review revealed the resident went on and	S3085		

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S3085	Continued From page 6 off therapy services in 2020 for falling interventions and recently received services between 01-11-21 and stopped on 03-12-21. Interview with licensed nurse/operator A on 07-06-21 at 1:50 PM confirmed the NSA included a blanket statement for therapy services and she was not aware of the need to amend the NSA to reflect the current services the resident received when she went on and off therapy services. The administrator failed to ensure the written negotiated service agreement was amended to accurately reflect current services for this resident regarding outside providers of physical therapy (PT) and occupation therapy (OT).	S3085		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: K.A.R. 26- 41-204 (d) The facility reported a census of 40 residents. The sample included 3 residents. Based on interview and record review the administrator/operator failed to ensure each resident's negotiated service agreement (NSA) included the name of the licensed nurse responsible for the implementation and supervision of the health care service plan for 3 of	S3165		

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S3165	Continued From page 7	S3165		

3 residents reviewed (#142, #438, and #551). This deficient practice affected the NSA of all residents based on interview.

Findings included:

- Record review for resident #142 revealed an admission date of 11-24-2020 with diagnoses of chronic ischemic heart disease, anxiety disorder, major depressive disorder, age related osteoporosis and obesity.

The significant change functional capacity screen dated 01-20-21 identified the resident with cognitive deficit in all aspects, lacked the ability to perform any part of ADLs (activities of daily living) other than eating. She was identified as a fall risk, transferred with a mechanical lift and used a wheelchair for mobility. She lacked the ability to manager her own medications and treatments.

The negotiated service agreement (NSA) dated 01-21-21 directed staff to provide the resident with assistance in bathing, dressing, toileting, transfers, walking/mobility and medication management. The NSA lacked identification of the licensed nurse responsible for implementation and supervision of the health care service plan. The final page of the document only included a signature line and listed the name of a facility licensed nurse.

Interview with licensed nurse/operator A on 07-06-21 at 11:55 AM confirmed the NSA failed to clearly identify the licensed nurse responsible for the implementation and supervision of the health care service plan.

- Record review for resident #438 revealed an

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S3165	Continued From page 8 admission date of 03-09-2020 with diagnoses of fall history, anxiety disorder, restless leg syndrome, fibromyalgia, pain, pain in both feet, gout, peripheral vascular disease and lymphedema. The annual functional capacity screen dated 04-15-21 identified the resident with intact cognition, needed physical assistance with bathing, dressing and supervision with toileting, walking and mobility. She needed physical assistance with medications and treatment, identified with a risk for falls and used a walker. The negotiated service agreement (NSA) dated 04-16-21 directed staff to provide physical assistance with bathing and dressing. Facility staff to manage the resident's medications and treatments. The NSA lacked identification of the licensed nurse responsible for implementation and supervision of the health care service plan. The final page of the document only included a signature line and listed the name of a facility licensed nurse Interview with licensed nurse/operator A on 07-06-21 at 1:50 PM confirmed the NSA failed to clearly identify the licensed nurse responsible for the implementation and supervision of the health care service plan. - Record review for resident #551 revealed an admission date of 03-02-2020 with diagnoses of atherosclerotic heart disease, history of falling, hypertension, mitral valve insufficiency, chronic kidney disease, osteoarthritis and pain. The annual functional capacity screen dated 04-29-21 identified the resident with intact	S3165		

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S3165	Continued From page 9 cognition, needed physical assistance with bathing, dressing and medication/treatment management. She was also at risk for falls. The negotiated service agreement (NSA) dated 04-30-21 directed staff to provide physical assistance for bathing, dressing and medication management. The NSA lacked identification of the licensed nurse responsible for implementation and supervision of the health care service plan. The final page of the document only included a signature line and listed the name of a facility licensed nurse. Interview with licensed nurse/operator A on 07-06-21 at 1:50 PM confirmed the NSA failed to clearly identify the licensed nurse responsible for the implementation and supervision of the health care service plan. - Interview on 07-07-21 at 08:55 AM with licensed nurse/operator A confirmed the failure to identify the licensed nurse responsible for implementation and supervision of the health service plan affected all the residents' NSAs. For all the above findings, the administrator/operator failed to ensure each resident's NSA included the name of the licensed nurse responsible for the implementation and supervision of the health care service plan for 3 of 3 residents reviewed (#142, #438, and #551). This deficient practice affected the NSA of all residents based on interview.	S3165		