STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087218	A. BUILDING: _____ B. WING _____	C 05/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FUSION SENIOR CARE HOMES LLC	512 N BEBE STREET WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with complaint #'s 162325, 157241, 153972, and 144369 for the above named facility conducted on 5/13/2021, 5/17/2021, 5/18/2021, 5/19/2021 and 5/20/2021.	S 000		
S 225 SS=D	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	S 225		

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

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S 225	Continued From page 1	S 225		

administrator or operator, or the designee, shall execute with the resident or the resident ' s legal 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:
KAR 26-39-102 (a) (3)

The facility reported a census of 3 residents. Based on interview and record review the operator failed to execute with the resident or the resident 's legal representative a written agreement that described in detail the services and goods the resident would receive and specified the obligation that the resident had toward the adult care home for resident #188 when she moved into the carehome on 4/29/2021.

Findings included:

- Review of resident #188 record revealed she admitted 4/29/2021 with diagnosis of multiple sclerosis with paraplegia, depression, creation of colostomy and suprapubic catheter.

Review of the admission functional capacity screening dated 11/27/2020 revealed resident

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S 225	Continued From page 2 #188 was unable to perform the following: bathing, dressing, toileting, transferring, and walking. She had the presence of a colostomy and suprapubic catheter. She had impaired memory recall and decision making, lacked the ability to manage her own medications, was marked as a fall risk, and used an electric wheelchair and mechanical lift. Review of the negotiated service agreement dated 11/27/2020 with the name of a different facility at the top of the page, identified the resident would require a 2 person assist for showers and dressing and the facility would manage her medications. Review of the face sheet dated 4/29/2021 in the front of the resident chart has the address of the current carehome. Review of the resident rights sheet dated 10/20/20 has the name of the previous carehome at the top of the page. Interview with operator B revealed the resident was a resident at another carehome she owned. The resident was moved to the current carehome on 4/29/2021, she confirmed she did not do a discharge from the previous facility or an admission to the current facility. The operator failed to execute with the resident or the resident 's legal representative a written agreement that described in detail the services and goods the resident would receive and specified the obligation that the resident had toward the adult care home for resident #188 when she moved into the carehome on 4/29/2021.	S 225		

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S5161	Continued From page 3	S5161		
S5161 SS=D	26-42-204 (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: KAR 26-42-104 (d) The facility reported a census of 3 residents. The sample included 3 residents (#'s164, 188, and 296). Based on record review and interview the operator failed to ensure the negotiated service agreements were updated with the name of the nurse responsible for implementation and supervision of the plans for residents #164 and 188. Findings included: - Record review for resident #164 revealed an admission date of 5/3/2017 with diagnoses of hypertension, epilepsy, paranoid schizophrenia, supra ventricular tachycardia, and insomnia. Record review of the annual functional capacity screening dated 10/14/2020 revealed the resident required physical assistance with bathing. She lacked the ability to manage her own medications, and had impaired long- and short-term memory, memory recall and decision making. She used a walker mobility device. Record review of the annual negotiated service agreement dated 10/14/2020 identified the	S5161		

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S5161	Continued From page 4	S5161		

resident would need physical assistance with bathing, the facility would manage her medications, and may require some redirection. Licensed nurse C is named as nurse responsible for implementation and supervision of the nursing plan.

Interview with operator B on 5/13/2021 at 11:00 am revealed the nurse listed as nurse responsible for implementation and supervision of the plan is no longer employed at the facility.

- Record review for resident #188 revealed an admission date of 4/29/2021 with diagnoses of multiple sclerosis with paraplegia, chronic and neuropathic pain, depression, anxiety, creation of colostomy and suprapubic catheter.

Review of the admission functional capacity screening dated 11/27/2020 revealed the resident unable to perform her bathing, dressing, toileting, transferring or walking. She lacked the ability to manage her own medications and had impaired memory recall and decision making. She used an electric wheelchair and Hoyer lift mechanical devices.

Review of the admission negotiated service agreement dated 11/27/2020 identified the resident would require total assist from 2 people for bathing, dressing, and transfers. Licensed nurse D is named as nurse responsible for implementation and supervision of the nursing plan.

Interview with operator B on 5/13/2021 at 11:00 am revealed the nurse listed as nurse responsible for implementation and supervision of the plan is no longer employed at the facility.

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S5161	Continued From page 5 The operator failed to ensure the negotiated service agreements were updated with the name of the nurse responsible for implementation and supervision of the plans for residents #164 and 188.	S5161		
S5205 SS=J	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (a) The facility reported a census of 3 residents. Based on observation, interview and record review the operator failed to ensure there was enough staff on duty to evacuate resident # 188 from the premises in case of disaster. Resident #188 moved into facility on 4/29/2021. The negotiated service agreement states resident will require 2 staff for evacuation. The resident in the home for 15 days with only 1 staff present per shift. Findings included: - Record review on 5/13/2021 at 10:40 am of facility provided resident roster revealed the facility had 1 resident who was a 2 person assist. Review of resident #188 record revealed she admitted 4/29/2021 with diagnosis of multiple	S5205		

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S5205	Continued From page 6	S5205		

sclerosis with paraplegia, depression, creation of colostomy and suprapubic catheter.

Review of the functional capacity screening dated 11/27/2020 revealed resident #188 was unable to perform the following: bathing, dressing, toileting, transferring, and walking. She had the presence of a colostomy and suprapubic catheter. She had impaired memory recall and decision making, lacked the ability to manage her own medications, was marked as a fall risk, and used an electric wheelchair and mechanical lift.

Review of the negotiated service agreement dated 11/27/2020 identified the resident would require a 2 person assist for showers and dressing and the facility would manage her medications.

Review of the signed addendum to the negotiated service agreement dated 4/20/2021 stated; " In case of a fire drill or fire incident the resident will require assistance from 2 assists from the end to the chair. The resident will propel herself to the designated area".

Review of the signed addendum to the negotiated service agreement dated 5/12/2021 stated; " as of 5/11/21 the resident has been appropriately admitted to hospice care, she is also only check and change and no longer using lift.".

Review of the resident service plan dated 11/27/20 revealed an update on 5/12/21 which instructed staff to check and change resident every 2 hours.

Review of the physician's verbal order dated 5/11/2021 revealed an order for hospice to evaluate and admit resident if appropriate and

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S5205	Continued From page 7 check and change in place every 2 hours. Observation on 5/13/2021 at 11:00 am revealed the ceilings lacked sprinkler heads, therefore facility lacked a sprinkler system. Interview on 5/13/2021 at 10:40 with certified medication aide A revealed she was the only staff on duty at the time, and there is only 1 staff at a time in the home. Interview with operator B at 2:00 pm with operator B confirmed the home is only staffed with 1 staff per shift, and the 2-person assist is no longer getting out of bed and she is only a check and change every 2 hours. Operator B confirmed the resident moved into the facility on April 29, 2021 and there is only 1 staff scheduled, and the facility lacked a sprinkler system. Operator informed of possible immediate jeopardy situation based on the resident could not be safely evacuated in case of disaster with only 1 staff present, and the negotiated service agreement states she must have 2 staff to transfer in case of fire or fire drill. Review of the current staffing schedule confirmed there is only 1 staff per shift in the home. Department regional manager called on 5/13/2021 at 2:45 pm for possible immediate jeopardy on resident #188, related to resident requires a 2 person assist per negotiated service agreement for evacuation and facility is staffed with only 1 staff. Department called this a jeopardy situation and a plan was requested from operator B. Department regional manager provided plan from operator B on 5/13/2021 at 3:35 and the plan stated the facility updated the neg	S5205		

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S5205	Continued From page 8 Operator B on 5/13/2021 provided a plan on 3:35 pm that stated the resident functional capacity screen, negotiated service agreement, and health care service plans have been updated, and the facility schedule had been updated to have 2 persons in home, with an updated staffing schedule provided to the department. 5/13/2021 at 3:43 pm the department regional manager accepted the plan and abated the jeopardy at 3:43 pm, The operator failed to ensure there was enough staff on duty to evacuate resident # 188 from the premises in case of disaster. Resident #188 moved into facility on 4/29/2021. The negotiated service agreement states resident will require 2 staff for evacuation. The resident in the home for 15 days with only 1 staff present per shift.	S5205		
S5245 SS=D	26-42-105 (b) Resident Records Confidential (b) Each administrator or operator shall ensure that all information in each resident's record, regardless of the form or storage method for the record, is kept confidential, unless release is required by any of the following: (1) Transfer of the resident to another health care facility; (2) law; (3) third-party payment contract; or (4) the resident or legal representative of the resident. This REQUIREMENT is not met as evidenced	S5245		

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S5245	Continued From page 9 by: KAR 26-42-105 (b) The facility reported a census of 3 residents. Based on observation and record review the operator failed to store resident #188 hospice chart in a secured location to prevent unauthorized access to the resident's confidential healthcare information. Findings included: Observation on 5/13/2021 at 10:40 am during the entrance facility tour, a hospice chart sat on the L shaped kitchen counter next to a resident dining table that could seat 4 residents. Review of the hospice chart at the time of the tour confirmed the record belonged to resident #188 and the resident admission record to hospice was present in the chart. The admission record contained the resident birthdate, and hospice admission diagnoses. Interview with certified medication aide A at the time of the tour confirmed the resident had been signed onto hospice on 5/12/2021 and the chart on the counter belonged to resident #188, she confirmed all other resident charts were kept in a cabinet in the facility office. The operator failed to store resident #188 hospice chart in a secured location to prevent unauthorized access to the resident's confidential healthcare information.	S5245		