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	B087116	A. BUILDING: _____ B. WING _____	C 04/20/2021

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PRECIOUS GEMS HOMES AT POLO DR	5502 POLO DRIVE WICHITA, KS 67208

(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 abbreviated survey for complaint #161815 conducted on 04-19-21 and 04-20-21 at the above named facility.	S 000		
S5105 SS=E	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 8 residents. The sample included 8 residents. Based on observation and record review the operator failed to ensure the development of a written negotiated service agreement for each resident, based on the resident's functional capacity screening, service needs and preferences related to assistance needed by the resident to evacuate in an emergency to a secure location for 6 of 8	S5105		

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

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S5105	Continued From page 1	S5105		

sampled residents (#1, #2, #4, #5, #6, and #7) which included a description of the services the resident would receive.

Findings included:

- Record review for resident #7 revealed an admission date of 10-20-2020 with diagnoses of CVA with left sided weakness, A-Fib, general muscle weakness, diabetes mellitus type 2 and anxiety disorder.

The admission functional capacity screen dated 10-20-2020 identified the resident with cognitive impairment in all aspects. She lacked the ability to self-provided bathing, toileting, transfers, walking/mobility and required physical assistance with dressing. She used assistive devices of a wheelchair and a mechanical lift.

The negotiated service agreement (NSA) dated 10-20-2020 included services of physical assistance with bathing and dressing, services of check and change for incontinence every 2 hours and PRN. Transfer with the use of a "Hoyer" (brand of mechanical lift) and physical assistance, used a geriatric wheelchair. The NSA lacked any services or description of who would propel the resident's wheelchair or how the resident would be evacuated in the event of an emergency.

Observation on 04-19-21 at 5:50 AM revealed direct care staff A and B used an electric total body mechanical lift to transfer the resident from the bed to a geriatric wheelchair. The resident did not provide any assistance with rolling side to side for the sling placement, the transfer or propulsion of her wheelchair. Staff propelled her to the living room for the fire drill. Later, on 04-19-21 during a second fire drill at 9:46 AM

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direct care staff E, G and H used the lift sling which was still underneath the resident and maximum physical assist to transfer her from the bed to the wheelchair and propelled her to the living room.

- Record review for resident #5 revealed an admission date of 04-09-2020 with diagnoses of diabetes mellitus insulin dependent, hypertension, arthritis, CVA and history of nerve damage to hands.

The annual functional capacity screen dated 10-13-2020 identified the resident with cognitive impairment in all aspects and impairment with communication only sometimes understanding or being understood. She lacked the ability to bath, dress, toilet, walking or mobility and needed physical assistance with transfers. She used an assistive device of a wheelchair.

The negotiated service agreement (NSA) dated 10-13-2020 included services of physical assistance with bathing, dressing, staff assistance with incontinence and needed physical assistance with mobility by wheelchair and physical assistance with transfers. The NSA lacked any services or description of who would propel the resident's wheelchair or how the resident would be evacuated in the event of an emergency.

Observation on 04-19-21 at 5:48 AM revealed direct care staff A and B assisted the resident to sit on the edge of the bed and with 1 staff on each side of the resident the stood her and pivot transferred her into a wheelchair. The resident made no effort to propel her own wheelchair and staff propelled her to the living room for the fire

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S5105	Continued From page 3 drill. - Record review for resident #6 revealed an admission date of 11-30-2020 with diagnoses of major depressive disorder, dementia and weakness. The admission functional capacity screen dated 11-13-2020 identified the resident with impaired cognition in all aspects with communication only sometimes understanding or being understood. She lacked the ability to perform bathing, dressing, toileting, transfers, walking and mobility. She had socially inappropriate behavior and required assistive devices of a mechanical lift and a wheelchair. The negotiated service agreement (NSA) dated 11-30-2020 included services of physical assist by 2 staff for bathing, toileting, transfers and used a wheelchair for mobility. The NSA indicated the resident was combative at the time of admission and will scream out for 5-10 minutes at a time. The NSA lacked any services or description of who would propel the resident's wheelchair or how the resident would be evacuated in the event of an emergency. Observation on 04-19-21 at 5:49 AM revealed direct care staff A and B entered the resident's room to get the resident up for a fire drill. The 2 staff entered the room woke her and assisted her to sit on the side of the bed. The resident resisted being gotten up and it took maximum physical support by the 2 staff to get the resident to stand and pivot into the wheelchair. Direct care staff B then took her to the living room for the fire drill.	S5105		

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S5105	Continued From page 4 - Record review for resident #1 revealed an admission date of 03-19-21 with diagnoses of diabetes mellitus type 2, transient cerebral ischemic attacks, Alzheimer's, anxiety disorder and major depressive disorder. The admission functional capacity screen (FCS) identified the resident with impaired cognition in all aspects with communication only sometimes understanding or being understood. She needed physical assistance with bathing, dressing, supervision with walking and mobility. She had socially inappropriate disruptive and wandering behavior. The FCS indicated she used a walker. The negotiated services agreement (NSA) dated 03-19-21 included services of physical assistance with bathing, dressing, toileting and transfers. She needed a 2 wheeled walker for mobility. The NSA lacked any description or services for management of the wandering behavior, the resident's cognitive deficit and needs for guidance or assistance to evacuate in an emergency. Observation on 04-19-21 at 5:30 AM revealed the resident independently ambulated and wandered about the facility and needed frequent redirection from direct care staff B to come back to the living room. During the fire drill which began at 5:46 AM the resident was guided to the living room couch. She would stand and walk about the area while staff was busy assisting other resident to get up for the fire drill. - Record review for resident #4 revealed an admission date of 11-17-2020 with diagnoses of dementia, A-Fib, frequent falls and hypoxic respiratory failure.	S5105		

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S5105	Continued From page 5 The admission functional capacity screen dated 11-17-2020 identified the resident with impaired cognition in all aspects with communication only sometimes understanding or being understood. The resident lacked the ability for any part of the performance of bathing, dressing, toileting, transfers, walking and mobility. She used a wheelchair assistive device. The negotiated service agreement (NSA) dated 11-17-2020 included services of physical assistance with bathing, dressing, toileting, transfers, and mobility by wheelchair. The NSA lacked information to identify how much assistance was needed 1 or 2 staff. The NSA lacked any services or description of who would propel the resident's wheelchair or how the resident would be evacuated in the event of an emergency. Observation on 04-19-21 at 5:46 AM revealed direct care staff A entered the resident's room to get her up for the fire drill. Staff A had difficulty in getting the resident to sit up on the side of the bed and then direct care staff B arrived and the 2 of them provided moderate-maximum physical assistance to stand and pivot the resident into her wheelchair. The resident made no effort to propel her wheelchair and direct care staff B propelled the resident's wheelchair to the living room for the fire drill. Later, on 04-19-21 during a second fire drill at 9:46 AM direct care staff D transferred the resident from the bed to the wheelchair by herself and then propelled the resident to the living room. - Record review for resident #2 revealed an admission date of 10-20-2020 with diagnoses of Machado-Joseph disease and depression.	S5105		

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S5105	Continued From page 6 The functional capacity screen dated 10-20-2020 indicated the resident had short-term memory deficit and impaired decision making but was able to communicate. She lacked the ability to perform her own bathing, dressing, toileting, transfers, walking/mobility. She used assistive devices of a mechanical lift and an electric wheelchair. The negotiated service agreement (NSA) dated 10-20-2020 included services of physical assistance for bathing, dressing, toileting (incontinent management every 2 hours), and transfers. The NSA indicated the resident used assistive devices of a wheelchair and mechanical was marked with no clear description of what that meant. The NSA lacked any services or description of who would propel the resident's wheelchair or how the resident would be evacuated in the event of an emergency. Observation on 04-19-21 at 5:40 AM revealed the resident was seated in a motorized wheelchair in her room. She was able to self-propel the wheelchair. The resident declined to participate in a fire drill conducted at 5:46 AM but did participate in the one at 9:46 AM. Again, she was already in her motorized wheelchair which she self-propelled to the living room for the drill. She said she could navigate out the door in the motorized wheelchair by herself as well. For all of the above findings, the operator failed to ensure the development of a written negotiated service agreement for each resident, based on the resident's functional capacity screening, service needs and preferences related to assistance needed by the resident to evacuate in an emergency to a secure location for 6 of 8 sampled residents (#1, #2, #4, #5, #6, and #7)	S5105		

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S5105	Continued From page 7 which included a description of the services the resident would receive.	S5105		
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 8 residents. The facility identified 6 of the 8 residents required 2 staff assistance and/or used a mechanical lift for transfers to and from a bed or chair. Two of the residents were ambulatory but had impaired cognition and would require staff direction and/or guidance to evacuate. Based on observation, interview and record review the operator failed to 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 deficient practice placed the 8 dependent residents in immediate jeopardy for harm, injury or death. Findings included: - On 04-19-21 at 5:30 AM observation revealed 2 staff on duty at the facility (direct care staff A & B). Direct care staff B reported there were 8 residents in the facility. She reported 6 of the 8 residents required 2 staff for assistance to	S5205		

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transfer from the bed to the wheelchair and 3 of those residents required a total body mechanical lift. Observation revealed resident #1 ambulated independently wandering about the facility and resident #2 was up in her power high back wheelchair in her room.

On 04-19-21 at 5:43 AM the surveyor requested for the 2 staff on duty to conduct an evacuation of the residents to a secure area. Both direct care staff verbalized understanding and did a brief verbalization of how they planned to conduct the evacuation.

The evacuation began at 5:46 AM on 04-19-21 with direct care staff B going into the room of resident #3 (who transferred independently) and told him to get up and go to the living room for the fire drill. Meanwhile, direct care staff A went into the room of resident #4 and began to wake her and sit her on the side of the bed. Direct care staff B joined staff A, and the 2 staff stood the resident and pivoted her into the wheelchair. Then the 2 staff got resident #5 (also in the same room) out of bed and pivot transferred her into the wheelchair. Both staff each took a resident out to the living room. Two minutes and 30 seconds had elapsed to secure 3 residents. Then the 2 staff entered the room of resident #6, woke her, she resisted being gotten up and it took maximum physical support by the 2 staff to get the resident to stand and pivot into the wheelchair. Direct care staff B then took her to the living room with 3 minutes 12 seconds time had elapsed and only 5 residents were in the living room. At 5:53 AM, both direct care staff began to assist resident #7 by turning her side to side to position the mechanical lift sling under her. They used an electric total body lift to transfer the resident into her high back

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wheelchair and wheeled her out to the living room. The elapsed time now was 8 minutes and 15 seconds with 6 residents in living room. Resident #2 and # 8 did not want to be transferred from the bed to a wheelchair to participate in the drill so this was simulated still using the mechanical lift (required by both according to their negotiated service agreement). The mechanical lift had a pumping mechanism to raise and lower the lift. The staff then simulated the taking of the resident/wheelchair to the living room. The final time for the drill was 12 minutes and 25 seconds.

The state fire marshal life safety code includes directions for a facility of 8 or less residents without a sprinkler fire suppression system must be evacuated in under 3 minutes.

On 04-19-21 at 6:18 AM operator C received notification of the evacuation drill, the length of time and that this placed the 8 residents in immediate jeopardy for harm, injury or death.

On 04-19-21 at 7:30 AM administrative staff H provided a resident roster which at first had all 8 residents marked as needing the assistance of 2 persons for transfers, but he confirmed resident #1 and #3 were independent with transfers and walking.

In the facility's disaster/emergency preparedness book was a document titled, Emergency Preparedness: Firs Drill and Actual Fire. Fire drill: when to evacuate: The fire alarm goes off and there is a fire, the fire department enters the building and activated the alarm and a fire drill to be done 4 times a year. You are to evacuate the building completely and immediately. The time goal is 3 minutes.

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S5205	Continued From page 10 The operator failed to 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 deficient practice placed the 8 dependent residents in immediate jeopardy for harm, injury or death. The jeopardy was removed on 04-19-21 at 9:49 AM when the operator increased staffing to a total of 4 staff on duty at all times, developed a method to transfer the residents using the bed sheet and 3 persons to the wheelchair rather than the mechanical lift and demonstrated the ability to evacuate all 8 residents to the living room in 2 minutes and 34 seconds.	S5205		