Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089065	A. BUILDING: _____ B. WING _____	C 12/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF TOPEKA	6300 SW 6TH AVENUE TOPEKA, KS 66615

(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 are the result of a survey for re-licensure with attached complaints conducted on 12/2/19, 12/3/19 and 12/4/19 at the above named assisted living facility in Topeka, KS.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.	S3028		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089065	A. BUILDING: _____ B. WING _____	C 12/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF TOPEKA	6300 SW 6TH AVENUE TOPEKA, KS 66615

(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
S3028	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-41-101 (f) (1) (3) The facility reported a census of 28 residents. The sample included 3 residents and 1 closed review resident. Based on record review and interview for 1 sampled resident (#122) the administrator failed to ensure that allegations of abuse and neglect were reported to the department within 24 hours, an investigation was started of the violation and the department's complaint investigation reports were completed and submitted to the department within five working days of the initial report. Findings included: - Record review for resident #122 recorded admission date of 2/1/19 with diagnoses of: bilateral primary osteoarthritis of knee, diabetes mellitus type 2 with polyneuropathy, Alzheimer's, muscle weakness, and pain in the knees. Functional Capacity Screen dated 9/12/19 recorded resident required physical assistance with bathing, dressing, management of medications and treatments and independent with transfers, walk/mobility. Resident has problems with short term memory. Negotiated Service Agreement/ health care service plan dated 10/31/19 recorded staff to assist resident with bathing and dressing. Resident uses a medication machine that assists with medications, resident self-medicates. Progress notes (nurses notes) dated 10/18/19 at 1:03pm recorded "Resident having increased	S3028		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089065	A. BUILDING: _____ B. WING _____	C 12/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF TOPEKA	6300 SW 6TH AVENUE TOPEKA, KS 66615

(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
S3028	Continued From page 2	S3028		

confusion with change in LOC (level of consciousness) PCP (primary care provider) updated. Family updated, labs ordered, UA (urinalysis) ordered. PCP will see resident today." signed by administrative nurse #B

Hospital post-acute care progress note, found on resident record, dated 10/18/19 recorded: "AL (assisted living) nurse reports that [resident] has been progressively delusional and having difficulties getting along with staff. ..... Seen today, the patient reports headache and neck pain since 'that stabbing episode'. She said she was sitting in her chair by her door and a staff member came in with a ballpoint pen pointing it at her and she thought she was going to get stabbed with it. She jolted backward in her chair."

Interview on 12/2/19 at 1:35pm with resident stated about 3 weeks ago, [certified staff #C] tried to stab her with a pen. She stated, "She never stabbed me, If I hadn't jumped back she would have, now I hurt my neck and shoulder, physical therapy says I have knots in my neck." She stated, "I wrote a paper up, I was real upset about it, She's been causing me trouble ever since I've been here. Like, I wrote down a hamburger for lunch and she said I didn't and I wasn't getting one." Resident stated she had her call pendant on when the incident occurred. (Pendant must be reset by pushing a button on the back of unit with a pen or similar pointed object.) Resident stated she reported the incident to administrative nurse #B and she did not do anything about it. She stated "That is Assault and battery."

Interview on 12/2/19 at 2:00pm with administrator #A, stated resident just told administrative nurse #B, at 1:30pm, that certified staff #C stabbed her in the chest the other day, so they were starting

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089065	A. BUILDING: _____ B. WING _____	C 12/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF TOPEKA	6300 SW 6TH AVENUE TOPEKA, KS 66615

(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
S3028	Continued From page 3 an investigation now. They (administrator #A and administrative nurse #B) stated they did not know about incident until now. Interview on 12/3/19 at 10:10am with certified staff #C stated incident happened 2 or 3 months ago, resident pulled back when she tried to push resident's pendant. She stated resident told her "don't ever do that again!" and then "continued to cuss me out." She stated she helped resident with her stockings and left. She stated she called administrative nurse #B and informed her of the incident. On 12/3/19 at 9:45am, resident presented a copy of "report" she stated she gave to administrative nurse #B when the incident happened. It recorded:" [certified staff #C] almost paralyzed me tonight with her behavior with a pen in her hand as if it was a knife, pointed it directly in my chest, her excuse was to turn my calling pen off. I immediately jumped back and she said what is wrong with you? I questioned [certified staff #C], her excuse was just to turn my calling button off ..." Resident stated she found out administrative nurse #B did not turn the report in, "she stated she never got the report". She stated administrator #A read her report today. For resident #122 the administrator failed that allegations of abuse and neglect were reported to the department within 24 hours, an investigation was started of the violation and the department's complaint investigation reports were completed and submitted to the department within five working days of the initial report.	S3028		