STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087153	A. BUILDING: _____ B. WING _____	R-C 11/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORD SENIOR CARE INC - ROCKWOOD	6807 E ROCKWOOD ROAD WICHITA, KS 67206

(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 citation represents the findings of revisit survey with correction order 19/140 at the above named facility on 11/4/19 and 11/5/19.	{S 000}		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility identified a census of 7 residents. The sample included 3 residents. Based on record review, interview, and observation for 1 (1222) of 3 residents sampled, the operator failed to ensure a licensed nurse provided and coordinated the provision of necessary Health Care Services (HCS) for wound care and are in accordance with the Functional Capacity Screen (FCS) and Negotiated Service Agreement (NSA). Findings included: - Record review on 11/4/19 at 1:25 p.m. revealed resident #1222 admitted to the facility on 4-9-19 with diagnoses of anxiety, hypertension, reflux disease and vascular dementia.	S5155		

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

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S5155	Continued From page 1 Review of the resident's FCS dated 4-9-19 revealed the resident required physical assistance with activities of daily living, could not manage his/her medications and medical treatments, had impaired cognition and bladder incontinence. Significant change FCS dated 6-1-19 revealed the resident unable to assist with bathing, dressing, toileting, transfer, walking/mobility, management of medications/treatments, bladder incontinence, experienced impaired cognition and falls/unsteadiness. Review of the NSA dated 4-8-19 revealed staff assisted the resident with activities of daily living, administered his/her medications and provided incontinent care. It also revealed the resident received home health and hospice services. Review of the NSA dated 6/1/19 revealed staff physical assistance for bathing, dressing, toileting, transfer, walking/mobility, staff to administer medications/treatments, resident incontinent, and received hospice services. Review of the resident's HCS dated 4/19/19 revealed the resident incontinent, at risk for skin breakdown and staff needed to provide the following cares: toilet every 2 hours, reposition every 2 hours, check depends every 2 hours and as needed, make sure resident is clean after each bowel movement. Side rails for mobility. May be up as desired. Air mattress on bed. 5/30/19 chair alarm. 7/15/19 concave mattress. Falls on 7/14/19 and 9/24/19. Review of the facilities wound record form dated 10/ 28/19 recorded stage 2 pressure ulcer on coccyx measured .2 Centimeters (CM) by .2 CM	S5155		

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S5155	Continued From page 2 by .2 CM, tissue pink and pale. On 11/4/19 revealed the resident had a stage 2 pressure ulcer to coccyx and multiple skin tears. The coccyx wound measured 3. CM by 5. CM by .1 CM with pale yellow tissue appearance. Continue to turn. During an observation on 11/4/19 at 1:30 p.m. with certified staff B and hospice nurse E revealed the resident had the following skin conditions: an open wound on his left outer knee; scabs to inner right elbow, multiple healing skin tears on bilateral knees and shins; and open pressure ulcer on his coccyx approximately 3. cm by 3. in diameter open to air. The resident was up in cloth covered recliner without pressure relieving devices other than pillow behind back. The resident's HCS plan lacked interventions for wound care or pressure relieving devices to be provided for resident while up in recliner. Resident was up in recliner upon surveyor's arrival at 10:45 a.m. through 2:30 p.m. Interview on 11/4/19 at 1:30 p.m. with hospice nurse E stated and confirmed the HCS lacked interventions for pressure relieving devices when resident up in recliner during the day time. For resident #1222, the operator failed to ensure a licensed nurse provided and coordinated the provision of necessary HCS for wound care and are in accordance with the FCS and NSA. .	S5155		