STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087158	A. BUILDING: _____ B. WING _____	08/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT CARE SENIOR LIVING	14422 TWIN LAKE DRIVE WICHITA, KS 67230

(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 finding of the resurvey at the above named home plus facility on 8/2019, 8/21/19 and 8/22/19.	S 000		
S5155 SS=E	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 26-420204(a) The facility identified a census of 7 residents. The sample included 3 residents. Based on observations, record reviews, and interviews, for 2 (#100, #200) of 3 residents sampled, the Operator/Registered Nurse (RN) failed to provide and coordinate the provision of necessary health care services to meet the needs of each resident and are in accordance with Functional Capacity Screening (FCS) and the Negotiated Service Agreement (NSA) regarding the use of a bed assistive device. Findings included: - The facility resident roster provided on 8/20/19 indicated 3 of 7 residents used an attached bed assistive device.	S5155		

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

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S5155	Continued From page 1 - Record review for resident #100 revealed an admit date of 8/8/18 with diagnoses of Insulin Dependent Diabetic, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Depression, Lymphedema, and Atrial Fibrillation. The admission FCS dated 8/8/18 indicated the resident had short-term memory deficit, memory recall deficit and impaired decision making. Resident #100 unable to ambulate, transfer, and required physical assistance with all activities of daily living except eating. The NSA dated 8/18/18 recorded resident unable to assist with transfer, ambulation, toileting, incontinent care, required physical assistance with bathing, toileting, incontinent care, dressing, and transfer/mobility. The staff to use sit to stand lift for transfer with two staff assist. The NSA recorded side rail for turning. The Health Care Service Plan (HCSP) dated 8/8/18 recorded one staff total assist with dressing, two staff for toileting by use of sit to stand lift to toilet, transfer, unable to walk/mobility, wears briefs, resident alert but forgetful and side rail on bed to assist with turning. The record lacked an assessment to verify the bed assistive device was not a restraint, the resident used the bed assistive device safely and the bed assistive device design/attachment/gaps and mechanisms were safe. The food and drug administration (FDA) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment	S5155		

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S5155	Continued From page 2 as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and 3/4 inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Observation on 8/8/19 at 10:30 a.m. revealed two upside-down U-shaped assistive device on one side of bed. The bed is against the wall on other side of bed. On 8/20/19 at 10:50 a.m. observed Certified Staff B and C transfer resident from wheel chair to toilet using sit to stand lift. Resident stated was able to grab bar to hold onto for transfer. Resident further stated he/she used side rails when in bed to assist with turning. Interview on 8/21/19 at 10:30 a.m. with Operator/RN A stated and confirmed resident had side rail on side of bed for positioning. He/she confirmed the record lacked an assessment of the resident's need for the device or safety of the device. Operator/RN A failed to provide or coordinate the provision of necessary HCSP to meet the needs for this resident in accordance with the FCS and the NSA regarding the use of a bed assistive device. - Record review for resident #200 revealed an admit date of 1/20/19 with diagnoses of Skin Cancer Scalp, Depression, Dementia, and Skin	S5155		

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S5155	Continued From page 3 Reconstruction Post Cancer Resection. The FCS dated 1/20/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, experienced incontinence, short-term memory loss, memory recall, and decision making. The NSA and HCSP dated 1/20/19 recorded resident required one-person physical assistance with bathing, dressing, toileting, transfer, stand by assist with use of walker, incontinent bladder control and wears briefs, experienced short-term memory loss, memory recall, and decision making. Resident gets angry when frustrated. On 8/20/19 at 10:30 observed an upside-down horse shoe shaped rail on side of bed not against the wall. The HCSP lacked documentation for use of side rail. The record lacked an assessment to verify the bed assistive device was not a restraint, the resident used the bed assistive device safely and the bed assistive device design/attachment/gaps and mechanisms were safe. The food and drug administration (FDA) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and 3/4 inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches	S5155		

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S5155	Continued From page 4 Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Interview on 8/21/19 at 11:30 a.m. with Operator/RN A stated and confirmed the HCSP lacked documentation to verify device not a restraint, assessment conducted to ensure safety, design, attachment/gaps and mechanisms safe. For residents #100 and #200, the Operator/RN A failed to provide or coordinate the provision of necessary HCSP to meet the needs for this resident in accordance with the FCS and the NSA regarding the use of a bed assistive device.	S5155		