STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089089	A. BUILDING: _____ B. WING _____	04/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY PLACE OF ROSSVILLE	590 INDUSTRIAL TRAFFIC WAY ROSSVILLE, KS 66533

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure conducted on 4/4/19 and 4/8/19 at the above named home plus facility in Rossville, KS.	S 000		
S5050 SS=F	26-42-101 (k) Ombudsman (k) Ombudsman. Each administrator or operator shall ensure the posting of the names, addresses, and telephone numbers of the Kansas department on aging and the office of the long-term care ombudsman with information that these agencies can be contacted to report actual or potential abuse, neglect, or exploitation of residents or to register complaints concerning the operation of the home. The administrator or operator shall ensure that this information is posted in a common area accessible to all residents and the public. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-101 (k) The facility reported a census of 11 residents. The sample included 3 residents. Based on observation and interview the operator failed to ensure a posting of the names, addresses and telephone numbers of the Kansas department on aging in a place readily accessible to residents and the public, with information that the agency can be contacted to report actual or potential abuse, neglect or exploitation of residents or to register complaints concerting the operation of the home. Findings included:	S5050		

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

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S5050	Continued From page 1 - Observation on 4/4/19 at 9:40am in main entry area of facility, a posting near the front door gave notice of the ombudsman contact information. Notice did not include information on reporting suspected abuse, neglect or exploitation or to register complaints to the Kansas department on Aging. Other areas of the facility were also observed for the posting: kitchen, back exit, living room and sun room. No posting was located. Interview on 4/4/19 at 4:40pm with operator #A confirmed facility lacked a posting for the Kansas Department on Aging contact information. For all residents of the facility, the operator failed to ensure a posting of the names, addresses and telephone numbers of the Kansas department on aging in a place readily accessible to residents and the public, with information that the agency can be contacted to report actual or potential abuse, neglect or exploitation of residents or to register complaints concerting the operation of the home.	S5050		
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.	S5155		

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S5155	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 11 residents. The sample included 3 residents. Based on record review and interview and observation for 3 residents sampled (#404,405, 406) the operator failed to 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. Findings included: - Record review for resident #404 recorded admission date of 8/29/15 with diagnoses of: atrial fibrillation, seizure disorder, hypertension, hypothyroidism, Alzheimer's and osteoarthritis. Functional Capacity Screen (FCS) dated 8/30/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility has a history of falls/unsteadiness and impaired decision making. Resident is unable to manage medications and treatments. Negotiated Service agreement/ Health Care service plan (NSA/HCSP) dated 8/30/18 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer, walk/mobility (utilizes a wheelchair) and management of medications and treatments. Resident has a bed alarm at night to ensure safety.	S5155		

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S5155	Continued From page 3 Amended NSA dated 1/1/18 recorded ".. while in his/her room he/she is to be on a chair/padded alarm at all times. When out in main areas there is no need for alarm" Observation on 4/4/19 at 9:40am in facility living room revealed resident reclined in a recliner, float boots on each foot (special hard plastic braces used to relieve pressure to heels) with a body alarm in place. Observation on 4/4/19 at 1:10pm revealed staff transfer resident with 1 assist and a walker, from wheelchair with a pressure reduction cushion in place, back to recliner in the living room. Resident wears float boots and body alarm was reattached. HCSP lacked entries for resident use of a wheelchair pressure reduction cushion, float boots and a personal alarm at all times and in main living areas. Interview on 4/4/19 at 4:00pm with operator #A stated resident wears float boots for pressure reduction to his/her heels and wears a personal alarm at all times for safety. He/she confirmed NSA/HCSP lacked entries for resident use of a pressure reduction cushion, float boots for heel pressure reduction and a body alarm at all times. Record review for resident #405 recorded admission date of 12/6/16 with diagnoses of: diabetes mellitus type 2, peripheral vascular disease, paranoid schitzophrenia, hyperlipidemia, osteoporosis, orthostatic hypotension, hypokalemia, gout and Parkinson's. FCS dated 12/11/18 recorded resident is unable	S5155		

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S5155	Continued From page 4 to perform bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Resident is incontinent. NSA/HCSP dated 12/11/18 recorded staff to provide resident with physical assistance with: bathing, dressing, toileting, transfer, walk/mobility management of medications and treatments and incontinence. [resident continues to remain in bed a majority of the day] Observation on 4/4/19 at 3:30pm in resident's room revealed resident in bed in supine position on a low air flow mattress. HCSP lacked an entry for use of a low air flow mattress for pressure reduction. Interview on 4/4/19 at 4:00pm with operator #A confirmed resident used a low air flow mattress for pressure reduction and HCSP lacked an entry for its use. Record review for resident #406 recorded admission date of 12/21/18 with diagnoses of hypertension, hypothyroidism, chronic kidney disease stage 3, dry eyes, overactive bladder, gastroesophogeal reflux disease, and allergies. FCS dated 12/21/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility and is unable to manage medications and treatments. Resident has a history of falls and impaired decision making. NSA/HCSP dated 12/21/18 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments.	S5155		

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S5155	Continued From page 5 Resident required a pureed diet, eats independently. Physician's orders dated 2/7/19 recorded diet change to: "fork mashable with moist ground meats" Nurses notes dated 12/21/18 (no time) recorded: "Resident arrived to facility from [nursing facility] where he/she was receiving rehabilitation from most recent fall .... He/she has a long history of falls from earlier in year." Nurses notes dated 2/27/19 (no time) recorded: "received new treatment orders for area that is approximately 2cm (centimeters) by 2 cm open in "crack" top part of buttocks ..." Observation on 4/4/19 at 1:00pm in resident's room revealed a recliner and a wheelchair with pressure reduction cushions in place. Staff assisted resident to toilet, coccyx area has white gauze bandage in place. HCSP lacked interventions for falls, pressure reduction interventions and diet change. Interview on 4/4/19 at 1:00pm with certified staff #B, stated "it [coccyx] started as a split then opened, we got right on it, it's nearly healed." Interview on 4/4/19 at 3:50pm with operator #A confirmed diet order was changed, but that resident choice was to eat pureed instead, he/she confirmed resident has an open area on coccyx and stated spouse added the pressure reduction cushions to the wheelchair and recliner, confirmed resident does not have a pressure reduction mattress but staff turn resident every 2 hours in bed. He/she confirmed HCSP lacked	S5155		

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S5155	Continued From page 6 diet preference and pressure reduction interventions. For residents #404, 405 and 406 who required health care services, the operator failed to 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.	S5155		
S5251 SS=F	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of 11 residents. The sample included 3 residents. Based on record review and interview for 3 sampled resident (#404,405,406) the operator failed to ensure documentation on the resident in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken and results of the action.	S5251		

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S5251	Continued From page 7 Findings included: - Record review for resident #404 recorded admission date of 8/29/15 with diagnoses of: atrial fibrillation, seizure disorder, hypertension, hypothyroidism, Alzheimer's and osteoarthritis. Functional Capacity Screen (FCS) dated 8/30/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility has a history of falls/unsteadiness and impaired decision making. Resident is unable to manage medications and treatments. Negotiated Service agreement/ Health Care service plan (NSA/HCSP) dated 8/30/18 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Nurses notes recorded for 1/4/19 to 3/28/19 all lacked times of entries. All entries are signed by licensed nurse #C. Record review for resident #405 recorded admission date of 12/6/16 with diagnoses of: diabetes mellitus type 2, peripheral vascular disease, paranoid Schitzophrenia, hyperlipidemia, osteoporosis, orthostatic hypotension, hypokalemia, gout and Parkinson's. FCS dated 12/11/18 recorded resident is unable to perform bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. NSA/HCSP dated 12/11/18 recorded staff to provide resident with physical assistance with:	S5251		

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S5251	Continued From page 8 bathing, dressing, toileting, transfer, walk/mobility management of medications and treatments. Nurses notes recorded for 10/4/18 to 3/28/19 all lacked times of entries. All entries are signed by licensed nurse #C. Record review for resident #406 recorded admission date of 12/21/18 with diagnoses of hypertension, hypothyroidism, chronic kidney disease stage 3, dry eyes, overactive bladder, gastroesophogeal reflux disease, and allergies. FCS dated 12/21/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility and is unable to manage medications and treatments. NSA/HCSP dated 12/21/18 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Nurses notes recorded for 12/21/18 to 3/28/19 all lacked times of entries. All entries are signed by licensed nurse #C. Interview on 4/4/19 at 4:00pm with operator #A, stated licensed nurse #C charts everything "for consistency" and stated other nurses leave licensed nurse #C a note of resident changes and licensed nurse #C then documents it in the nurse's notes. He/she confirmed lack of times for nurse's notes for all residents stating "It's that way on everybody is my guess, [licensed nurse #C] is pretty consistent." For all residents of the facility as evidenced for residents #404,405 and 406 the operator failed to ensure documentation on the resident in	S5251		

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S5251	Continued From page 9 accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken and results of the action.	S5251		