STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087228	A. BUILDING: _____ B. WING _____	03/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE KOTTAGE #3	1411 S MAIZE RD WICHITA, KS 67209

(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 resurvey at the above named facility on 3/11/19, 3/12/19, and 3/13/19.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(c)(2) The facility identified a census of 6 residents. The sample included 3 residents and 2 focus review residents. Based on record review, observation and interview for 1 (#100) of 3 residents sampled, the designated staff failed to conduct a Functional Capacity Screen (FCS) following any significant change in condition. Findings included: - Record review for resident #100 revealed an admit date of 9/26/18 with diagnoses of Insulin Dependent Diabetic Mellitus, Depression, Hypertension, Congestive Heart Failure, and Anemia. The FCS dated 9/26/18 recorded resident	S5085		

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

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S5085	Continued From page 1 independent with cognition and decision making. He/she required physical assistance with bathing, dressing, toileting, transfer, walking, management of medication and treatments. The NSA dated 9/26/18 recorded resident required stand by assistance with bathing, dressing, toileting, use of walker, staff to administered medications and perform finger stick blood sugar two times a day. The HCS dated 9/26/18 recorded resident required stand by assistance with bathing, dressing, toileting, use of walker, staff to administer medications and perform finger stick blood sugar two times a day. Interview on 3/11/19 with resident #100 stated he/she toilets takes a shower by self, toilets and dresses self. Observed resident #100 ambulating independently by self from room to dining room table where he/she seated self. Interview on 3/12/19 at 12:30 p.m. with operator A stated and confirmed resident independent with most activities of daily living. For resident #100, designated staff failed to conduct an FCS following any significant change in condition.	S5085		
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	S5155		

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S5155	Continued From page 2 agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility identified a census of 6 residents. The sample included 3 residents and 2 focus review residents. Based on record review, interview and observation the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services (HCS) for 1 (#500) of 2 focus review residents in accordance with the functional capacity screen (FCS) and the negotiated service agreement (NSA) regarding the use of a bed assistive device. For 1 (#100) of 3 residents sampled, the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary HCS to ensure resident #100 could safely and accurately self-administer own insulin. Findings included: - The facility resident roster provided on 3/11/19 indicated 1 of 6 residents used an attached bed assistive device. - Focus record review for resident #500 revealed an admit date of 6/18/18 with diagnoses of Dementia, Addison's Disease, Depression, and Atrial Fibrillation. The admission FCS dated 6/18/18 indicated the resident had short- and long-term memory deficit and memory recall deficit. He/she required	S5155		

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S5155	Continued From page 3	S5155		

physical assistance with all activities of daily living except eating and was at risk for falls/unsteadiness.

The NSA dated 6/18/18 recorded resident required physical assistance with bathing, toileting, incontinent care, dressing, transfer, mobility, and ambulation. The NSA did not include specifics about the resident's bed mobility, abilities to transfer from the bed or the use of a bed assistive device.

The HCS dated 6/18/18 recorded one staff assist with dressing, bathing toileting, transfer, and ambulation with use of gait belt. 3/4 side rail added to bed for positioning.

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
Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches.

Observation on 3/12/18 at 11:55 a.m. revealed an

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S5155	Continued From page 4	S5155		

upside-down U-shaped assistive device on one side of bed. The bed is against the wall on other side of bed.

Interview on 3/12/18 at 12:00 p.m. with operator 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 A failed to ensure a licensed nurse provided or coordinated the provision of necessary HCS 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 #100 revealed an admit date of 9/26/18 with diagnoses of Insulin Dependent Diabetic Mellitus, Depression, Hypertension, Congestive Heart Failure, and Anemia.

The FCS dated 9/26/18 recorded resident independent with cognition and decision making. He/she required physical assistance with bathing, dressing, toileting, transfer, walking, management of medication and treatments.

The NSA dated 9/26/18 recorded resident required stand by assistance with bathing, dressing, toileting, use of walker, staff to administered medications and perform finger stick blood sugar two times a day. (The NSA lacked documentation to indicate resident self-administered own insulin.)

The HCS dated 9/26/18 recorded resident required stand by assistance with bathing, dressing, toileting, use of walker, staff to

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S5155	Continued From page 5 administer medications and perform finger stick blood sugar two times a day. (The HCS lacked documentation to indicate resident self-administered own insulin.) A Self Administration of Medication Assessment Tool (SAM) dated 11/21/18 recorded, "resident is able to dial correct amount on pen." The SAM lacked an assessment or documentation to indicated resident could safely self-administer insulin. Interview on 3/11/19 at 10:55 a.m. with resident #100 stated, "He/She self-administered and managed own insulin." Interview on 3/12/19 with operator A stated and confirmed the NSA, HCS, and SAM's for lacked documentation to indicate resident resident could safely self-administer own insulin. For resident #100, the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary HCS to ensure resident could safely and accurately self-administer own insulin.	S5155		