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	B087218	A. BUILDING: _____ B. WING _____	03/07/2019

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FUSION SENIOR CARE HOMES LLC	512 N BEBE STREET WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named facility on 2/27/19, 2/28/19, 3/4/19, 3/5/19, 3/6/19, and 3/7/19.	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) The facility identifed a census of 5 residents. The sample included 3 residents. Based on record reveiw and interview for 1 (#200) of 3 residents sampled, the operator/licensed nurse A failed to ensure designated staff conducted a functional capacity screen (FCS) at least every 365 days. Findings included: - Record review for resident #200 revealed an admit date of 4/1/17 with diagnoses of insulin dependent diabetic, hypertension, and arthritis. The FCS dated 1/25/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, eating, management of medications/treatments,	S5085		

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

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S5085	Continued From page 1 incontinent of bladder control, experienced short-term memory loss, memory recall, long-term memory loss, decision making, impaired decsion making, and falls/unsteadiness. Interview on 2/28/19 at 1:30 p.m. with operator/licensed nurse A stated and confirmed a FCS was not conducted every 365 days. For resident #200, the operator/licensed nurse A failed to ensure designated staff conducted a FCS at least every 365 days.	S5085		
S5155 SS=G	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 5 residents. The sample included 3 residents. Based on record review, interview, and observations for 1 (#300) of 3 residents sampled, the operator/licensed nurse failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services	S5155		

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S5155	Continued From page 2	S5155		

(HCS) that meet the needs of the resident in accordance with the functional capacity screen (FCS) and negotiated service agreement (NSA) when resident #300 experienced 12 falls over a nine month period with one fall that resulted in rib fractures and another fall that resulted in a laceration that required staples.

Findings included:

- Record review for resident #300 revealed an admit date of 10/21/17 with diagnoses of depression, hypertension, and frequent urinary tract infections.

The annual FCS dated 1/25/18 recorded resident independent with toileting, transfer, walking/mobility, required physical assistance with bathing, dressing, experienced decision making, impaired hearing, impaired decision making, and falls/unsteadiness.

The annual NSA dated 1/25/18 recorded resident independent with transfers, walking, toileting, physical assistance with bathing, dressing, required decision making with help from staff, behavioral management managed by staff as resident is repetitive and very apologetic. Resident has impaired hearing and impaired decision making with staff to assist. Resident experienced falls/unsteadiness and staff will supervise during ambulation.

Amendments to NSA recorded:

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S5155	Continued From page 3 2/20/19 Resident completed physical therapy for lower extremity strengthening. 2/25/18 Resident in now on monthly weights and has improved edema in lower extremity. The annual HCS dated 1/25/18 recorded cue resident for dressing, assist with shower, wears glasses, incontinent bladder control with staff assist, and for mobility use walker. Resident is very repetitive and apologetic The nurse ' s notes recorded: 2/28/18 10:30 p.m. Resident had non-injury fall at 9:00 p.m. in bedroom. Resident stated fell backwards and tried to catch self. This nurse instructed staff to assist resident during the night to/for using bathroom. Signed licensed nurse F. Addendum to FCS, NSA, and HCS plan 2/28/18: Resident non-compliant with turning on and or leaving a light on in room due to concern for keeping roommate awake. Will change out original walker with a smaller, lighter one. Installation of night light to be kept on during night shift even if overhead or bedside lamp had been turned on. Staff to monitor continuously and remind to call for help during night shift to go to bathroom with assistance. Remind resident to keep walker in front of him/her or to side. Remind resident to always walk in forward direction with walker. Remind resident to not stand up without walker. Remind resident to not	S5155		

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S5155	Continued From page 4	S5155		

step backward when has walker in use."

Faxed Nurse to Physician Communication forms recorded:

2/28/18 Resident sustained a noon injury fall at 9:00 p.m. landing on back in doorway. Resident thinks medications to strong and caused fall. Signed licensed nurse F.

Nurse ' s note recorded:

3/10/18 3:45 a.m. Resident reported to staff he/she fell earlier in his/her room and got up on own. Complained of sore buttocks and abrasion to right elbow. This nurse assessed resident. Signed licensed nurse F.

3/13/18 (no time) Resident fell this morning while going to restroom and was not using walker. Resident stated fell backwards and landed sideways hitting left side against the bed frame of bed. When assessed stated left side was tender and painful 5 of 10 pain scale. Can move all extremities and stated did not hit head. Resident has been educated often on proper use of walker. Will continue to monitor. Signed licensed nurse B.

3/16/18 5:00 p.m. Staff called nurse as resident was found on the floor in the living area. Nurse came to assess resident and was able to help him/her off floor. Resident had a skin tear to right knuckle and right pointer finger. Resident given first aide. Will continue to monitor. Signed

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S5155	Continued From page 5 license Nurse B Faxed Nurse to Physician Communication forms recorded: 3/16/18 Resident found on floor in dining area. Was trying to reposition walker. Resident has a skin tear 5 CM by 1 CM by .2 CM on right knuckle. May we clean wound with normal saline and apply meflex. Change dressing every other day and as needed. "Amendment written on NSA recorded: 3/22/18 ' Significant Change ' replaced original walker with a smaller one; night light plugged into outlet in room; encourage to turn on bedside lamp light when wants to leave room during the night. Resident to be reminded to call for assistance during the night to go to the bathroom. Resident to be reminded to call for assistance during the night to go to the bathroom. Remind resident to use walker in front of him/her when walking rather than behind. Remind resident to always walk in forward direction. Remind resident to not stand up unless has walker. Nurse ' s note recorded: 3/24/18 at 4:10 a.m. Hand written note recorded resident got up to use bathroom, stated fell out of bed and knocked head on the floor. While getting up by self, sat on bed for a while before proceeding to the bathroom. Checked skin, no bruises noted and no complaints of pain. Signed	S5155		

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S5155	Continued From page 6 licensed nurse F. 3/27/18 at 3:30 p.m. Resident seen by medical care provider for cellulitis of the right hand. Keflex 500 milligrams three times a day for 5 days. (Antibiotic for infection). Amendment written on NSA recorded: 4/2/18 Resident small walker exchanged for a medium size one "Amendment written on HCS recorded: 4/2/18 resident has improved gait and compliant with us of walker. 4/14/18 Resident participating in daily house exercise. 5/7/18 7:00 p.m. Pictures texted to medical care provider of right ankle/leg. New order received bilateral TED hose to be applied in morning and taken off at bed time. Signed licensed nurse F. 5/9/18 (no time) Resident came out to kitchen saying he/she had fallen in back bathroom after he/she used the toilet. Resident stated, "had fallen and hit something on left side of waist and was afraid that he/she ' broke something again. ' This nurse administered Tylenol for pain and suggested he/she sit and rest as much as possible. Blood pressure 122/53, respiration 20, oxygen saturation 96%, and temperature 97.0. Medical care provider notified and ordered chest x-ray. Signed licensed nurse F.	S5155		

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S5155	Continued From page 7 5/10/18 1:00 p.m. Report from x-ray identified acute fracture of tenth rib along with old changes in eighth and ninth ribs. Report faxed to (medical care provider) and resident has norco (narcotic pain medication) for pain. Will monitor comfort level. Signed licensed nurse F. 5/10/18 5:00 p.m. Resident has required more Norco and Tylenol due to discomfort from rib injury. Resident resting more frequently in bed or a recliner since injury. Signed licensed nurse F. 5/13/18 9:40 a.m. Order for TED hose has not been filled yet due to Durable Power of Attorney (DPOA) un-reachable to pay for TED hose. 5/17/18 5:00 p.m. Resident still has not received TED hose due to non-payment. Signed licensed nurse F. 5/19/18 (no time) Resident continue to complain of severe right leg pain at rest and with ambulation. Legs with moderate redness and swelling. Resident complained of moderate tenderness with pain level 6 out of 10 being worst. This nurse applied tubigrip bandage with ace wrap to legs. Signed licensed nurse B. 6/23/18 8:20 a.m. Resident continues with behaviors of anxiety, getting out of chair frequently and walking around in facility talking about, "In big trouble and going to be evicted." Right leg has improved since the use of tubigrip stockings. Signed licensed nurse F.	S5155		

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S5155	Continued From page 8 8/24/18 1:20 p.m. Resident had gone to room to take a nap after eating lunch and approximately ten minutes later returned to announce that he/she fell. Resident stated was walking in room lost balance and fell hitting head. Resident sustained skin tear to right forearm 3 centimeter (CM) by 3 CM. Medical care provider notified. Encourage resident to take a nap in room in recliner. Signed licensed nurse B. Faxed Nurse to Physician Communication forms recorded: 8/25/18 at 1:20 p.m. Resident came into front room and stated he/she fell. Resident reported was walking and about to room when lost balance and fell hitting right hand/arm on closet. Resident has skin tear 3 CM by 1.5 CM on right forearm and 3 CM x 3 CM bruise above right thumb. No apparent broken bone. First aide given. Will continue to monitor. Signed licensed nurse B. Note: This fall not recorded in nurse ' s notes Nurse ' s notes recorded: 9/15/18 (no time) Resident ambulates independently with four wheeled walker, unsteady gait, and wanders around the facility many times a day. Signed licensed nurse B. 9/18/18 (no time) This nurse received a phone call from certified staff D stating resident had bruises that were visible on residents right and left hands, right middle finger and left top hand. No open areas noted. Reminded resident not to clean closet. Signed licensed nurse B	S5155		

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S5155	Continued From page 9 . Amendment to NSA recorded: 9/21/18 Resident tends to rummage in closet for items and doesn't ask for assistance as much as he/she should. Nurse ' s note recorded: 9/21/18 4:00 p.m. received call from staff that resident reported having a fall in his/her room after lunch. This nurse came to assess resident. Talked to resident about ideas to keep him/her from going to closet. Signed licensed nurse F. Addendum to FCS 9/21/18 recorded: 9/21/18 Occurrence of falls/incidences since 5/2018. Resident non-compliant with asking for assistance to get or reach things in closet/drawers of furniture in bedroom. Plan of action: Provide small supply of books or magazines that resident can get to keep close to him/her and available in a bag to be hung on walker. Resident will frequently be asked/reminded about asking for assistance with getting things from closet or drawers." Nurse ' s note recorded: 9/27/19 11:30 p.m. Resident found on knees beside bed. Resident stated had been to bathroom and received two cuts on inside of right arm. Signed licensed nurse B.	S5155		

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S5155	Continued From page 10 Amendment written on HCS recorded: 10/3/18 Resident is now weekly weight due to edema in both lower extremities." Nurse ' s Notes recorded: 10/19/18 7:39 p.m. Typed note recorded, this nurse was notified of resident suspected fall. Staff mentioned resident was attempting to retrieve an item from closet when lost balance and fell on buttocks. When staff entered room resident was attempting to get up off floor. This nurse assessed resident with no complaint of pain or discomfort. Remind resident to ask for help when getting into closet. Signed operator/licensed nurse A. 10/21/18 8:47 p.m. (Typed note not in nurses notes Re: "resident #300" injury fall) This nurse was notified of resident ' s fall. Staff reported resident was getting ready for bed when heard commotion in room. Upon arriving to resident ' s room observed resident laying on the floor with legs stretched out in a supine position, with blood gushing from the back of head. Protocol followed and 911 called. Resident transferred to hospital. This nurse will follow up with hospital on 10/22/18 for an update. Unable to reach DPOA. Signed operator/licensed nurse A. 10/23/18 1:10 p.m. (Typed note not in nurses notes Re: "resident #300") Resident returned to facility from hospital due to head injury. Resident had a 1 CM by 1 CM laceration to back of head from fall and received 3 staples. Bruises on upper center of his/her back measured 1 ½ CM	S5155		

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S5155	Continued From page 11	S5155		

by 1 CM purplish discoloration and right arm at elbow had 2 ½ CM by 2 CM purplish discoloration. Range of motion normal limits. New orders for physical therapy and occupational therapy. Home health will be providing services. This nurse unable to notify DPOA of fall or hospitalization due to phone being out of order. Will continue to monitor resident for changes. Signed operator/licensed nurse A.

11/2/18 4:15 p.m. Staff called nurse to report an injury fall sustained by resident. Resident was sitting in recliner in front room and reported was trying to get up when he/she lost balance and landed on bottom on the floor. Had a skin tear 1.5 CM by 1 CM on left elbow. No other injuries noted. Skin tear cleansed with saline, pulled over, and edges approximated. Resident to be supervised. Signed licensed nurse B.

11/5/18 10:30 a.m. Resident found by staff sitting on floor. Resident stated was backing up to sit in recliner then landed on floor. No injuries noted. Signed licensed nurse B.

The annual FCS dated 2/25/19 recorded resident required supervision for transfer, walking/mobility, physical assistance with bathing, dressing, toileting, incontinent bladder control, experienced poor memory recall, decision making, impaired hearing, impaired decision making, and falls/unsteadiness.

Tour of facility on 2/27/19 at 3:00 p.m. revealed two restrooms in facility. One restroom identified as a public restroom and restroom for resident #300 down hall from resident. The second restroom located at opposite end of facility behind

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S5155	Continued From page 12 kitchen. 2/27/19 at 3:40 p.m. observed resident #300 sitting at dining room table visiting and snacking on animal crackers. Resident transferred self from wheelchair to chair at table. Resident well groomed and asked if everything ok? Resident asked several times and was afraid of being evicted. Certified staff E reassured resident everything was ok and was not going to be evicted. 2/27/19 at 4:15 p.m. with certified staff E stated resident has had a lot of falls but is doing better now with physical therapy. Resident does not call for assistance and need to watch him/her and assist when needed. Resident required physical assistance with bathing, dressing, and when needed for toileting. Telephone interview on 3/5/19 at 9:35 a.m. with licensed nurse B stated resident #300 has had falls due to wandering, uses walker, wheelchair and is non-compliant at times. Resident is doing better since getting physical therapy. Resident likes to rummage through closet and has had falls from that. Resident wanders through facility and rearranges everything. Resident likes to move fast when ambulating. Resident had a few injuries from falls. For resident #300, the operator failed to ensure the licensed nurse provided and coordinated the provision of the necessary health care services to address this cognitively impaired resident ' s risk for falls. The resident experienced 12 falls between 2/28/2018 and 11/5/18. The health care service plan lacked interventions for this cognitively impaired resident who experienced a	S5155		

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S5155	Continued From page 13 fall with fractured ribs on 5/9/2018 following 4 previous falls and a fall with a laceration to the head requiring staples on 10/24/19 after 9 previous falls.	S5155		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility identified a census of 5 residents. The sample included 3 residents. Based on record reviews and interview for all residents, the Operator/licensed nurse A failed to ensure a quarterly review of the home's emergency management plan with employees and residents. Findings included:	S5215		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FUSION SENIOR CARE HOMES LLC	512 N BEBE STREET WICHITA, KS 67212

(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
S5215	Continued From page 14 Review of emergency management plan on 2/28/19 at 11:30 a.m. lacked documentation of quarterly record review. Interview on 2/28/19 at 11:35 a.m. with Operator/licensed nurse A stated and had not conducted a quarterly review of the emergency management plan with employees or residents. For all residents and employees, the Operator/licensed nurse A failed to ensure a quarterly review of the home's emergency management plan with employees and residents.	S5215		