STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087189	A. BUILDING: _____ B. WING _____	01/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTION LIVING MAIZE COURT 1	623 S MAIZE COURT WICHITA, KS 67209

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S 000	INITIAL COMMENTS The following citation represents the findings of resurvey with complaint #132353 at the above named facility on 1/28/19, 1/29/19, and 1/30/19.	S 000		
S5028 SS=D	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(f)(3)(A)(B)(C)(D)(E)(F)	S5028		

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

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S5028	Continued From page 1 The facility identified 11 residents. The sample included 3 residents and 1 closed record review. Based on 1 (#400) closed record reviewed, the operator failed to report a significant injury of unknown origin to the department within 24 hours, investigate violation, implement immediate measure to prevent further potential abuse or neglect while investigation is in progress, thoroughly investigate within five working days of initial report, implement appropriate corrective action, complete the department's complaint investigation report and submit within five working days, and maintain a written record of each investigation. Findings included: - Closed record review on 1/28/19 revealed an admit date of 10/25/17 with diagnoses of dementia, insulin dependent diabetic, depression, and gout. The functional capacity screen dated 10/19/17 recorded resident independent with walking/mobility, eating, required physical assistance with bathing, dressing, toileting, transfer, experienced occasional bladder incontinence, short term memory, memory recall, decision making, falls/unsteadiness, and impaired decision making. The negotiated service agreement/also health care plan dated 10/19/17 recorded resident independent with eating, required physical assistance of one staff for bathing grooming, toileting, mobility, and stand by assistance with walker. Amendments made on following dates: 10/31/17 ambulate with assist of one staff and walker.	S5028		

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S5028	Continued From page 2	S5028		

7/23/18 body alarm continuous, bed bound until pain is controlled. 7/24/18 up as tolerated, hoyer lift for transfers as needed. 7/26/18 foley catheter managed by home health.

Incident report dated 7/22/18 recorded at 11:15 p.m. I was in dining room and heard a thud and scream. Found resident on the floor sitting and facing toilet. Resident stated fell looking for spouse. Resident had gone to bathroom without calling for help. Nursing recorded: Report received at 11:16 p.m. that resident fell in bathroom and complained of back pain. Denied hitting head, may put resident in wheelchair if tolerated. Resident complained of right hip pain and unable to bear weight, extreme pain with movement. Resident transferred to hospital. Signed licensed nurse B.

The nurses notes recorded the following:

7/23/18 at 8:30 a.m. recorded Received report resident had a fall last night and was sent to emergency room (ER) per family request. This nurse assessed resident. Resident does complain of pain in left hip when being moved/repositioned. Resident has no recall of fall. X-ray results and CT scan was negative. Resident noted to have increased difficulty in transfer to wheel chair. It took assistance of 3 staff for transfer. Signed licensed nurse A.

7/23/18 at 11:45 a.m. Medical care provider here and ordered Percocet 5 milligrams (MG)/325 MG acetaminophen every 4 hours scheduled for pain. Signed licensed nurse A.

7/23/18 at 4:00 p.m. Resident complained of increased pain and not able to assist with transfers. Medical care provider here and

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S5028	Continued From page 3	S5028		

increased Percocet to two tablets orally every 4 hours, one tablet as needed for pain, and have resident bedbound until pain under control. Signed licensed nurse A.

7/24/18 at 3:00 p.m. New order may have resident up as tolerated. Signed licensed nurse A.

7/24/18 at 4:30 p.m. Resident noted with increased confusion and giving minimal to no help with transfers. Order for hoyer lift for transfers as needed. Signed licensed nurse A.

7/26/18 at 4:10 p.m. Medical care provider here and wrote order to discontinue Percocet and start Norco 5 MG/325 acetaminophen 4 times a day and start ibuprofen two times a day and place foley catheter. Signed licensed nurse A.

7/30/18 at 11:00 a.m. Resident transferred using hoyer lift due to resident not assisting with transfer. Signed licensed nurse A.

8/3/18 at 9:30 a.m. Resident continued with increased pain. Notified medical care provider to come and see resident. Medical care provider came at 2:00 p.m. and changed pain medication. Signed licensed nurse A.

8/6/18 at 10:00 a.m. Resident continued with increased pain, this nurse notified medical care provider to request x-rays due to continued pain. At 5:00 p.m. x-ray results in and resident transferred to hospital. Signed licensed nurse A.

Hospital x-ray report and CT-scan dated 7/23/18 at 12:20 a.m. documented degenerative changes of bilateral hips without acute fracture in hips/pelvis.

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S5028	Continued From page 4 Mobil x-ray report dated 7/23/18 at 2:46 p.m. recorded: Old fracture in the right hip with hardware in place. Degenerative arthritis in both hips. No acute fracture in the left hip or adjacent. No lytic or blastic lesions of the femur. Mobil x-ray report dated 8/6/18 at 2:05 p.m. recorded: left femur pain after fall. There are butterfly fracture fragments projecting medial to the fracture site. 1. Comminuted fracture of the left proximal femoral diaphysis with shortening, medial angulation, rotation, and mild lateral displacement of the distal fracture fragment. Interview on 1/29/19 with certified staff D stated after resident had fall was not able to bear weight and was a 2 person transfer from bed to wheelchair until resident was unable to bear weight next day and hoyer lift was used. Resident complained of hip pain but could not recall which hip hurt resident. Resident continued to have pain. Resident was brought to dining room for meals using hoyer lift for each meal then put to bed after meals for comfort. Interview on 1/29/19 11:30 a.m. with licensed nurse A stated attempted to notify the department of unwitnessed fall but phone was busy and did not follow up after that. I also did not report to department about fracture and discharge to hospital. Licensed nurse stated resident did not experience another fall after 7/23/18. Resident was transferred to and from meals by hoyer lift day after bedrest. Telephone interview on 1/29/19 at 1:45 p.m. with family member C stated resident fell on 7/23/18 and had x-rays. The resident has been in pain since and should have had assistance to	S5028		

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S5028	Continued From page 5 bathroom. On 8/6/18 licensed nurse A came to him/her and stated something terrible has happened and resident was transferred to the hospital. Family member stated the radiologist said the x-rays on 7/23/18 was not comparable to x-rays on 8/6/18. Family member felt resident experienced another fall that caused fracture. For resident #400, the operator failed to report a significant injury of unknown origin to the department within 24 hours, investigate violation, implement immediate measure to prevent further potential abuse or neglect while investigation is in progress, thoroughly investigate within five working days of initial report, implement appropriate corrective action, complete the department's complaint investigation report and submit within five working days, and maintain a written record of each investigation.	S5028		