STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087144	A. BUILDING: _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS AT PARK WEST PLAZA	515 N MAIZE ROAD 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
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named home plus facility conducted on 12/19-20/2018.	S 000		
S5205 SS=J	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(a) The facility reported a census of 6 residents. The sample included 3 residents. Based on observations and interview the administrator failed to ensure the provision of sufficient number of staff members for 2 (#120 and #121) of 2 residents who required assistance of 2 staff for transfers and required assistance in an emergency to disaster to a secure location. The failure placed resident #120 and #121 in immediate jeopardy for harm, injury, or death. Findings included: - Review of resident #120's record revealed he/she admitted to the facility on 11-25-16 with diagnoses of dementia, back pain, multiple vertebral compression fractures, osteoporosis, and hypothyroidism. Review of the functional capacity screen dated 8-27-18 revealed the resident required physical	S5205		

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

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S5205	Continued From page 1	S5205		

assistance with all activities of daily living, including transfers and mobility.

Review of the negotiated service agreement dated 8-27-18 had the following hand-written revisions dated 11-8-18: multiple revisions where the resident needed assistance of 2 staff with transfers and with toileting. It directed staff to call [separately licensed facility on the same campus] if needed staff. It revealed the resident required escort by staff in order to evacuate safely.

Review of the nurse's notes dated 11-8-18 revealed administrative nursing staff C observed 2 staff transfer the resident and the resident did not bear weight with transferring.

On 11-9-18 the nurse's notes revealed staff spoke with the residents family and discussed the resident's need for 2 staff for transfers and toileting.

Observation on 12-19-18 at 3:40 PM certified staff A and licensed nursing staff B used a gait belt to transfer the resident from the wheelchair to the recliner.

During an interview on 12-19-18 at 3:30 PM certified staff A reported a CNA or CMA worked 6-2, 2-10 and 10-6. He/she stated another staff came in from 10 AM to 4 PM. At around 8 PM a med aide from the assisted living would come over and help with transferring the resident for bed. Staff A reported if there was an emergency such as a fire he/she would have to wait for someone from [separately licensed facility on the same campus] to come and help get the resident up to evacuate. Staff A reported if he/she needed another person for anything he/she called the [separately licensed facility on the same campus]

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S5205	Continued From page 2	S5205		

and they sent someone over to help.

During an interview on 12-19-18 at 4:14 PM certified staff A reported the resident had needed assistance of 2 staff for about a month.

During an interview on 12/20/18 at 7:23 AM certified staff E reported staff needed to do all ADLs for the resident and it took 2 staff for all transfers.

During an interview on 12-19-18 at 4:05 PM administrative staff D reported the resident's decline and needing 2-person staff assistance happened mid-November. Staff D reported the staffing did include 2 people at different times during the day but not 24 hours per day.

- Review of resident #121's record revealed the resident admitted to the facility on 6/18/15 with diagnoses of dementia, heart disease, chronic pain, hypertension and depression.

Review of the functional capacity screen dated 12-12-18 revealed the resident required physical assistance of staff with all activities of living including transfers and mobility.

Review of the negotiated service agreement dated 12-12-18 revealed the resident required 2-person assistance with transfers, dressing, toileting, and mobility. It also revealed staff needed to escort the resident out in an emergency.

Review of the nurse's notes dated 8/1/18 revealed the resident required 2 staff assistance with transfers and activities of daily living.

The nurse's notes on 8-9-18 revealed

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S5205	Continued From page 3 administrative nursing staff C spoke with the resident's family about requiring assistance of 2 staff with transfers most of the time related to weakness and not bearing weight. The nurse's notes on 8/28/18 revealed family had made arrangements for companion care person starting 9/1/18 from 4 PM to 8 PM through a local agency. During an interview on 12-19-18 at 4:14 PM certified staff A reported the resident had needed assistance of 2 staff for transfers for about a month and half or so. During an interview on 12-19-18 at 4:05 PM administrative staff D reported the resident did require assistance of 2 staff for transfers but that is was fairly recent. Staff D reported the staffing did include 2 people at different times during the day but not 24 hours per day. For residents #120 and #121 the administrator failed to ensure the provision of sufficient number of staff members who required assistance of 2 staff for transfers and staff assistance in an emergency or disaster to a secure location. The failure placed resident #120 and #121 in immediate jeopardy for harm, injury, or death. On 12-19-18 at 4:00 PM administrative staff D provided a plan to ensure the facility would schedule 2 staff to work in the facility until a resolution for the residents who required the assistance of 2 staff. The immediate jeopardy was removed on 12-19-18 at 4:00 PM when administrative staff D provided a plan to ensure sufficient staffing to assist residents who required assistance of 2	S5205		

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S5205	Continued From page 4 staff for transfers and assistance to evacuate the facility in and emergency or disaster. The plan identified as of 12-19-18 at 4:00 PM 2 staff members would be scheduled at the facility until a resolution was reached for the residents who required assistance of 2 people.	S5205		