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	N089065	A. BUILDING: _____ B. WING _____	12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTHCARE RESORT OF TOPEKA	6300 SW 6TH AVENUE TOPEKA, KS 66615

(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 assisted living facility conducted on 12/10,11,12/2018.	S 000		
S3080 SS=E	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The facility reported a census of 25 residents. The sample included 3 residents and 1 focused record review. Based on interview and record review the administrator failed to ensure designated staff completed a functional capacity screen for 3 (#120, #122,#123) of 3 residents on or before admission to the assisted living facility. Findings included: - Review of resident #120's medical record	S3080		

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

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S3080	Continued From page 1	S3080		

revealed the resident admitted into the facility on 5/5/17 with diagnoses of weakness, chronic obstructive pulmonary disease, hypertension, malnutrition and osteoporosis.

Review of the residents electronic medical record revealed licensed nursing staff B initiated the functional capacity screen on 5/5/17 but did not complete the screen until 5/8/17, 3 days after admission.

- Review of resident #122's medical record revealed the resident admitted into the facility on 3/20/18 with diagnoses of depression, heartburn, chronic pain, restless leg syndrome, and edema.

Review of the resident's electronic medical record revealed administrative nursing staff A initiated the admission functional capacity screen on 3/20/18 but did not complete it until 3/21/18, 1 day after admission.

- Review of resident #123's medical record revealed the resident admitted into the facility on 1/12/18 with diagnoses of Depression, hypertension, parkinsons, restless leg syndrome, and heart arrhythmia.

Review of the resident's electronic medical record revealed administrative nursing staff A initiated the screen on 1/12/18 and completed it on 1/15/18, 3 days after admission.

During an interview on 12/12/18 administrative nursing staff A reported he/she thought the functional capacity screen needed to be completed 24 hours after admission.

The administrator failed to ensure designated staff completed the functional capacity screen on

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S3080	Continued From page 2 or before admission.	S3080		
S3090 SS=E	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c) The facility reported a census of 25 residents. The sample included 3 residents and 1 focused record review. Based on interview and record review the administrator failed to ensure designated staff developed an initial negotiated service agreement at admission for 2 (#121, #122) of 3 residents. Findings included: - Review of resident #121's medical record revealed the resident admitted to the facility on 12/3/18 with diagnoses of dementia, depression, diabetes mellitus type 1, chronic obstructive pulmonary disease and peripheral neuropathy. Review of the residents functional capacity screen dated 12/3/18 revealed the resident was independent in activities of daily living, had cognitive impairment and required physical assistance with medication management. Review of the residents electronic record	S3090		

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S3090	Continued From page 3 revealed administrative nursing staff A initiated the initial negotiated service agreement on 12/4/18, the day after admission. The initial negotiated service agreement was not signed by the residents durable power of attorney (DPOA) until 12/10/18. The record lacked evidence of reviewing the service agreement with the resident or DPOA prior to 12/10/18. - Review of resident #122's medical record revealed the resident admitted into the facility on 3/20/18 with diagnoses of depression, heartburn, chronic pain, restless leg syndrome, and edema. Review of the resident's functional capacity screen dated 8/14/18 revealed the resident required physical assistance with activities of daily living except for eating, had bladder incontinence, short term memory deficit and needed physical assistance with management of medications. Review of the residents electronic record the initial negotiated service agreement revealed administrative nursing staff A initiated the service agreement on 3/22/18, 2 days after admission. During an interview on 12/12/18 at 11:25 AM administrative nursing staff A reported he/she thought there was a 24 hour period to get the negotiated service agreement completed. The administrator failed to ensure designated staff developed an initial negotiated service agreement at admission.	S3090		
S3101 SS=F	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of	S3101		

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S3101	Continued From page 4 the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-212(h) The facility reported a census of 25 residents. The sample included 3 residents and 1 focused record review. Based on interview and record review for all residents the administrator failed to ensure designated staff ensured each individual involved in the development of the negotiated service agreement shall sign the agreement for 4 (#120, #121, #122, #123) of 4 residents. Findings included: - Review of resident #120's medical record revealed the resident admitted into the facility on 5/5/17 with diagnoses of weakness, chronic obstructive pulmonary disease, hypertension, malnutrition and osteoporosis. Review of the residents functional capacity screen dated 12/10/18 revealed the resident required physical assistance with bathing, transfers and medication management. The resident also required supervision for dressing, toileting, mobility and eating and also had cognitive impairment. Review of the resident's negotiated service agreement dated 8/21/18 included the signature of the resident's durable power of attorney. It did	S3101		

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S3101	Continued From page 5	S3101		

not include the signatures of the resident or facility staff involved in the review of the agreement.

- Review of resident #121's medical record revealed the resident admitted to the facility on 12/3/18 with diagnoses of dementia, depression, diabetes mellitus type 1, chronic obstructive pulmonary disease and peripheral neuropathy.

Review of the residents functional capacity screen dated 12/3/18 revealed the resident was independent in activities of daily living, had cognitive impairment and required physical assistance with medication management.

Review of the negotiated service agreement initiated on 12/4/18 included the signature of the resident's durable power of attorney dated 12/10/18 but did not include the resident, his/her spouse, or facility staff that were involved in the development of the agreement.

- Review of resident #122's medical record revealed the resident admitted into the facility on 3/20/18 with diagnoses of depression, heartburn, chronic pain, restless leg syndrome, and edema.

Review of the resident's functional capacity screen dated 8/14/18 revealed the resident required physical assistance with activities of daily living except for eating, had bladder incontinence, short term memory deficit and needed physical assistance with management of medications.

Review of the negotiated service agreement dated 8/14/18 included the residents signature but did not include the signature of the resident's spouse or the facility staff that participated in the

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S3101	Continued From page 6 review/development of the agreement. - Review of resident #123's medical record revealed the resident admitted into the facility on 1/12/18 with diagnoses of Depression, hypertension, parkinsons, restless leg syndrome, and heart arrhythmia. Review of the resident's functional capacity screen dated 11/28/18 revealed the resident was independent in activities of daily living including medication administration. Review of the negotiated service agreement signed on 11/24/18 included the signature of the resident but did not include the signature of the facility staff that participated in the review of the agreement. During an interview on 12/11/18 at 2:13 PM administrative nursing staff A reported he/she did not know he/she needed to sign the negotiated service agreement. The administrator failed to ensure designated staff included the signatures of each individual involved in the development in the negotiated service agreements for all residents.	S3101		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an	S3175		

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S3175	Continued From page 7 assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 25 residents. The sample included 3 residents and 1 focused record review. Based on record review and interview the administrator failed to ensure designated staff completed a self-administration medication assessment before 1 (#123) of 3 residents began to self administer medications. Findings included: - Review of resident #123's medical record revealed the resident admitted into the facility on 1/12/18 with diagnoses of Depression, hypertension, parkinsons, restless leg syndrome, and heart arrhythmia. Review of the resident's functional capacity screen dated 11/28/18 revealed the resident was independent in activities of daily living including medication administration. Review of the negotiated service agreement signed on 11/24/18 revealed the resident would	S3175		

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S3175	Continued From page 8 order, manage, and administer his/her own medications. Review of the January 2018 medication administration record revealed the resident self-administered medications from the day he/she admitted to the facility. Review of the residents record revealed the initial self-medication administration assessment completed by administrative nursing staff A was done on 1/15/18, 3 days after the resident started self-administering his/her medications. During an interview on 12/11/18 at 2:39 PM administrative nursing staff A confirmed he/she completed the self -administration medication assessment after the resident had already administered his her medications. The administrator failed to ensure designated staff completed a self-administration assessment for resident #123 prior to the resident self administering medications.	S3175		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides	S3200		

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S3200	Continued From page 9 shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 25 residents. The sample included 3 residents and 1 focused record review. Based on record review and interview the administrator failed to ensure all medications and biologicals were administered in accordance with a medical care provider's written order for 1 (#122) of 3 residents. Findings included: - Review of resident #122's medical record revealed the resident admitted into the facility on 3/20/18 with diagnoses of depression, heartburn, chronic pain, restless leg syndrome, and edema. Review of the resident's functional capacity screen dated 8/14/18 revealed the resident required physical assistance with management of medications. Review of the negotiated service agreement dated 8/14/18 revealed the facility staff would administer/manage the residents medications. Review of the resident record revealed a telephone order dated 11/9/18 to change Senna to Senna plus (medications for constipation) 2	S3200		

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S3200	Continued From page 10 tablets at bedtime. Review of the December 2018 medication administration record revealed staff to administer 1 tablet in the evening instead of 2 tablets. During an interview on 12/11/18 at 2:38 PM administrative nursing staff confirmed the resident should have been receiving 2 tablets instead of 1. The administrator failed to ensure resident #122 received Senna plus as ordered by the physician.	S3200		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to	S3248		

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S3248	Continued From page 11 have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1) The facility reported a census of 25 residents. Based on interview and record review for all residents, the administrator failed to ensure employee records included evidence of registration and certification for 3 of 5 newly hired employees that performed a function that required specialized education or training. This had the potential to affect all residents. Findings included: - Review of the new hire employee files revealed the following: Certified staff C hired to the facility on 8/7/18 and did not have a registry check completed until 12/10/18. Certified staff D hired to the facility on 9/24/18 and did not have a registry check completed until 12/10/18. Certified staff E hired onto the facility on 7/31/17 and did not have a registry check completed until 12/19/17. During an interview on 12/10/18 at 3:30 PM administrative staff F reported he/she could not find certified staff C or D's registry checks so he/she did new ones today. Staff F reported he/she probably forgot to print them. The administrator failed to ensure designated	S3248		

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S3248	Continued From page 12 staff included evidence of registration and certification of certified staff in their employee files.	S3248		