STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175379	A. BUILDING _____ B. WING _____	C 09/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MENNONITE FRIENDSHIP COMMUNITIES INC	**600 W BLANCHARD AVENUE SOUTH HUTCHINSON, KS 67505**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation KS#133405.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff interview and comprehensive assessment of Resident 1 the facility failed to ensure that Resident 1 received treatment and care in accordance with the comprehensive person-centered care plan. Three residents were reviewed for falls and Resident 1 was not wearing slipper socks or gait belt as care planned and lowered to the floor by staff while ambulating to the bathroom. Findings include: Resident 1 has diagnoses that included Non-Alzheimer's Dementia (is the most common neurodegenerative disorder that causes cognitive, behavioral, and functional decline in persons over the age of 60) , Anxiety Disorder (a group of mental disorders characterized by significant feelings of anxiety and fear. Anxiety is a worry about future events and fear is a reaction	F 684		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 684	Continued From page 1	F 684		

to current events. These feelings may cause physical symptoms, such as a fast heart rate and shakiness), Depression and COPD (chronic obstructive pulmonary disease, involving constriction of the airways and difficulty or discomfort in breathing).

Review of the Annual Minimum Data Set 3.0 Assessment (MDS is a federally mandated assessment tool used by facilities to assess the amount of care residents need), dated 12/8/2017 indicated Resident 1 had a BIMS (Brief Interview for Mental Status) score of 7 severe cognitive impairment, required limited assistance of one staff for bed mobility, transfers and locomotion on the unit, extensive assistance of one staff for ambulation and toilet use.

Review of the Care Area Assessment, dated 12/8/17, identified Resident 1 as a 97 year old with cognitive loss and dementia. Resident 1 is alert with confusion and requires extensive staff assistance with transfers with gait belt, ambulates as tolerated with one staff assist.

Review of the Quarterly MDS, dated 6/10/2018, indicated Resident 1 has a BIMS score of 8 moderately impaired cognition and required extensive assistance of one staff with bed mobility, transfers, toilet use and personal hygiene.

The updated care plan dated 7/16/2018 instructed staff that due to Resident 1's unsteady gait and impaired cognition the resident requires one staff assist with bed mobility and repositioning. One staff extensive assistance with gait belt for pivot transfers and ambulation and nonskid socks and proper footwear when

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F 684	Continued From page 2 transferring or ambulating. Record review revealed on 8/7/2018 resident found sitting upright on the fall mat, stated slipped out of bed. Physician notified, attempted to call DPOA with no answer and message left, called 2nd DPOA on list no answer and message left. Record review revealed on 9/2/2018 called to room 5:30 A.M. due to resident being lowered to floor by staff, did not hit head, no apparent injuries noted, staff stated resident feet slid out from under him, no shoes on resident, no gait belt being used at the time, staff reminded to make sure proper footwear on resident. Physician and family notified at 6:30 A.M. Observation of Resident 1 on 9/17/2018 at 12:30 P.M. revealed the resident sitting at dining room table finishing meal of meatloaf, mashed potatoes with gravy and creamed corn. Staff sitting near the resident encouraging him to eat. Observation of Resident 1 on 9/17/2018 at 3:15 P.M. revealed the resident sitting in recliner in room with call light in his lap watching TV. Bedside stand was beside the recliner within the resident's reach with water and snacks. Observation on 9/19/2018 at 7:30 A.M. revealed the resident asleep in bed, bed in low position, fall mat on floor beside the bed, and call light hanging on enabler cane beside the resident. Observation on 9/19/2018 at 10:00 A.M. revealed the resident sitting in the common area near the nurse's station in his wheelchair looking through the newspaper.	F 684		

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F 684	Continued From page 3	F 684		

Observation on 9/19/2018 at 12:30 P.M. revealed the resident in the bath house getting a shower.

On 9/17/2018 at 4:00 P.M. an interview with staff C revealed Residents 1, 2 and 3 all had recent falls on the unit.

On 9/19/2019 at 10:10 A.M. an interview with staff D revealed Resident 1 had recent fall, is weaker now, does not try to get up as often and usually yells out when he wants something and does not use his call light.

On 9/19/2018 at 4:00 P.M. an interview with staff A and staff B reviewed documentation on 9/2/2018 for Resident 1 where he was lowered to the floor by staff and Resident 1 did not have on any footwear and no gait belt was being used by staff in ambulating the resident to the bathroom. Staff A and staff B verified the care plan instructed staff to use gait belt with transfers and ambulation and the resident should have had proper footwear on his feet and staff did not follow the care plan.

In summary the facility staff failed to follow Resident 1's care plan and ensure he had proper footwear on his feet and a gait belt used to assist with proper transfer and assistance with ambulation of the resident to the bathroom.