STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087167	A. BUILDING: _____ B. WING _____	R 07/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE CARE WEST	968 N TYLER 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 assisted living facility conducted on 7/23,24/2018.	{S 000}		
{S5251} SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of 7 residents The sample included 5 residents. Based on interview and record review the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury for 1(#3106) of 5 residents. Findings included: - Review of the resident record revealed he/she admitted to the facility on 6/20/17 with diagnoses of prostate cancer. Review of the functional capacity screen dated 5/8/18 revealed the resident could not toilet self and was continent of urine. Review of the negotiated service agreement dated 5/8/18 revealed the resident required assistance of 1 staff for toileting and had an indwelling catheter.	{S5251}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{S5251}	Continued From page 1 Review of the July 2018 medication/treatment administration record revealed a physicians order to change the residents indwelling catheter every 30 days or as needed. Certified staff A initialed he/she changed the residents catheter on July 11th and 17th. The record lacked information as to why it was changed twice in less than 30 days. Review of the communication book provided by administrative staff B revealed an entry on 7/11/18 the resident complained of feeling as if he/she needed to pee and couldn't. Staff A changed the catheter with approximately 300 cc. of urine return upon insertion. Review of the nurses notes from 6/14/18 to 7/23/18 revealed a late entry dated 7/23/18 by administrative staff B that certified staff A contacted RN on 7/12/18 in the night to advise the resident complained of pain in his/her bladder and there was no urine output in the catheter. During an interview on 7/23/18 at approximately 4:50 PM administrative staff B reported he/she worked in the facility every week day but did not look at the staff communication book to identify incidents, symptoms or other concerns that needed to be noted in the resident's record. The operator failed to ensure designated staff included documentation of all incidents, symptoms for resident #3106 related to the need to change his/her indwelling catheter.	{S5251}		