STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087069	A. BUILDING: _____ B. WING _____	C 06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENT PARK ASSISTED LIVING AND MEMORY CAF	10600 E 13TH STREET NORTH WICHITA, KS 67206

(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 the resurvey and complaint investigations (#116777 and #128806) for the above named facility conducted on 6/5/18, 6/6/18 and 6/7/18.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c) The facility reported a census of 75 residents. The sample included 3 residents and 1 resident focused review. Based on record review and interview the facility failed to conduct a Functional Capacity Screening at least annually for 1 of 4 residents sampled (#402). Findings included: - Record review revealed resident #402 admitted to the facility on 8/9/16. He/she had diagnoses of dementia, hypothyroid, depression and osteoporosis. Review of the Functional Capacity Screening	S3081		

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

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S3081	Continued From page 1 (FCS) revealed an assessment conducted on 8/9/16, 9/12/16 and 3/8/18. The FCS dated 3/8/18 indicated the resident needed physical assistance with bathing, supervision with dressing and toileting. He/she had impaired cognition, decision making and was at risk for falls or had unsteadiness with walking. Interview on 6/6/18 at 11:30 AM with administrative nurse E confirmed the resident's chart lacked signed copies of a FCS for 2017. He/she had electronic documents of 2017 FCS completion which was not signed. The facility failed to conduct a Functional Capacity Screening at least annually for resident #402.	S3081		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced	S3092		

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S3092	Continued From page 2 by: KAR 26-202 (d) The facility reported a census of 75 residents. The sample included 3 residents and 1 resident focused review. Based on record review and interview the facility failed to review/revise the Negotiated Service Agreement at least annually for 1 of 4 residents sampled (#402). Findings included: - Record review revealed resident #402 admitted to the facility on 8/9/16. He/she had diagnoses of dementia, hypothyroid, depression and osteoporosis. Review of the Functional Capacity Screening (FCS) revealed an assessment conducted on 8/9/16, 9/12/16 and 3/8/18. The FCS dated 3/8/18 indicated the resident needed physical assistance with bathing, supervision with dressing and toileting. He/she had impaired cognition, decision making and was at risk for falls or had unsteadiness with walking. Review of the Negotiated Service Agreement (NSA) contained in the resident's paper chart revealed NSAs for 9/12/16 and 3/8/18. The NSA dated 3/8/18 indicated the resident needed assistance with bathing, dressing and supervision for safety. Interview on 6/6/18 at 11:30 AM with administrative nurse E confirmed the resident's chart lacked signed copies of a NSA/HSP for 2017. He/she had electronic documents of 2017 NSA completion which was not signed. The facility failed to review/revise the NSA at least	S3092		

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S3092	Continued From page 3 annually for resident #402.	S3092		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of 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 26-41-202 (h) The facility census totaled 75 residents. The sample included 3 residents and 1 residents for focused review. Based on record review and interview for 4 of 4 residents (#401, #402, #403 and #404) the Administrator failed to ensure the Negotiated Service Agreements and revisions (Addendums) were signed by all parties who participated on the day of the agreement or change. Findings included: - Review of the record for resident #401 revealed an admission date of 11/19/15 with diagnoses of dementia, chronic obstructive pulmonary disease and hypertension. The Functional Capacity Screen dated 2/21/17 indicated the resident had impaired cognition and required physical assistance with bathing and dressing.	S3101		

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S3101	Continued From page 4 The Negotiated Service Agreement (NSA)/Health Service Plan (HSP) dated 2/21/17 was signed by the resident's durable power of attorney (DPOA) and a nurse but lacked the signature of the Administrator/operator. On 8/2/17 staff revised the NSA/HSP following a fall but failed to have the DPOA and nurse sign the revision. Interview on 6/6/18 at 1:45 PM with licensed nurse E confirmed the NSA/HSP dated 2/21/17 lacked signatures by all parties who participated and the revision lacked any signatures. Interview on 6/6/18 at 3:50 PM Administrator G reported he/she should sign all the NSA/HSPs and confirmed resident #401's 2/21/17 NSA/HSP lacked a signature. The Administrator failed to ensure the Negotiated Service Agreements and revisions were signed by all parties who participated. - Review of the record for resident #402 revealed an admission date of 8/9/16 with diagnoses of dementia, hypothyroid, depression and osteoporosis. The Functional Capacity Screen dated 3/8/18 indicated the resident had cognitive impairment, impaired decision making, falls/unsteadiness and required physical assistance with bathing and supervision for dressing and toileting. The Negotiated Service Agreement (NSA)/Health Service Plan (HSP) dated 3/8/18 was signed by the nurse on 3/8/18, by the durable power of attorney (DPOA) on 3/11/18 (3 days later) and the Administrator on 3/9/18 without a reason noted for the delay in signature. On 5/18/18 the nurse revised the NSA/HSP to include an outside	S3101		

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S3101	Continued From page 5	S3101		

provider for wound management and the revision lacked a signature by the DPOA.

Interview on 6/6/18 at 1:45 PM with licensed nurse E confirmed the NSA/HSP dated 3/8/18 included signatures dated after the agreement was developed and no indication of reason for the delay in signatures by all parties who participated and the revision lacked a signature by the DPOA.

The Administrator failed to ensure the Negotiated Service Agreements and revisions were signed by all parties who participated and on the day of the agreement or change.

- Review of the record for resident #403 revealed an admission date of 12/4/17.

The Functional Capacity Screen dated 1/11/18 indicated the resident required physical assistance with bathing, dressing, toileting and supervision with transfers, walking and mobility.

The Negotiated Service Agreement (NSA)/Health Service Plan (HSP) dated 1/11/18 was signed by the nurse on 1/12/18 and by the durable power of attorney (DPOA) on 1/19/18 (8 days later) and no signature of the Administrator. The NSA did not include a reason for the delay in signatures. The NSA/HSP dated 3/23/18 following a readmission FCS was signed by the nurse on 3/23/18, by the DPOA on 4/5/18 (13 days later) and not by the Administrator. The NSA/HSP lacked an indicator of why the signature was delayed.

Interview on 6/6/18 at 1:45 PM with licensed nurse E confirmed the NSA/HSP included signatures dated after the agreement was developed and no indication of reason for the delay in signatures by all parties who participated.

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S3101	Continued From page 6 Interview on 6/6/18 at 3:50 PM Administrator G reported he/she should sign all the NSA/HSPs. The Administrator failed to ensure the Negotiated Service Agreements were signed by all parties who participated and on the day of the agreement or change. - Review of the record for resident #404 revealed an admission date of 3/20/13 with diagnoses of hypertension, altered mental status, pain and generalized anxiety disorder. The Functional Capacity Screen dated 5/3/18 indicated the resident required physical assistance with bathing, dressing, toileting, transfers, walking and mobility. The Negotiated Service Agreement (NSA)/Health Service Plan (HSP) dated 12/1/17 included a signature by the nurse on 12/1/17, by the durable power of attorney (DPOA) on 1/15/18 (45 days later) and not by the Administrator. The NSA/HSP lacked an indication for the reason of the delay in signature by DPOA. The NSA dated 5/3/18 was not signed by the DPOA until 5/11/18 (8 days later) and no indication of the reason for the delay. Interview on 6/6/18 at 1:45 PM with licensed nurse E confirmed the NSA/HSP included signatures dated after the agreement was developed and no indication of reason for the delay in signatures by all parties who participated. Interview on 6/6/18 at 3:50 PM Administrator G reported he/she should sign all the NSA/HSPs. The Administrator failed to ensure the Negotiated	S3101		

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S3101	Continued From page 7 Service Agreements were signed by all parties who participated and on the day of the agreement or change.	S3101		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The facility reported a census of 75 residents. Based on record review, observation, and interview for all residents receiving facility management of medications, the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on each over-the-counter (OTC) medication package or container in 3 of 3 medication carts and the central medication room. Findings included:	S3211		

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S3211	Continued From page 8 - The resident roster identified 59 residents received facility management of medications. On 6/5/18 at 3:40 PM certified medication aide (CMA) B unlocked the memory care unit medication cart. Observation revealed the following over the counter (OTC) medications not labeled with a resident's first and last name: Aspirin 81 milligrams (mg) labeled with room number only Alaway eye drops labeled with a partial first name and room number Refresh tears labeled with first name and room number (3 bottles) Pepcid AC 20 mg labeled with room number Melatonin labeled with room number, am and pm Centrum Silver labeled with room number and am Tylenol Extra Strength 500 mg labeled with first name and room number Vitamin B-6 100 mg labeled with room number, am and pm Mucinex DM 1200 mg/60m mg labeled with room number Folic Acid 400 mg labeled with room number Another bottle of vitamin B-6 labeled with initial of first name and last name of a resident On 6/5/18 at 3:52 PM CMA A opened the central medication room. Observation revealed a cabinet above the sink contained the following resident OTC medications not labeled with a resident's first and last name: Tylenol Extra Strength 500 mg labeled with a first initial and last name of a resident Urivarx labeled with first initial and last name of a resident Caltrate 600 mg/Vitamin D3 labeled with room number Phillips Milk of Magnesia labeled with room number	S3211		

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S3211	Continued From page 9 A tube of Aspercreme muscle rub labeled with room number Nasacort nasal spray labeled with first name and room number Allergy tabs labeled with first name and room number Gas relief simethicone 80 mg labeled with room number On 6/5/18 at 4:01 PM CMA A opened the unit #2 medication cart. Observation revealed the following OTC medications not labeled with a resident's first and last name: Calcium gummies labeled with last name and room number Aspirin 81 mg labeled with room number Another bottle of Aspirin 81 mg labeled with a different room number Metamucil tablets labeled with last name and room number Probiophage dietary aide labeled with last name and room number Cranberry d-Mannose labeled with last name and room number Melatonin 5 mg labeled with room number Calcium 500 mg labeled with room number Refresh eye drops with no labeling Refresh Plus 5-unit dose vials no labeled Acetaminophen Extra Strength 500 mg labeled with first name and room number On 6/5/18 at 4:25 PM CMA C opened the unit #1 medication cart. Observation revealed the following OTC medications not labeled with a resident's first and last name: Sensitive nighttime relief eye moisture cream labeled with first initial, last name and room number Senna-S labeled with last name and room number	S3211		

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S3211	Continued From page 10 Prevagen eye tablets labeled with first initial, last name and room number which was about rubbed off and CMA C took a black marking pen and rewrote the resident's last name on the bottle. Stool Softener labeled with room number Refresh eye drops labeled with first initial, last name and room number (2 bottles) Ibuprofen 200 mg labeled with room number (2 bottles) Another stool softener labeled with another resident's room number Tylenol Extra Strength 500 mg labeled with first initial, last name and room number Acetaminophen 325 mg labeled with room number Diphenhydrate labeled with first initial, last name and room number Another bottle of Tylenol Extra Strength labeled with last name and room number Another bottle of Diphenhydrate labeled with a room number Interview on 6/5/18 at 3:40 PM with CMA B revealed when residents or family members brought in OTC medications the nurse verifies the physician has ordered the medication and then the nurse will label the bottle or give back to the CMA with directions to label the bottle. Interview on 6/5/18 at 3:52 PM with CMA A revealed the nurse will check that the OTC medications have orders and will label the bottles or containers. He/she had also labeled the bottles before with the room number. Interview on 6/5/18 at 4:25 PM with CMA C revealed he/she will write the residents name and room number on the OTC medications after the nurse had verified the order if it is a new medication.	S3211		

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S3211	Continued From page 11 Interview on 6/5/18 at 4:05 PM licensed nurse D revealed he/she started going through the medication carts and verifying the OTC medications had orders and labeled with the resident's name but he/she had not gotten to all the medications yet. He/she did not know the regulation required the full name (first name and last name) of the resident to be labeled on the bottle or container of OTC medication. The facility's policy titled Labeling and Packaging of Medications dated 7/1/2012 directed staff may not administer OTC medications which are not labeled in compliance with state regulations. For all residents receiving facility management of medications, the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on each OTC medication package or container.	S3211		
S3248 SS=E	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	S3248		

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S3248	Continued From page 12 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 have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d)(1)(3) The facility reported a census of 75 residents. Based on interview and record review the facility failed to have evidence they verified the license for administrator G. The facility also failed to check with the nurse aide registry for 3 of 3 nurse aides/certified medication aides (CMAs) hired since last resurvey (nurse aide/CMA A, H and nurse aide J). Findings included: - Personnel record review on 6/6/18 revealed the facility failed to have evidence of verifying the license for administrator G hired on 1/23/17. Nurse aide/CMA A began employment on 6/29/17 and the personnel file included an undated nurse aide registry verification to indicate the registry was checked before starting to provide care to residents. Nurse aide/CMA H began employment on 2/28/17 and the personnel file included an undated nurse aide registry verification to indicate the registry was checked before starting to	S3248		

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S3248	Continued From page 13 provide care to residents. Nurse aide J began employment on 1/3/18 and the personnel file included an undated nurse aide registry verification to indicate the registry was checked before starting to provide care to residents. Interview on 6/6/18 at 3:50 PM with administrator G confirmed the personnel files lacked evidence regarding verification of the license for administrator staff G and registry verification for nurse aide/CMA A, H and nurse aide J prior to provision of care for residents. The facility failed to have evidence they verified the license for administrator G and registry verification for 3 of 3 nurse aides/CMAs hired since last resurvey (nurse aide/CMA A, H and nurse aide J).	S3248		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S3280		

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	N087069	A. BUILDING: _____ B. WING _____	C 06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENT PARK ASSISTED LIVING AND MEMORY CAR	10600 E 13TH STREET NORTH WICHITA, KS 67206

(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
S3280	Continued From page 14	S3280		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-104(d)(3)(4)

The facility reported a census of 75 residents. Based on interview and record review for all employees and for those residents not attending monthly resident council meetings, the administrator failed to ensure employees and residents had disaster and emergency preparedness by a failure to provide a quarterly review of the facility's emergency management plan.

Findings included:

- On 6/5/18 at 4:25 PM maintenance staff F reported he/she last conducting emergency preparedness training with employees on 11/10/17. He/she could not locate any other evidence of employee training for emergency preparedness in 2016, 2017 or 2018.

Interview on 6/6/18 at 1:30 PM with administrator G confirmed the facility lacked evidence of emergency preparedness training for employees other than the 11/10/17.

On 6/6/18 at 12:15 PM administrator G said the residents received emergency preparedness training during resident council meetings. He/she confirmed the resident who did not attend the council meetings would have only received emergency preparedness training at admission.

Review of the monthly resident council meeting minutes revealed quarterly review of the

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S3280	Continued From page 15 emergency management plan in 2016, none for the first quarter of 2017 with training the other 3 quarters and training the first quarter of 2018. Review of the resident names listed as attending revealed the meetings were attended by 9-15 residents routinely. The administrator failed to ensure disaster and emergency preparedness of residents and employees by a failure to provide a quarterly review of the facility's emergency management plan.	S3280		