STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087158	A. BUILDING: _____ B. WING _____	03/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT CARE SENIOR LIVING	14422 TWIN LAKE DRIVE WICHITA, KS 67230

(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 at the above named facility on 3-15-18, 3-19-18, 3-20-18 and 3-21-18.	S 000		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility identified a census of 8 residents. The sample included 3 residents. Based on record review, interviews, and observations for 1 (#100) of 3 residents sampled, the operator/registered nurse (RN) failed to ensure, provide, or coordinate the provision of necessary health care services (HCS) that meet the needs for resident #100 for wandering and elopement risks and further failed to include at risk for wandering/elopement in functional capacity screen (FCS) and the negotiated service agreement (NSA). Findings included: - Record review for resident #100 revealed an admit date of 2-17-18 with diagnoses of diabetes,	S5155		

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

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S5155	Continued From page 1	S5155		

pulmonary hypertension, history of aspiration pneumonia, hypertension, enlarged goiter, dysphagia and in 2012 resident received head injury while on cruise that required sutures.

The FCS dated 2-17-18 recorded resident independent with transfer, walking/mobility, required supervision with dressing, toileting, eating, required physical assistance with bathing, experienced short-memory loss, memory recall, decision making, and impaired decision making.

The NSA dated 2-17-18 recorded resident independent with ambulation/mobility, transfer, and required physical assistance with bathing.

The HCS dated 2-17-18 recorded resident required assistance with dressing as needed, have resident help with folding towels, remind to brush teeth, wash face and hands, serve honey thickened liquids, "Problems and Risks: Elopement - Keep doors locked!"

The progress notes recorded the following:

2-19-18 (no time) Resident admitted from an assisted living due to sudden onset disorientation. Resident very cheerful and oriented to staff and residents. At 8:00 p.m. resident checked out several doors and asked, "Why are these all locked?" Redirection needed frequently. Signed Operator/RN.

2-28-18 (no time) Resident very busy all day. . . packing up room to go home. Calls family frequently. Signed Operator/RN.

The progress notes lacked further documentation of resident attempting to leave or wandering into other residents' rooms.

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S5155	Continued From page 2 On 3-15-18 at 9:30 a.m. when surveyor arrived at facility observed certified staff C unlock door with a key from inside facility. On 3-15-18 at 9:45 a.m. Observed resident #100 ambulating throughout the facility, confused and talking to self. Certified staff C stated resident wandered through out the facility in and out of all rooms not locked. Interview on 3-15-18 at 9:50 a.m. with certified staff B stated it is a problem when trying to provide care or transfer other residents who require a two-person transfer because no one is observing (resident #100) and resident wanders into other resident's rooms and throughout facility. Certified staff B stated had 3 residents who require two-person transfer. Staff have keys to open exit doors and they are kept locked so resident cannot leave. (Resident roster identified three residents as a two-person transfer.) Interview on 3-15-18 at 9:55 a.m. with certified staff C stated when providing care to other residents who require two person assist, no one with resident #100 who wanders into other resident rooms and throughout the facility. Exit doors kept locked with a key only staff have. On 3-19-18 at 11:20 a.m. observed resident #100 attempt to open front door. Interview on 3-20-18 at 10:35 a.m. with operator/RN stated resident identified as an elopement risk because that was why resident was discharged from an assisted living facility. The operator/RN further stated and confirmed the	S5155		

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S5155	Continued From page 3 HCS recorded, "Elopement risk keep doors locked and HCS lacked further interventions for wandering or elopement. For resident #100, the operator/RN failed to ensure, provide, or coordinate the provision of necessary HCS that meet the needs for resident #100 for wandering and elopement risks and further failed to include at risk for wandering/elopement in functional capacity screen FCS and the NSA.	S5155		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 26-39-437(a)(b) The facility identified a census of 8 residents. The sample included 3 residents. Based on record review and interview for all residents, the operator/RN failed to ensure the facility designed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. Findings included:	S5335		

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S5335	Continued From page 4 - Upon entrance of facility on 3-15-18 at 9:30 a.m. revealed the front door locked from the inside and certified staff B used key to open the door. The door had a dead bolt that could only be locked or unlocked with a key. Certified staff B stated only staff had a key to unlock front door and it is an exit door. No occupant of the facility would be able to exit in an emergency until certified staff unlocked the door. During tour of facility on 3-15-18 at 9:57 a.m. observed cabinet under kitchen sink not secured and contained welman heavy duty glass top cleaner (for stove), dreck carpet cleaner, and heavy-duty liquid Febreze. The laundry room had unlocked cabinets that contained borax, mod podge sealer, 14-pound kitty litter, 32-ounce bottle of advance deep cleaning Lysol toilet bowl cleaner, one-quart tile and stone sealer. In the bathroom attached to laundry room the cabinet had a gallon of bleach and a bottle of nail polish remover. Interview on 3-15-18 at 10:55 a.m. with operator/RN stated was not aware chemicals were not locked up in cabinets. For all residents, the operator/RN failed to ensure the facility designed, equipped, and maintained to protect the health and safety of residents,	S5335		

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S5335	Continued From page 5 personnel, and the public	S5335		