Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089035	A. BUILDING: _____ B. WING _____	11/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF TOPEKA	5820 SW DRURY LANE TOPEKA, KS 66604

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S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey conducted at the above named assisted living facility in Topeka Kansas on 11/16/17 and 11/20/17.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced	S3028		

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

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S3028	Continued From page 1 by: KAR 26-41-101 (f) (1) (3) The facility reported a census of residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 (# 711) sampled resident, the administrator failed to ensure that for allegations of abuse and neglect that were reported to the department within 24 hours, an investigation was started of the violation and the department's complaint investigation reports were completed and submitted to the department within five working days of the initial report. Findings included: - Record review for resident #711 recorded admission date of 3/9/17 with diagnoses of: Dementia, anxiety, diabetes mellitus, and varicose veins. Functional Capacity Screen dated 8/2/17 recorded resident is unable to perform bathing, dressing, toileting and management of medications and treatments. Resident is independent with transfers and required supervision with walk/mobility. Resident cognition recorded problems with short term memory, long term memory, memory recall and decision making. Resident has a history of inappropriate behavior. Negotiated Service Agreement/ Health Care Service Plan dated 8/2/17 recorded resident to receive staff assistance with bathing, dressing, toileting and management of medications and treatments. Nurses notes dated 7/11/17 at 3:46pm recorded	S3028		

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S3028	Continued From page 2 resident was found face down on the floor of his/her bathroom on 3:00am rounds. Small red area above right eye present when [resident] was turned over. He/she was oriented to self. Nurses notes dated 11/14/17 at 6:02pm recorded resident was found standing on his/her bed by staff with a cut approximately 2.5 centimeters long on right back of scalp. Resident taken to an urgent care clinic for further evaluation. Interview on 11/16/17 at 4:17pm with facility administrator #A confirmed both incidents were unwitnessed and resident was incapable of stating what happened, staff were interviewed but no written investigation or written staff statements are available. He/she confirmed the incidents have not been reported to the department. The incidents were not reported to the department in 24hours and written investigations initiated and completed. For resident #711, the administrator failed to ensure that for allegations of abuse and neglect that were reported to the department within 24 hours, an investigation was started of the violation and the department's complaint investigation reports were completed and submitted to the department within five working days of the initial report.	S3028		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each	S3155		

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S3155	Continued From page 3 resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 33 residents. The sample included 3 residents and one focus review resident. Based on record review, observation and interview for 2 (#712 and #713) sampled residents requiring health care services, the administrator failed to 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. Findings included: - Record review for resident #712 recorded admission date of 3/7/14 with diagnoses of: malaise/fatigue, gastroenteritis, chronic bronchitis, pulmonary embolism infarct, chronic ischemic heart disease. Functional Capacity Screen (FCS) dated 4/18/17 recorded resident is unable to perform management of medications and treatments. Resident required supervision for toileting and has occasional bladder incontinence. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 4/18/17	S3155		

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S3155	Continued From page 4	S3155		

recorded staff to administer resident medications and treatments, staff to assist resident to bathroom and transfers as needed. Staff to assist with incontinence supplies and hygiene as needed.

Nurses notes dated 7/25/17 at 8:30pm recorded placement of indwelling catheter.

Nurses notes dated 10/25/17 at 12:36pm recorded Hospice to see resident and change foley catheter.

Physician's orders dated 7/27/17 recorded catheter change at facility every month, bag change every week and empty bag every 2 hours or when full whichever comes sooner.

Interview on 11/16/17 at 1:20pm with resident confirmed he/she has a catheter.

HCSP lacked entry for care of an indwelling foley catheter.

Facility policy on urinary catheter care recorded: it is the policy that urinary catheter care will be completed according to current standards of practice.

Interview on 11/16/17 at 4:17pm with facility administrator #A and licensed nurse #B confirmed resident has a catheter, it is changed by Hospice and staff empties the bag. They confirmed catheter care is not performed by staff and HCSP lacked entry for catheter use and care.

Record review for resident #713 recorded admission date of 11/16/17 with diagnoses of: anxiety, myocardial infarct, depression, epilepsy, hypertension, esophagitis, hyperlipidemia,

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S3155	Continued From page 5 dementia and hypothyroidism. FCS dated 11/1/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility, is unable to perform management of medications and treatments and is incontinent. NSA/HCSP dated 11/1/17 recorded staff to assist resident with bathing, dressing, toileting (staff to provide catheter care around meal times and as needed through the night) transfer, walk/mobility and staff to administer medications and treatments. Stability/falls: staff to monitor in the overnights to see if he/she needs help. Facility policy on urinary catheter care recorded: it is the policy that urinary catheter care will be completed according to current standards of practice. Resident record lacked entries for staff care of catheter. Observation on 11/16/17 at 3:12pm in resident's room revealed resident has a catheter; dependent drainage bag was lying on the floor by resident's chair. Resident bed had 2 quarter bed rails in place at head of bed and a fall mat was lying under the bed. Interview on 11/16/17 at 4:17pm with administrator #A and licensed nurses B and C, confirmed resident had a fall with fracture prior to admission and current fall interventions include a lower bed at night and staff checks at night to swing residents legs back into bed if out. Lack of catheter care by staff confirmed. Confirmed HCSP lacked interventions for care of an indwelling catheter, use of bed rails, a fall mat	S3155		

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S3155	Continued From page 6 and lowered bed. For residents #712 and 713 who required health care services, the administrator failed to 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.	S3155		