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	B087218	A. BUILDING: _____ B. WING _____	R 11/08/2017

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FUSION SENIOR CARE HOMES LLC	512 N BEBE STREET 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 revisit for correction order 17-103, notice of assessment 17-109, and ban on admissions 17-19 of the above home plus facility on 11/6/17, 11/7/17, and 11/8/17.	{S 000}		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of 7 residents. The sample included 4 residents. Based on record review and interviews for 1 (#3003) of 4 residents sampled, designated staff failed to ensure that resident's functional capacity at the time of screening was accurately reflected on that resident's screening form. Findings included: - Review of record revealed #3003 admitted to facility 5/03/17 with diagnosis of Schizophrenia, Seizure Disorder and Parkinson's. disease; Hip Fracture. The last Functional capacity screening on record was completed upon resident's return from Rehabilitation stay, post hip fracture and was	S5095		

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

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S5095	Continued From page 1 dated 9/22/17 and indicated resident required physical assistance with his/her transfers and mobility/ambulation. Observations on 11/6/17 at 11:50AM and 12:18PM confirmed resident #3003 transferred and ambulated independently with a four-wheel walker. During interview with resident #3003 on 11/6/17 at 12:20PM resident stated, "I have been able to get up and walk by myself since before I came back from the hospital". Resident confirmed that staff did not assist him/her with transfers or ambulation. Designated staff failed to ensure resident #3003's functional capacity at the time of screening was accurately reflected on the resident's screening form.	S5095		
{S5105} SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for	{S5105}		

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{S5105}	Continued From page 2 payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1)(2)(3) The facility reported a census of 7 residents. The sample included 4 residents. Based on record review, observation, and interview for 2 (#3002 and #3003) of 4 residents sampled, the operator failed to ensure the development of a written negotiated service agreement for each resident, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident's legal representative, the case manager, and, if agreed to by the resident or the resident's legal representative, the resident's family that included a description of the services the resident would receive; identification of the provider of each service; and; identification of each party responsible for payment when outside resources provided a service. Findings included: - Record review for resident #3002 revealed an admission date of 8/28/17 and diagnosis of dementia. Functional capacity screen dated 10/19/17 indicated resident required physical assistance with transferring, was unable to walk/mobilize self, and required a wheelchair for mobility. Negotiated service agreement/health care service plan dated 10/19/17 documented certified staff members to transfer resident and mobilize resident in wheelchair.	{S5105}		

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{S5105}	Continued From page 3 Medical care provider visit note dated 10/26/17 documented resident history of "left hip fracture and underwent surgery and then rehab." Medical care provider documented resident was receiving therapy services through home health. Further review of the negotiated service agreement/health care service plan revealed the lack of therapy services through home health, including the identity of the provider and the party responsible for payment for the services. At 11:57 a.m. on 11/6/17, observed a therapist transfer resident from couch to wheelchair and assist resident to perform exercises of lower extremities. During an interview at 1:00 p.m. on 11/6/17, licensed nurse B confirmed the negotiated service agreement/health care service plan lacked a description of therapy services, the identity of the provider of the service, and the party responsible for payment. The operator failed to ensure the development of a written negotiated service agreement for resident #3002, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident's legal representative, the case manager, and, if agreed to by the resident or the resident's legal representative, the resident's family that included a description of the services the resident would receive; identification of the provider of each service; and; identification of each party responsible for payment when outside resources provided a service. - Review of record revealed #3003 admitted to	{S5105}		

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{S5105}	Continued From page 4	{S5105}		

facility 5/03/17 with diagnosis of Schizophrenia, Seizure Disorder and Parkinson's Disease, and Hip Fracture.

Record review of resident #3003 revealed:

Physician order dated 9/22/17 for physical therapy, occupational therapy and Home Health for wound care to right hip

Current FCS (Functional Capacity Screen) dated 9/22/17 indicated resident was not able to manage any tasks related to medical treatments.

Current NSA (Negotiated Service Agreement) dated 9/22/17, included an addendum to NSA for "Agency Contracted Health Care Services" dated 9/22/17. Addendum identified services of Physical Therapy and Occupational Therapy evaluation and treatment, Home Health wound care and Home Exercise Program and indicated Fusion Senior Care Home Plus as providing the services. Resident's record lacked therapy and skilled nursing notes to indicate these services were being provided.

During interview with Licensed Nurse B on 11/6/17 at 1:10pm, licensed nurse B confirmed that there were no notes in resident #3003 record indicating Physical Therapy, Occupational Therapy and Home Health wound care services being provided. Licensed nurse B stated "I think he/she gets his/her therapy and home health from [agency where he/she received inpatient rehabilitation].

During interview with Resident # 3003 at 2:00pm, he/she provided surveyor with a folder from the outside agency providing Physical Therapy, Occupational Therapy and Home Health wound

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{S5105}	Continued From page 5 care, and containing patient handbook and 2 forms. Review of the 2 forms revealed the following: - Home Communication Log- Nursing with the following documentation: 9/23/17 documentation of vital sign 9/26/17 documentation of vital signs, medication clarification and disease process education 9/28/17 documentation of vital signs 10/2/17 documentation of vital signs, medication assessment and back brace teaching 10/6/17 documentation of vital signs and pain 0/10 - Therapy Home Communication Log with the following documentation: 11/6/17 documentation of vital signs and pain "0" For 1 (#3003) of 3 sampled residents, the operator failed to ensure the development of a written negotiated service agreement that provided a description of the services the resident received, identification of the provider of each service and identification of each party responsible for payment of outside resource providing the service.	{S5105}		
{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	{S5155}		

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{S5155}	Continued From page 6 agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 7 residents. The sample included 4 residents. Based on record review, interview, and observation for 2 (#3001 and #3002) of 4 residents sampled, the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of each resident and were in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #3001 revealed an admission date of 10/21/17 and diagnoses of urinary tract infection, paranoid schizophrenia, and anxiety. Functional capacity screen dated 10/21/17 indicated resident experienced impaired decision making ability; supervision with eating; and unable to perform management of medications and medical treatments. Record contained a medical care provider's order dated 10/21/17 to monitor and record resident's intake of fluids and urine output and evaluate and treat for physical therapy, occupational therapy, and social work assessment.	{S5155}		

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{S5155}	Continued From page 7 Negotiated service agreement/health care service plan (NSA/HCSP) dated 10/21/17 documented services of regular diet and management of medications and medical treatments. NSA/HCSP lacked the service of monitoring resident's fluid intake and urine output and physical therapy, occupational therapy, and social work assessment. During an interview at 10:26 a.m. on 11/6/17, resident #3001 stated he/she "gets in trouble for drinking a lot of water." At 12:15 p.m. on 11/6/17, surveyor observed resident at dining table eating lunch. Resident finished drinking glass of water and he/she poured more water to drink from a container of water. Interview with licensed nurse B at 12:52 p.m. on 11/6/17 stated staff members to encourage resident to drink fluids due to urinary tract infection and to monitor and record fluid intake and urine output. Licensed nurse B confirmed the NSA/HCSP lacked a description of this health care service. Licensed nurse B stated he/she did not know if resident was receiving physical therapy, occupational therapy, and social work services. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of resident #3001 and were in accordance with the functional capacity screening and the negotiated service agreement. - Record review for resident #3002 revealed an admission date of 8/28/17 and diagnosis of dementia.	{S5155}		

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{S5155}	Continued From page 8 Functional capacity screen dated 10/19/17 indicated resident required physical assistance with transferring; was unable to walk/mobilize self; required a wheelchair for mobility; was frequently incontinent of urine; required physical assistance with management of medical treatments; and experienced impaired long term memory and memory/recall. Negotiated service agreement/health care service plan dated 10/19/17 documented certified staff members to transfer resident, mobilize resident in wheelchair, provide incontinence management, and administer prescribed treatments. Wellness notes contained an entry by licensed nurse B at 2:30 p.m. on 10/19/17 that resident readmitted to facility from skilled nursing facility with 5 centimeter by 5 centimeter soft, boggy area on left heel. Medical care provider visit note dated 10/26/17 documented resident history of "left hip fracture and underwent surgery and then rehab." Medical care provider documented presence of an unstageable pressure ulcer to (left) heel. Medical care provider ordered skin prep applied to pressure ulcer on heel 2 times a day to protect an toughen skin and to wear Prevalon boots (worn to reduce pressure, shear, and friction to heels) at all times when in bed or in recliner. Further review of the negotiated service agreement/health care service plan revealed the lack of measures to promote wound healing and measures to prevent further skin breakdown. At 11:57 a.m. on 11/6/17, observed a therapist transfer resident from couch to wheelchair.	{S5155}		

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{S5155}	Continued From page 9 Resident wearing the Prevalon boot on left foot. During an interview at 1:00 p.m. on 11/6/17, licensed nurse B confirmed the negotiated service agreement/health care service plan lacked measures to promote wound healing and measures to prevent further skin breakdown. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of resident #3002 and were in accordance with the functional capacity screening and the negotiated service agreement.	{S5155}		
S5225 SS=F	26-42-207 (a) (b) (1)(2)(3)(4) Infection Control a) The administrator or operator of each home plus shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; This REQUIREMENT is not met as evidenced by: KAR 26-42-207(a)	S5225		

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S5225	Continued From page 10	S5225		

The facility reported a census of 7 residents. The sample included 4 residents. Based on record review, interview, and observation for all residents, the operator failed to maintain a safe, sanitary, and comfortable environment for residents.

Findings included:

- Record review for resident #3003 revealed an admission date of 5/03/17 with diagnoses of schizophrenia, seizure disorder and Parkinson's disease, and hip fracture.

The functional capacity screen dated 9/22/17 indicated resident experienced impaired short term memory and memory recall.

Aide communication book contained documentation by a certified staff D on first shift on 11/5/17 that (resident #3003) "found and smash a bed bug that was crawling on (him/her). Had (resident) wash hands and change clothing."

Interview at 1:00 p.m. on 11/6/17, certified staff D stated he/she observed a bed bug on resident #3003's shirt and he/she instructed resident to change clothes and reported this to on-call nurse. Certified staff D stated no written instructions to follow if bed bugs found in facility.

At 1:23 p.m. on 11/6/17, resident #3003 showed surveyor the shirt he/she had been wearing 11/5/17 with a spot of blood where resident had smashed the bug. Resident stated it was a bedbug and confirmed the shirt had not been washed and dried.

Review of the policy and procedure manual revealed the lack of a procedure for staff

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S5225	Continued From page 11 members to follow if they determined or suspected presence of bedbugs in the facility. At 3:23 p.m. on 11/6/17 a person with a pest control service arrived at the facility. The person stated he/she provided pest control treatment services to the facility monthly because facility had history of bed bug infestation. The operator failed to maintain a safe, sanitary, and comfortable environment for residents.	S5225		
{S5300} SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)	{S5300}		

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{S5300}	Continued From page 12 The facility reported a census of 7 residents. The sample included 4 residents. Based on record review and observation for 1 (#3003) of 4 residents sampled, the operator failed to ensure that all medications and biologicals were administered to the resident in accordance with a medical care provider's written order and professional standards of practice. Findings included: - Review of record revealed #3003 admitted to facility 5/03/17 with diagnosis of Schizophrenia, Seizure Disorder and Parkinson's disease, and Hip Fracture. Record review of resident #3003 revealed: Current FCS (Functional Capacity Screen) dated 9/22/17 indicated resident required assistance with administration of medications. Current NSA (Negotiated Service Agreement) dated 9/22/17 indicated medications were administered by facility staff. Review of medication orders revealed that on 5/4/17 Physician ordered Fosamax (treatment of osteoporosis - weak or brittle bones) 70mg tablet to be administered 1 time weekly on Sunday. Review of MAR's (Medication Administration Records) revealed the following: MAR's dated 5/1/17 thru 10/31/17 documented the following related to administration of Fosamax: -Resident was out of facility on 9/1/17, 9/10/17 & 9/17/17	{S5300}		

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{S5300}	Continued From page 13 - Saturday 9/23/17 initialed as given (initials not legible) - Sunday 9/24/17 initialed as given (initials not legible) - Monday, 9/25/17 with a circle around the initials indicating that medication was not administered on that date. MAR dated 10/1/17 thru 10/31/17 revealed the following related to administration of Fosamax: -Sunday 10/1/17 initialed as given (initials not legible) -The 2nd, 3rd and 4th Sundays of October 2017 (10/8/17, 10/15/17, 10/22/17) lacked documentation the medication was administered. -Sunday 10/29/17 initialed as given (initials not legible) Documentation from Resident's preferred Pharmacy indicated that 4 tablets of Fosamax 70mg were last filled and delivered to the facility on 8/21/17. Observation of medication revealed that there were still 2 tablets in the box. For resident #3003, the operator failed to ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider's written order and professional standards of practice.	{S5300}		