STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089086	A. BUILDING: _____ B. WING _____	06/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSDALE PLACE LLC	1402 SW LANCASTER STREET TOPEKA, KS 66604

(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 are the result of a licensure re-survey conducted on 6/21/17 and 6/22/17 at the above named home plus facility in Topeka, KS.	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 reported a census of 6 residents. The sample included 3 residents. Based on record review, observation and interview for 2 sampled residents (#621,623), who required health care services, the operator 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 #621 recorded an admission date of 1/5/17 with diagnoses	S5155		

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

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S5155	Continued From page 1 including: kidney failure, hypotension, encephalopathy, anemia, long term use of anticoagulants, diabetes mellitus type 2, hypokalemia, dementia, congestive heart failure and depression. Functional Capacity Screen (FCS) dated 1/5/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and is unable to manage medications and treatments. Negotiated service agreement and Health care service plan (NSA/ HCSP) dated 1/5/17 recorded resident to receive assistance with bathing, dressing, toileting, transfer, walk/mobility and CMA (certified medication aides) to administer medications. Observation on 6/21/17 in resident's room revealed a twin bed with a bed cane on the right side. Observation on 6/22/17 at 11:20am revealed resident at dining table wearing arm protector sleeves on both forearms. Interview on 6/21/17 at 12:45pm with certified staff #C he/she stated all residents have motion sensor alarms in their rooms to alert staff when a resident gets up. HCSP lacked entries for use of arm protectors, motion sensor alarm and bed cane. Interview on 6/22/17 at 11:40am with licensed nurse #B confirmed resident uses a bed cane, arm protector sleeves and a motion alarm and HCSP lacked entries for these assistive devices.	S5155		

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S5155	Continued From page 2 Record review for resident #623 recorded admission date of 3/14/17 with diagnoses of: neoplasm of the brain, cerebral cysts, syncope, anxiety, hypothyroidism, cerebral edema, hypotension, constipation, osteoarthritis of the knee and osteoporosis. FCS dated 3/14/17 recorded resident required assistance with bathing, is unable to perform management of medications and treatments, and a history of falls/unsteadiness (3 falls at home). NSA/HCSP dated 3/14/17 recorded resident to receive assistance with bathing and medication management. Interview on 6/21/17 at 12:45pm with certified staff #C he/she stated all residents have motion sensor alarms in their rooms to alert staff when a resident gets up. HCSP lacked entries for use of a motion sensor alarm and fall interventions with a history of falls. Interview on 6/22/17 at 12:00pm with licensed nurse #B confirmed HCSP lacked entries for use of a motion sensor alarm and fall interventions. For residents #621 and 623 who required health care services, the operator 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.	S5155		