STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087146	A. BUILDING: _____ B. WING _____	06/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTION LIVING, LLC	1377 N IROQUOIS ROAD WICHITA, KS 67203

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey of the above home plus facility on 6/20/17 and 6/21/17.	S 000		
S5205 SS=F	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(a) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review, interview, and observation for all residents, the operator failed to ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. Findings included: - Resident roster listed 8 residents living in the facility and 7 of these residents experienced impaired cognition. During time in the facility on 6/20/17, surveyor observed residents #600, #200, #800, and #300 required physical assistance with mobility per wheelchair; residents #500 and #700 required stand-by assistance with mobility; and residents #100 and #400 wandered about facility and required redirection from staff members.	S5205		

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

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S5205	Continued From page 1 Record review for resident #100 revealed an admission date of 12/14/16 and diagnosis of Alzheimer's disease. Functional capacity screen dated 12/12/16 indicated resident required physical assistance with transferring and mobility; experienced impaired short-term memory, long-term memory, memory recall, and decision making ability; was at risk for falling; and exhibited wandering behavior. Health care service plan dated 12/1216 documented in an emergency (to leave the building) resident would need direction to the door. Record review for resident #200 revealed an admission date of 1/20/16 and diagnosis of Alzheimer's disease. Functional capacity screen dated 1/17/17 indicated resident required physical assistance to transfer and with mobility per wheelchair; experienced impaired short-term memory, long-term memory, memory recall, and decision making ability; and was at risk for falling. Health care service plan dated 1/20/16 documented in an emergency (to leave the building) resident required 1 staff member to transfer resident to wheelchair and mobilize resident in wheelchair. Record review for resident #300 revealed an admission date of 5/15/17 and diagnosis of dementia. Functional capacity screen dated 5/10/17 indicated resident required physical assistance to transfer and unable to walk; experienced impaired short-term memory, long-term memory, memory recall, and decision making ability; and was at risk for falling. Health care service plan dated 5/15/17 documented in an emergency (to leave the building) resident required 1 staff member to transfer resident to wheelchair and mobilize resident in wheelchair.	S5205		

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S5205	Continued From page 2 At 4:22 p.m. on 6/20/17 licensed nurse B stated from 7:00 a.m. until 7:00 p.m. two certified staff members were on duty in the facility and 7:00 p.m. to 7:00 a.m. one certified staff member on duty. At 4:27 p.m. on 6/20/17, licensed nurse B provided documentation of emergency drills conducted on: 5/19/17 with 2 staff members taking residents to a safe place in 3 minutes and 29 seconds. 12/12/16 with 2 staff members taking residents to a safe place in 3 minutes and 15 seconds. At 4:33 p.m. on 6/20/17, maintenance staff E replied by phone text to licensed nurse B that he/she had not conducted a drill this year with only 1 staff member assisting all residents to a safe place. For all residents, the operator failed to demonstrate that one certified employee could safely take residents who would require assistance in an emergency or disaster to a secure location.	S5205		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by:	S5251		

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S5251	Continued From page 3 KAR 26-42-105(f)(11) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review and interview for 3 (#100, #200, and #300) of 3 residents sampled, licensed nurses failed to ensure resident records contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. Findings included: - Record review for resident #100 revealed an admission date of 12/14/16 and diagnosis of Alzheimer's disease. Functional capacity screen dated 12/12/16 indicated resident required physical assistance with transferring and mobility; experienced impaired short-term memory, long-term memory, memory recall, and decision making ability; was at risk for falls; and exhibited wandering behavior. Negotiated service agreement/health care service plan dated 12/12/16 documented interventions to address risk for falls as motion alarm placed in doorway to resident ' s room, body alarm when in bed, pin the alarm to back of resident's shirt, and routine night checks. Interdisciplinary progress notes contained documentation by licensed nurses as follows: 2/21/17 (no entry time documented) licensed nurse G documented "Resident fell on 2/18/17. No injury. Resident does have bruising around left eye. Area is soft and non-tender. Mobility unchanged."	S5251		

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S5251	Continued From page 4 The record lacked documentation of the time of the fall, licensed nurse assessment after ther fall, action taken, results of the action. 2/22/17 (no entry time documented) licensed nurse F documented he/she received call this a.m. to report resident got out of bed with alarm in hand and staff member found resident laying on floor. Resident complained of left hip and left arm discomfort. On-call nurse here to assess resident and resident sent to hospital emergency department for evaluation. 2/22/17 (no entry time documented) licensed nurse F documented resident returned from hospital emergency department with no new orders. Resident walking without difficulty. The entries lacked time of fall, the nursing assessment by the on-call licensed nurse, and the time the resident returned to the facility. 2/27/17 (no entry time documented) licensed nurse F documented resident had a fall on 2/26/17 and on-call licensed nurse came to facility to assess resident. Licensed nurse F documented the on-call nurse reported resident stated he/she hit head and licensed nurse completed neuro-checks. The record lacked documentation of the time of the fall, and documentation by the on-call licensed nurse of the assessment, action taken, and result of action. Medical care provider visit note dated 5/17/17 documented resident "fell this morning of unknown cause. No injuries." Resident's record lacked documentation of the fall and an	S5251		

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S5251	Continued From page 5 assessment by a licensed nurse. At 5:35 p.m. on 6/20/17, licensed nurse B confirmed the resident's record lacked documentation of the time of each fall, the licensed nurse assessment and result of action taken. Licensed nurse B confirmed licensed nurses did not document the time an entry was made in the resident record. Licensed nurses failed to ensure the record for resident #100 contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. - Record review for resident #200 revealed an admission date of 1/20/16 and diagnosis of Alzheimer's disease. Functional capacity screen dated 1/17/17 indicated resident required physical assistance with all activities of daily living; was incontinent of urine; experienced impaired short-term memory, long-term memory, memory recall, and decision making; and was unable to perform management of medications and medical treatments. Negotiated service agreement/health care service plan documented facility staff members provided assistance with activities of daily living and administered medications and treatments to resident. Nurse ' s notes contained the following entries: 6/7/17 (entry time not documented) licensed nurse documented resident with red-tinged color to urine. Medical care provider ordered urinalysis	S5251		

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S5251	Continued From page 6 with culture and sensitivity. The entry lacked a time this symptom of illness or injury noted by the licensed nurse. 6/9/17 (entry time not documented) licensed nurse documented increased bleeding noted. Received order for pelvic, bladder, and renal sonogram and discontinue aspirin and naproxen. The entry lacked a time this symptom of illness or injury noted by the licensed nurse. Licensed nurses failed to ensure the record for resident #200 contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.	S5251		
S5335 SS=E	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 28-39-437(a) The facility reported a census of 8 residents. The sample included 3 residents. Based on observation, record review, and interview for 1	S5335		

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S5335	Continued From page 7 (#100) of 3 residents sampled and 1 (#400) non-sampled resident, the operator failed to ensure staff members maintained a safe environment for cognitively impaired residents. Findings included: - At 9:57 a.m. on 6/20/17, surveyor observed the sliding pocket door open to the laundry room and observed that the door did not have a locking mechanism. A large plastic orange Halloween bowl containing laundry powder detergent was on top of washing machine with a plastic scoop to measure the laundry powder. The cabinets above the washer were unlocked and held two one-gallon containers of Shout stain remover liquid and a 22 ounce spray bottle of Shout stain remover. Each container with a manufacturer's warning label to keep out of reach of children; No Rinse perineal wash 1 gallon jug 3/4 full with manufacturer's label with eye irritant warning; unlabeled spray bottle with a pale yellow liquid; and Meyer's Clean Day laundry detergent liquid in a 64 ounce container 1/2 full with manufacturer ' s warning label of "If swallowed drink a glass of water and call physician." At 10:04 a.m. on 6/20/17, administrative staff D stated the door to the laundry could not be locked. Certified staff C went to the laundry room and locked the chemicals in the cabinet. At 10:08 a.m. on 6/20/17 met resident #100 ambulating in the living room. Resident #100 stated his/her name and observed this resident's name on "Stop" signs posted on doors to other resident rooms. Record review for resident #100 revealed an admission date of 12/14/16 and a diagnosis of	S5335		

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S5335	Continued From page 8 Alzheimer's disease. Functional capacity screen dated 12/12/16 indicated resident experienced impaired short-term memory, long-term memory, memory recall, and decision making ability and exhibited wandering behavior. Nurse's notes entry 12/29/16 that resident entered other resident rooms and took objects from rooms; 2/17/17 resident wanders into other resident rooms; and 4/19/17 resident wanders throughout house. Review of the resident roster revealed 7 of the 8 residents experienced impaired cognition. Observed of the 7 residents that resident #100 and resident #400 wandered about the facility. The operator failed to ensure staff members maintained a safe environment for cognitively impaired residents	S5335		