STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087167	A. BUILDING: _____ B. WING _____	05/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE CARE WEST	968 N TYLER ROAD 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 resurvey at the above named home plus facility conducted on 5-16-17 and 5-17-17.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident ' s legal	S 225		

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

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S 225	Continued From page 1 representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(2)(3) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 1 (#516) of 3 sampled residents, the operator/RN (registered nurse) at the time of admission failed to execute with the resident or the resident's legal representative a written agreement that described in detail the services and goods the resident would receive and specified the obligations that the resident had toward the adult care home. Findings included: - Record review for resident #516 revealed admission on 4-8-17. The record lacked documentation of an admission agreement. Interview on 5-16-17 at 3:45 pm with operator/RN confirmed the record lacked documentation of the admission agreement.	S 225		

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S 225	Continued From page 2 Interview on 5-16-17 at 3:45 pm with operator/RN, upon completion of a search through "thinned/overflow" resident records stored in plastic totes, confirmed unable to locate the admission agreement for the resident. For residents #516, the operator/RN failed to execute with the resident or the resident's legal representative a written agreement that described in detail the services and goods the resident would receive and specified the obligations that the resident had toward the adult care home.	S 225		
S5055 SS=D	26-42-101 (l) Survey Report l) Survey report and plan of correction. Each administrator or operator shall ensure that a copy of the most recent survey report and plan of correction is available in a common area to residents and any other individuals wishing to examine survey results. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(l) The facility reported a census of 6 residents. The sample included 3 residents. Based on observation and interview for all residents, the operator/RN (registered nurse) failed to ensure a copy of the most recent survey report and plan of correction is available in a public area to residents and any other individuals wishing to examine the survey results. Findings included: - Observation on 5-16-17 at 9:45 am during	S5055		

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S5055	Continued From page 3 entrance tour of facility revealed the last survey report available was for 2013. Interview on 5-16-17 at 10:13 am with operator/RN confirmed the survey report was not available. The Operator/RN failed to ensure a copy of the most recent survey report available in a public area to residents and any other individuals wishing to examine survey results.	S5055		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a)	S5080		

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S5080	Continued From page 4 The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 1 (#516) of 3 sampled residents, the operator/RN (registered nurse) failed to ensure on or before the resident's admission a licensed nurse conducted a screening to determine the resident's functional capacity. Findings included: - Record review for resident #516 revealed admission on 4-8-17 with diagnoses Dementia with Behaviors, Hypertension, Hyperlipidemia, Congestive Heart Failure, Colon Cancer, Chronic Kidney Disease and Gastrointestinal Bleed. The record lacked documentation of a functional capacity screening (FCS) on or before date of admission. Interview on 5-16-17 at 1:47 pm with operator/RN confirmed the record lacked documentation of a screening to determine the resident's functional capacity on or before resident's admission to the facility. For resident #516, the operator/RN failed to ensure on or before admission, a licensed nurse conducted a screening to determine the resident's functional capacity.	S5080		
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	S5155		

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S5155	Continued From page 5 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 3 residents. The sample included 3 residents. Based on record review, observation and interview for 3 (#516,#517, #518) of 3 sampled residents requiring health care services, the operator/RN (registered nurse) failed to ensure that a licensed nursed 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 #516 recorded an admission date of: 4/8/17 with diagnoses of: dementia with behavioral, hypertension, hyperlipidemia, congestive heart failure, colon cancer, Gastrointestinal bleed and chronic kidney disease. Resident record did not contain a Functional Capacity Screen (FCS). Negotiated service agreement and health care service plan (NSA/HCSP) dated 4/8/17 recorded resident to receive assistance of 2 staff with bathing dressing, toileting, transfer and walk/mobility	S5155		

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S5155	Continued From page 6 NSA/HCSP lacked entry for staff assistance for emergency evacuations. Interview on 5/16/17 at 3:43 pm with operator/RN confirmed resident required 2 staff to exit the building in the case of an emergency and HCSP lacked entry for staff assistance for emergency evacuations. - Record review for resident #517 recorded an admission date of 2/11/11 with diagnoses of: non- insulin dependent diabetes mellitus, left middle cerebral artery stroke, right spastic hemiplegia, hypertension, chronic obstructive pulmonary disease, gastroesophogeal reflux disease, hypothyroidism, and dysphagia. FCS dated 2/28/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility, eating, and is unable to perform management of medications and treatments. NSA/HCSP dated 2/28/17 recorded staff to provide assistance of one for bathing, dressing, toileting, transfer, walk/mobility (resident uses a wheelchair), eating and CMA ' s or RN to provide management of medications and treatments. Resident has not been determined to be a fall risk. Progress notes dated 3/20/17 at 11:55 pm recorded resident fell out of bed at 10:50 pm. Observation on 5/16/17 at 12:02 pm in resident ' s room revealed 2 metal ½ rails on resident bed in up position. Observed certified staff #B transfer resident from a recliner to a wheelchair containing a pommel cushion (a special cushion	S5155		

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S5155	Continued From page 7	S5155		

to prevent sliding) and then to a toilet. Resident was wearing 2 incontinence briefs.

Interview on 5/16/17 at 12:02 pm with certified staff #B stated resident and family request he/she wears 2 briefs.
HCSP lacked entries for interventions for falls, use of side rails, use of a pommel cushion, placement of 2 briefs for incontinence and need for staff assistance for emergency evacuations.

Interview on 5/16/17 at 3:10 pm with operator/RN confirmed HCSP lacked entries for fall interventions, use of bedrails and placement of 2 incontinence briefs.

Interview on 5/16/17 at 3:43 pm with operator/RN confirmed resident required 1 staff to exit the building in the case of an emergency and HCSP lacked entry for staff assistance for emergency evacuations.

- Record review for resident #518 recorded an admission date of 7/1/15 with diagnoses of: acute hypoxic respiratory failure, encephalopathy, Parkinson ' s and dementia.

FCS dated 8/17/16 recorded resident required assistance for toileting, transfer and walk mobility.

NSA/HCSP dated 8/17/16 recorded resident to receive assistance of 2 staff for toileting and transfer and resident able to ambulate with assist of one staff and wheelchair.

NSA/HCSP lacked entry for staff assistance for emergency evacuations.

Interview on 5/16/17 at 3:43 pm with operator/RN

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S5155	Continued From page 8 confirmed resident required 1 staff to exit the building in the case of an emergency and HCSP lacked entry for staff assistance for emergency evacuations. For residents #516,#517, #518 who required health care services, the operator/RN failed to ensure that a licensed nursed 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.	S5155		
S5230 SS=E	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207 (c) The facility reported a census of 6 residents. The sample included 3 residents. Based on record	S5230		

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S5230	Continued From page 9	S5230		

review, and interview, for all 3 sampled residents (#516, #517, #518), the operator/RN (registered nurse) failed to ensure compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.

Findings included:

- Record review for resident #516 recorded an admission date of: 4/8/17 with diagnoses of: dementia with behavioral, hypertension, hyperlipidemia, congestive heart failure, colon cancer, Gastrointestinal bleed and chronic kidney disease.

Resident record did not contain a Functional Capacity Screen (FCS).

Negotiated service agreement and health care service plan (NSA/HCSP) dated 4/8/17 recorded resident to receive assistance of 2 staff with bathing dressing, toileting, transfer and walk/mobility.

Facility TB (tuberculin) test form recorded resident received a TB skin test on 4/10/17, read on 4/12/17 as zero millimeters induration (negative). A second required TB test was not recorded.

Interview on 5/16/17 at 1:38pm with operator/RN confirmed a 2nd TB test was not done.

- Record review for resident #517 recorded an admission date of 2/11/11 with diagnoses of: non- insulin dependent diabetes mellitus., left middle cerebral artery stroke, right spastic hemiphagia, hypertension, chronic obstructive

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S5230	Continued From page 10	S5230		

pulmonary disease, gastroesophogeal reflux disease, hypothyroidism, and dysphagia.

FCS dated 2/28/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility, eating, and is unable to perform management of medications and treatments.

NSA/HCSP dated 2/28/17 recorded staff to provide assistance of one for bathing, dressing, toileting, transfer, walk/mobility (resident uses a wheelchair), eating and CMA ' s or RN to provide management of medications and treatments. Resident has not been determined to be a fall risk.

Facility TB test form recorded an annual TB test on 2/7/17, results of test were not recorded.

- Record review for resident #518 recorded an admission date of 7/1/15 with diagnoses of: acute hypoxic respiratory failure, encephalopathy, Parkinson ' s and dementia.

FCS dated 8/17/16 recorded resident required assistance for toileting, transfer and walk mobility.

NSA/HCSP dated 8/17/16 recorded resident to receive assistance of 2 staff for toileting and transfer and resident able to ambulate with assist of one staff and wheelchair.

Record lacked evidence of a TB skin test at admission and annual symptom screen or TB test.

Interview on 5/16/17 at 3:10pm with operator/RN confirmed record lacked evidence of a TB skin

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S5230	Continued From page 11 test. For residents #516, #517, #518 the operator/RN failed to ensure compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5258 SS=E	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)	S5258		

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S5258	Continued From page 12 The facility reported a census of 6 residents. The facility identified 11 employees hired since last resurvey, with 5 certified staff reviewed. Based on record review and interview for 3 (#B, #C, and #D) of 5 certified staff reviewed, the Operator/RN (registered nurse) failed to ensure the employee records contained evidence certification confirmed on or before date of hire. Findings included: - Personnel record review conducted with operator/RN on 5-16-17 at 2:00 pm for certified staff #B (date of hire 11-4-16), #C (date of hire 3-22-16), and #D (date of hire 11-18-16) revealed the nurse aid registry forms lacked the date when it was checked. Interview on 5-16-17 at 2:10 pm with operator/RN confirmed the registry forms lacked dates when checked. For all residents, the operator/RN failed to ensure the employee records contained documentation of when the registry was checked for certified staff #B, #C and #D.	S5258		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication	S5315		

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S5315	Continued From page 13 room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1) The facility reported a census of 6 residents. The sample included 3 residents. Based on observation and interview, the operator/RN (registered nurse) and medication aides failed to ensure all medications are securely and properly stored in accordance with the manufacturer's recommendations. Findings included: - Observation on 5-16-17 at 10:47 am revealed	S5315		

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S5315	Continued From page 14 the following: 1 vial of tuberculin skin testing solution filled on 8-8-16 open and 1/4 full. The vial showed documentation of date opened on 8-10-16. Confirmed by Operator/RN and removed to be discarded. Interview on 5-16-17 at 10:47 am with operator/RN stated, "I thought it was good for a year" since it was not expired. Further stated the solution was "just used not that long ago". Confirmed the TB solution was not stored according to manufacturer's recommendation to "discard a penetrated multi-dose vial after 30 days." Licensed nurses and medication aides failed to ensure all medications and biologicals were properly stored in accordance with the manufacturer's recommendations.	S5315		