

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/04/2017
NAME OF PROVIDER OR SUPPLIER BICKFORD AT MISSION SPRINGS II		STREET ADDRESS, CITY, STATE, ZIP CODE 5350 WEST 61ST PLACE MISSION, KS 66205		
(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 an abbreviated survey with complaint investigation 115124 at the above named assisted living facility conducted on 5-3-17 and 5-4-17.	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility 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 26-41-201(d) The facility reported a census of 50 residents. The sample included 3 residents. Based on record review and interview for 2 (#1, #2) of 3 sampled residents, the operator failed to ensure designated facility staff ensured that the resident's functional capacity at the time of screening is accurately reflected on that resident's screening form. Findings included: - Record review for resident #1 revealed admission on 11-11-16 with diagnoses Diabetes Mellitus Type 2, Atrial Fibrillation, Sepsis, Digoxin Toxicity, Falls, Open wound with Osteomyelitis, Muscle Weakness, Dysphagia, Rhabdomyolysis and Arteriosclerotic Heart Disease. The Functional Capacity Screen (FCS) dated 3-16-17 recorded resident unable to perform	S3082		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3082	Continued From page 1 bathing, dressing, toileting, transfers, walking/mobility and management of medications/treatments; independent with eating. Current problems identified included falls, impaired vision and impaired decision-making. Resident uses a wheelchair. The FCS lacked documentation of assessment of bladder continence and cognition. Interview on 5-3-17 at 3:46 pm with Administrative Nurse B confirmed he/she performed the assessment for completion of the screening form and failed to document bladder continence and cognition on the form. - Record review for resident #2 revealed admission on 3-9-17 with diagnoses Heart Failure, Chronic Kidney Disease, Anemia, Cardiomegaly, Diabetes Mellitus Type 2, Cognitive Communication Deficit, Muscle Weakness, Hypertension, Hyperlipidemia, Repeated Falls and Difficulty Walking. The Functional Capacity Screen (FCS) dated 3-9-17 recorded resident independent with bathing, dressing, toileting, transfers, walking/mobility and eating; physical assistance with management of medications and treatments. Current problems identified included impaired vision and impaired hearing. Resident uses cane. The FCS lacked documentation of assessment of bladder continence and cognition. Interview on 5-3-17 at 3:30 pm with Administrative Nurse B confirmed he/she performed the assessment for completion of the	S3082		

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S3082	Continued From page 2 screening form and failed to document bladder continence and cognition on the form. For residents #1 and #2, the operator failed to ensure that designated staff ensured each resident's functional capacity was documented completely and accurately on the screening form.	S3082		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 50 residents. The sample included 3 residents. Based on record review and interview for 1 (#1) of 3 sampled residents, the operator failed to ensure all health care services shall be provided to resident by qualified staff in accordance with acceptable standards of practice. Findings included: - Record review for resident #1 revealed admission on 11-11-16 with diagnoses Diabetes Mellitus Type 2, Atrial Fibrillation, Sepsis, Digoxin Toxicity, Falls, Open wound with Osteomyelitis, Muscle Weakness, Dysphagia, Rhabdomyolysis and Arteriosclerotic Heart Disease. (Note: also diagnosed and treated for Parkinson's Disease per hospital records)	S3171		

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S3171	Continued From page 3 The Functional Capacity Screen (FCS) dated 3-16-17 recorded resident independent with eating. The Negotiated Service Agreement/Health Care Service Plan (NSA/H CSP) dated 12-11-16 recorded the following services: Food Service: resident is diabetic but watches diet; on a regular diet. Dining Assistance: independent with all aspects of dining. Medication: staff will administer all medications as ordered and per nurse delegation. The NSA/H CSP lacked documentation of a current diet order and staff supervision for utilization of swallowing recommendations. (Note: the record lacked documentation of a current diet order from physician) Hospital records revealed recent admission as follows: Admit on 3-24-17 at 9:46 am "for evaluation of increased lethargy and decreased responsiveness...found to have evidence of urinary tract infection with associated hypotension and elevated lactic acid levels." Assessment and Plan: Sepsis, urinary tract infection. Video Assessment performed (for swallowing). Therapy Notes: Speech Language Pathology Assessment/Plan dated 3-25-17 at 2:46 pm stated the following: Swallow recommendations - Diet Soft Texture, Fork Tender, thin liquids; Positioning Upright 90 degrees, Upright after meals 30 minutes. Strategies: Reduce Distractions, small bites of food, small sips of liquids. Supervision: 1:1 supervision, verbal cues to use strategies.	S3171		

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S3171	Continued From page 4 Medications: Administer medications crushed in puree. Note: resident was admitted to intensive care unit treated with IV antibiotics and fluids and ultimately discharged back to facility on 3-26-17. Interview on 5-3-17 at 3:55 pm with Administrative Nurse B upon review of hospital records confirmed the resident had an ongoing swallowing problem and the diagnosis of Parkinson's Disease was not included in the resident's current diagnoses list. Further confirmed the primary care physician had not been notified of the speech therapists recommendations and a diet clarification had not been requested; in addition, the NSA/H CSP lacked documentation of swallow precautions per the speech therapist recommendations. Stated the resident was receiving medications "crushed in applesauce with thickened water." For resident #1, the operator failed to ensure a licensed nurse reviewed hospital records upon return to the facility, reviewed speech therapist's recommendations with primary care physician and implemented swallow precautions in accordance with acceptable standards of practice.	S3171		
S3261 SS=E	26-41-105 (f) (11) Resident Record 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	S3261		

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S3261	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 50 residents. The sample included 3 residents. Based on record review and interview for 3 (#1, #2, #3) of 3 sampled residents, the operator failed to ensure 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 #1 revealed admission on 11-11-16 with diagnoses Diabetes Mellitus Type 2, Atrial Fibrillation, Sepsis, Digoxin Toxicity, Falls, Open wound with Osteomyelitis, Muscle Weakness, Dysphagia, Rhabdomyolysis and Arteriosclerotic Heart Disease. The Functional Capacity Screen (FCS) dated 3-16-17 recorded resident unable to perform bathing, dressing, toileting, transfers, walking/mobility and management of medications/treatments; independent with eating. Current problems identified included falls, impaired vision and impaired decision-making. Resident uses a wheelchair. The FCS lacked documentation of assessment of bladder continence and cognition. The Negotiated Service Agreement/Health Care Service Plan (NSA/H CSP) dated 12-11-16 recorded the following services: Food Service: resident is diabetic but watches diet; on a regular diet. Dining Assistance: independent with all aspects	S3261		

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S3261	Continued From page 6 of dining. A.M. Care: able to select own clothing. will require assist getting out of bed, dressed, and into wheelchair each morning. P.M. Care: will require assist getting dressed for bed and into bed each night. Toileting: routine assistance. Bathing: will require assistance with bath 2 times a week. Mobility/Escort: needs 1-2 person assist for transfers to and from wheelchair/bed/toilet. able to stand and take steps with assist. has a walker for short distances and uses wheelchair for long distances. able to propel self. Night Checks: should be checked on frequently throughout the night; to be routinely toileted. Medication: staff will administer all medications as ordered and per nurse delegation. Amendment dated 3-22-17: transfer pole at bedside to assist with transfer Nursing Progress Notes: 4-15-17 at 3:21 am: "During round, resident noted to be sweating profusely. Blood Glucose 45. Blood Pressure 105/60. Respirations 90. Also pale and less responsive per his/her norm. Emergency services notified. Resident sent to (hospital) for further evaluation." Signed by Licensed Staff C. 4-19-17 at 6:30 am: "Informed that resident returned to (facility) on 3-18-17 (correct date 4-18-17) on pm shift. Medications faxed to (pharmacy)." Signed by Administrative Nurse B. The record lacked documentation of a physical assessment by a licensed nurse upon return from the hospital. Interview on 5-3-17 at 3:55 pm with Administrative Nurse B confirmed the record	S3261		

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S3261	Continued From page 7 lacked documentation of an assessment by the nurse when the resident returned from the hospital. - Record review for resident #2 revealed admission on 3-9-17 with diagnoses Heart Failure, Chronic Kidney Disease, Anemia, Cardiomegaly, Diabetes Mellitus Type 2, Cognitive Communication Deficit, Muscle Weakness, Hypertension, Hyperlipidemia, Repeated Falls and Difficulty Walking. The Functional Capacity Screen (FCS) dated 3-9-17 recorded resident independent with bathing, dressing, toileting, transfers, walking/mobility and eating; physical assistance with management of medications and treatments. Current problems identified included impaired vision and impaired hearing. Resident uses cane. The FCS lacked documentation of assessment of bladder continence and cognition. The Negotiated Service Agreement/Health Care Service Plan (NSA/H CSP) dated 3-9-17 recorded services for staff administration of medications. Nursing Progress notes stated the following: 4-21-17 at 12:30 am: Resident pulled call light button for help. He/She was found sitting on recliner and said he/she can hardly breathe. Resident with shortness of breath, Oxygen saturation 78%. 911 called for ambulance to transport to hospital. On arrival of paramedics, resident very dyspneic and becoming lethargic. He/She was taken to (hospital). Signed by Licensed Staff D. The record lacked documentation of date and time of hospital return including an assessment of	S3261		

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S3261	Continued From page 8 condition performed by a licensed nurse upon return. Hospital documentation shows resident returned on 4-23-17. Interview on 5-3-17 at 3:35 pm with Administrative Nurse B confirmed the record lacked documentation of hospital return and nursing assessment. - Record review for resident #3 revealed admission on 12-3-13 with diagnoses of Urostomy, Dementia, Hypertension, Gait Disorder, Recurrent Falls, Hip Fracture/Hip Replacement, Debility, Obesity and Anemia. The Functional Capacity Screen (FCS) dated 12-30-16 recorded resident unable to perform bathing, dressing, toileting, transfers, walking/mobility and management of medications/treatments; supervision with eating. Frequently incontinent of bladder. Cognition: problems with short term memory, memory/recall and decision-making. Current problems identified included falls and impaired decision-making. The Negotiated Service Agreement/Health Care Service Plan dated 3-17-17 for a "Change of Condition" recorded the following services: Food Service : Regular Diet independent with all aspects of dining. Staff escort to/from meals. A.M. Care: assist resident to dress daily. Will need assist with pericare and pulling up pants. P.M. Care: assist to get ready for bed and transfer to bed. Toileting: Urostomy. Staff assist to empty bag every shift and as needed. Staff will change bag weekly and as needed. Wears pull ups.	S3261		

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S3261	Continued From page 9 Urostomy care provided every shift. Assist of on to transfer on/off toilet. Intermittently requires assist of two. Should never be left unattended on toilet. Sill not remember to pull call light. Bathing: assist twice weekly. Mobility/Escort: uses wheelchair. able to propel self. one person assist with transfers rarely will require 2 person transfer assist. Night Checks: Staff will check once per night and offer assist to bathroom. Medication: Staff will administer medications as ordered. Nursing Progress Notes recorded the following: 3-18-17 at 12:00 am: "Resident returned to facility at this time with (family member) via car. New order for Ciprofloxacin (antibiotic) 500 mg (milligrams) 1 tablet by mouth every 12 hours due to bacterial infection noted. Order faxed to pharmacy. Resident reoriented to room. Mood pleasant. Resident assisted to bed and made comfortable..." Signed by Licensed Staff C. The entry lacked documentation of a physical assessment. 3-22-17 at 9:20 am: "Resident transported to (hospital) at this time by (family member) request for treatment to left wrist. Wrist red, warm and edematous." Signed by Administrative Nurse B. The record contained no other entries in nursing progress notes and lacked documentation of date/time resident returned to the facility, physical assessment of the resident upon return and follow up treatment to the wrist. Physician Progress Note dated 3-22-17 at 9:15 am stated, "Per staff patient is going to the hospital to get his/her arm checked for possible cellulitis from previous IV (intravenous) line...Swelling Left upper extremity - possible IV	S3261		

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S3261	Continued From page 10 infiltration from IV fluids (per staff). Wrist slightly red non-tender to touch." Signed by Nurse Practitioner. The record also lacked documentation of hospital notes and treatment. Interview on 5-3-17 at 3:45 pm with Administrative Nurse B stated the resident returned to the facility on 3-22-17. Confirmed the record lacked documentation of date and time resident returned from the hospital and follow up physical assessment and/or treatment of left wrist. Further confirmed the record lacked documentation of hospital notes and treatment. For residents #1, #2 and #3, the operator failed to ensure documentation of date/time the residents returned to facility, physical assessments upon return and any ongoing follow up as needed.	S3261		