Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N031004	A. BUILDING: _____ B. WING _____	R 04/19/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE JUNCTION CITY	1022 CAROLINE AVENUE JUNCTION CITY, KS 66441

(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 Revisit and Correction Order #17-39 at the above named Assisted Living Facility in Junction City, Kansas on 4/18/17 and 4/19/17.	{S 000}		
{S3028} SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced	{S3028}		

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

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{S3028}	Continued From page 1 by: KAR 26-41-101(f)(3)(B)(C)(D)(E)(F) The census included 25 the sample included three Residents. Based on observation, interviews and review of records, for one of three sampled (#1085), with an allegation of potential neglect, the Operator failed to ensure each allegation of potential neglect thoroughly investigated and reported to the Department as required. Findings included: - Review of record revealed #1085 admitted to facility 01/17/11 with diagnoses of Degenerative scoliosis, Hypertension, Hypothyroidism, Gastroesophageal reflux disease, Chronic constipation, Alzheimer's dementia, Depression, and Osteoarthritis of the spine. The current functional capacity screen (FCS) of 4/01/17 recorded #1085 in need of physical assistance with bathing, dressing, toileting, transfer, mobility, medication and treatment management; in need of supervision with eating; frequent incontinence; with short term memory, long term memory, memory recall, and decision making impairments; usually understandable and usually understands for communication; with falls/unsteadiness, impaired vision, used a walker and wheelchair. The current 4/01/17 NSA/HSP (negotiated service agreement/health service plan) documented services provided to meet the above described needs of the FCS. This NSA/HSP contained the signatures of Operator #B, Health and Wellness Director #C, and signature of a family member. The NSA/HSP contained six	{S3028}		

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{S3028}	Continued From page 2	{S3028}		

hand written additions (10/17/16 through 02/06/17) and two hand written additions without dates.

Resident Log Notes:

4/16/17 - 4:40am - unwitnessed fall... staff entered room... Resident on floor in bathroom... Resident indicated slipped and fell going to bathroom... walker at bedside... no socks, no shoes, no slippers... red area below left eye 1/2 dollar size and Right upper back... denied hit head... sensor alarm suggested... DPOA (durable power of attorney) wants price check...

Health and Wellness Director #C provided "Post-Fall Investigation" of 4/16/17 at 4:35am.
This report documented:
What did the Resident say happened? "He/She slipped and fell on way to the toilet"
Other Factors: Resident going to bathroom, Resident not using assistive device, Resident did not use call light
Vital signs
Signature of Certified Medication Aide (CMA)
Date of Resident's last fall: 02/06/17
Interventions added to Personal Service Plan to decrease risk of future fall/injury:
Other - "Sensor Alarm"

On 4/18/17 at 4:39pm, Health and Wellness Director #C and Operator #B confirmed interventions not yet added to the NSA/HSP due to checking prices of available sensor alarms per DPOA request... stated in addition to the sensor alarm we make sure the call cord and bungee are on him/her, but he/she removes that... staff is providing frequent checks... have mats to put by bed... just encourage him/her to call us and remind staff we are providing frequent checks...

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{S3028}	Continued From page 3 On 4/18/17 from 11:30am to 1:00pm, #1085 at dining room table, discolored abrasion under left eye... fed self lunch, then waving and motioning to passers by that he/she ready to leave table... Direct Care staff to table to assist #1085... By interview on 4/18/17 at 5:05pm, Certified Medication Aide (CMA) #F stated we do bathe #1085... can go to the toilet but we check to follow up up... feeds self... is fall risk so we are very watchful of him/her... tell PLEASE use walker... try to be repetitive and impress that a lot... if we are doing a task he/she can help with such as folding napkins we invite #1085 to join/help us... since fall on the week-end we are keeping a close eye on him/her... encourage #1085 to let us know if needs the bathroom... we try to take to bathroom after each meal, every 3-4 hours... also he/she is one who will let you know if has to go to bathroom... By review, the Resident Note and the Post-Fall Investigation failed to demonstrate a thorough investigation of the incident. This unwitnessed fall with injury, of a cognitively impaired Resident, assessed in need of physical assistance with transfers, mobility, and toileting, and recorded on the NSA/HSP as having staff assistance with the transfers, mobility, and toileting, required thorough investigation to rule out neglect, and required a report to the Department. Examples of lacking investigative information included: Time last observed before found on floor What was Resident doing at that time? Symptoms or characteristics displayed (agitation, restlessness, cheerful, tearful, etc.)	{S3028}		

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{S3028}	Continued From page 4 Why NSA/HSP physical assistance not provided at time of fall Written statements from staff (those on duty, potentially from previous shifts when necessary) When last toileted, offered drink or nutrition, offered activity, etc. When pain level last assessed On 4/18/17 at 5:40pm Health and Wellness Director #C presented a form titled "Incident Statements." This tool covered many examples of missing investigative information. #C stated the form developed/obtained 4/06/17, and #C planned to implement on 4/21/17 at the facility staff inservice. The Operator failed to ensure each allegation of potential neglect for #1085 thoroughly investigated and reported to the Department as required.	{S3028}		