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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey of the above home plus facility on 1/11/17, 1/12/17, and 1/17/17.	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	S 225		

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)(3)

The facility reported a census of 4 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 (#100) of 3 residents sampled, the operator failed to at the time of admission, execute with 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 #100 revealed documentation by a licensed nurse in the resident notes dated 12/22/16 that the resident was admitted to the home plus facility.

The record lacked an admission agreement.

At 11:10 a.m. on 1/12/17, executive director C

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S 225	Continued From page 2 provided an admission agreement dated 6/18/15 when resident was admitted to an assisted living facility. Executive director C stated an admission agreement was not completed with resident's legal representative at the time of admission to the home plus facility. For resident #100, the operator failed to execute with 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		
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:	S5080		

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S5080	Continued From page 3 KAR 26-42-201(a) The facility reported a census of 4 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 (#100) of 3 residents sampled, the licensed nurse failed to conduct a functional capacity screen (FCS) on or before resident's admission to the facility. Findings included: - Record review for resident #100 revealed documentation by a licensed nurse in the resident notes dated 12/22/16 that the resident was admitted to the home plus facility. The record lacked an FCS. At 2:15 p.m. on 1/12/17, health care coordinator B provided an FCS dated 1/2/17 and stated resident was admitted on 12/22/16. Health care coordinator B confirmed the FCS was not conducted on or before the resident's admission. The licensed nurse failed to conduct an FCS on or before resident's admission to the facility.	S5080		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition	S5085		

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S5085	Continued From page 4 assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(c)(2) The facility reported a census of 4 residents. The sample included 3 residents and 1 focus review resident. Based on record review, observation, and interview for 1 (#300) of 3 residents sampled, the licensed nurse failed to conduct a functional capacity screen (FCS) following a significant change in the resident's physical functioning. Findings included: - Record review for resident #300 revealed an admission date of 11/25/16 with a diagnosis of dementia. FCS dated 11/25/16 indicated the resident was independent with transferring and required supervision with walking/mobility. The FCS indicated resident did not require the use of an assistive device for mobility. At 11:35 a.m. on 1/11/17, observed certified staff D physically assist resident #300 to transfer from a recliner to a wheelchair and mobilized wheelchair to dining table. At 12:24 p.m. on 1/11/17, certified staff E stated resident had declined since admission to the facility. During an interview at 1:24 p.m. on 1/12/17, certified staff F stated resident required physical assistance with transferring, walking, and on some days required use of wheelchair for	S5085		

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S5085	Continued From page 5 mobility. At 1:50 p.m. on 1/12/17, health care coordinator B stated resident required physical assistance with transferring and mobility. The licensed nurse failed to conduct an FCS when resident #300 experienced a significant change in physical functioning.	S5085		
S5105 SS=D	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1)(2)(3) The facility reported a census of 4 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 (#300) of 3 residents sampled, the operator	S5105		

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failed to ensure the development of a negotiated service agreement (NSA) that included the description of services provided by an outside resource including the identification of the outside resource, and the party responsible for payment for the services.

Findings included:

- Record review for resident #300 revealed an admission date of 11/25/16 with a diagnosis of dementia.

Resident notes contained documentation by health care coordinator (HCC) B as follows:

12/21/16 medical care provider order received for speech therapy evaluation due to resident pocketing food in mouth.

1/4/17 order received for physical therapy and speech therapy for evaluation and treatment for swallowing and decreased mobility. Order faxed to (home health provider).

1/6/17 HCC B documented speech therapist recommended resident receive a mechanical soft diet with thin liquids, staff to feed resident slowly and check mouth for pocketing food every 2 bites, give small sips of water, watch resident while assisting with feeding and drinking. HCC B documented he/she passed these instructions on to the staff.

The NSA dated 11/25/16 lacked revision to include services provided by an outside resource.

At 1:50 p.m. on 1/12/17, HCC B confirmed the NSA was not revised to include the services by physical therapy and speech therapy through an

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S5105	Continued From page 7 outside resource. The operator failed to ensure the development of an NSA for resident #300 that included the description of services provided by an outside resource including the identification of the outside resource, and the party responsible for payment for the services.	S5105		
S5115 SS=D	26-42-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(c) The facility reported a census of 4 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 (#100) of 3 residents sampled, the operator failed to ensure the development of an initial negotiated service agreement (NSA) at admission. Findings included: - Record review for resident #100 revealed documentation by a licensed nurse in the resident notes dated 12/22/16 that the resident was admitted to the home plus facility. The record lacked an NSA. At 2:15 p.m. on 1/12/17, health care coordinator	S5115		

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S5115	Continued From page 8 B provided an NSA dated 1/2/17 and stated resident was admitted on 12/22/16. Health care coordinator B confirmed the NSA was not completed at admission. The operator failed to ensure the development of an initial NSA for resident #100 at admission.	S5115		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(2) The facility reported a census of 4 residents. The sample included 3 residents and 1 focus review resident. Based on record review, observation, and interview for 1 (#300) of 3 residents sampled, the operator failed to ensure the review and revision of the resident's negotiated service agreement (NSA) when the resident experienced a significant change in functioning.	S5116		

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S5116	Continued From page 9 Findings included: - Record review for resident #300 revealed an admission date of 11/25/16 with a diagnosis of dementia. Functional capacity screen dated 11/25/16 indicated resident was independent with transferring, required supervision with walking, physical assistance with eating, and did not require an assistive device for mobility. NSA dated 11/25/16 documented resident walked without an assistive device, required physical assistance at meal times to cut up foods and open packets, and resident fed self with hands instead of utensils. Resident notes contained documentation by health care coordinator (HCC) B on 12/21/16 of medical care provider order received for speech therapy evaluation due to resident pocketing food in mouth. On 1/6/17 HCC B documented speech therapist recommended resident receive a mechanical soft diet with thin liquids, staff to feed resident slowly and check mouth for pocketing food every 2 bites, give small sips of water, watch resident while assisting with feeding and drinking. HCC B documented he/she passed these instructions on to the staff. The NSA lacked revision to include a mechanical soft diet and recommendations of speech therapist. At 11:35 a.m. on 1/11/17, observed certified staff D physically assist resident #300 to transfer from a recliner to a wheelchair and mobilized wheelchair to dining table.	S5116		

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S5116	Continued From page 10 At 12:47 p.m. on 1/11/17, observed certified staff E feed resident potato soup while resident attempted to eat cornbread he/she held clenched in hand. Certified E provided water to resident to drink. Other food items on plate included a slice of ham, baked potato, and peas. Certified staff E stated resident seemed to want only the potato soup and the cornbread. During this time did not observe certified staff E check resident's mouth for pocketed food. At 12:24 p.m. on 1/11/17, certified staff E stated resident had declined since admission to the facility. During an interview at 1:24 p.m. on 1/12/17, certified staff F stated resident required physical assistance with transferring, walking, and on some days required use of wheelchair for mobility. At 1:50 p.m. on 1/12/17, HCC B stated resident required a mechanical soft diet and physical assistance with eating. HCC B stated resident required physical assistance with transferring and mobility. HCC confirmed the NSA was not revised to include these services. The operator failed to ensure the review and revision of the NSA for resident #300 when resident experienced a significant change in functioning.	S5116		
S5165 SS=E	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or	S5165		

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S5165	Continued From page 11	S5165		

medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-204(e)

The facility reported a census of 4 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 (#200) of 3 residents sampled, a licensed nurse failed to delegate blood sugar monitoring using a glucometer, a nursing procedure not included in the medication aide curriculum, to medication aides performing the test under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.

Findings included:

- Record review for resident #200 revealed an admission date of 6/5/15 and diagnoses of diabetes mellitus and dementia.

The functional capacity screen dated 10/20/16 indicated the resident was unable to perform management of medication and treatments. The negotiated service agreement dated 10/20/16 documented service of facility management of medications and treatments. Review of the 12/21/16 through 1/20/17 medication administration record revealed certified medication aides performed fasting blood sugar monitoring 3 times a week with licensed nurse to report readings less than 90 or higher that 180 to resident's medical care provider.

Review of the employee file for 4 certified

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S5165	Continued From page 12 medication aides on 1/12/17 revealed the lack of documentation of licensed nurse delegation of blood glucose monitoring with a glucometer. During an interview at 10:55 a.m. on 1/12/17, executive director C stated he/she could not locate documentation that a licensed nurse delegated this nursing procedure to medication aides. Licensed nurse failed to delegate blood sugar monitoring using a glucometer, a nursing procedure not included in the medication aide curriculum, to medication aides performing the test under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S5165		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced	S5192		

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S5192	Continued From page 13 by: KAR 26-42-206(e) The facility reported a census of 4 residents. The sample included 3 residents and 1 focus review resident. Based on observation, record review, and interview for all residents, the operator failed to ensure foods were served at the proper temperature. Findings included: - At 11:55 a.m. on 1/11/17, observed an employee wheel a closed cart into the facility. Certified staff E began serving food to resident #200 and #300 at 12:20 p.m. Certified E did not measure and record the temperature of each food item before serving residents. Certified staff E stated he/she would warm up food for resident #100 when he/she returned to the facility. At 1:13 p.m. on 1/11/17, certified staff E stated he/she did not measure the temperature of food items prior to serving residents. Resident #100 returned to the facility at 1:15 p.m. on 1/11/17 and certified staff E placed the resident's food in microwave to reheat the food. On 1/12/17 at 11:18 a.m. certified dietary manager G stated lunch and dinner meals prepared for the home plus in the assisted living facility kitchen and transported to the home plus in a "hot cart." Certified dietary manager G provided documentation of food temperature readings obtained prior to transporting food in the cart. Certified dietary manager G did not know how long the cart would maintain the food items at the proper temperature. Executive director C stated he/she did not know of a policy to check	S5192		

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S5192	Continued From page 14 food temperatures prior to serving the food in the home plus. For all residents, the operator failed to ensure foods were served at the proper temperature.	S5192		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of 4 residents. The sample included 3 residents and 1 focus review resident. Based on observation and interview for all residents, the operator failed to ensure staff stored food under safe and sanitary conditions. Findings included: - During tour of the kitchen at 11:05 a.m. on 1/11/17 certified staff E stated staff prepared breakfast in the home plus for residents and lunch and dinner prepared in and transported from the assisted living kitchen. Observed a note on refrigerator instructing staff to cover and date all food items that were placed in the refrigerator. Certified staff E stated staff	S5195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087144	A. BUILDING: _____ B. WING _____	01/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS AT PARK WEST PLAZA	515 N MAIZE RD WICHITA, KS 67212

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S5195	Continued From page 15 was to follow this when placing opened or leftover food items in refrigerator. Observed the following food items in the refrigerator: A plastic insulated drinking cup with crumpled foil partially covering the top of the cup. Certified staff E removed the foil and stated the contents looked like tuna salad. The cup was not labeled with date prepared or identification of the food. A slice of pumpkin pie covered with plastic wrap. Packaging not dated and food item not identified. Eight individual serving size cups of what appeared to be salad dressing covered loosely with plastic wrap. Food not dated or labeled. Four individual serving bowls covered with plastic wrap. Not dated or labeled. Certified staff E stated this was fruit salad. Bowl of what appeared to be mashed potatoes with plastic wrap dated "1-10." A plastic bowl with 3 partially used whipped topping squeeze bags. None of the bags were dated with the date opened. Bacon slices loosely wrapped with paper and foil dated 12/27/16. Bacon slices open to air and dried out in places. Cooked broccoli and cauliflower in crumpled foil and not securely sealed, dated, or labeled. French fries in crumpled foil and not securely sealed, dated, or labeled.	S5195		

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S5195	Continued From page 16 In a lower kitchen cabinet observed a bottle of butter flavored syrup without an open date on bottle. Also in this cabinet 2 partial 42 ounce containers of Quaker oats. One container "best before date" of 6/26/15 and labeled as opened "2-22." The other container of Quaker oats labeled as opened "2/19" and "best before date" of 7/16/14. A cookie jar on kitchen counter held brownies and a dinner roll. For all residents, the operator failed to ensure staff stored food under safe and sanitary conditions.	S5195		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by:	S5215		

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S5215	Continued From page 17 KAR 26-42-104(d)(3) The facility reported a census of 4 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for all residents, the operator failed to ensure disaster and emergency preparedness by conducting a quarterly review of the emergency management plan with all residents. Findings included: - On 1/11/17, executive director C provided documentation of quarterly review of emergency management plan that only included employees and did not include residents. At 11:35 a.m. on 1/11/17, executive director C stated no formal review of emergency management plan with residents. Executive director C stated the plan was reviewed with resident's family member at the time of admission. For all residents, the operator failed to ensure a quarterly review of the emergency management plan.	S5215		
S5380 SS=E	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall	S5380		

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S5380	Continued From page 18 range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2) The facility reported a census of 4 residents. The sample included 3 residents and 1 focus review residents. Based on observation and interview for all residents, the operator failed to ensure a hot water temperature range between 98 degrees Fahrenheit (F) and 120 degrees F from the whirlpool tub outlet. Findings included: - At 1:41 p.m. on 1/12/17, obtained a hot water temperature reading of 87.2 degrees F from the outlet on the whirlpool tub. Director of plant operations present at this time and stated he/she measured the hot water temperature of the whirlpool every month but did not keep a record of the hot water temperature readings. For all residents, the operator failed to ensure a hot water temperature range between 98 degrees F and 120 degrees F from the whirlpool tub outlet.	S5380		