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 _____	10/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS AT PARK WEST PLAZA	515 N MAIZE RD 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 complaint investigation KS001062 conducted at the above facility on 9/29/16 . Revised 2567 sent to facility on 10/12/2016	S 000		
S5026 SS=J	26-42-101 (f) (1) Staff Treatment of residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: The facility census totaled 4 residents with 1 resident (#1) identified at risk for elopement. Based on observation, interview, and record review, the facility failed to provide adequate supervision to ensure the entrance door locked to prevent resident #1 from leaving the facility without staff knowledge. This failure allowed cognitively impaired resident #1 to leave the facility and walk approximately 250 feet from the facility towards a busy street placing the resident in immediate jeopardy. Findings Included: - Review of resident #1's signed physician orders dated 9/19/16 revealed the resident had a diagnosis of dementia (progressive mental	S5026		

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

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 _____	10/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS AT PARK WEST PLAZA	515 N MAIZE RD 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
S5026	Continued From page 1 disorder characterized by failing memory and confusion). The functional capacity screening dated 4/29/16 revealed the resident could not perform decision making and he/she had a risk for falling, wandering, and impaired decision making. Resident #1 walked by him/herself. Review of the Elopement Assessment Risk Tool dated 5/2/16 and 9/14/16 revealed the resident scored 17 at each assessment, and a score greater than 14 indicated high risk for potential elopement and warranted the need for extra supervision and intervention. The assessment identified the resident was anxious about where he/she lived, did not believe he/she lived at the facility, and walked to the door and tried to open the door several times. The negotiated service agreement/health Service plan (NSA/HCSP) dated 4/29/16 documented resident #1 ' s need for safety as " required daily supervision due to mental confusion and/or mobility " with interventions that listed " resident with diagnosis of dementia. . .resident ambulates independently without assistive devices, resident transfers independently. " The NSA/HCSP documented resident #1 ' s need for behavior as " implementation of specialized service plan is required to prevent or manage unacceptable behavior. 1:1 assistance is not required " with interventions that listed " with increased agitation staff to redirect, offer snacks, music, reduce environmental stimuli, etc. " The NSA/HCSP lacked interventions to address resident #1 ' s risk for elopement. On 9/26/16, an un-timed, nurse's note revealed the CMA A called licensed nurse C to report	S5026		

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 _____	10/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS AT PARK WEST PLAZA	515 N MAIZE RD 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
S5026	Continued From page 2	S5026		

he/she could not find resident #1. The census in facility at that time was 4 residents with 1 staff on duty, CMA A. CMA E from the ALF (assisted living facility) came over to look around the outside of the buildings, while the licensed nurse C proceeded inside. After entry to the house, licensed nurse C looked out the window and saw the CMA E with resident #1 outside.

Per notarized witnessed statements dated 9/26/16, CMA A reported he/she last saw resident #1 at 6:27 PM on 9/26/16 sitting in the recliner watching TV. CMA A provided care to another resident in the facility and observed that resident #1 had moved when he/she returned. CMA A wrote he/she checked the remainder of the house and called licensed nurse C stating he/she could not locate resident #1.

Observation on 9/29/16 at 7:40 AM revealed a creek approximately 300 feet behind the facility with dense vegetation and steep slope leading down to the creek. While licensed nurse C showed where staff located the resident, he/she reported resident #1 loved to fish, but the resident did not go towards the creek behind the facility at that time. There was a busy main roadway with a speed limit of 40 miles per hour approximately 500 feet from the front door of the facility. CMA E located the resident by a privacy fence in the parking lot of a clinic, located in front of the facility. The resident had to travel over paved concrete and grass, there were no holes or loose debris noted. There were not any posted speed limits in the parking lot. The facility had 2 doors with maglocks.

Observation on 9/29/16 at 7:54 AM revealed resident #1 stood at the front door, pushing on the door frame. The resident did this and then

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 _____	10/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS AT PARK WEST PLAZA	515 N MAIZE RD 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
S5026	Continued From page 3	S5026		

walked away without difficulty. The resident had a steady gait and walked by him/herself without a mobility device.

Interview with licensed nurse C on 9/29/16 at 10:32 AM revealed CMA A notified him/her the resident was missing at approximately 6:30 PM on 9/26/16. He/she rushed over to the facility from the adjacent assisted living facility and proceeded inside. He/she brought CMA E along to search the outside. Licensed nurse C reported locating the resident with CMA E outside approximately 250 feet away from the front door of the facility. He/she went out to offer help to get the resident back into the facility. Licensed nurse C did not know how the resident exited the locked facility, but reported the dinner cart was present when he/she left the unit earlier and was not present upon his/her return, and he/she believed the door might not have shut all the way after an unidentified dietary staff left the building with the cart. Licensed nurse C stated the resident had poor safety awareness.

Interview with direct care staff B on 9/29/16 at 12:41 PM revealed he/she knew the resident had exit -seeking behaviors and in the past attempted to pry open the front door. He/she reported the facility replaced the front door with a much stronger door to prevent the resident from being able to exit the facility via that method. He/she revealed that while residents were in bed, he/she visually checked the residents every 30 minutes. While the residents were awake, he/she had found it beneficial to keep residents in a central area to allow for increased visual checks.

Interview with consultant staff D on 9/29/16 at 5:49 PM revealed he/she expected staff to listen for the sound of the maglock (a magnetic door

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 _____	10/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS AT PARK WEST PLAZA	515 N MAIZE RD 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
S5026	Continued From page 4	S5026		

locking mechanism) engaging on the front door, by listening for the click as the door shut.
Facility provided corporate door policy titled Security Systems dated 4/1/14 that stated:
I. Most residences are secured with magnetic door locks on the front entry and remote exits that are opened with the use of a keypad.
II. Should a fire occur or if the power goes off, the lock will automatically open.
III. If there is a need to change the code on the keypad, follow the instructions located in the Equipment/warranty manual or contact your regional director of operations for assistance.

The policy was not specific to the facility and lacked direction related to entry and exit of doors with magnetic locks and methods to ensure the locks were engaged and properly secured.

Review of the door policy, created after the elopement and dated 9/29/16, revealed staff outside of the facility was to ring the doorbell and wait for admittance. The policy directed both staff to ensure the door closed behind them

The facility failed to provide adequate supervision to resident #1 to prevent the resident from leaving the facility without staff knowledge. This placed the resident in immediate jeopardy.

The immediate jeopardy was corrected on 9/30/16 by: Providing in-person education to staff regarding the door policy and the elopement or missing resident policy; and re-evaluating the new hire door policy training system to ensure new employees received orientation on the door training on their first day of employment.

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 _____	10/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS AT PARK WEST PLAZA	515 N MAIZE RD 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
S5105	Continued From page 5	S5105		
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: The facility had a census of 4 residents, with 1 resident (#1) sampled. Based on observation, interview, and record review the facility failed to include interventions to address the risk of elopement in the resident's Negotiated Service Agreement. Findings included: - Review of resident #1's signed physician orders dated 9/19/16 revealed the resident's diagnoses included dementia (a progressive mental disorder characterized by failing memory and confusion). Review of the Functional Capacity Screen dated 4/29/16 revealed the resident ambulated	S5105		

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 _____	10/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS AT PARK WEST PLAZA	515 N MAIZE RD 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
S5105	Continued From page 6	S5105		

independently, had a risk for falls and wandering, exhibited socially inappropriate disruptive behavior, had impaired decision making and could not perform decision making.

The negotiated service agreement/health Service plan (NSA/HCSP) dated 4/29/16 documented resident #1 ' s need for safety as " required daily supervision due to mental confusion and/or mobility " with interventions that listed " resident with diagnosis of dementia. . .resident ambulates independently without assistive devices, resident transfers independently. " The NSA/HCSP documented resident #1 ' s need for behavior as " implementation of specialized service plan is required to prevent or manage unacceptable behavior. 1:1 assistance is not required " with interventions that listed " with increased agitation staff to redirect, offer snacks, music, reduce environmental stimuli, etc. " The NSA/HCSP lacked interventions to address resident #1 ' s risk for elopement

Review of the Elopement Assessment Risk Tool dated 5/2/16 and 9/14/16 revealed the resident scored 17 at each assessment, and a score greater than 14 indicated high risk for potential elopement and warranted the need for extra supervision and intervention.

Review of the un-timed nurse's notes dated 9/26/16 revealed licensed nurse C had been called over to the facility by the CMA (certified medication aide) A who reported he/she could not find the resident. CMA E from the ALF (assisted living facility) came over and went to look in the front of the building for the resident. After the licensed nurse C arrived at the house he/she looked out the window and saw the CMA E with resident #1 outside. CMA E then walked

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 _____	10/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS AT PARK WEST PLAZA	515 N MAIZE RD 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
S5105	Continued From page 7 the resident back into the house. An observation on 9/29/16 at 8:00 AM revealed the resident walked to the front door and placed his/her hands on the door and pushed. The resident continued to push on the door for about one minute then stopped. During an interview on 9/29/16 on 12:41 PM direct care staff B reported the resident displayed exit seeking behavior on a daily basis that worsened at night and sometimes the resident could be redirected. During an interview on 9/29/16 at 10:32 AM consultant nursing staff D reported the resident did not have safety awareness and had tried to exit facility many times. Consultant nursing staff D stated the resident was an elopement risk and acknowledged that interventions to prevent elopement were not in the resident's Negotiated Service Agreement dated 4/29/16. During an interview on 9/29/16 at 4:21 PM licensed nurse F reported all staff read the Negotiated Service Agreement to know what care the resident needed. Licensed nurse F stated that elopement risk assessment was done when the resident admitted and elopement risk would be the in the Negotiated Service Agreement and further stated he/she was aware of the resident ' s recent elopement. Licensed nurse F verified elopement was not addressed in the resident's Negotiated Service Agreement. For resident #1, the operator failed to ensure the resident ' s negotiated service agreement included a description of services to address the resident ' s risk for elopement.	S5105		

Kansas Department on Aging

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 _____	10/10/2016

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