STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087137	A. BUILDING: _____ B. WING _____	07/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLSPRINGS OF WICHITA LLC	6311 E MARJORIE ST WICHITA, KS 67208

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S 000	INITIAL COMMENTS The following citations represent the findings of abbreviated complaint survey #102219 at the above named facility on 7-20-10, 7-21-16, and 7-25-16.	S 000		
S5127 SS=D	26-42-202 (i) NSA Services Received (i) Each administrator or operator shall ensure that each resident receives services according to the provisions of that resident ' s negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(i) The facility identified a census of 7 residents. The sample included 3 residents. Based on observation, record review, and interview for 1 (#2) of 3 residents sampled, the operator failed to ensure each resident received services according to the provisions of the Negotiated Service Agreement (NSA). Findings included: - Record review for resident #2 revealed an admit date of 1-11-16 with diagnoses of dementia, hypertension, anemia, and acute cystitis. The functional capacity screen dated 1-11-16 recorded resident independent with eating, required supervision with walking/mobility, physical assistance with bathing, dressing, toileting, transfer, unable to manage medications/treatments, incontinent bladder,	S5127		

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

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S5127	Continued From page 1 experienced short term memory loss and memory recall. The NSA/health care plan dated 1-18-16 recorded resident required physical assistance with bathing, dressing, grooming, hair care, dentures upper and lower, fingernails, and toenails. On 7-20-16 at 10:00 a.m. observed resident #2 taken to restroom by wheelchair and physical assist by operator/certified medication aide (CMA). The resident's hair was not groomed/combed. The resident looked at hair in the mirror and stated, "Oh my, I can't look at myself, my hair is awful." The resident looked away and did not look in mirror. The operator/CMA wet resident's hair with water and combed resident's hair. The operator/CMA was not sure when resident's hair was last shampooed and combed. For resident #2, the operator failed to ensure each resident received services according to the provisions of the NSA.	S5127		
S5171 SS=E	26-42-204 (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 26-42-204(i) The facility identified a census of 7 residents. The sample included 3 residents. Based on 2 (#1	S5171		

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S5171	Continued From page 2	S5171		

and #2) of 3 residents sampled, the operator failed to ensure all health care services provided to residents by qualified staff in accordance with acceptable standards of practice.

Findings included:

- Record review for resident #1 revealed an admit date of 11-8-15 with diagnoses of dementia and gastric esophageal reflux.

The functional capacity screen dated 11-8-15 recorded resident independent with eating, transfer, required physical assistance with bathing, dressing, toileting, walking/mobility, and experienced short term memory loss. Resident unable to manage medications/treatments.

The negotiated service agreement/health care plan not dated (11-8-15) recorded resident required total assist with shower, physical assistance with dressing, toilet every two hours, resident incontinent and uses incontinent supplies. Resident is stand-by assist with transfer and assist to stand. Wheel chair as needed. Registered nurse responsible for nursing plan and supervised services. Medication to be administered by certified/licensed staff. Treatments as ordered by physician. Staff to provide reminders, cueing and supervision as needed.

The resident progress notes dated 1-21-16 recorded resident transported to hospital by emergency medical services due to complaint of chest pain and shortness of air. Spouse and medical care provider notified. Signed by registered nurse.

The progress notes lacked further documentation

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S5171	Continued From page 3 since hospitalization on 1-21-16. The record lacked an assessment of resident's return or assessment of resident when he/she did return. Interview on 7-19-16 at 3:05 p.m. with operator/certified medication aide stated and confirmed resident returned on 1-22-16 at approximately 8:00 p.m. Telephone interview on 7-20-16 at 11:15 a.m. with registered nurse (RN) stated and confirmed, "(He/She) did not assess resident upon return. For resident #1, the licensed nurse failed to assess the resident upon return from hospitalization for chest pain and shortness of breath. - Record review for resident #2 revealed an admit date of 1-11-16 with diagnoses of dementia, hypertension, anemia, and acute cystitis. The functional capacity screen dated 1-11-16 recorded resident independent with eating, required supervision with walking/mobility, physical assistance with bathing, dressing, toileting, transfer, unable to manage medications/treatments, incontinent bladder, experienced short term memory loss and memory recall. The negotiated service agreement/health care plan dated 1-11-16 recorded resident required physical assist with dressing, incontinence, stand by assistance for transfer, wheelchair for	S5171		

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S5171	Continued From page 4	S5171		

walking/mobility, assistance with grooming, certified staff/licensed staff to administer medications and treatments as ordered by physician. Staff to provide reminders, cueing, supervision, and give resident choices that will not be overwhelming. On 4-7-16 discontinue home health nursing, physical therapy, and occupational therapy.

The physician orders recorded the following:

On 2-13-16 recorded resident may have home health nursing to evaluate and treat due to reddened open area noted to right buttock/thigh.

On 2-16-16 recorded stage two wound right lateral buttock. Cleanse wound with normal saline, cover with tegaderm dressing. Change dressing two times weekly and as needed until healed.

The record lacked documentation of the assessment of wounds by the licensed nurse and interventions for treatment or prevention of further skin breakdown.

A faxed physician order with concerns sent to the physician on 3-19-16 recorded resident was up walking to get the remote when staff saw resident fall on bottom. Resident stated leg buckled and complained of pain in buttock/right hip area. Emergency medical service (EMS) notified. EMS got resident up and walker him/her and stated he/she did not have to go to emergency room and they thought he/she would be fine.

The progress notes lacked documentation of an assessment by licensed staff when resident did not go to the hospital and experienced continued

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S5171	Continued From page 5 pain in right hip/buttocks. For resident #2 the licensed nurse failed to assess wounds and failed to assess resident following fall with possible injury. For resident #1 and #2, the operator failed to ensure all health care services provided to residents by qualified staff in accordance with acceptable standards of practice.	S5171		
S5225 SS=F	26-42-207 (a) (b) (1)(2)(3)(4) Infection Control a) The administrator or operator of each home plus shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; This REQUIREMENT is not met as evidenced by: KAR 26-42-207(a) The facility identified a census of 7 residents. The sample included 3 residents. Based on	S5225		

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S5225	Continued From page 6 observations and interviews for all residents, the operator failed to ensure the provision of a safe, sanitary, and comfortable environment for residents. Findings included: - Tour of facility on 7-19-16 at 3:25 p.m. with operator/certified medication aide (CMA) observed several large dark soiled spots on carpet in sitting room, television room, and all resident rooms. The wooden dining room floor where residents eat, kitchen area, and small dining room area contained large scratched/cracked marks into the wooden floor with dark substance in all the areas. Tour of shower room with hair wash station on 7-20-16 with operator/CMA revealed cracked ceramic tiles on floor of the shower with one inch gaps between three of the large tiles placed. These areas have a dark substance around raised sharp edges of tiles. Rust and dark substance noted on tiles in corner of shower floor. The two door frames at entrance of shower are missing tiles at the base with peeling sheet rock and dark substance on each. The edges of existing ceramic tiles above the base boards have sharp edges. Interview on 7-20-16 with at 10:10 a.m. with operator/CMA stated the owner was informed of the carpet stains, cracked/scratched wooden floors, and loose and missing shower room floor tiles with rust and dark substance between ceramic tiles. The operator/CMA stated the residents use this shower room and eat in the dining rooms. For all residents, the operator failed to ensure the provision of a safe, sanitary, and comfortable	S5225		

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S5225	Continued From page 7 environment for residents.	S5225		
S5251 SS=E	26-42-105 (f) (11) Resident Records 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. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility identified a census of 7 residents. The sample included 3 residents. Based on 3 (#1, #2, #3) of 3 residents sampled, the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the actions taken. Findings included: - Record review for resident #1 revealed an admit date of 11-8-15 with diagnoses of dementia and gastric esophageal reflux. The functional capacity screen dated 11-8-15 recorded resident independent with eating, transfer, required physical assistance with bathing, dressing, toileting, walking/mobility, and experienced short term memory loss. Resident unable to manage medications/treatments. The negotiated service agreement/health care	S5251		

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S5251	Continued From page 8	S5251		

plan not dated (11-8-15) recorded resident required total assist with shower, physical assistance with dressing, toilet every two hours, resident incontinent and uses incontinent supplies. Resident is stand-by assist with transfer and assist to stand. Wheel chair as needed. Registered nurse responsible for nursing plan and supervised services. Medication to be administered by certified/licensed staff. Treatments as ordered by physician. Staff to provide reminders, cueing and supervision as needed.

The resident progress notes dated 1-21-16 recorded resident transported to hospital by emergency medical services due to complaint of chest pain and shortness of air. Spouse and medical care provider notified. Signed by registered nurse.

The progress notes contained no additional entries. The documentation lacked date, time and assessment of condition at time for return from hospitalization and lacked any additional assessments.

Interview on 7-19-16 at 3:05 p.m. with operator/certified medication aide stated and confirmed resident returned on 1-22-16 at approximately 8:00 p.m. and further stated the registered nurse was responsible for documentation in resident's record.

Telephone interview on 7-20-16 at 11:15 a.m. with registered nurse (RN) stated and confirmed, "(He/She) has not documented in the resident's record since returned from the hospital. The RN also stated he/she did not assess resident upon return.

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S5251	Continued From page 9 For resident #1, the registered nurse failed to document date and time resident returned from the hospital, actions taken and results of actions taken. - Record review for resident #2 revealed an admit date of 1-11-16 with diagnoses of dementia, hypertension, anemia, and acute cystitis. The functional capacity screen dated 1-11-16 recorded resident independent with eating, required supervision with walking/mobility, physical assistance with bathing, dressing, toileting, transfer, unable to manage medications/treatments, incontinent bladder, experienced short term memory loss and memory recall. The negotiated service agreement/health care plan dated 1-11-16 recorded resident required physical assist with dressing, incontinence, stand by assistance for transfer, wheelchair for walking/mobility, assistance with grooming, certified staff/licensed staff to administer medications and treatments as ordered by physician. Staff to provide reminders, cueing, supervision, and give resident choices that will not be overwhelming. On 4-7-16 discontinue home health nursing, physical therapy, and occupational therapy. Physician orders on 2-13-16 recorded resident may have home health nursing to evaluate and treat due to reddened open area noted to right buttock/thigh. The progress notes lacked documentation of date and time the open area noted, assessment of the	S5251		

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S5251	Continued From page 10 size, condition, and location of the area, action taken and results of actions taken. Physician orders on 2-16-16 recorded stage two wound right lateral buttock. Cleanse wound with normal saline, cover with tegaderm dressing. Change dressing two times weekly and as needed until healed. The progress notes lacked documentation of date, time wound noted, action taken and results of actions taken. Faxed written physician order on 3-19-16 recorded resident was up walking to get the remote when staff saw resident fall on bottom. Resident stated leg buckled and complained of pain in buttock/right hip area. Emergency medical service (EMS) notified. EMS got resident up and walked him/her and stated he/she did not have to go to emergency room and they thought he/she would be fine. The progress notes lacked documentation of assessment of resident following fall and follow up assessment with continued complaints of pain in right hip/buttocks. Physician orders on 3-20-16 recorded resident may have x-ray of right hip/buttocks due to fall and complaint of pain. The progress notes recorded on 3-20-16 (no time) staff notified this nurse that while toileting resident he/she hit right arm on toilet paper holder. Resident has a skin tear noted. Clean area with normal saline, apply triple antibiotic ointment and cover with telfa and kerlix. Physician notified. Signed registered nurse.	S5251		

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S5251	Continued From page 11 The progress notes lacked documentation time of occurrence, nursing assessment and follow up assessment. - Record review for resident #3 revealed admit date of 6-30-16 with diagnoses of dementia, chronic pain, memory loss, anxiety, muscle weakness. The functional capacity screen dated 6-30-16 recorded resident required supervision with eating, physical assistance with toileting, unable to assist with bathing dressing, transfer, walking/mobility, incontinent bladder control, experienced short term memory loss, memory recall, impaired decision making, falls/unsteadiness and socially disruptive inappropriate behavior. The negotiated service agreement/health care plan dated 6-30-16 recorded resident required total assist with shower, dressing, transfer, physical assist with walking/mobility, assist with incontinence of bowel and bladder, eating, medications to be administered by certified staff/licensed nurse, treatments per order by physician, staff to provide reminders, cueing and supervision. The progress notes dated 7-18-16 (no time) recorded resident signed on to hospice services for cerebral degeneration. Signed by registered nurse. The progress notes lacked documentation of signs/symptoms of cerebral decline with date, time of occurrences to indicate hospice services required.	S5251		

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S5251	Continued From page 12 For residents #1, #2, and #3, the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the actions taken.	S5251		