Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N005006	A. BUILDING: _____ B. WING _____	06/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER BEND ASSISTED LIVING	3820 BROADWAY GREAT BEND, KS 67530

(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 citation is the result of a Licensure Resurvey at the above named Assisted Living Facility in Great Bend, Kansas on 6/06/16 and 6/07/16.	S 000		
S3290 SS=D	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by:	S3290		

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

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S3290	Continued From page 1 KAR 26-41-206(a)(b) The census equalled 35 the sample included three Residents. The facility identified all Residents as receiving meal service. Based on observation, interview, and reviews of records, for one of one sampled with physician ordered therapeutic diet (#189), the Operator failed to ensure the provision of the diet identified in the negotiated service agreement (NSA) and failed to ensure an ordered therapeutic diet prepared according to instructions from a medical care provider or licensed dietician. Findings included: - On 6/06/16 at 1:00pm in the kitchen of facility, Dietary Manager stated we serve Regular diets here... diabetics are also served Regular diets... we have available diabetic desserts and encourage half portions... they (Residents) kind of watch their own... we have no pureed, no mechanical soft, no renal... serve Regular diets... Review of record revealed #189 admitted to facility 3/14/16 with diagnoses of Diabetes Mellitus II, Anemia, Anxiety, Heart failure, Chronic kidney disease, Hypertension, Tremors, and Allergic rhinitis. The current functional capacity (FCS) screen of 3/14/16 assessed #189 independent with dressing, toileting, transfers, mobility and eating. The FCS assessed #189 with some short term memory impairment. The current 3/14/16 NSA documented "my Dr. has modified my diet, it is Diabetic Low Salt Diet." The medical record contained a 3/14/16	S3290		

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S3290	Continued From page 2 physician's order for Diabetic Low Salt Diet. On 6/07/16 at 12:50pm, Director of Nursing (DON) stated we are not serving a Diabetic Low Salt Diet... we are doing Regular diets... Dr. not willing to change it... we told Dr. we don't offer Diabetic Low Salt in Assisted Living... that Resident has to make choices... the Dietician left directions with things we can do. By interview on 6/07/16 at 1:15pm Operator/LPN (licensed practical nurse) and DON confirmed the medical record contained the physician's order for a Diabetic Low Salt diet, and the NSA documented that diet being provided. Each confirmed that diet order not being provided... stated we serve Regular Diets. DON provided the Dietician's instructions which confirmed diets of facility were all Regular with various "precautions" such as "diabetic precautions" and "sodium precautions." The Operator failed to ensure the provision of a Diabetic Low Salt to #189 in accordance with the physician's order and as identified in the Resident's NSA.	S3290		