STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087201	A. BUILDING: _____ B. WING _____	05/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE KOTTAGE	2311 W WESTPORT WICHITA, KS 67203

(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 the resurvey at the above named facility on 5-9-16, 5-10-16, 5-11-16, 5-12-16, 5-16-16 and 5-17-16.	S 000		
S5105 SS=E	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) The facility identified a census of 5 residents. The sample included 3 residents. Based on record review, interview, and observations for 2 (#100 and #300) of 3 residents sampled, the operator/Certified Nurse Aide (CNA) failed to ensure the development of a written Negotiated Service Agreement (NSA) based on residents service needs.	S5105		

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

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S5105	Continued From page 1 Findings included: - Record review for resident #100 revealed an admit date of 9-16-14 with diagnoses of dementia, hypertension, chronic pain, constipation and cancer of bladder. (Resident has urostomy secondary to bladder cancer). The annual Functional Capacity Screen (FCS) dated 8-20-15 recorded resident required assist with walking/mobility, physical assistance with bathing, dressing, toileting, transfer, walking/mobility, eating, unable to assist with management of medications/treatments, experienced falls/unsteadiness, impaired vision, short-term memory loss, long term memory loss, decision making, and poor memory recall. (The annual FCS lacked documentation to identify resident experienced socially disruptive and inappropriate behaviors.) The Negotiated Service Agreement (NSA)/HCS dated 8-20-15 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, eating, staff to administer medications/treatment, provide/manage urostomy care, provide safe environment, bed/chair alarm, and home health/physical therapy evaluation. (The NSA/HCS lacked interventions for inappropriate behaviors.) The "Nurses Notes" recorded the following: On 11-21-15 at 9:30 a.m. recorded resident had some behaviors throwing walker at the facility staff.	S5105		

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S5105	Continued From page 2 On 11-28-15 (no time) resident refused to let staff provide a shower or empty the urostomy bag. On 11-29-15 (no time) resident throwing walker and yelling, refusing care, trying to walk on own, pushing staff and stating, "I can do this by myself, you think you ' re so smart." On 11-30-15 (no time) Staff unable to redirect, "Resident who is mean and angry and continued to refuse care. Resident sent to the behavior unit." On 5-9-16 observed resident #100 at dining room table eating breakfast, bacon and pancakes with chocolate protein drink. Certified staff B asked if he/she could cut up food for him/her and yelled, "Cut it up" and then cursed/yelled loudly at certified staff. Interview on 5-11-16 with licensed staff C stated and confirmed the NSA/HCS lacked interventions for inappropriate behaviors. For resident #100, the operator/CNA failed to ensure the NSA/HCS contained interventions for inappropriate behaviors. - Record review for resident #300 revealed an admit date of 2-12-14 with diagnoses of coronary artery disease, hypertension, congestive heart failure, dementia, and atrial fibrillation. The annual FCS dated 2-20-16 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, eating management of medications/treatment, Foley catheter care, experienced short-term memory loss, long term memory loss, memory	S5105		

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S5105	Continued From page 3	S5105		

recall, impaired decision making, poor vision, and falls/unsteadiness.

The annual NSA/HCS dated 2-20-16 recorded resident required physical assistance with bathing, toileting, incontinent care, Foley catheter care, mobility, ambulation, activities of daily living, bed/chair alarm on at all times. Place cushion under resident when in wheel chair or recliner. Home health will change Foley catheter monthly. Supervise and manage inappropriate behaviors.

The nurses notes recorded the following:

4-1-16 at 9:15 a.m. certified staff heard a thud in the television room and found resident lying on floor on back.

4-6-16 at 1:30 p.m. certified staff notified licensed staff C that resident tried to stand up from dining room table. Resident tried to push back wheel chair with wheels locked and wheel chair fell over backwards with resident. Red area noted to back of head. Medical care provider notified. Hospice to provide wing tips to back of wheel chair to keep it from tipping over.

On 5-11-16 at 10:00 a.m., observed resident #300's wheel chair did not have any type of tips on back of wheel chair to prevent it from tipping over.

On 5-10-16 at 10:35 a.m., certified staff E transferred resident #300 from wheel chair to recliner one person transfer using gait belt. Chair alarm placed.

Interview on 5-11-16 at 12:30 p.m. with licensed staff C stated and confirmed the wheel chair lacked wing tips on back of wheel chair to prevent

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S5105	Continued From page 4 chair from tipping over and Hospice was to provide tips to back of wheel chair. Resident experienced two falls, one where the wheel chair was tipped over backwards. The hospice ordered tips to go on back of wheel chair to prevent falling backwards. The NSA/HCS lacked interventions or implemented measures to prevent resident from pushing wheel chair over when in locked position. For residents #100 and #300, the operator/CNA failed to ensure the development of a written NSA based on residents service needs.	S5105		
S5161 SS=F	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility identified a census of 5 residents. The sample included 3 residents. For all residents, the operator/Certified Nurse Aide (CNA) failed to ensure the negotiated service agreement containing a description of the health care services to be provided contained the name of the licensed nurse responsible for implementation and supervision of the plan as evidenced by record review, observation, and interviews for 3 (#100, #200, #300) of 3 residents	S5161		

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S5161	Continued From page 5 sampled Findings included: - Record review for resident #100 revealed an admit date of 9-16-14 with diagnoses of dementia, hypertension, chronic pain, constipation and cancer of bladder. (Resident has urostomy secondary to bladder cancer). The annual Functional Capacity Screen dated 8-20-15 recorded resident required assist with walking/mobility, physical assistance with bathing, dressing, toileting, transfer, walking/mobility, eating, unable to assist with management of medications/treatments, experienced falls/unsteadiness, impaired vision, short-term memory loss, long term memory loss, decision making, and poor memory recall. The Negotiated Service Agreement/health care service plan (NSA/HCS dated 8-20-15 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, eating, staff to administer medications/treatment, provide/manage urostomy care, provide safe environment, bed/chair alarm, and home health/physical therapy evaluation. The NSA/HCS lacked the name of the licensed nurse responsible for the implementation and supervision of the plan. On 5-9-16 observed resident #100 at dining room table eating breakfast, bacon and pancakes with chocolate protein drink. Certified staff B asked if he/she could cut up food for him/her and yelled, "Cut it up" and then cursed/yelled loudly at certified staff.	S5161		

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S5161	Continued From page 6 On 5-9-16 at 10:30 certified staff B transferred resident with gait belt and ambulated resident with use of four wheeled walker from dining room to living room to recliner. On 5-9-16 at 12:30 p.m. interview with licensed staff C stated and confirmed the health care service plan lacked the name of a licensed nurse responsible for implementation of the health care serviced. - Record review for resident #200 revealed an admit date of 11-6-14 with diagnoses of dementia, non-insulin dependent diabetic, depressive disorder, anxiety, and osteoporosis. The annual FCS dated 11-2-15 recorded resident #200 resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, management of medications/treatments, experienced bladder incontinence, impaired cognition, short term memory loss, long term memory loss, memory recall, impaired hearing, vision, hearing. Resident wears hearing aids in ears, wanders, and experienced falls/unsteadiness. The NSA/HCS dated 11-2-15 and amended on 11-16-15 recorded resident to get regular diet with low concentrated sweets and honey thickened liquids. Cut meat up finely. Physical assistance with bathing toileting, incontinent care, one person assist with use of gait belt. Resident wears briefs, required a lot of cueing/assistance with all activities of daily living. Home health to assess and provide wound care. Physical therapy to provide gait training and assist with ambulation. Resident to use four wheeled walker with one person assist and use of gait belt.	S5161		

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S5161	Continued From page 7 The NSA/HCS lacked the name of the licensed nurse responsible for the implementation and supervision of the plan. On 5-9-16 at 10:50 observed the physical therapist get resident up out of bed and ambulate using a gait belt to dining area. Resident was moaning loudly and stated, "It hurts". Resident was unable to tell physical therapist what hurt. On 5-9-16 at 11:00 observed certified staff D administer pain medication (tramadol 50 Milligrams) for complaint of pain. On 5-10-16 at 12:00 p.m. Interview with certified staff D stated resident drank nectar thickened liquids. Interview on 5-10-16 at 12:15 p.m. with operator/CNA stated and confirmed the NSA/HCS lacked the name of the licensed nurse responsible for implementation and supervision of HCS. - Record review for resident #300 revealed an admit date of 2-12-14 with diagnoses of coronary artery disease, hypertension, congestive heart failure, dementia, and atrial fibrillation. The annual FCS dated 2-20-16 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, eating management of medications/treatment, Foley catheter care, experienced short-term memory loss, long term memory loss, memory recall, impaired decision making, poor vision, and falls/unsteadiness.	S5161		

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S5161	Continued From page 8 The annual NSA/HCS dated 2-20-16 recorded resident required physical assistance with bathing, toileting, incontinent care, Foley catheter care, mobility, ambulation, activities of daily living, bed/chair alarm on at all times. Place cushion under resident when in wheel chair or recliner. Home health will change Foley catheter monthly. Supervise and manage inappropriate behaviors. The NSA/HCS lacked the name of the licensed nurse responsible for the implementation and supervision of the plan. On 5-10-16 at 10:35 a.m., certified staff E transferred resident #300 from wheel chair to recliner one person transfer using gait belt. Chair alarm placed. On 5-11-16 at 12:45 p.m. observed licensed staff C feeding resident #300 chopped hot dog, garlic/cheese pasta, cottage cheese and brownie with icing. On 5-11-16 at 12:50 p.m., interview with licensed staff C stated and confirmed the NSA/HCS lacked the signature of the nurse responsible for implementation and supervision of HCS. For all residents, the operator/Certified Nurse Aide (CNA) failed to ensure the negotiated service agreement containing a description of the health care services to be provided contained the name of the licensed nurse responsible for implementation and supervision of the plan as evidenced by record review, observation, and interviews for 3 (#100, #200, #300) of 3 residents sampled.	S5161		

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S5171	Continued From page 9	S5171		
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 5 residents. The sample included 3 residents. Based on record reviews and interviews for 2 (#100 and #200) of 3 residents sampled, the operator/Certified Nurse Aide (CNA) 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 #100 revealed an admit date of 9-16-14 with diagnoses of dementia, hypertension, chronic pain, constipation and cancer of bladder. (Resident has urostomy secondary to bladder cancer). The annual Functional Capacity Screen dated 8-20-15 recorded resident required assist with walking/mobility, physical assistance with bathing, dressing, toileting, transfer, walking/mobility, eating, unable to assist with management of medications/treatments, experienced falls/unsteadiness, impaired vision, short-term memory loss, long term memory loss, decision making, and poor memory recall. The Negotiated Service Agreement (NSA)/HCS dated 8-20-15 recorded resident required	S5171		

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S5171	Continued From page 10	S5171		

physical assistance with bathing, dressing, toileting, transfer, walking/mobility, eating, staff to administer medications/treatment, provide/manage urostomy care, provide safe environment, bed/chair alarm, and home health/physical therapy evaluation.

The nurses notes recorded the following:

12-26-15 at 7:35 a.m. Certified staff was emptying resident #100's urostomy bag resident was sitting on side of the bed. The certified staff went to get resident his/her medications and heard the alarm, went to resident room and found resident sitting on bottom on floor next to bed. Certified staff called the Advance Practice Registered Nurse (APRN) to come and assess resident. Resident complained of back pain. not shortening of limbs noted. Ambulated without complaint of pain. Licensed staff F notified.

On 5-9-16 observed resident #100 at dining room table eating breakfast, bacon and pancakes with chocolate protein drink. Certified staff B asked if he/she could cut up food for him/her and yelled, "Cut it up" and then cursed/yelled loudly at certified staff.

Interview on 5-11-16 at 12:30 p.m. with operator/CNA and licensed staff C stated and confirmed the certified staff called the APRN when a resident falls or had any concerns. The certified staff would give the APRN assessment of what happened to the resident.

- Record review for resident #200 revealed an admit date of 11-6-14 with diagnoses of dementia, non-insulin dependent diabetic, depressive disorder, anxiety, and osteoporosis.

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S5171	Continued From page 11	S5171		

The annual FCS dated 11-2-15 recorded resident #200 resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, management of medications/treatments, experienced bladder incontinence, impaired cognition, short term memory loss, long term memory loss, memory recall, impaired hearing, vision, hearing. Resident wears hearing aids in ears, wanders, and experienced falls/unsteadiness.

The NSA/HCS dated 11-2-15 and amended on 11-16-15 recorded resident to get regular diet with low concentrated sweets and honey thickened liquids. Cut meat up finely. Physical assistance with bathing toileting, incontinent care, one person assist with use of gait belt. Resident wears briefs, required a lot of cueing/assistance with all activities of daily living. Home health to assess and provide wound care. Physical therapy to provide gait training and assist with ambulation. Resident to use four wheeled walker with one person assist and use of gait belt.

The nurses notes recorded the following:

10-14-15 at 2:00 a.m. Certified staff helped resident to the bath room and resident wanted door closed, certified staff waited outside the door and heard a bang, opened door and found resident on the floor laying on right side. Certified staff called the APRN and assessed resident. No complaints of pain. Resident said hearing aide fell out and he/she was trying to pick it up off floor.

4-23-16 at 12:30 p.m. Resident sitting at dining room table, got up and reached for his/her walker and fell on left side. Certified staff asked resident if he/she was hurt and resident complained of left

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S5171	Continued From page 12 hip pain with range of motion. APRN called and instructed certified staff to call emergency medical services and send to hospital for evaluation. No further documentation until 4-28-16 at 4:20 p.m. resident returned to facility from hospital due to fractured left hip. Interview on 5-11-16 at 12:30 p.m. with operator/CNA and licensed staff C stated and confirmed the certified staff called the APRN when a resident falls or had any concerns. The certified staff would give the APRN assessment of what happened to the resident. For residents #100 and #200, the operator/CNA failed to ensure all health care services provided to residents by qualified staff in accordance with acceptable standards of practice when certified staff assessed residents following incidents and accidents and contacted the medical care provider.	S5171		
S5185 SS=E	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) 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	S5185		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5185	Continued From page 13 care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(c) The facility reported a census of 5residents. The sample included 3 residents. Based on observation, interview, and record review for 1 (#200) of 3 sampled residents sampled, the owner/Certified Nurse Aide (CNA) failed to ensure the provision of a mechanically altered diet and thickened liquids prepared according to instructions from a medical care provider or licensed dietitian. Findings included: - Record review for resident #200 revealed an admission date of 11-6-14 with diagnoses of dementia, non-insulin dependent diabetic, depressive disorder, anxiety, and osteoporosis. The record contained a medical care provider's order dated 11-2-15 for a regular diet with low concentrated sweets. On 4-6-16 noted orders from history and physical order recorded liquids to be honey thickened. The functional capacity screen dated 11-2-15 indicated the resident required physical assistance with eating. Resident's amended negotiated service agreement and health care service plan dated 11-16-15 documented a regular diet with low concentrated sweets and honey thickened liquids.	S5185		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE KOTTAGE	2311 W WESTPORT WICHITA, KS 67203

(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
S5185	Continued From page 14 On 5-9-16 at 12:40 p.m. observed certified staff B feed resident #200 cut up hot dog, garlic/cheese pasta, cottage cheese and a brownie with icing. Resident was served thickened liquid juice. Interview on 5-11-16 at 12:45 p.m. with licensed staff C stated did not have written instructions from a physician or licensed dietitian to prepare a diet for low concentrated sweets or thickened liquids. For resident #200, the owner/CNA failed to ensure the provision of a mechanically altered diet and thickened liquids prepared according to instructions from a medical care provider or licensed dietitian.	S5185		