STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089089	A. BUILDING: _____ B. WING _____	05/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY PLACE OF ROSSVILLE	590 INDUSTRIAL TRAFFIC WAY ROSSVILLE, KS 66533

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S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey at the above named home plus facility in Rossville, Kansas on 5/16/16, 5/17/16, and 5/18/16.	S 000		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview and observation for 2 of 3 residents sampled (#516 and#518) the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #516 recorded an	S5155		

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

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S5155	Continued From page 1	S5155		

admission date of 4/12/16 with diagnoses of: dementia, coronary artery disease, urinary tract infection, hyponatremia, vitamin D deficiency, gastroesophogeal reflux disease, hypertension, hypothyroidism, seizures, depression and atrial fibrillation.

Functional Capacity Screen (FCS) dated 4/12/16 recorded resident requires assistance with transfers and walk/mobility, has difficulty with decision making, communication and has a history of falls (20 in last year).

Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 4/12/16 recorded resident is to receive staff assistance with transfers and walk/mobility.

Observation of resident care on 5/17/16 at 10:20am revealed fall mat on the floor in front of resident ' s bed. Also observed certified staff # B place a body alarm on resident after transfer to a high back wheelchair (a chair designed to support the head/neck and allow reclining/position changes).

HCSP lacked services for resident use of a fall mat, body alarm or high back wheelchair.

Record review for resident #518 recorded an admission date of 6/22/15 with diagnoses of: primary lateral sclerosis, gastroesophogeal reflux disease, hip pain, hypothyroidism, toe pain, pyelonephritis, type 2 diabetes, urinary frequency, unspecified skin disorder.

FCS dated 6/22/15 recorded resident requires assistance with transfers and walk/mobility. Resident is incontinent of bladder, has difficulty

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S5155	Continued From page 2 with decision making, difficulty communicating and .has a history of falls. NSA/HCSP dated 6/22/15 recorded resident to receive full staff assistance with transfers (needs assistance two person transfer) (3/14/16 note on side of page recorded: utilize sit to stand lift as needed for weakness), walk/mobility (personalized electric wheelchair needs assistance), and management of medications and skilled nursing services for catheter care and changing. NSA/HCSP addendum dated 1/7/16 recorded resident to have a personal alarm in bed at night. During observation of care in resident ' s room, on 5/17/16 at 11:55am revealed the following: trapeze bar (a triangle shaped bar used to assist resident to transfer/reposition) attached to head of resident ' s bed, twin bed with electric air mattress in place and inflated (a pressure reduction device), a body alarm on the bed, a Broda chair (a specialized manual wheelchair that allows position changes and reclining) with a rojo cushion (a special air chamber cushion used for pressure reduction). HCSP lacked services for use of a trapeze bar, electric air mattress, a Broda chair and Rojo cushion for resident. Interview on 5/17/16 at 3:00pm with licensed staff #A confirmed resident #518 has an air mattress and trapeze bar on the bed, he/she no longer uses an electric wheelchair and staff must push resident in the Broda chair which has a Rojo cushion for pressure reduction and these are not addressed on the HCSP.	S5155		

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S5155	Continued From page 3 For residents #516 and #518, the operator failed to ensure that a licensed nurse coordinated the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		
S5161 SS=E	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 26-41-204(d) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview, the operator failed to ensure the negotiated service agreement for all residents contained 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 as evidenced by review of resident records for residents (#516, #517 and #518) who required health care services. Findings included: - Record review for resident #516 recorded an admission date of 4/12/16 with diagnoses of:	S5161		

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S5161	Continued From page 4	S5161		

dementia, coronary artery disease, urinary tract infection, hyponatremia, vitamin D deficiency, gastroesophogeal reflux disease, hypertension, hypothyroidism, seizures, depression and atrial fibrillation.

Functional Capacity Screen (FCS) dated 4/12/16 recorded resident requires assistance with bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments. Resident is incontinent of bladder, has difficulty with decision making, communication and has a history of falls.

Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 4/12/16 recorded resident is to receive staff assistance with bathing, dressing, toileting, transfers, walk/mobility, eating and management of medications. NSA lacked name of the nurse responsible for implementation and supervision of the HCSP.

Review of resident ' s PRN (as needed) medication record for May 2016 recorded resident to receive nystatin 100,000 unit/gram (ointment) applied topically to yeast rash twice daily as needed. NSA lacked intervention for staff management of treatments.

Record review for resident #517 recorded an admission date of 9/17/15 with diagnoses of: community acquired pneumonia, Parkinson ' s, gastroesophogeal reflux disease, essential hypertension, Alzheimer ' s, degenerative joint disease, hyperlipidemia, metabolic alkalosis and SIRS (systemic inflammatory response syndrome).

FCS dated 9/17/15 recorded resident requires

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S5161	Continued From page 5	S5161		

assistance with bathing, dressing, toileting, transfer, walk/mobility, and management of medications and treatments. Resident is incontinent of bladder, has difficulty with short-term memory, memory recall, and decision making.

NSA/HCSP dated 9/17/15 recorded resident is to receive staff assistance with bathing, dressing, toileting, transfers, walk/mobility, and management of medications. NSA lacked name of the nurse responsible for implementation and supervision of the HCSP.

Review of resident ' s medication record for May 2016 recorded resident to receive oxygen therapy(a treatment), 2 liters by nasal cannula (by nose) at bedtime daily and albuterol (a respiratory treatment administered by a nebulizer machine) use 1 vial per nebulizer twice daily for seven days and as needed every 4 hours for wheezing or shortness of breath. NSA lacked the intervention for staff management of treatments.

Record review for resident #518 recorded an admission date of 6/22/15 with diagnoses of: primary lateral sclerosis, gastroesophogeal reflux disease, hip pain, hypothyroidism, toe pain, pyelonephritis, type 2 diabetes, urinary frequency, unspecified skin disorder.

FCS dated 6/22/15 recorded resident requires assistance with bathing, dressing, toileting, transfer, walk/mobility, and management of medications and treatments. Resident is incontinent of bladder, has difficulty with decision making, difficulty communicating and .has a history of falls.

NSA/HCSP dated 6/22/15 recorded resident to

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S5161	Continued From page 6 receive full staff assistance with bathing, dressing, toileting, transfers, walk/mobility, and management of medications and skilled nursing services for catheter care and changing. NSA lacked name of the nurse responsible for implementation and supervision of the HCSP. Review of resident ' s treatment record for May 2016 recorded resident to receive Duoderm CGF (a topical wound treatment) 4inch by 4 inch dressing apply topically over wound to left of coccyx ad change every 3-7 days and/or as needed; Vital signs: call provider if heart rate is greater than 120(beats per minute), Foley catheter care every shift; lantiseptic daily skin cream (a protectant/ barrier cream) apply topically to lower extremities as needed. NSA lacked the intervention for staff management of treatments. Interview with licensed staff # A on 5/17//16 at 3:00pm confirmed the nurse responsible for implementation and supervision of the HCSP is not recorded on the NSA for any of the 12 facility residents, who all require health care services. He/she also confirmed treatments are not addressed on the NSA for any residents who require assistance with treatments. For all residents who require health care services, the operator failed to ensure the negotiated service agreement contained 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.	S5161		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect	S5335		

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S5335	Continued From page 7 the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 The facility reported a census of 12 residents. The sample included 3 residents. Based on observation and interview for all cognitively impaired residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured throughout the facility. Findings included: On 5/16/16 at 2:40pm during facility tour, with facility operator, observed in the laundry on an open shelf (within reach) over the washer and dryer, 1 gallon of Clorox bleach, open, and Arm and Hammer detergent 122.5 oz. Both doors to the laundry were unlocked. Operator confirmed they do have memory care residents. On 5/16/16 at 3:50pm during facility tour, with facility operator, in the open concept kitchen, observed under the sink, in an unlocked cabinet, the following chemicals: 1 can of oven cleaner spray 16 oz. (ounces) 2 bottles of Dawn dish soap, 56 oz. each one full,	S5335		

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S5335	Continued From page 8 one 1/8 full. 2 bottles of cascade rinse aide 8.45 oz. each, one full, one ¾ full. 1 jug of Cascade dishwasher liquid 75 oz., 1/8 full. 1 bag of Cascade dishwasher packets, #32. 1 bag of Finish dishwasher tablets #30. 1spray bottle of glass plus 32 oz. liquid, 1/8 full. Review of facility resident roster on 5/16/16 recorded 9 of the 12 residents had impaired cognitive status. Interview on 5/17/16 at 3:40pm with operator stated facility does not have a policy on chemical storage. For all cognitively impaired residents, the operator failed to ensure the facility was maintained to protect the health and safety of the residents when chemicals were unsecured throughout the facility.	S5335		