STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087069	A. BUILDING: _____ B. WING _____	10/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENT PARK ASSISTED LIVING AND MEMORY CAF	10600 E 13TH ST NORTH WICHITA, KS 67206

(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 resurvey with complaint's #86860, #91681 at the above named facility on 10-20-15, 10-21-15, 10-22-15, 10-26-15, 10-27-15, and 10-28-15. Revised 2567 mailed to facility 11-4-15.	S 000		
S3028 SS=E	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced	S3028		

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

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S3028	Continued From page 1 by: KAR 26-41-101(f)(3) The facility identified a census of 75 residents. The sample included 6 residents. Based on record reviews, interviews, and observations for 2 (#600 and #200) of 6 residents sampled, the administrator failed to report allegations of abuse/neglect to the department within 24 hours, start an investigation, implement immediate measures to prevent further potential abuse/neglect, thoroughly investigate within 5 working days of the initial report, take corrective action, submit the department's complaint investigation report within 5 working days. Findings included: - Record review for resident #600 revealed an admit date of 12-29-14 with diagnoses of dementia, hypertension, history of subdural hemorrhage, and depression. The FCS dated 7-24-15 recorded resident required supervision with dressing toileting, transfer, walking/mobility, eating, communication, required physical assistance with bathing, management of medications/treatments, bladder incontinence, experienced short-term memory loss, memory recall, long term memory loss, decision making, and impaired vision. Facility staff to administer medications/treatments. The FCS dated 7-24-15 recorded resident not at risk for falls/unsteadiness. The NSA/HCS dated 7-24-15 recorded resident required verbal reminder of meal times, physical assistance of one staff for showers on Tuesday's and Friday's, independent with dressing, social	S3028		

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S3028	Continued From page 2	S3028		

participation in activities, required occasional escort assist to bathroom/toilet, requires periodic orientation to complete daily routines, staff will provide cueing/reminders and repeat as needed. Resident required one on one intervention at times if needed. Resident is occasionally incontinent of bladder and required cueing to change brief and toilet. Resident is hard of hearing and ambulates independently. Resident has walker to use as needed. Encourage resident to press call light as needed for assistance. Facility staff to administer medications/treatments.

The NSA/HCS lacked interventions for falls/unsteadiness.

The FCS dated 3-27-15 recorded resident required supervision for transfer, walking/mobility, eating, communication, required physical assistance with bathing, dressing, toileting, management of medications/treatments, bladder incontinence, experienced poor memory recall, short-term memory loss, long term memory loss, decision making, confused at times. Resident is hard of hearing.

The FCS dated 3-27-15 recorded resident not at risk for falls/unsteadiness.

The NSA/HCS dated 3-27-15 and amended on 6-7-15, 6-19-15, 9-14-15, recorded resident required assistance with shower on Tuesday's and Friday's, dressing, ambulates independently and has walker if needed. Encourage resident to use walker and press call light as needed for assistance. Assist resident with toileting and changing incontinent brief. On 9-14-15 fall - staff to ensure floor is free of debri around resident.

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S3028	Continued From page 3 The Resident Notes recorded the following: 6-2-15 at 4:50 p.m., " Received phone call on 5-30-15 at 7:35 p.m. from certified staff Q reporting resident on the floor in room. Alert with confusion noted and not able to communicate details of what happened. Resident lying on back only wearing underwear and bra. Denied pain with movement of extremities, assisted up and to finish getting ready for bed. " Family and physician notified. Licensed staff L. The record lacked documentation of investigation to rule out abuse/neglect, implement immediate measures, thoroughly investigate, report to department within 24 hours, complete investigation report within 5 working days. 6-7-15 at 11:15 a.m., " Notified by staff that resident was calling for help, entered room and resident was sitting upright on the floor beside the bed. Resident unable to report details due to cognitive decline. Denied pain and able to move all extremities. Small skin tear to left forearm cleansed and band aide applied. Family and medical care provider notified. " Licensed staff P. 6-17-15 6:00 p.m., " Late entry for 6-16-15 at 8:00 p.m., certified staff R called and notified me that resident was sitting on the floor in room in front of chair. Alert with confusion, no signs/symptoms pain/discomfort/injury with skin tear to left forearm. Steri strips to left forearm due to being reopened. Family and medical care provider notified. " Licensed staff L. 6-19-15 at 3:00 p.m., " Sitting upright on the floor in front of easy chair. Alert and responsive. Denied pain with Range Of Motion (ROM) to all	S3028		

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extremities. Assisted to stand, with full weight bearing, with no injury noted. Noted with slacks off and incontinent of urine. Noted unsteady at times with ambulation. Family and medical care provider notified. New order for urinalysis and lab work. Family notified requested to bring back previous walker. " Licensed staff L.

8-3-15 at 2:00 p.m., " Staff reported resident fell in dining room in MCU at approximately 12:05 p.m. Fall was unwitnessed. Resident was lying on left side near dining table. Alert and oriented to person only. ROM normal for resident. Golf ball size goose egg noted to left side of head with bloody drainage. Pressure applied with gauze. Medical care provider notified and instructed to send to emergency room for evaluation. Family notified and to transport to Emergency Room (ER). " Licensed staff N.

8-5-15 at 8:45 a.m., " Resident sitting in chair in dining room. No complaint of pain or discomfort at this time. . . Bruise noted to left side of head. Will monitor. Blood Pressure (B/P) 148/78, Pulse (P) 80, Respirations (R) 20. " Licensed staff N.

9-14-15 at 3:30 p.m., " Staff reported that resident had a fall. Resident sitting on floor on bottom by bar table area in MCU. Staff witnessed fall. Resident did not hit head. ROM normal for resident. No complaint of pain. Family and medical care provider notified. " Licensed staff N.

9-24-15 at 4:30 p.m., " Resident had an unwitnessed fall approximately 30 minutes ago. Was found on floor sitting on buttocks with back against chair. No visible signs/symptoms of injury noted. Complained of pain to right lower back and dorsal right buttocks with palpation. Skin

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warm and dry. ROM normal for resident. Medical care provider and family notified via voice mail. " Licensed staff N.

9-24-15 at 10:00 p.m., " Staff notified this nurse resident was complaining of pain in right lower abdomen and back region. This nurse looked at resident. Bruising noted to right hip region. Light yellow to purple approximately 5 inches. Resident lying in bed and complained of pain upon palpation. Able to move all extremities. Notifying day shift nurse of findings. No other injuries apparent at this time. Appears to be related to fall earlier today. " Licensed staff O.

9-25-15 at 10:30 a.m., " Medical care provider in to visit resident this morning. New order for right hip x-ray, diagnosis pain due to fall. Mobil radiology contacted. Resident sitting in chair in MCU television area. Complained of pain to right lower back and hip area. Purple bruising noted to right lower back and upper hip. Family notified of fall and x-ray order. B/P 149/84, P 64, R 20. " Licensed staff N.

9-25-15 at 1:20 p.m., " Preliminary x-ray report received. Medical care provider notified. No evidence of bony abnormality of right hip. " Licensed staff N.

9-25-15 at 4:30 p.m., " Staff reported resident complained of pain to right side. Resident sitting in chair in dining room of MCU. Appears to be in intense pain. Complained of pain with palpation of dorsal right rib cage. Pain medication administered as ordered. Medical care provider notified. New order for x-ray of right ribs. Voice mail left with family. Radiology notified. " Licensed staff N.

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S3028	Continued From page 6 9-25-15 at 6:30 p.m., " Mobil radiology notified this nurse that resident has 6th and 10th right rib non displace fractures. Medical care provider notified. New order for Lidoderm 5% patch to affected area (local anesthetic for pain). On in morning and off in evening after 12 hours. Monitor oxygen saturations daily and us narco (for pain) as needed. Orders faxed to pharmacy. Family notified. " Licensed staff N. 9-26-15 at 1:00 p.m., " Resident lying in bed on left side, eyes open. No complain of pain. Complained of pain with soft touch to right rib/hip area. Large purplish - yellow bruising noted to area. Skin warm, dry, and intact. Will monitor. " Licensed staff N. 10-7-15 at 7:45 p.m., " Staff went to resident room to administer medications and resident was on floor at bedside. Resident was watching a movie at 6:30 p.m. then went back to bed about 7:00 p.m. Resident able to move all extremities. Medical care provider notified by fax. No complaint of pain, assisted to stand. Took to restroom and back to bed. BP 100/60, P 95, R 22. Family notified. " Licensed staff K. The record lacked documentation of investigation to rule out abuse/neglect, implement immediate measures, thoroughly investigate, report to department within 24 hours. Confidential interview on 10-20-15 stated (resident #600) had several falls/injuries on assisted living side and was moved to MCU and had falls with injuries. Not aware of companion sitters. Interview on 10-21-15 at 2:55 p.m. with certified	S3028		

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S3028	Continued From page 7 staff J stated (resident #600) had several falls with injuries. Resident required assistance with ambulation and use of walker. Resident required assistance with bathing, dressing, and toileting. On 10-22-15 at 1:00 p.m., observed resident #600 sitting in chair in MCU watching TV. Observed pink walker against wall by the TV. Interview on 10-22-15 at 1:10 p.m. with licensed staff A stated interventions in place for resident #600 are physical therapy and use of walker. Licensed staff A stated all investigations/interventions for falls on resident #600 are internal documents and everything is documented in the resident NSA/HCS and care notes in record. The records provided lacked documentation of investigation to rule out abuse/neglect, implement immediate measures, thoroughly investigate, report to department within 24 hours. - Record review for resident #200 revealed an admit date of 4-30-15 with diagnoses of dementia, hypertension, anxiety, and osteoarthritis. The Functional Capacity Screen (FCS) dated 7-15-15 (re-admit from hospital) recorded resident independent with eating, required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, management of medications/treatments, bladder incontinence, experienced short-term memory loss, poor memory recall, and impaired decision making. Falls/unsteadiness identified as a current or recent problem. The Negotiated Service Agreement/Health Care Services (NSA/HCS) dated 7-15-15 recorded	S3028		

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resident independent with eating, private companion care to provide services for bathing. Family provides companion care. Companion care to assist with dressing, and getting ready for bed . . . Mobility - family to provided 24 hour companion care that will assist resident with all transfers, toileting and ensuring brief are clean and dry. 9-15-15 fall. 9-21-15 fall, staff to keep in sight and start every 15 minute checks. 9-29-15 fall; keep recliner remote out of reach while in recliner. Encourage to participate in activities when companion not with resident

9-15-15 at 5:30 p.m. " Staff reported resident had a fall at approximately 4:30 p.m. Recliner elevated to highest level. Resident lying on right side on floor by recliner. No complaint of pain or discomfort at this time. Resident reported did not hit head. Medical care provider notified. " Licensed staff N.

9-19-15 at 3:30 a.m., " Staff called this nurse into room. Resident was by bedside sitting in semi recumbent with back against bed. No open areas noted. ROM normal for residents. Resident incontinent of bowel and bladder. " Licensed staff C.

9-21-15 at 10:30 a.m., this nurse on call for 9-20-15, staff and reported resident found by home health worker. Resident had slid out of bed and was found on floor at bedside sitting in semi recumbent with back against bed. Non -injury. No skin tears or bruising noted. Does not appear to have hit head. Pupils reactive. Family and medical care provider notified on 9-21-15 at 2:20 p.m. Licensed staff N.

9-23-15 at 10:10 a.m., " Received phone call last night from staff reporting resident had an

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unwitnessed fall at approximately 9:20 p.m. . . Resident was last seen by staff at 9:00 p.m. lying in bed. No signs or symptoms of injury noted by staff. Resident was found at bedside. . . . " Licensed staff N.

9-29-15 at 4:50 p.m., " Staff reports resident was found on floor in room at approximately 4:20 p.m. Resident found lying in supine position near front of recliner with recliner in upright position. No injuries noted. . . Complained of bilateral shoulder pain. . . " Licensed staff N.

Interview on 10-20-15 at 11:30 a.m. with licensed staff A stated home health provided private duty sitter for resident #200 and all duties to be done by the private sitter are in the NSA/HCS.

On 10-20-15 at 11:35 a.m., Observed home health aide I feeding resident #200. Home health aide stated comes Monday thru Friday 7:00 to 3:00 p.m. Resident is left alone from 3:00 p.m. until 8:00 p.m. Resident should have sitter every day except from 3:00 p.m. to 8:00 p.m. Facility staff aware resident does not have sitter at that time and resident is taken to commons area in MCU at 3:00 p.m.

Confidential interview on 10-20-15 stated several times was one certified staff on duty in MCU and on Assisted living side at night time with a staff member to float between units.

On 10-21-15 at 12:42 p.m. observed resident #200 sitting in dining room area visiting with other residents and companion sitter.

Interview on 10-22-15 at 1:20 p.m. with licensed staff A stated certified staff document every 15

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S3028	Continued From page 10 minute checks on task sheets. The task sheets are turned in and he/she reviews then shreds documents. Unable to provide documentation of every 15 minute checks. The records provided lacked documentation of investigation to rule out abuse/neglect, measures taken to prevent alleged abuse/neglect, a thorough investigation, report to department within 24 hours, complete department investigation report within 5 working days, and maintain a written record of investigation. For residents #600 and #200, the administrator failed to report allegations of abuse/neglect to the department within 24 hours, start an investigation, implement immediate measures to prevent further potential abuse/neglect, thoroughly investigate within 5 working days of the initial report, take corrective action, submit the department's complaint investigation report within 5 working days.	S3028		
S3102 SS=D	26-41-202 (i) Negotiated Service Agreement Service 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 26-41-202 (i) The facility identified a census of 75 residents. The sample included 6 residents. Based on record review, interview, and observations for 1 (#200) of 6 residents sampled, the administrator	S3102		

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failed to ensure that each resident receives services according to the provisions of the resident ' s negotiated service agreement.

- Record review for resident #200 revealed an admit date of 4-30-15 with diagnoses of dementia, hypertension, anxiety, and osteoarthritis.

The Functional Capacity Screen (FCS) dated 7-15-15 (re-admit from hospital) recorded resident independent with eating, required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, management of medications/treatments, bladder incontinence, experienced short-term memory loss, poor memory recall, and impaired decision making. Falls/unsteadiness identified as a current or recent problem.

The Negotiated Service Agreement/Health Care Services (NSA/HCS) dated 7-15-15 recorded resident independent with eating, private companion care to provide services for bathing . . Family provides companion care. Companion care to assist with dressing, . . getting ready for bed, . . . Mobility - family to provided 24 hour companion care that will assist resident with all transfers, toileting and ensuring brief are clean and dry. 9-15-15 fall, . 9-19- 9-21-15 fall, staff to keep in sight and start every 15 minute checks. 9-29-15 fall, keep recliner remote out of reach while in recliner. Encourage to participate in activities when companion not with resident

9-15-15 at 5:30 p.m. " Staff reported resident had a fall at approximately 4:30 p.m. Recliner elevated to highest level. Resident lying on right side on floor by recliner. No complaint of pain or discomfort at this time. Resident reported did not

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hit head. Medical care provider notified. "
Licensed staff N.
Documentation failed to identify if private companion was present at the time of the fall.
NSA/HCS amended to include dycem (foam) to chair to prevent sliding

9-19-15 at 3:30 a.m., " Staff called this nurse into room. Resident was by bedside sitting in semi recumbent with back against bed. No open areas noted. ROM normal for residents. Resident incontinent of bowel and bladder. " Licensed staff C.
Documentation failed to identify if private companion was present at the time of the fall.

NSA/HCS amended 9-19-15 to include " fall, re-educated to call for help. "
9-21-15 at 10:30 a.m., This nurse on call for 9-20-15, staff and reported resident found by home health worker. Resident had slid out of bed and was found on floor at bedside sitting in semi recumbent with back against bed. Non -injury. No skin tears or bruising noted. Does not appear to have hit head. Pupils reactive. Family and medical care provider notified on 9-21-15 at 2:20 p.m. Licensed staff N.

Documentation failed to identify time of the fall and if private companion was present at the time of the fall.

NSA/HCS amended 9-21-15 to include " fall, staff to keep in sight and start every 15 minute checks. "

9-23-15 at 10:10 a.m., " Received phone call last night from staff reporting resident had an unwitnessed fall at approximately 9:20 p.m. . . Resident was last seen by staff at 9:00 p.m. lying

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	N087069	A. BUILDING: _____ B. WING _____	10/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENT PARK ASSISTED LIVING AND MEMORY CAF	10600 E 13TH ST NORTH WICHITA, KS 67206

(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
S3102	Continued From page 13	S3102		

in bed. No signs or symptoms of injury noted by staff. Resident was found at bedside. . . . " Licensed staff N.

Documentation failed to identify if private companion was present at the time of the fall.

NSA/HCS amended 9-22-15 to include " fall, toilet at night time before going to bed. "

9-29-15 at 4:50 p.m., " Staff reports resident was found on floor in room at approximately 4:20 p.m. Resident found lying in supine position near front of recliner with recliner in upright position. No injuries note. . .. Complained of bilateral shoulder pain. . . " Licensed staff N.

Documentation failed to identify if private companion was present at the time of the fall.

NSA/HCS amended to include " fall, keep recliner remote out of reach while in recliner. Encourage to participate in activities when companion not with resident "

Interview on 10-20-15 at 11:30 a.m. with licensed staff A stated home health provided private duty sitter for resident #200 and all duties to be done by the private sitter are in the NSA/HCS.

On 10-20-15 at 11:35 a.m., Observed home health aide I feeding resident #200. Home health aide stated comes Monday thru Friday 7:00 to 3:00 p.m. Resident is left alone from 3:00 p.m. until 8:00 p.m. Resident should have sitter every day except from 3:00 p.m. to 8:00 p.m. Facility staff aware resident does not have sitter at that time and resident is taken to commons area in MCU at 3:00 p.m.

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S3102	Continued From page 14 Confidential interview on 10-20-15 stated several times was one certified staff on duty in MCU and on Assisted living side at night time with a staff member to float between units. On 10-21-15 at 12:42 p.m. observed resident #200 sitting in dining room area visiting with other residents and companion sitter. Interview on 10-22-15 at 1:20 p.m. with licensed staff A stated certified staff document every 15 minute checks on task sheets. The task sheets are turned in and he/she reviews then shreds documents. Unable to provide documentation of every 15 minute checks. Licensed staff A stated and confirmed the NSA/HCS recorded 24 hour 7 days a week companion to be with resident #200. Licensed staff A stated was not aware companion left from 3:00 p.m. to 8:00 p.m. every day and stated it was family ' s responsibility to provide the companion. Licensed staff further stated had no information to document a companion with resident 24 hours, 7 days a week. For resident #200, the administrator failed to ensure that each resident received services for 24 hour a day 7 day a week companion care according to the provisions of the resident ' s negotiated service agreement when resident #200 was left unattended several hours during the day.	S3102		
S3105 SS=D	26-41-202 (j) Negotiated Service Agreement Outside Resource (j) If a resident's negotiated service agreement includes the use of outside resources, the designated facility staff shall perform the following:	S3105		

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S3105	Continued From page 15 (1) Provide the resident, 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, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (j)(3) The facility identified a census of 75 residents. The sample included 6 residents. Based on record review, interview, and observations for 1 (#200) of 6 residents sampled, the designated staff failed to monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice. Findings included - Record review for resident #200 revealed an admit date of 4-30-15 with diagnoses of dementia, hypertension, anxiety, and osteoarthritis. The Functional Capacity Screen (FCS) dated 7-15-15 (re-admit from hospital) recorded resident independent with eating, required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, management of medications/treatments, bladder incontinence, experienced short-term memory loss, poor memory recall, and impaired decision making.	S3105		

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S3105	Continued From page 16 Falls/unsteadiness identified as a current or recent problem. The Negotiated Service Agreement/Health Care Services (NSA/HCS) dated 7-15-15 recorded resident independent with eating, private companion care to provide services for bathing . . Family provides companion care. Companion care to assist with dressing, . . getting ready for bed, . . . Mobility - family to provided 24 hour companion care that will assist resident with all transfers, toileting and ensuring brief are clean and dry. 9-15-15 fall, . 9-19- 9-21-15 fall, staff to keep in sight and start every 15 minute checks. 9-29-15 fall, keep recliner remote out of reach while in recliner. Encourage to participate in activities when companion not with resident 9-15-15 at 5:30 p.m. " Staff reported resident had a fall at approximately 4:30 p.m. Recliner elevated to highest level. Resident lying on right side on floor by recliner. No complaint of pain or discomfort at this time. Resident reported did not hit head. Medical care provider notified. " Licensed staff N. Documentation failed to identify if private companion was present at the time of fall. NSA/HCS amended to include dycem (foam) to chair to prevent sliding 9-19-15 at 3:30 a.m., " Staff called this nurse into room. Resident was by bedside sitting in semi recumbent with back against bed. No open areas noted. ROM normal for residents. Resident incontinent of bowel and bladder. " Licensed staff C. Documentation failed to identify if private companion was present at the time of the fall.	S3105		

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S3105	Continued From page 17 NSA/HCS amended 9-19-15 to include " fall, re-educated to call for help. " 9-21-15 at 10:30 a.m., This nurse on call for 9-20-15, staff and reported resident found by home health worker. Resident had slid out of bed and was found on floor at bedside sitting in semi recumbent with back against bed. Non -injury. No skin tears or bruising noted. Does not appear to have hit head. Pupils reactive. Family and medical care provider notified on 9-21-15 at 2:20 p.m. Licensed staff N. Documentation failed to identify time of the fall and if private companion was present at the time of the fall. NSA/HCS amended 9-21-15 to include " fall, staff to keep in sight and start every 15 minute checks. " 9-23-15 at 10:10 a.m., " Received phone call last night from staff reporting resident had an unwitnessed fall at approximately 9:20 p.m. . . Resident was last seen by staff at 9:00 p.m. lying in bed. No signs or symptoms of injury noted by staff. Resident was found at bedside. . . . " Licensed staff N. Documentation failed to identify if private companion was present at the time of the fall. NSA/HCS amended 9-22-15 to include " fall, toilet at night time before going to bed. " 9-29-15 at 4:50 p.m., " Staff reports resident was found on floor in room at approximately 4:20 p.m. Resident found lying in supine position near front of recliner with recliner in upright position. No	S3105		

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S3105	Continued From page 18	S3105		

injuries note. . .. Complained of bilateral shoulder pain. . . " Licensed staff N.

Documentation failed to identify if private companion was present at the time of the fall.

NSA/HCS amended to include " fall, keep recliner remote out of reach while in recliner. Encourage to participate in activities when companion not with resident "

Interview on 10-20-15 at 11:30 a.m. with licensed staff A stated home health provided private duty sitter for resident #200 and all duties to be done by the private sitter are in the NSA/HCS.

On 10-20-15 at 11:35 a.m., Observed home health aide I feeding resident #200. Home health aide stated comes Monday thru Friday 7:00 to 3:00 p.m. Resident is left alone from 3:00 p.m. until 8:00 p.m. Resident should have sitter every day except from 3:00 p.m. to 8:00 p.m. Facility staff aware resident does not have sitter at that time and resident is taken to commons area in MCU at 3:00 p.m.

Confidential interview on 10-20-15 stated several times was one certified staff on duty in MCU and on Assisted living side at night time with a staff member to float between units.

On 10-21-15 at 12:42 p.m. observed resident #200 sitting in dining room area visiting with other residents and companion sitter.

Interview on 10-22-15 at 1:20 p.m. with licensed staff A stated certified staff document every 15 minute checks on task sheets. The task sheets are turned in and he/she reviews then shreds documents. Unable to provide documentation of

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S3105	Continued From page 19 every 15 minute checks. Licensed staff A stated and confirmed the NSA/HCS recorded 24 hour 7 days a week companion to be with resident #200. Licensed staff A stated was not aware companion left from 3:00 p.m. to 8:00 p.m. every day and stated it was family ' s responsibility to provide the companion. Licensed staff further stated had no information to document a companion with resident 24 hours, 7 days a week. For resident #200, the designated staff failed to monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice.	S3105		
S3155 SS=G	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility 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 26-41-204(a) The facility identified a census of 75 residents. The sample included 6 residents. Based on record review, interview, and observations for 1 (#600) of 6 residents sampled, the administrator failed to ensure a licensed nurse provided and coordinated the provision of necessary Health	S3155		

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S3155	Continued From page 20	S3155		

Care Services (HCS) that met the needs of each resident for falls/unsteadiness and are in accordance with the Functional Capacity Screen (FCS) and the Negotiated Service Agreement (NSA). This failure resulted in 9 falls resulting in a wrist fracture and facial laceration and two rib fractures.

Findings included:

- Record review for resident #600 revealed an admit date of 12-29-14 with diagnoses of dementia, hypertension, history of subdural hemorrhage, and depression.

The record lacked admission FCS and NSA/HCS.

The Resident Notes recorded the following:
On 3-24-15 at 1:40 p.m. resident was found lying face down on floor in front of room #118 ' s door. Resident complained of discomfort to right arm. Swelling noted to right wrist. Red drainage to chin. Order received to have family take resident to immediate care. Licensed staff L.

On 3-24-15 at 4:45 p.m. Returned to facility with right forearm/wrist in a splint with sling on. Dressing to chin. Diagnoses: fracture of right radius. Family member reports suture to chin. Dressing intact, not observed at this time. Right lower lip noted swollen with purple discoloration. New order for narco 5/325 Milligrams (MG) for pain faxed to pharmacy. Sling in place to right arm with splint on and wrapped in ace wrap. Licensed staff H.

On 3-25-15 at 2:20 p.m. " This nurse spoke with family to recommend 24 hour caretaker post fall related to forearm fracture and sutures. Resident was unsteady today and unable to utilize walker

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S3155	Continued From page 21	S3155		

due to unable to bear weight on right arm. Staff to assist with dressing, undressing, grooming, hygiene, toileting, showers and stand by assist with transfer and ambulating. Encourage resident to press call light when needing to transfer, ambulate, or use toilet for safety. . . . Family also inquired about Memory Care Unit (MCU) as a possible option. This nurse gave family the phone number to home health that provided companion/sitter service and also advised to contact home health. . . " Licensed staff M.

3-26-15 at 12:30 p.m., " This nurse spoke with family regarding continuous care utilizing sitter for safety. Family to call home health and arrange companion. . . Family would like to move resident to MCU. " Licensed staff M.

3-26-15 at 3:13 p.m., " Resident had removed splint to right arm/hand during the night. Splint reapplied this morning. Right hand/arm noted with purple discoloration and edema. Pillows provided to elevate arm while sitting in easy chair watching television. Reports pain with touch/movement. Narco given (for pain) at 12:45 p.m. with effective results. New orders to move resident to MCU with diagnoses of dementia. " Licensed staff H.

The FCS dated 3-27-15 noted as 120 day assessment recorded resident required supervision for transfer, walking/mobility, eating, communication, required physical assistance with bathing, dressing, toileting, management of medications/treatments, bladder incontinence, experienced poor memory recall, short-term memory loss, long term memory loss, decision making, confused at times. Resident is hard of hearing.

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S3155	Continued From page 22 The FCS did not identify falls/unsteadiness as a current or recent problem. The NSA/HCS dated 3-27-15 and recorded resident required assistance with shower and dressing, ambulates independently and has walker if needed. Encourage resident to use walker and press call light as needed for assistance. Assist resident with toileting and changing incontinent brief. NSA/HCS lacked interventions to address risk for falls, lacked interventions to address the resident ' s inability to use his/her walker due to arm splint and lacked interventions to address care of fracture and sutures. Resident notes further recorded resident falls on 5-30-15 at 7:35 p.m. resident found on floor in room with no injury 6-7-15 at 11:15 a.m., resident found on beside the bed with small skin tear to left forearm. NSA/HCS amended on 6-7-15 to include family to provide shoes for safety 6-16-15 at 8:00 p.m. resident found on floor in room in front of chair with skin tear to left forearm reopened. 6-19-15 at 3:00 p.m. resident found in front of chair, incontinent of urine; Noted unsteady at times with ambulation. Family requested to bring back previous walker. NSA/HCS amended to include staff to assist with dressing. The FCS dated 7-24-15 (120 day reassessment) recorded resident required supervision with dressing toileting, transfer, walking/mobility, eating, communication, required physical assistance with bathing, management of medications/treatments, bladder incontinence,	S3155		

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S3155	Continued From page 23	S3155		

experienced short-term memory loss, memory recall, long term memory loss, decision making, and impaired vision. Facility staff to administer medications/treatments.

The FCS dated 7-24-15 did not identify falls/unsteadiness as a current or recent problem.

The NSA/HCS dated 7-24-15 recorded resident required verbal reminder of meal times, physical assistance of one staff for showers on Tuesday's and Friday's, independent with dressing, social participation in activities, required occasional escort assist to bathroom/toilet, requires periodic orientation to complete daily routines, staff will provide cueing/reminders and repeat as needed. Resident required one on one intervention at times if needed. Resident is occasionally incontinent of bladder and required cueing to change brief and toilet. Resident is hard of hearing and ambulates independently. Resident has walker to use as needed. Encourage resident to press call light as needed for assistance. Facility staff to administer medications/treatments.

NSA/HCS continued to lack interventions to address Resident #600 ' s ongoing risk for falls.

Resident notes further recorded resident falls on

8-3-15 at 2:00 p.m. resident found on floor near dining room table; golf ball size goose egg noted to left side of head with bloody drainage. Medical care provider notified and instructed to send to emergency room for evaluation. Family transported to ER and returned resident to facility with no new orders.

9-14-15 at 3:30 p.m., staff witnessed resident fall

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S3155	Continued From page 24 to floor by bar table area in MCU with no injuries noted. NSA/HCS amended to include staff to ensure floor is free of debris around resident. 9-15-15 at 12:30 p.m., " New order to see if family will look into a sitter for resident to prevent falls. " Licensed staff N. NSA/HCS lacked documentation that a sitter was provided for the resident and lacked additional interventions to address the resident ' s continued fall risk 9-24-15 at approximately 4:00 p.m., resident found on floor with back against a chair; Complained of pain to right lower back and dorsal right buttocks with palpation. 9-24-15 at 10:00 p.m., " Staff notified this nurse resident was complaining of pain in right lower abdomen and back region. This nurse looked at resident. Bruising noted to right hip region. Light yellow to purple approximately 5 inches. Resident lying in bed and complained of pain upon palpation. Able to move all extremities. . . . Appears to be related to fall earlier today. " Licensed staff O. 9-25-15 at 10:30 a.m., " Medical care provider in to visit resident this morning. New order for right hip x-ray, diagnosis pain due to fall. Mobil radiology contacted. Resident sitting in chair in MCU television area. Complained of pain to right lower back and hip area. Purple bruising noted to right lower back and upper hip. Family notified of fall and x-ray order. B/P 149/84, P 64, R 20. " Licensed staff N.	S3155		

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S3155	Continued From page 25 9-25-15 at 1:20 p.m., " Preliminary x-ray report received. Medical care provider notified. No evidence of bony abnormality of right hip. " Licensed staff N. 9-25-15 at 4:30 p.m., " Staff reported resident complained of pain to right side. Resident sitting in chair in dining room of MCU. Appears to be in intense pain. Complained of pain with palpation of dorsal right rib cage. Pain medication administered as ordered. Medical care provider notified. New order for x-ray of right ribs. Voice mail left with family. Radiology notified. " Licensed staff N. 9-25-15 at 6:30 p.m., " Mobil radiology notified this nurse that resident has 6th and 10th right rib non displace fractures. Medical care provider notified. . . . Monitor oxygen saturations daily and use Norco (narcotic for pain) as needed. . . . " Licensed staff N. 9-26-15 at 1:00 p.m., " Resident lying in bed on left side, eyes open. . . Complained of pain with soft touch to right rib/hip area. Large purplish - yellow bruising noted to area. Skin warm, dry, and intact. Will monitor. " Licensed staff N. The NSA/HCS lacked interventions/instructions for care of resident with fractured ribs, back pain, and right hip pain and continued to lack interventions to address the ongoing risk for falls. 10-16-15 at 11:04 a.m., Order received for resident to have physical therapy. Family notified. Licensed staff A. NSA/HCS lacked documentation to indicate if resident received physical therapy	S3155		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087069	A. BUILDING: _____ B. WING _____	10/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENT PARK ASSISTED LIVING AND MEMORY CAF	10600 E 13TH ST NORTH WICHITA, KS 67206

(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
S3155	Continued From page 26 10-7-15 at 7:45 p.m., resident found on floor at bedside. NSA/HCS lacked documentation of interventions to address risk for falls. Confidential interview on 10-20-15 stated (resident #600) had several falls/injuries on assisted living side and was moved to MCU and had falls with injuries. Not aware of companion sitters. Interview on 10-21-15 at 2:55 p.m. with certified staff J stated (resident #600) had several falls with injuries. Resident required assistance with ambulation and use of walker. Resident required assistance with bathing, dressing, and toileting. On 10-22-15 at 1:00 p.m., observed resident #600 sitting in chair in MCU watching TV. Observed walker against wall by the TV. Interview on 10-22-15 at approximately 1:00 p.m. with certified staff G stated, " Staff ambulated resident with walker and was not aware resident ever had a companion sitter. " Interview on 10-22-15 at 1:10 p.m. with licensed staff A stated interventions in place for resident #600 are physical therapy and use of walker. Licensed staff A stated all investigations/interventions for falls on resident #600 are internal documents and everything is documented in the resident NSA/HCS and care notes in record. For resident #600, the administrator failed to ensure a licensed nurse coordinated/provided health care services following a fall with a wrist fracture and laceration on 3/24/15. The resident	S3155		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENT PARK ASSISTED LIVING AND MEMORY CAF	10600 E 13TH ST NORTH WICHITA, KS 67206

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S3155	Continued From page 27 experienced 6 falls between 6/2/15 and 9/14/15 and the administrator failed to ensure the licensed nurse coordinated or provided health care services to address the resident ' s ongoing fall risk. Resident #600 experienced another fall on 9/24/15 and suffered fractured ribs.	S3155		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility 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; (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the	S3305		

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	N087069	A. BUILDING: _____ B. WING _____	10/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENT PARK ASSISTED LIVING AND MEMORY CAF	10600 E 13TH ST NORTH WICHITA, KS 67206

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S3305	Continued From page 28 isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: KAR 26-41-207(a) (b)(4) The facility identified a census of 75 residents. The sample included 6 residents. Based on observations, interviews and record reviews, the administrator failed to ensure the provision of a safe, sanitary environment and sanitary conditions for food service for all residents. Findings included: - Tour of facility kitchen area on 10-20-15 at 10:25 a.m. with administrator and dietary manager revealed raw eggs stored above pancake mix in small refrigerator. The floor around, under, and between stove and large fryer contained dark greasy substance with hand scrubber (silver) lying on floor between stove and fryer. The fryer contained dark/black grease with food particles in it. Dietary manager not sure when the grease was last changed and stated should be changed on Thursday's. The grill next to stove contained dark substance with food particles and dark substance on back of wall and up the side. The dietary manager stated should be cleaned daily. The refrigerated salad bar had closed lid. When opened observed uncovered containers without dates or name of items in containers. Observed a container with cole slaw that did not appear fresh. The shredded cabbage sat in a watery dressing. Observed containers of sliced roast beef, turkey, and ham that appeared	S3305		

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	N087069	A. BUILDING: _____ B. WING _____	10/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENT PARK ASSISTED LIVING AND MEMORY CAR	10600 E 13TH ST NORTH WICHITA, KS 67206

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S3305	Continued From page 29 dried out at top of container and not fresh. Also observed containers of cheese, tomatoes, onions that did not look fresh. The dietary manager stated the salad bar is refreshed before lunch and super and the containers of food put in the refrigerator. Unable to state the date the food was placed in containers. Requested copies of policy for food storage. The large walk-in freezer contained several trays of uncovered food without label or date. Observed a large cookie sheet with frozen red liquid in it. There was frozen boxed food sitting on the floor and food particles noted frozen to the floor. At 10:40 a.m. Administrator present during tour and observed findings. On 10-20-15 at 11:50 a.m., observed dietary manager check food temperature of meatloaf served for lunch. The temperature was 144 degrees F. For all residents, the administrator failed to ensure the provision of a safe, sanitary environment and sanitary conditions for food service for all residents.	S3305		