Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087147	A. BUILDING: _____ B. WING _____	08/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLARK ADULT CARE HOME 4	1425 LEECREST ST WICHITA, KS 67209

(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 represents the findings of resurvey with complaints #89563 and #90159 at the above named facility on 8/10/15 and 8/11/15	S 000		
S5028 SS=D	26-42-101 (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 home 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 by: KAR 26-42-101(f)(3)	S5028		

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

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S5028	Continued From page 1 The facility census equaled 8 residents. The sample included 3 residents. Based on record review and interview for 1 (#300) of 3 residents sampled, the operator failed to report allegation of abuse/neglect to the department within 24 hours of knowledge of allegation. Findings included: - On 8-10-15 at 1:10 p.m., record review for resident #300 revealed diagnoses of cirrhosis due to hepatitis C, chronic pain, and diabetes mellitus. The functional capacity screen dated 6-18-15 recorded resident required supervision with bathing, toileting, transfer, walking/mobility, eating, experienced decision making, and falls/unsteadiness. The negotiated service agreement and health care plan dated 6-18-15 recorded resident required supervision for bathing, toileting, transfer, walking/mobility, eating, experienced falls/unsteadiness, to keep call light in reach, bed cane on bed for reposition, walker within reach and limit choices for decision making. Interview on 8-10-15 at 4:10 p.m. with resident #300 alleged certified staff A made an inappropriate comment. Written statement provided on 8-11-15 at 10:20 a.m. from operator recorded certified staff A worked 8-3-15 from 10:00 p.m. to 6:00 a.m. and was doing laundry. Resident #300 walked by and asked how he/she was doing and he/she stated, "good." "Resident then proceeded towards the restroom and asked (resident) if he/she was sad	S5028		

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S5028	Continued From page 2 and resident could not understand what I was saying." Three times I was saying, "are you sad" and resident did not say anything, went to bathroom, and no further conversation the whole night. "My conversation with resident happened around 11:30 p.m. to 12:00 mid-night. " Interview on 8-11-15 at 10:20 a.m. with operator, asked if had an investigation for allegation of abuse/neglect for resident #300. Operator stated he/she did not report allegation to the department. Operator further stated, "completed a concern form and obtained a written statement from (certified staff A). The concern form dated 8-4-15 recorded (resident #300) stated certified staff A asked if he/she wanted to have sex and if he/she was sad. "This was originally reported by resident's family member." When resident was questioned he/she stated it was a misunderstanding because of the language barrier. (Certified staff A) did ask if I was sad so I probably just didn't understand him/her. Certified staff A has not worked at facility since incident to prevent future misunderstanding. Interview on 8-11-15 at 10:30 a.m. with operator confirmed he/she did not report allegation to the department. For resident #300, the operator failed to report allegation of abuse/neglect to the department within 24 hours of knowledge of allegation.	S5028		