STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N011011	A. BUILDING: _____ B. WING _____	04/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AUTUMN PLACE MEMORY CARE UNIT	315 SOUTH EAST AVENUE COLUMBUS, KS 66725

(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 a resurvey with complaint investigation 79043 at the above named residential health care facility on 4-13-15 and 4-14-15.	S 000		
S3028 SS=D	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 by:	S3028		

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

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S3028	Continued From page 1 KAR 26-41-101(f)(3) The facility reported a census of 9 residents. The sample included 3 residents. Based on record review and interview for 1 (#784) of 3 sampled residents, the operator/CMA failed to ensure an allegation of abuse or neglect was reported to the department and investigated when the cognitively impaired resident was found on the floor in his/her apartment on two separate occasions and was unable to state what happened each time. Findings included: - Record review for resident #784 revealed admission on 3-12-09 with diagnoses Alzheimer ' s Dementia, Congestive Heart Failure, Depression, Hypertension, Type 2 Diabetes Mellitus, Hyperlipidemia, Hypokalemia, Neuropathy, Hypothyroidism, Angina, and Folate Deficiency. The functional capacity screen dated 3-12-14 and 3-12-15 both recorded resident required physical assistance with bathing, dressing and toileting; supervision with transfers, walking/mobility and eating; and unable to perform management of medications and treatments. Occasionally incontinent of bladder. Cognition: problems with short and long term memory, memory/recall and decision-making. Current problems/risks: falls/unsteadiness and impaired decision-making. The negotiated service agreement/health care service plan dated 3-12-15 recorded services for assistance with bathing, dressing, toileting; staff supervision and cueing with transfers, mobility and eating. Facility management of medications. Nurse ' s Notes revealed the following:	S3028		

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S3028	Continued From page 2 1-24-15 at 7:10 am: " CMA (Certified Medication Aide) found resident laying on his/her right side with legs out straight beside bed. RN (registered nurse) notified. RN said to have resident move arms up and down, legs up and down and move head side to side. Resident did with no problems. RN said to check resident for injuries. CMA found scrape ½ inch x 1 1/2 inch long to right knee, bruised knot on right knee size of a baseball, bruise on right forearm size of a golf ball. Resident assisted up to chair by CMA and CNA (certified nurse aide). Ice pack applied to right knee ... " Signed by operator/CMA. 4-7-15 at 7:05 am: " (Certified staff C and certified staff D) went to get resident up for breakfast, we found resident sitting on the floor by his/her chair with knees bent up. Called RN and he/she said to ask resident to move legs and arms up and down and head side to side. Did check. We got resident up and took him/her to the bathroom, RN said to check for injuries. I found a rug-burn half dollar size on right shoulder and bruise to left middle toe dime size. Called RN and told him/her ...RN said to get vital signs every 4 hours for 4 days. RN said to check resident every hour. " Signed by certified staff C. Interview on 4-13-15 at 2:14 pm with operator/CMA confirmed the falls were unwitnessed and resident was unable to tell what happened either time. Confirmed he/she did not report the falls to the department and failed to perform thorough investigations. For resident #784, the operator failed to ensure an allegation of abuse or neglect was reported to the department and investigated when the cognitively impaired resident was found on the floor in his/her apartment on two separate occasions and was unable to state what	S3028		

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S3028	Continued From page 3 happened either time.	S3028		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 9 residents. The sample included 3 residents. Based on record review and interview for all residents and all facility employees, the operator/CMA (Certified Medication Aide) failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees. Findings included:	S3280		

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S3280	Continued From page 4 - Review of the facility's emergency management plan revealed the plan lacked documentation of quarterly review with facility staff. Revealed one review with staff on 12-5-14. Interview on 4-13-15 at 2:25 p.m. with operator/CMA confirmed the facility lacked documentation of quarterly reviews of the complete emergency management plan with staff. Operator/CMA stated the facility reviewed with staff emergency management plan on 12-5-14. For all employees, the operator/CMA failed to ensure emergency preparedness by ensuring the emergency management plan was reviewed quarterly with employees.	S3280		