STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087144	A. BUILDING: _____ B. WING _____	01/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS AT PARK WEST PLAZA	515 N MAIZE RD WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following citations at the above named facility represent the findings of resuvey on 1-27-15 and 1-28-15.	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 6 Residents. The sample included 3 Residents. Based on record review, interview, and observations for 2 (#179, #177) of 3 Residents sampled, the Operator/Licensed Nurse failed to ensure the development of a negotiated service agreement for each resident based on the functional capacity screen (FCS) and service needs that included a description of the services the resident would receive.	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 #179 revealed an admit date of 10-2-14 with diagnoses of Dementia, Parkinson's Disease, Depressive Disorder, Osteoporosis, and Anemia. The FCS dated 10-3-14 recorded Resident required supervision with eating, bladder incontinence, and communication, required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, unable to assist with management of medications/treatments, experienced impaired cognition, short term memory loss, memory recall, impaired decision making, and falls/unsteadiness. The negotiated service agreement/health care service plan (NSA/HCSP) dated 10-3-14 recorded Resident required physical assistance with bathing, dressing, transfer, walking/mobility, staff to administer medications/treatments, and frequently incontinent. The Resident experienced falls 12-25-14 and 1-7-15, exit seeking on 12-28-14, and confused with inappropriate behavior on 1-7-15. The NSA/HCSP lacked interventions to address impaired cognition, management of exit seeking and inappropriate behaviors, and lacked interventions to address the risk for falls/unsteadiness. Interview on 1-27-15 at 3:25 a.m. with Licensed Nurse B confirmed the record lacked interventions for falls.	S5105		

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S5105	Continued From page 2 - Record review for Resident #177 revealed an admit date of 10-31-14 with diagnoses of Dementia, Psychosis, Depression, Hypertension, and Hypokalemia. The FCS dated 12-3-14 recorded Resident independent with eating, required supervision with walking/mobility, physical assistance with bathing, dressing, toileting, transfer, communication, total assistance with management of medications/treatments, experienced poor memory recall, short term memory, long term memory, impaired decision making, wandering, and falls/unsteadiness. The negotiated service agreement/health care service plan (NSA/HCSP) dated 12-2-14 recorded Resident used a walker for walking/mobility with one person assist, required physical assistance with bathing, dressing, toileting, transfer, staff to administer medications and treatments, unacceptable behaviors will be corrected with verbal reminders. The NSA lacked services to address the residents risk for falls/unsteadiness. For Residents #177 and #179, the Operator/Licensed Nurse failed to ensure the development of a negotiated service agreement for each resident based on the functional capacity screen (FCS) and service needs that included a description of the services the resident would receive.	S5105		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies	S5230		

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S5230	Continued From page 3 (b)(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; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility identified a census of 6 Residents. The sample included 3 Residents. Based on record review and interviews for 2 (#177 #178) of 3 Residents sampled, the Operator failed to ensure the home's compliance with the Department's tuberculosis (TB) guidelines for adult care homes. Findings included: - Record review for Resident #177 revealed an admission date of 10-31-14 with diagnoses of Dementia, Psychosis, Depression, Hypertension, and Hypokalemia. The record identified the initial two step TB skin test administered on 10-31-14 and read on 11-3-14 that identified TB skin test negative. The record lacked further documentation of the	S5230		

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S5230	Continued From page 4 second step TB testing. Interview on 1-27-15 at 3:35 p.m. with Operator/Licensed Nurse stated and confirmed a two-step TB skin test was not performed. - Record review for Resident #178 revealed an admission date of 12-18-14 with diagnoses of Dementia, Hypertension, Edema, and Hypercholesterolemia. The record identified the initial two step TB skin test administered on 12-19-14 and read 12-22-14 that identified TB skin test negative. Interview on 1-27-15 at 3:40 p.m. with Operator/Licensed Nurse stated and confirmed a two-step TB skin test was not performed. For Residents #177 and #178, the Operator failed to ensure the home's compliance with the Department's tuberculosis (TB) guidelines for adult care homes.	S5230		
S5240 SS=F	26-42-105 (a) Resident Records (a) The administrator or operator of each home plus shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices. (1) Designated staff shall maintain the record of each discharged resident who is 18 years of age or older for at least five years after the discharge of the resident. (2) Designated staff shall maintain the record of each discharged resident who is less than 18 years of age for at least five years after the resident reaches 18 years of age or at least five years after the date of discharge, whichever time	S5240		

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S5240	Continued From page 5 period is longer. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(a) The facility identified a census of 6 Residents. The sample included 3 Residents. Based on observations, record reviews and interviews for all Residents, the Operator failed to ensure the maintenance of a record for each Resident in accordance with accepted professional standards and practices. Findings included: - Interview on 1-27-15 with Certified Staff A at 10:35 a.m. stated the Resident records are not kept at the facility. They are kept at another facility. Observation at approximately 10:35 a.m. on 1-27-15 revealed no Resident records or Health Care Service Plans (HCSP) available at the facility. At 10:45 a.m. on 1-27-15 Certified Staff A called Operator/Licensed Nurse B to bring records for Residents to facility. The Operator/Licensed Nurse B wanted to know which ones to bring and was informed needed all the Resident records. At 10:55 a.m. on 1-27-15 Operator/Licensed Nurse B brought three records over and stated was working on the other two records at the other facility. At 11:05 a.m. on 1-27-15 requested to review HCSP's and was provided the, "Facility Service	S5240		

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S5240	Continued From page 6 Plans book" that contained HCSP's. The book lacked HCSP's for current Residents at the facility and contained HCSP's for 4 Residents no longer at facility. Certified Staff A confirmed he/she did not have HCSP records for Residents. At 11:55 a.m. on 1-27-15 Licensed Nurse C here and confirmed the recored provided for Resident #178 lacked a written HCSP and would go to Assisted Living facility and print one off. For all Residents, the Operator failed to ensure the maintenance of a record for each Resident in accordance with accepted professional standards and practices.	S5240		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced	S5300		

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S5300	Continued From page 7 by: KAR 26-42-205(d)(1)(2) The census equaled 5 Residents. The sample included 3 Residents. The facility identified all Residents as receiving medication management by facility. Based on record review, interview, and observation for 1 (#179) of 3 Residents sampled, the Operator/Licensed Nurse failed to ensure all medications and biologicals administered to each Resident in accordance with written medical care provider's orders and professional standards of practice. Findings included: - Record review for Resident #179 revealed an admit date of 10-2-14 with diagnoses of Dementia, Parkinson's Disease, Depressive Disorder, Osteoporosis and Anemia. The Functional Capacity Screen dated 10-3-14 recorded Resident unable to assist with management of medications and treatments. The Negotiated Service Agreement dated 10-3-14 recorded Resident required assistance with medications and treatments. The record lacked a Health Care Service Plan. The written physician orders dated 9-21-14(pre admission order) ordered cyanocobalamin 1,000 micrograms (MCG) per milliliter, inject 2000 MCG's intramuscularly (IM) every two weeks for supplement. The Medication Administration Records (MAR) for November 2014, December 2014, and January 2015 lacked documentation that cyanocobalamin	S5300		

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S5300	Continued From page 8 2000 MGC's IM was administered on 11-1-14, 11-15-14, 11-29-14, 12-27-14, 1-10-15, and 1-24-15. On 1-27-14 at 2:00 p.m. observed the Extended Care Professional (ECP) MAR with Certified Staff A. The ECP identified omissions for cyanocobalamin 2000 MCG's 11-1-14, 11-15-14, 11-29-14, 12-27-14, 1-10-15, and 1-24-15. Interview on 1-17-15 at 3:25 p.m. with Licensed Nurse B observed and confirmed the omissions of the cyanocobalamin IM. For Resident #179, the Operator/Licensed Nurse failed to ensure all medications and biologicals administered to each Resident in accordance with written medical care provider's orders, and professional standards of practice.	S5300		