Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N064002	A. BUILDING: _____ B. WING _____	09/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNCIL GROVE ASSISTED LIVING	554 COUNTRY LANE COUNCIL GROVE, KS 66846

(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 are the result of a Licensure Resurvey at the above named Assisted Living Facility in Council Grove, Kansas on 9/23/14 and 9/24/14. Complaint #72783 also investigated.	S 000		
S 110 SS=F	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: KAR 26-39-103(c) The census equalled 24 the sample included three Residents. Based on review of records and interview, for three of three sampled (#185, #187	S 110		

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

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S 110	Continued From page 1 and #189) and for all non-sampled, the Operator failed to notify each Resident or their representative in writing of a change in charges at least 30 days before the effective date of the change. Findings included: - Review of record revealed #189 admitted to facility 10/18/13 with diagnoses of Anxiety, Depression, Alzheimer's, Weight loss, Geriatric weakness, Constipation, Benign prostatic hypertrophy, History fractured pelvis, and Dementia. - Review of record revealed #187 admitted to facility 7/21/14 with diagnoses of Fracture of pelvis, Blood clots left leg, Congestive heart failure, Hypertension, Gastric hemorrhage, Atrial fibrillation, Osteoporosis, and Renal failure. - Review of record revealed #185 admitted to facility 3/28/11 with diagnoses of hypertension, Hip fracture, Edema, Neuropathy, Restless leg syndrome, Diabetes, Osteoarthritis, Atherosclerosis, Extrapyramidal disease, Myalgia, Carpal tunnel, Insomnia, and Renal failure. By interview on 9/24/14 at 12:10pm, Operator/CMA (certified medication aide) stated we are actually implementing a change in charges right now. Operator/CMA provided a copy of letter given to all Residents and their family members. By review, this letter dated 9/05/14 described a rate increase effective October 1, 2014. This written notice alerted the Resident and family of a rate change with less than 30 days notice.	S 110		

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S 110	Continued From page 2 The Operator/CMA failed to provide written notice of a planned rate change 30 days in advance to Residents and their representatives.	S 110		
S3156 SS=E	26-41-204 (b) Health Care Services (b) If the functional capacity screening indicates that a resident is in need of health care services, a licensed nurse, in collaboration with the resident, the resident ' s legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, shall develop a health care service plan to be included as part of the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(b) The census equalled 24 the sample included three Residents. Based on interviews and reviews of records, for two of three sampled (#185 and #189), when the functional capacity screen indicated a Resident in need of health care services, the licensed nurse failed to develop a health care service plan (HSP) that addressed these identified needs to be included as part of the negotiated service agreement (NSA). Findings included: - Review of record revealed #189 admitted to facility 10/18/13 with diagnoses of Anxiety, Depression, Alzheimer's, Weight loss, Geriatric weakness, Constipation, Benign prostatic hypertrophy, History fractured pelvis, and	S3156		

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S3156	Continued From page 3 Dementia. The current FCS of 10/16/13 assessed #189 in need of physical assistance with bathing, dressing; in need of supervision with toileting, transfers, mobility; unable to perform medication and treatment management; with bladder incontinence and with falls/unsteadiness. The current NSA/HSP of 10/16/13 contained a code number of "2"(Resident has fallen in last 180 days) in the the section identified as "Safety and Wellness." The NSA/HSP lacked interventions to address the unsteadiness and fall prevention. By review #189 experienced "falls" on 5/19/14, 7/03/14, 7/05/14, 8/08/14, 8/18/14, 8/19/14, and 8/24/14. In further review some of these determined to be incidents of Resident lowering self to floor when leaning to pick up an item due to unsteadiness, or "sliding" to floor from recliner or bed. On 9/24/14 at 12:15pm and 12:25pm, Licensed Nurse #B and Registered Nurse #C confirmed NSA and HSP a combined tool... no written plan or interventions to address the documented episodes of unsteadiness and falls (or being on floor)... verbalized some interventions put in place such as removing all rugs from room, check on frequently, and remind to use call light for assistance when unsteady... stated each just started in positions at facility and previous nurse completed the FCS and NSA/HSP... no orientation or training on what needed to be included on the NSA/HSP. The licensed nurses failed to develop an HSP for #189 that addressed unsteadiness and falls when identified in the FCS, and when experienced by #189.	S3156		

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S3156	Continued From page 4 - Review of record revealed #185 admitted to facility 3/28/11 with diagnoses of hypertension, Hip fracture, Edema, Neuropathy, Restless leg syndrome, Diabetes, Osteoarthritis, Atherosclerosis, Extrapyramidal disease, Myalgia, Carpal tunnel, Insomnia, and Renal failure. The current FCS of 8/13/14 assessed #185 in need of physical assistance with bathing, dressing, toileting, and mobility; unable to perform medication and treatment management; with occasional incontinence; and with falls/unsteadiness. The current NSA/HSP of 8/13/14 contained a code number of "2"(Resident has fallen in last 180 days) in the the section identified as "Safety and Wellness." The NSA/HSP lacked interventions to address the unsteadiness and fall prevention. By review #185 experienced "falls"01/31/14, 02/12/14, 3/16/14, and 7/05/14. In review, these determined to be without injury. On 9/24/14 at 12:15pm and 12:25pm, Licensed Nurse #B and Registered Nurse #C confirmed NSA and HSP a combined tool... no written plan or interventions to address the documented episodes of unsteadiness and falls... stated each just started in positions at facility and previous nurse completed the FCS and NSA/HSP... no orientation or training on what needed to be included on the NSA/HSP. The licensed nurses failed to develop an HSP for #185 that addressed unsteadiness and falls when identified in the FCS, and when experienced by #185.	S3156		