STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087194	A. BUILDING: _____ B. WING _____	04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTION LIVING MAIZE CT 3	619 S MAIZE CT 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 finding of a resurvey with investigation of complaint # 73954 of the above home plus facility on 4/1/14 and 4/2/14.	S 000		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview for 1 (#300) of 3 residents sampled, the licensed nurse failed to document all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. Findings included: - Record review for residents #300 revealed an admission date of 9/6/13 and diagnoses of hypertension, dementia, abnormality of gait, and history of falls. The functional capacity screen dated 8/1/14 and reviewed 9/6/13 without changes indicated the resident required physical assistance with bathing, dressing, toileting, transferring, and	S5251		

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

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S5251	Continued From page 1	S5251		

mobility; was independent with eating; unable to perform management of medications and treatments; was occasionally incontinent of urine; experienced impaired short-term memory, decision making, and memory recall; and was at risk for falls.

The negotiated service agreement (NSA) and health care service plan (HCSP) dated 9/6/13 documented the facility services of physical assistance of one staff member for bathing, dressing, toileting, transferring, and mobility. The NSA/HCSP documented resident was at risk for falls and included the use of a body, chair, or bed alarm used as needed to alert staff members when resident got up without assistance. Both the NSA and HCSP documented staff member to perform oral care and that resident had an upper and a lower denture.

The nurse's notes contained the following entries by licensed nurse #A:

3/7/14 Resident complained of right knee pain. Medical care provider contacted and received order for Aspercream (topical analgesic).

3/10/14 Resident still having pain in right knee. Medical care provider ordered Tramadol (for relief of moderate to severe pain).

3/18/14 Resident still having pain in right leg. Medical care provider ordered x-ray.

3/19/14 Results of X-ray show dislocation of knee prosthesis.

3/20/14 Resident to see physician and returned with order for leg brace with weight bearing as tolerated.

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S5251	Continued From page 2 3/20/14 L.E. (late entry) Resident fell in bathroom on 3/13/14. This nurse heard resident fall and when entered room, observed resident on bathroom floor with legs extended and elbows on floor. Nurse documented resident complained of pain in elbow. The record lacked documentation of a nursing assessment of the resident's right knee on 3/7/14 when resident first complained of pain. The record lacked documentation of a nursing assessment of the resident's response to Aspercream application from 3/7/14 until 3/10/14 and response to the administration of Tramadol from 3/10/14 until 3/18/14. Resident experienced a fall on 3/13/14 that was not documented until 3/20/14 with the entry lacking the time of the fall. All entries documented above lacked a time for the entry. At 11:50 a.m. on 4/1/14, observed resident #300, in a wheelchair, return to the facility with 2 family members. A family member took resident to room and then brought resident to a table in the dining room and informed a staff person that resident would get denture next week. During an interview at 3:50 p.m. on 4/1/14, certified medication aide #B stated resident had lost lower denture. Review of the nurse's notes revealed the lack of an entry that resident lost lower denture. For resident #300, the licensed nurse failed to document all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.	S5251		

Kansas Department on Aging

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