STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N078009	A. BUILDING: _____ B. WING _____	10/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUHLER SUNSHINE HOME	400 S BUHLER ROAD BUHLER, KS 67522

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Assisted Living facility conducted on 10/26/22 - 10/27/22 and 10/31/22.	S 000		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 25 residents. The sample included three residents. Based on observation, interview and record review the administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services (HCSP) to meet the needs for two of three sampled Residents (R)101 by failing to complete a bed rail assessment, and for R103 by failing to include fall interventions in the HCSP. Findings included:	S3155		

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

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S3155	Continued From page 1	S3155		

- R101's medical record revealed she moved into the facility on 06/14/22 with diagnoses of Type 2 diabetes mellitus.

The 06/14/22 "Functional Capacity Screen" (FCS) documented R101 was independent with transfers.

The 06/14/22 "Negotiated Service Agreement / Health Service Plan" (NSA/HSP) documented R101 use a bed cane.

Review of R101's medical records failed to locate a completed bed rail assessment.

On 10/27/22 at 08:59 AM revealed an assistive device was properly installed on R101's bed with no concerns.

On 10/27/22 at 02:55 PM Licensed Nurse (LN) A stated she had not completed a bed rail assessment for R101.

The administrator failed to ensure a bed rail assessment was completed for R101 prior to the installation of a bed assistive device.

- R103s medical record revealed she moved into the facility on 05/28/02 with a diagnosis macular degeneration.

The 05/28/22 FCS documented R103 was independent with transfers and walking/mobility and used a walker and electric scooter for mobility.

The 05/28/22 NSA/HSP documented R103 was

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S3155	Continued From page 2 independent with transfers and walking/mobility but did not include fall interventions from previous falls. The 01/09/2022 at 07:58 AM "Safety Events - Fall Scene Investigation Report" documented, R103 stated she was trying to get into her wheelchair and missed the seat, causing her to sit on the floor. Staff encouraged R103 to call for assistance before attempting to get up or transfer. The 05/21/2022 at 04:12 PM "Safety Events - Fall Scene Investigation Report" documented, R103 stated she had "fallen out of my shoes". Staff encouraged R103 to wear tennis shoes. On 10/26/22 at 03:17 PM resident sat on her electric scooter and wore tennis shoes. On 10/31/22 at 01:04 PM LN A stated R101 was independent with transfers and ambulation, used a walker and sometimes used an electric scooter. LN A stated if R103 fell, there would be an update to the care plan and interventions would be added to the NSA/HSP when it was updated annually. The administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary Health Care Services to meet the needs for R103 concerning the lack of fall interventions included on the NSA/HSP.	S3155		
S3260 SS=D	26-41-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following:	S3260		

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S3260	Continued From page 3 (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(3) The facility reported a census of 25 residents. The sample included three residents. Based on interview and record review the operator failed to ensure one of three sampled Residents (R)101's record contained documentation of the admission agreement.	S3260		

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S3260	Continued From page 4 Findings included: -R101's medical record revealed she moved into the facility on 06/14/22 with a diagnoses of Type 2 diabetes mellitus. The 06/14/22 "Functional Capacity Screen" (FCS) documented R101 was cognitively intact and was able to express herself and understand others. Review of R101's medical record revealed an admission agreement was not completed upon admission to the assisted living facility. On 10/31/22 at 10:27 AM, Licensed Nurse (LN) A stated she expected the admissions agreement to be completed upon admission by the business office staff. The operator failed to ensure designated staff completed an admission agreement with R101 upon admission to the assisted living facility.	S3260		
S3280 SS=F	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;	S3280		

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S3280	Continued From page 5 (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 25 residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - Review of the documentation of quarterly reviews of the emergency management plan with the facility residents revealed a review of the emergency management plan was not completed for the third quarter of 2022. The administrator also failed to provide documentation of quarterly reviews of the emergency management plan with the assisted living staff. On 10/31/22 at 01:14 PM Licensed Nurse (LN) A stated the human resource person should have	S3280		

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S3280	Continued From page 6 been the one who reviewed the emergency management plan with staff. LN A confirmed the 3rd quarter of 2022 review of the emergency management plan was not completed with the residents. The administrator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff.	S3280		