STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087083	A. BUILDING: _____ B. WING _____	02/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNDER'S CREST LLC	6887 E ROCKHILL STREET WICHITA, KS 67206

(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 for the above named assisted living facility conducted on 02/22-23/2023.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c)(2) The facility reported a census of 60 residents (R). The sample included three residents and two focused record reviews. Based on interview and record review the executive director failed to ensure staff completed a "Functional Capacity Screen" for one (R4) of three sampled residents following a significant change in condition. Findings Included: - Review of R4's medical record revealed the resident moved into the facility on 02/04/21 with diagnosis of Dementia, depression, and hypertension.	S3081		

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

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S3081	Continued From page 1 R4's "Functional Capacity Screen" (FCS) last completed on 04/14/22 identified the resident needed physical assistance with bathing, dressing, toileting, transfers, and mobility. It also identified she was independent with eating and was usually incontinent of bladder. On 02/22/23 at 12:07 PM, certified staff pushed the resident in her Broda chair to the dining room table. The resident did not assist in propelling herself in the chair. On 02/20/23 at 12:12 PM dietary staff served the resident a pureed diet. "Licensed Nurse" B was beside the resident and had to provide total assistance with feeding the R4 her meal. On 02/22/23 at 01:44 PM "Certified Medication Aide" (CMA) C and "Certified Nurse Aide" (CNA) D pushed the resident back to her room to provide personal care after eating. CMA C put the gait belt on R4 and staff on each side of her they completed a pivot with the resident having some ability to bear weight when she stood. Staff then assisted her to lay in bed and changed her brief. On 02/22/23 at 02:01 PM CMA C reported the resident needed assistance of two staff for all her cares. CMA C reported R4 did not help with any of her dressing, showers, cannot propel herself in the wheelchair, and had no control of her bladder. On 02/22/23 at 02:33 PM CNA D reported the resident required total assistance with all her activities of daily living.	S3081		

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S3081	Continued From page 2 On 02/22/23 at 03:31 PM - CNA E reported R4 needed for staff to feed her, and she did not help with any of her daily care needs. On 02/23/23 at 09:47 AM "Licensed Nurse" B acknowledged R4 had a significant decline in the assistance needed with activities of daily living since 04/14/22 and should have had a new FCS completed to reflect the change in functional ability. The operator failed to ensure designated staff completed a Functional Capacity Screen when R4 had a significant decline in functional ability.	S3081		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h) The facility reported a census of 22 residents (R). The sample included three residents. Based on interview and record review for two (R3 and R5) of three sampled residents the operator failed to ensure that everyone involved in the development of the negotiated service	S3101		

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S3101	Continued From page 3	S3101		

agreement signed the agreement.

Findings included:

- Review of R3's medical record revealed he moved into the facility on 01/11/23 with diagnosis of dementia, diabetes, and depression.

R3's "Functional Capacity Screen" dated 01/11/23 identified he needed physical assistance with bathing, dressing, toileting, and transfers. He also had impaired cognition, had a risk for falls, and was unable to manage his medications and medical treatments.

R3's "Negotiated Service Agreement" (NSA)dated 01/11/23 failed to include the signatures of all who participated in completion of the agreement.

On 02/23/22 at 11:16 AM, "Licensed Nurse" B stated the resident's power of attorney help develop the NSA when the resident moved into the facility.

The operator failed to ensure everyone who participated in the development of R3's "Negotiated Service Agreement" signed it.

- Review of R5's medical record revealed she moved into the facility on 02/09/23 with diagnoses of dementia with behavioral disturbances and fracture of left femur.

R5's "Functional Capacity Screen" (FCS) dated 02/09/23 revealed the resident needed total assistance with bathing toileting and mobility, and physical assistance with dressing and

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S3101	Continued From page 4 transfers. The resident was unable to manage her medication and medical treatments, had impaired cognition and was at risk for falls. R5's "Negotiated Service Agreement" (NSA) dated 02/09/23 failed to include the signatures of all who participated in the completion of the agreement. On 02/23/23 at 11:43 AM "Licensed Nurse" B reported R5's granddaughter came and helped with the completion of the NSA because R5's Power of Attorney for Health Care and Financial Power of Attorney live out of state. The operator failed to ensure all who participated in the development of R120's negotiated service agreement signed it.	S3101		
S3155 SS=G	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)	S3155		

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S3155	Continued From page 5	S3155		

The facility reported a census of 22 residents (R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of one (R4) of three sampled residents who had an unplanned weight loss of 16.4 pounds from 01/03/22 to 03/28/22 (a 10.6% loss), was admitted to Hospice services on 04/14/22 and has continued to lose 33 more pounds for a total of 49 pounds over a three month period.

Findings included:

- Review of R4's medical record revealed the resident moved into the facility on 02/04/21 with diagnosis of Dementia, depression, and hypertension.

R4's "Functional Capacity Screen" last completed on 04/14/22 identified the resident was independent with eating and had problems with short- and long-term memory and recall ability. She also had impaired decision-making ability.

R4's "Negotiated Service Agreement" (NSA) dated 04/14/22 identified R4 received a regular diet. It identified she would receive three nutritionally balanced meals per day and snacks between meals. It did not identify the resident had any needs regarding weight loss even though the resident had already lost 16.4 pounds in the previous three months.

R4's "Health Care Service Plan" (HCSP) dated

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S3155	Continued From page 6	S3155		

04/14/22 directed staff the resident was on a regular diet, needed prompting at times to feed herself and staff to provide "moderate" assistance.

The NSA and HCSP had no revisions related to the resident no longer feeding herself and her unplanned weight loss.

On 06/29/22 "Licensed Nurse" (LN) B amended the NSA for staff to provide the resident a mechanical soft diet. On 7/8/22 LN B amended the NSA again for the staff to provide the resident a Pureed diet.

The FCS, NSA, and HCSP lacked interventions for weight loss including, the need for staff to feed the resident, supplements, and/or any health care services to promote nutrition and prevent weight loss.

Review of the resident's medical record included the following weights:
01/03/22 - 153.6
02/07/22 -147.2
03/14/22 -141.6 - a 12-pound weight loss (7.8%)
03/21/22 -140.2
03/28/22 -137.2 - a 16.4-pound weight loss (10.6%)
04/11/22 -144.6
05/09/22 -142.2
05/30/22 -133.6
06/06/22 -131.4
06/20/22 -127.6
07/04/22 -127.4
07/11/22 -124.4
07/25/22 -123
08/01/22 -117

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S3155	Continued From page 7	S3155		

08/15/22 -111.2
08/29/22 -109.6
10/03/22 -105.8
10/24/22 -102.8
12/19/22 -98.4
01/16/23 -99.8
01/30/23 -101.8
02/20/23 -104
The record showed the resident continued to have unplanned weight loss over the course of a year, for a total of 49.6 pounds as of 02/20/23.

Review of Nursing Notes from 01/03/22 to current, included the following documentation:

03/14/22 - Resident slept through lunch. She took in about 15% of food for this nurse. Her eyes remained closed during feeding.
06/29/22 LN noted the resident's care plan was changed to a mechanical soft diet with thin liquids as the resident is no longer feeding herself.

The NN lacked documentation from the facility LN regarding weight loss or health care services coordinated with nursing and dietary staff to promote weight gain and improved nutritional status.

Observation on 02/22/23 at 10:58 AM: R4 lay in her "Broda" (specialized wheelchair) chair with covers on, leaning to the right with head on a pillow and very thin and frail in appearance.

Observation on 02/22/23 at 12:07 PM: nursing staff brought the resident out to the dinner table and raised it to a sitting position. At 12:12 PM LN B stood beside the resident and fed her the

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S3155	Continued From page 8	S3155		

pureed diet provided.

Observation on 02/22/23 at 01:44 PM - "Certified Medication Aide" (CMA) and "Certified Nurse Aide" (D) took resident to her room to provide personal care and lay the resident in bed. The observation revealed the resident to be very thin and boney. While staff provided personal care the resident chewed on her right thumb knuckle almost the entire time.

On 02/22/23 at 02:01 PM CMA C reported she had worked at the facility for about one year. She stated, R4 needs assistance of 2 staff for personal care, we have to feed her now, and she is pretty much total care. She also stated the resident received Hospice services now.

On 02/22/23 at 03:31 PM CNA E reported the resident needed to be fed by staff during meals.

On 02/23/23 at 09:07AM "Dietary Staff F" stated when a resident has weight loss, the LN and myself discuss it and will come up with things to promote calories and nutrition. We can give larger portions, give Ensure, and we can make home made protein shakes with bananas and such. Dietary Staff F stated she did not recall ever discussing R4 having weight loss.

On 02/23/23 at 09:24 AM LN B reported the staff monitor weights weekly. She stated she is the one who reviewed them. Most of the residents here are on Hospice services so it depends if we think the resident will drink a nutritional supplement if one is even started. If Hospice deems shakes would benefit the resident, then they will sometimes provide them, sometimes the

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S3155	Continued From page 9 pharmacy or the family will provide them. LN B looked in R4's medical record and stated that she was switched to a mechanical soft diet and then a pureed diet because she was having difficulty chewing. She also stated R4 is hard to feed as she tries to chew on her right thumb knuckle, so we have to keep her hand down and she also holds her head down making it hard to feed her. As LN B looked through R4's record and time frame when she started to have weight loss, she acknowledged the resident had a decline and wasn't feeding herself like she did on admission, and the record did not reflect that. LN B reported that once staff initially started feeding R4, she would eat 100% at first. On 02/23/23 at 02:07 PM surveyor requested a policy on weight loss. As of 04:15 PM one had not been provided. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that meet the needs for R4 regarding unplanned weight loss which placed the resident in harm when she lost 49 pounds (32% of her body weight) over a 3 month period.	S3155		
S3261 SS=D	26-41-105 (f) (11) Resident Record 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	S3261		

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S3261	Continued From page 10 This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 22 residents (R). The sample included three residents. Based on interview and record review the administrator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken for one (R4) of three sampled residents. Findings included: - Review of R4's medical record revealed the resident moved into the facility on 02/04/21 with diagnosis of Dementia, depression, and hypertension. R4's "Functional Capacity Screen" last completed on 04/14/22 identified the resident was independent with eating and had problems with short- and long-term memory and recall ability. She also had impaired decision-making ability. R4's "Negotiated Service Agreement" (NSA) dated 04/14/22 identified R4 received a regular diet. It identified she would receive three nutritionally balanced meals per day and snacks between meals. It did not identify the resident had any needs regarding weight loss even though the resident had already lost 16.4 pounds in the previous three months. R4's "Health Care Service Plan" (HCSP) dated	S3261		

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S3261	Continued From page 11	S3261		

04/14/22 directed staff the resident was on a regular diet, needed prompting at times to feed herself and staff to provide "moderate" assistance.

Review of the "Nurse's Notes" revealed the following:
02/17/22 staff observed the resident on the floor beside the bed. The record lacked follow up documentation regarding status post fall.
On 11/10/22 the resident slid out of her wheelchair onto the floor. The record lacked follow up documentation regarding status post fall.

Review of the resident's weekly weights identified the resident had unplanned weight loss of 49.6 pounds from 01/03/22 to 02/20/23. The Nurse's Notes included the following "Licensed Nurse" (LN) documentation:
03/15/22 the resident slept through lunch, ate about 15% of her meal.
04/13/22 the LN talked to family regarding decline in status and possible start of Hospice services. The resident does not always feed herself and may eat with her hands or need caregivers to feed her.
06/29/22 the resident's diet changed to mechanical soft and that the resident is no longer feeding herself.

The record lacked follow up regarding the resident's weight loss, results of changing diet to mechanical soft or physician notification for possible interventions related to continued weight loss.

On 02/23/23 at 09:51 AM, LN B stated the

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S3261	Continued From page 12 expectation for documentation if a resident had a fall is to complete three days of follow up documentation to ensure the resident did not have any injuries post fall. She also acknowledged there should have been better documentation of the resident's weight loss and staff having to feed her and how she was eating. Review of the "Monitoring/Observation by Staff" policy dated 10/22/13 revealed monitoring was the responsibility of all employees. An example of a change included change in appetite, or weight loss/gain. It also indicated the changes were to be reported to nursing and provide appropriate documentation according to established procedures. The operator failed to ensure designated staff documented in the resident's record regarding fall follow up after two different falls and documentation of the resident's weight loss, what was done and results of what was done.	S3261		
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; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and	S3280		

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S3280	Continued From page 13 (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 22 residents. Based on interview and record review, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with facility staff and residents. Findings include: - Review of the "Emergency Preparedness" notebook provided by "Licensed Nurse" (LN) A revealed the following in-services which she stated were done with residents at the same time: On 04/06/22 included a list of employees and a fire safety and drill was performed. It lacked evidence of review of all eight required areas and review with residents. On 04/11/22 Included a list of night shift employees for review of safety procedures. On 06/29/22 had a copy of the "Emergency Management Plan" with a list of employees and residents.	S3280		

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FOUNDER'S CREST LLC	6887 E ROCKHILL STREET WICHITA, KS 67206

(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
S3280	Continued From page 14 On 09/20/22 included a signature page for fire and safety procedures that lacked evidence of review with residents and review of required emergency plans. On 12/20/22 a signature page titled "House Meeting" lacked information as to what was reviewed and did not include evidence of review with residents. The "Emergency Preparedness" notebook lacked evidence of reviewing all eight required disasters with resident's and employees. On 02/22/23 at 02:47 PM "Licensed Nurse" A looked through the "Emergency Preparedness" notebook and acknowledged that not all the in-services included information as to what was reviewed or that it was reviewed with residents. Based on interview, the operator failed to ensure emergency preparedness by failing to ensure designated staff completed a review of the emergency management plan with facility staff and residents.	S3280		