STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087023	A. BUILDING: _____ B. WING _____	03/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICHITA PRESBYTERIAN MANOR	4700 W 13TH STREET NORTH WICHITA, KS 67212

(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 re-licensure survey for the above named assisted living facility conducted on 03/20, 22, 23/2023.	S 000		
S3081 SS=E	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 55 residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure staff completed a "Functional Capacity Screen" for two (R4 and R5) of three sampled residents following a significant change in condition. Findings Included: - Review of R4's "Electronic Medical Record" revealed the resident moved into the facility on 12/02/22 with diagnosis of atrial fibrillation and	S3081		

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

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S3081	Continued From page 1	S3081		

depression.

R4's "Functional Capacity Screen" (FCS) last completed on 12/14/22 identified the resident was independent with all activities of daily living (ADLs) and was unable to perform management of his medications. It also identified he had impaired decision-making and problems with falls and wandering.

Review of the staff daily charting revealed the following:
January 2023 staff documented the resident needed limited to extensive assistance with ADLs.
February 2023 staff documented the resident required limited to extensive assistance with ADLs.
March 2023 staff documented the resident needed extensive to total assistance with bathing and dressing and limited to extensive assistance with toileting.

Staff daily charting of ADLs revealed in January 2023 the resident was no longer independent in his functional ability to complete his ADLs.

On 03/22/23 at 12:43 PM Certified Medication Aide F reported when he first came, he was independent and all they helped him with was his showers. He gradually declined in his ability, and they had to provide him extensive assist of one person and then even had to help him with two staff.

On 03/23/23 at 11:50 AM Administrative Licensed Nurse B reported she did not review the daily charting for assistance needed with

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S3081	Continued From page 2	S3081		

cares but depended on the staff to tell her when he required more assistance. She acknowledged she did not complete a FCS when R4 declined and required more assistance of one to two staff to complete his ADL's.

The administrator failed to ensure designated staff completed a FCS when R4 had a significant decline in functional ability. .

- Review of R5's "Electronic Medical Record" revealed she moved into the facility on 04/02/18 with diagnoses of dementia, restlessness, and agitation.

R4's "Functional Capacity Screen" dated 03/27/22 identified she needed physical assistance with dressing and bathing and some assistance/supervision with toileting, transfers, and mobility.

Review of the staff daily charting revealed the following:
January 2023 staff documented the resident needed some type of physical assistance with toileting, transfers, and mobility
February 2023 staff documented the resident required limited to extensive assistance with ADLs.
March 2023 staff documented the resident needed extensive to total assistance with bathing and dressing and limited to extensive assistance with toileting.

Observation on 03/22/23 at 12:32 PM therapy staff walked over to the resident and said they were going to go for a walk. The resident had just finished eating her lunch and sat at the

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dining room table. Therapy staff helped pull R5's chair from the table and put a gait belt on her. Therapy staff talked the resident through the process for getting out of the chair and had to physically lift on the gait belt to help the resident to a standing position. She then walked down the hall using her wheeled walker, with therapy staff helping to balance her using the gait belt.

On 03/22/23 at 11:19 AM Certified Nurse Aide (CNA) E reported R5 needed mostly total assistance. She stated R5 can walk to the bathroom, but staff have to help with management of her clothing and have to complete peri-care. "We must help her put on her clothing now and we use the wheelchair for activities and going to the beauty shop". CNA E acknowledged the resident had declined and required more assistance with cares.

On 03/22/23 at 12:50 PM Certified Medication aide F reported staff have to do most everything for her. "A lot of times she will say she cannot walk and so we use the wheelchair. We also have to use a gait belt for all transfers and sometimes one person can help her and other times it takes two staff."

On 03/22/23 at 05:47 PM Administrative Licensed Nurse B reported she completed the Functional Capacity Screens annually and acknowledges R5 had a significant decline in her functional abilities.

The administrator failed to ensure designated staff completed a Functional Capacity screen for R5 when she had a significant decline in her functional ability.

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S3090 SS=E	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c) The facility reported a census of 55 residents(R). The sample included three residents. Based on interview and record review the administrator failed to ensure two (R3 and R4) of three sampled residents had an initial "Negotiated Service Agreement" completed at admission. Findings included: - Review of R3's "Electronic Medical Record" (EMR) revealed he moved into the facility on 08/27/22 with diagnoses of congestive heart failure and hypertension. On 03/21/23 at 07:07 PM via electronic interview Administrative Licensed Nurse reported the "Assisted Living Evaluation" form included the "Functional Capacity Screen" and the "Negotiated Service Agreement and Health Care Service Plan" and were all one document. Review of R3's paper chart included the admission "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) with a service plan date of 08/27/22. The NSA included the	S3090		

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resident's signature with no date and signatures of Administrative Staff A and Administrative Licensed Nurse B. Signatures dated 08/29/22, 2 days after his admission date.

Interview on 03/22/23 at 01:35 PM Administrative Licensed Nurse B reported she goes out prior to admission and completes an assessment. When she returns to the facility, she puts the information into the "Electronic Medical Record" on that day. Then the licensed nurses will make changes to it according to the care that is being provided. Administrative Licensed Nurse B stated she knew she had some time before she needed to get it done, so after all the changes are made, she sits down and goes over it line by line with the resident.

On 03/22/23 at 02:17 PM Administrative staff A reported the resident moved in on the weekend and the nurse on duty would have completed the NSA/HCSP. Administrative staff A reported she and Administrative Staff B would have signed it on the next business day. Staff A acknowledged the NSA/HCSP did not include the date the resident signed it and did not include a signature of the nurse who would have completed it. Administrative Staff A then stated she thought they had five days to complete the "Negotiated Service Agreement'.

The administrator failed to ensure designated staff completed an initial "Negotiated Service Agreement" for R3, upon admission to the facility.

- Review of R4's "Electronic Medical Record" (EMR) revealed he moved into the facility on

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S3090	Continued From page 6 12/02/22 with diagnoses of atrial fibrillation, edema, and depression. On 03/21/23 at 07:07 PM via electronic interview Administrative Licensed Nurse reported the "Assisted Living Evaluation" form included the "Functional Capacity Screen" and the "Negotiated Service Agreement and Health Care Service Plan" and were all one document. R4's paper record included an admission "Negotiated Service Agreement/Health Care Service Plan" created on 12/03/22 but was not signed until 12/05/22, two days after admission to the facility. An interview on 03/22/23 at 01:35 PM Administrative Licensed Nurse B reported she goes out prior to admission and completes and assessment. When she returns to the facility, she puts the information into the "Electronic Medical Record" on that day. Then the licensed nurses will make changes to it according to the care that is being provided. Administrative Licensed Nurse B stated she knew she had some time before she needed to get it done, so after all the changes are made, she sits down and goes over it line by line with the resident. The administrator failed to ensure designated staff completed an initial negotiated service agreement for R3, at admission to the facility.	S3090		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each	S3092		

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negotiated service agreement 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;
(3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and
(4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-202 (d)(2)

The facility reported a census of 55 residents (R). The sample included three residents. Based on observation, interview, and record review the administrator failed to ensure staff reviewed and revised the "Negotiated Service Agreement/Service Care Plan" if necessary, for two (R4 and R5) of three sampled residents who experienced a significant change in status related to increased need for assistance with activities of daily living.

Findings included:

- Review of R4's "Electronic Medical Record" (EMR) revealed the resident moved into the facility on 12/02/22 with diagnosis of atrial fibrillation and depression.

R4's "Functional Capacity Screen" (FCS) last

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completed on 12/14/22 identified the resident was independent with all activities of daily living (ADLs) and was unable to perform management of his medications. It also identified he had impaired decision-making and problems with falls and wandering.

R4's "Negotiated Service Agreement/Service Care Plan" (NSA/SCP) signed and dated 12/05/22 revealed the resident was independent with bathing/shower needs, dressing/undressing, toileting, and transfers/mobility/ambulation needs.

Review of the EMR included multiple "Change In Condition" forms that addressed the resident having toilet rails, receiving therapy services, and interventions related to falls. However, none of the "Change In Condition" forms identified that the resident required increased assistance of staff in order for him to be able to complete activities of daily living.

Review of the staff "Daily Charting" from January 2023 to March 2023 revealed staff documented the resident had a decline and required physical assistance of staff in order to complete his activities of daily living.

On 03/22/23 at 12:43 PM Certified Medication Aide F reported when he first came, he was independent and all we helped him with was his showers. He gradually declined in his ability, and we had to provide him extensive assist of one person and then even had to help him with two staff.

On 03/22/23 at 05:51 PM, Administrative

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S3092	Continued From page 9 Licensed Nurse B reported the "Change in condition forms" are done when a resident has a fall or starts therapy. She stated she reviewed and revised the NSA with family annually. The administrator failed to ensure designated staff reviewed and revised R4's NSA/SCP when he had a significant decline in functional ability. . - Review of R5's "Electronic Medical Record" revealed she moved into the facility on 04/02/18 with diagnoses of dementia, restlessness, and agitation. R4's "Functional Capacity Screen" dated 03/27/22 Identified she needed physical assistance with dressing and bathing, Some assistance/supervision with toileting, transfers, and mobility. R5's "Negotiated Service Agreement/Service Care Plan" (NSA/SCP) signed and dated 03/28/22 revealed staff will provide "assistance/supervision" with bladder management, and "stand by assist/supervision" with transfers and ambulation. The NSA/SCP failed to identify the resident's need for physical assistance with toileting, transfers, and ambulation/mobility. Review of the EMR included multiple "Change In Condition" forms that addressed the resident having toilet rails, receiving therapy services, and interventions related to falls. However, none of the "Change In Condition" forms identified that the resident required increased assistance of staff in order for him to be able to complete activities of daily living.	S3092		

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S3092	Continued From page 10 Review of the staff daily charting revealed from January 2023 to March 2023 the resident required physical assistance, level of limited to extensive, with activities of daily living. Observation on 03/22/23 at 12:32 PM therapy staff walked over to the resident and said they were going to go for a walk. The resident had just finished eating her lunch and sat at the dining room table. Therapy staff helped pull R5's chair from the table and put a gait belt on her. Therapy staff talked the resident through the process for getting out of the chair and had to physically lift on the gait belt to help the resident to a standing position. She then walked down the hall using her wheeled walker, with therapy staff helping to balance her using the gait belt. On 03/22/23 at 11:19 AM Certified Nurse Aide (CNA) E reported R5 needed mostly total assistance. She stated R5 can walk to the bathroom, but staff have to help with management of her clothing and have to complete peri-care. "We must help her put on her clothing now and we use the wheelchair for activities and going to the beauty shop". CNA E acknowledged the resident had declined and required more assistance with cares. On 03/22/23 at 12:450 PM Certified Medication aide F reported staff have to do most everything for her. "A lot of times she will say she cannot walk and so we use the wheelchair. We also have to use a gait belt for all transfers and sometimes one person can help her and other times it takes two staff."	S3092		

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S3092	Continued From page 11 On 03/22/23 at 05:51 PM, Administrative Licensed Nurse B reported the "Change in condition forms" are done when a resident has a fall or starts therapy. She stated she reviewed and revised the NSA with family annually. The administrator failed to ensure designated staff completed a NSA/SCP for R5 when she had a significant decline and required increased assistance from staff for activities of daily living.	S3092		
S3155 SS=D	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 55 residents (R). The sample included three residents. Based on interview, and record review the administrator 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 developed multiple open wounds.	S3155		

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S3155	Continued From page 12 Findings included: - Review of R4's "Electronic Medical Record" (EMR) revealed the resident moved into the facility on 12/02/22 with diagnosis of atrial fibrillation and depression. R4's "Functional Capacity Screen" (FCS) last completed on 12/14/22 identified the resident was independent with all activities of daily living (ADLs) and was unable to perform management of his medications. It also identified he had impaired decision-making and problems with falls and wandering. R4's "Negotiated Service Agreement/Service Care Plan" (NSA/SCP) signed and dated 12/05/22 revealed the resident was independent with bathing/shower needs, dressing/undressing, toileting, and transfers/mobility/ambulation needs. The NSA did not include any services related to risk for wounds or actual wound care needs. Review of the physician's wound notes included a note on 02/08/23 for staff to continue the current treatment at this time and continue to offload wound. R4's record included discharge orders form a local hospital dated 12/22/22 for wound care: Buttock clustered wounds, cleanse with Baza cleanser, warm water between thin applications of Criticaid paste (a barrier paste) twice a day and PM, turn every 1-2 hours and as needed, use disposable air flow pads to maximize air flow - no briefs or cloth pads while in bed, offloading	S3155		

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S3155	Continued From page 13 boots for bilateral heels for prevention, waffle cushion for chair, repositioning when in bed. Review of the nurse "Skin Evaluation Form" revealed the following wounds: FOOT WOUND: 12/11/22 - redness at bilateral bottoms of feet, skin dry 03/17/23 - left foot bottom - blister that burst and is now closed - 2cm x 3 cm (centimeter) apply skin prep till healed The record lacked nursing services to help reduce the risk of wounds to R4's feet with history of past redness. BUTTOCK WOUNDS: 12/11/22 - left buttock - friction/sheer- cleanse pat dry, surrounding skin red/irritated. 12/11/22 - left buttock - friction/shear - 3 sheared open areas - .5x1 centimeters (cm) - in entirety surrounding skin red- had dried bm on coccyx. 12/11/22 - right buttock - 2 areas on R buttock 1cm sheared open very red-surrounding skin red/irritated and with dried bm. The record lacked interventions related to staff assistance with toileting, or use of pressure reducing cushion in his recliner/wheelchair to help reduce risk and promote healing of wounds. RIGHT BUNION WOUND: 01/16/23 - "other" right foot bunion- 4cm x 4cm - cleanse area, apply betadine and cover with foam dressing, change daily. 03/06/23 - 1.7 x 2.3 - wound edge white center redness around with foul odor. 03/17/23 - right bunion - 2cm x 2.5cm x 0.2 cm - open area yellow slough gray borders The wound continued to get worse, and the	S3155		

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(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
S3155	Continued From page 14	S3155		

record lacked interventions for offloading to help promote healing.

RIGHT FOOT CREASE WOUND:
03/06/23 - Scab on R foot crease of ankle - 3.5cm, not open- 3.0 x 3.5cm
03/17/23 -open #1- 0.3 cm x 1 cm - cleanse with wound cleanser
03/17/23 - open #2 - 1.5cm x .3 cm
03/17/23 - open #3 - 3cm x 1.5 cm
The record lacked interventions for staff to help in the promotion of healing.

Review of the EMR included multiple "Change In Condition" forms but forms did not address services staff needed to do, to help reduce the risk for the development of wounds.

On 03/22/23 at 12:43 PM Certified Medication Aide (CMA) F acknowledged the resident developed open wounds on his bottom and feet after he moved into the facility. He came to memory care with a sore on his bottom and it was hard to heal because he was in his chair all the time and even slept in his chair. CMA F stated they did get him an egg crate cushion for his recliner. She acknowledged he did develop wounds on his toe (bunion) and foot but did not wear any kind of boots. CMA F stated he wore ted hose and thinks that made it worse and then they switched to using ace wraps after he got the one on top of his foot.

On 03/23/23 at 11:58 AM Administrative Licensed Nurse B reported the treatments were on the medication/treatment record for the nurses to document on and believe therapy gave him a cushion for his recliner. Nurse B

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087023	A. BUILDING: _____ B. WING _____	03/23/2023

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S3155	Continued From page 15 acknowledged the NSA/SCP did not include interventions related to reducing the risk of development of the promotion of healing of wounds for R4. The administrator 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 developed multiple open wounds.	S3155		
S3280 SS=E	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 (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)	S3280		

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S3280	Continued From page 16 The facility reported a census of 55 residents. Based on record review and interview for 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 all employees. Findings included: - On 03/22/23 at 10:08 AM Administrative Staff A reported the facility used an online training system for reviewing of their Emergency Management Plan. On 03/22/23 at 02:09 PM Administrative Staff A provided the completed online training dated 10/01/21 to 03/22/23 for the five newly hired employees. She acknowledged that some newly hired staff have not had their online training because of changes in human resources. Said the home office has been working on it for the past couple of weeks. Administrative Staff A reported depending on when an employee was hired would depend on what and how many quarters they did not get their training. The administrator failed to ensure disaster preparedness by reviewing the emergency management plan with all assisted living staff quarterly.	S3280		
S3299 SS=E	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas	S3299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087023	A. BUILDING: _____ B. WING _____	03/23/2023

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S3299	Continued From page 17 used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 55 residents. Based on observation and interview the facility failed to store all food under safe conditions to ensure food items were not used past the manufacture's expiration date. Findings included: - On 03/20/23 at 03:37 PM, during initial tour in the memory care unit revealed a refrigerator with 11 supplement shakes in cartons that had no date when thawed. Each carton includes a manufacturer directions to "use within 14 days after thawing" On 03/20/23 at 03:39 PM Dietary Staff G reported when staff bring the cartons out, they are supposed supposed to put the date on it so we know when to discard them. Staff G had said she had no idea how long they had been in the refrigerator. On 03/23/23 at 02:15 PM Administrative Licensed Nurse B reported there were two residents who drank the supplement shakes twice a day. Review of the facilities food storage policy provided by Administrative Licensed Nurse B	S3299		

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S3299	Continued From page 18 identified food label information must contain date thawed if applicable. The administrator failed to ensure designated staff stored put the date on the cartons of thawed supplemental shakes to ensure staff did not serve them past manufacturer recommended date.	S3299		