STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N078015	A. BUILDING: _____ B. WING _____	03/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND OF HUTCHINSON	2416 BRENTWOOD STREET HUTCHINSON, KS 67502

(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 findings of a resurvey with complaints (#176553 and #172726) at the above named facility conducted on 03/28/23 and 03/29/23.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a) (1) (2) (3) The facility reported a census of 96 residents. The sample included 6 residents. Based on record review, observation and interview for 3 sampled resident (R)1, R2 and R4, Administrator A failed to ensure the Negotiated Service	S3085		

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

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S3085	Continued From page 1	S3085		

Agreement (NSA) completed for residents who required health care services identified a description of the services the resident received, identified the provider of each service and identified each party responsible for payment if outside resources provided a service.

Findings included:

- R1's "Medical Record" revealed he admitted to the facility on 07/08/19 with diagnoses of hypertension, dysphagia, hyperlipidemia, coronary artery disease and diabetes mellitus type II.

The "Resident Functional Capacity Screen" (FCS) dated 02/16/23 recorded the resident required physical assistance with bathing, dressing, toileting, transfers, walk/mobility, eating and management of medications and treatments. R1 was incontinent, at risk for falls/unsteadiness and had impaired hearing.

The "Negotiated Service Agreement" (NSA) dated 02/16/23 recorded staff assisted R1 with bathing, dressing, toileting, transfer, walk/mobility and medication and treatment management. R1's caregiver provided tube feedings and ordered medications.

The NSA failed to identify R1's caregiver as party responsible for administering medications.

Observation on 03/29/23 at 08:39 AM in R1's room revealed his caregiver preparing his morning medications and tube feeding.

Interview on 03/29/23 at 01:25 PM with Licensed

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S3085	Continued From page 2	S3085		

Nurse (LN) B confirmed R1's NSA failed to identify caregiver as party responsible for administering medications.

- R2's "Medical Record" revealed she admitted to the facility on 11/29/22 with diagnoses of anxiety, memory loss and hypothyroidism.

The "Resident Functional Capacity Screen" (FCS) dated 01/23/23 recorded the resident was independent with toileting, transfers, walk/mobility and eating, required physical assistance with bathing and dressing, and was unable to perform management of medications and treatments. R2 was occasionally incontinent, had short term memory impairment, impaired memory/recall and impaired decision making. R2 was at risk for falls/unsteadiness.

The "Negotiated Service Agreement" (NSA) dated 01/23/23 recorded staff assisted R2 with bathing and dressing and administered medications and treatments.

The NSA recorded home health services provided for skilled nursing but failed to identify the provider and party responsible for payment of the outside resource.

Signed physician order dated 11/30/22 recorded R2 to be evaluated and treated for physical therapy, occupational therapy and speech therapy.

Interview on 03/29/23 at 01:40 PM with LN B confirmed R2's NSA lacked identification of provider and party responsible for payment for home health services.

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S3085	Continued From page 3	S3085		

- R4's "Medical Record" revealed she admitted to the facility on 03/30/22 with diagnoses of Parkinson's Disease, Dementia, restless leg syndrome and hyperthyroidism.

The "Resident Functional Capacity Screen" (FCS) dated 03/23/23 recorded the resident required physical assistance with bathing, dressing, toileting, transfers, walk/mobility, eating and management of medications and treatments. R4 was incontinent, at risk for falls/unsteadiness and had impaired vision.

The "Negotiated Service Agreement" (NSA) dated 03/23/23 recorded staff assisted R4 with bathing, dressing, toileting, transfer, walk/mobility and medication and treatment management.

The NSA failed to identify the use of a bed assistive device and inflatable cushion for R4's recliner chair.

Observation on 03/29/23 at 09:42 AM in R4's room revealed an inflatable cushion on recliner chair and a bed assistive device to the left side of R4's bed.

Interview on 03/29/23 at 02:19 PM with LN B confirmed R4's NSA lacked identification of a bed assistive device and inflatable cushion for R4's recliner chair.

Administrator A failed to ensure the NSA completed for residents who required health care services identified a description of the services the resident received, identified the provider of

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S3085	Continued From page 4 each service and identified each party responsible for payment if outside resources provided a service.	S3085		