STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B030013	A. BUILDING: _____ B. WING _____	05/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCK CREEK CARE HOME	27 E ROCKWOOD DRIVE OTTAWA, KS 66067

(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 represent the findings of a resurvey for the above named Home Plus facility conducted on 04/26/23, 04/27/23 and 05/01/23.	S 000		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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 26-42-202(a)(1)(3) The facility reported a census of nine residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)101, R102, and R103. The operator also failed to ensure the NSA identified	S5105		

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

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S5105	Continued From page 1 who was responsible for payment of outside provider services for R102. Findings included: - R101's medical record revealed the resident moved into the facility on 08/01/22 with diagnoses dementia. The 08/01/22 FCS identified R101 required supervision with transfers, was physically unable to manage treatments, had difficulty with both short-term and long-term memory, memory recall and decision-making and had impaired vision. The 08/01/22 NSA did not address R101's use of a bed assist device for transfers, management of treatments, impaired cognition and impaired vision. On 04/27/23 at 02:21 PM Administrative Nurse A stated the resident used a bed rail for bed mobility and acknowledged that not all items that triggered on the FCS was addressed on the NSA. The operator failed to ensure R101's NSA was fully developed to include all items that triggered in the FCS. - R102's medical record revealed the resident moved into the facility on 12/15/22 with a diagnosis of dementia. The 12/15/22 FCS identified R102 was physically unable to manage treatments, had difficulty with both short-term and long-term memory, memory	S5105		

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S5105	Continued From page 2	S5105		

recall and decision-making, had impaired vision, impaired hearing and wandered.

The 12/15/22 NSA did not address R102's management of treatments, impaired cognition, impaired vision, impaired hearing and wandering. The NSA documented R102 received outpatient physical / occupational therapy but failed to identify who was responsible for the payment of the services provided.

On 05/01/23 at 02:59 PM Administrative Nurse A stated the NSA did not identify who was to pay for the outpatient physical / occupational therapy services and stated not everything that triggered on the FCS was addressed on the NSA.

The operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS and failed to identify who was responsible for payment of outpatient therapy services received.

- R103's medical record revealed the resident moved into the facility on 12/05/22 with a diagnosis of dementia.

The 12/05/22 FCS identified R103 was physically unable to manage treatments, and had difficulty with both short-term and long-term memory, memory recall and decision-making.

The 12/05/22 NSA did not address R103's management of treatments and impaired cognition.

On 05/01/23 at 03:04 PM Administrative Nurse A stated the NSA did not address everything that

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S5105	Continued From page 3 triggered on the FCS. The operator failed to ensure R103's NSA was fully developed to include all items that triggered in the FCS.	S5105		