| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N030005 | A. BUILDING: _____ B. WING _____ | 05/03/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ROCK CREEK OF OTTAWA | 1100 W 15TH STREET OTTAWA, KS 66067 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a resurvey with a complaint #172006 at the above named Assisted Living conducted on 05/02/23 and 05/03/23. | S 000 | | |
| S3085 SS=F | 26-41-202 (a) Negotiated Service Agreement<br><br>(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:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(a)(1)<br><br>The facility reported a census of 37 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 | S3085 | | |

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

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| S3085 | Continued From page 1<br>triggered in the "Functional Capacity Screen" (FCS) for resident (R)101, R102 and R103.<br><br>Findings included:<br><br>- R101's medical record revealed the resident moved into the facility on 12/04/18.<br><br>The 03/28/23 FCS identified R101 required physical assistance with management of treatments.<br><br>The 03/28/23 NSA did not address management of treatments.<br><br>On 05/03/22 at 12:04 PM Administrative Nurse A stated if something triggered on the FCS she should address it on the NSA.<br><br>The operator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS.<br><br>- R102's medical record revealed she moved into the facility on 09/22/21.<br><br>The 04/20/23 FCS identified R102 required physical assistance with management of treatments.<br><br>The 04/20/23 NSA did not address management of treatments.<br><br>On 05/03/22 at 12:04 PM Administrative Nurse A stated if something triggered on the FCS she should address it on the NSA. | S3085 | | |

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| S3085 | Continued From page 2<br>The operator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS.<br><br>- R103's medical record revealed she moved into the facility on 05/08/21.<br><br>The 03/27/23 FCS identified R103 was independent with transfers, required physical assistance with management of treatments, was frequently incontinent of bladder and triggered for falls.<br><br>The 03/27/23 NSA did not identify R103 used a bed assist device, and did not address management of treatments, incontinence or falls.<br><br>On 05/03/23 at 11:32 AM Administrative Nurse A stated if something triggered on the NSA as far as numerical values, she addressed it on the NSA but not necessarily other non-numerical items that were marked.<br><br>The operator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS. | S3085 | | |
| S3092 SS=F | 26-41-202 (d) Negotiated Service Agreement Revisions<br><br>(d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days;<br>(2) following any significant change in condition, as defined in K.A.R. 26-39-100;<br>(3) at least quarterly, if the resident receives | S3092 | | |

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| S3092 | Continued From page 3 | S3092 | | |

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)(4)

The facility reported a census of 37 residents. The sample included three residents. Based on interview, observation, and record review the operator failed to ensure designated staff revised a "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) when new fall interventions involving services provided by facility staff were implemented for resident (R)101, R102 and R103.

Findings included:

- R101's medical record revealed the resident moved into the facility on 12/04/18 with a diagnosis of cerebral vascular disease.

The most current NSA/HCSP available in R101's medical records was dated 03/28/23.

The 11/19/22 "(ALF) Post Fall Assessment" documented an intervention of: "Resident has been instructed to call staff into resident's room in the morning when she has to use the restroom." This intervention was not included in

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| S3092 | Continued From page 4 | S3092 | | |

the NSA/HCSP.

The 12/21/22 "(ALF) Post Fall Assessment" documented an intervention of: "To monitor that electric w/c or wheeled walker is in the hallway." This intervention was not included in the NSA/HCSP.

On 05/03/22 at 12:04 PM Administrative Nurse A stated R101 had a fall in December of 2022. This intervention was written on the old care plan in her medical chart but no addendum was used to add it to the Electronic Medical Record (EMR) NSA/HCSP.

The operator failed to ensure designated staff revised the NSA/HCSP with new fall interventions involving services provide by facility staff for R101.

- R102's medical record revealed the resident moved into the facility on 09/22/21with diagnoses of diabetes mellitus and epilepsy.

The most current NSA/HCSP available in R102's medical records was dated 04/20/23.

The 02/22/23 "(ALF) Post Fall Assessment" documented an intervention of: "Monitor resident with walker that it is not too far away from resident."

The 04/13/23 "(ALF) Post Fall Assessment" documented an intervention of: "Encourage to use wheelchair."

The 04/19/23 "(ALF) Post Fall Assessment" documented an intervention of: "Encourage to

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| S3092 | Continued From page 5 | S3092 | | |

call for SBA at night when ambulating to bathroom."

On 05/03/23 at 11:40 AM Administrative Staff A stated R102 has had numerous falls, post fall assessments were completed, any new fall interventions would be included in the care plan and in the NSA if the interventions involved staff providing services but no addendum was used to add it to the EMR NSA/HCSP.

The operator failed to ensure designated staff revised the NSA/HCSP with new fall interventions involving services provide by facility staff for R103.

- R103's medical record revealed the resident moved into the facility on 05/28/21 with a diagnosis of dementia.

The most current NSA/HCSP available in R103's medical records was dated 03/27/23.

The 12/09/22 "(ALF) Post Fall Assessment" documented an intervention of: "Staff to offer to assist to bathroom 2 times per shift."

The 01/12/23 "(ALF) Post Fall Assessment" documented an intervention of: "Encourage to check for placement before sitting."

The 02/01/23 "(ALF) Post Fall Assessment" documented an intervention of: "Encourage non-slip socks or shoes when out of bed."

On 05/03/23 at 11:32 AM Administrative Nurse A stated R103 had some falls, incident reports, and fall assessments were completed, and the fall

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| S3092 | Continued From page 6<br>was documented in the nurses' notes. Administrative Nurse A stated if a new intervention required staff involvement this should be added but no addendum was used to add it to the EMR NSA/HCSP.<br><br>The operator failed to ensure designated staff revised the NSA/HCSP with new fall interventions involving services provide by facility staff for R103. | S3092 | | |
| S3320 SS=F | 28-39-254 CONSTRUCTION<br><br>(a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public.<br><br>(b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal.<br><br>(c) New construction, modifications and equipment shall conform to the following codes and standards:<br><br>(1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and<br><br>(2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. | S3320 | | |

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| S3320 | Continued From page 7<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 28-39-254 (a)<br><br>The facility reported a census of 37 residents. Based on observation, record review and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents.<br><br>Findings included:<br><br>- Observations during initial tour on 05/02/23 revealed the following:<br>At approximately 10:00 AM an observation revealed a one-pound container of Garden Tech Sevin dust with a "KEEP OUT OF REACH OF CHILDREN" warning label was found unlocked under the sink in the front foyer next to the operator's office.<br><br>At 10:20 AM an observation of the men's restroom on the west end of the facility had a 14-ounce (oz.) spray can of Clorox 4 in One Disinfectant and Sanitizer with a "KEEP OUT OF REACH OF CHILDREN" warning label.<br><br>The "Electrical Room" by the Garden nurses' station had a spray bottle marked as Windex sitting on the floor next to the wall.<br><br>At 10:28 AM the janitor closet on the east end of the facility next to the nurses' station had a one-gallon container of BETCO pH7 Q disinfectant with a "DANGER- KEEP OUT OF REACH OF CHILDREN" warning label, a | S3320 | | |

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| S3320 | Continued From page 8<br>one-gallon container of liquid COMET, a 4.5-pound container of Miracle Grow Shake and Feed and a one-gallon container of BETCO Es-Steam carpet cleaner all with a "Keep Out of Reach of Children" warning label. The closet doorknob was locked but the door itself was not shut all the way and was easily opened by pulling on the doorknob.<br><br>The undated "Chemical Storage" policy documented, "It is the policy of this facility to ensure residents have the right to a safe, clean and comfortable environment. All toxic cleaning chemicals must be properly labeled and stored under lock and key."<br><br>The operator failed to ensure staff kept chemicals locked for resident safety. | S3320 | | |