STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087043	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON AT CHERRY CREEK	8200 E PAWNEE ST WICHITA, KS 67207

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S 000	INITIAL COMMENTS The following citations represent the findings of an State Licensure Complaint Investigation Survey conducted at the above named facility for complaints 176200, 176622, 176676, 176827, 176742, 177237, 177496, 177532, 177858, 177878, 179095, 179089, 179763, 179745, 179896, 179883, 179922, 180044, 180161, 180190, 180375, 180386, 180542 conducted on 05/23/23, 05/24/23, and 05/25/23.	S 000		
S3105 SS=D	26-41-202 (j) Negotiated Service Agreement Outside Resource (j) If a resident's negotiated service agreement includes the use of outside resources, the designated facility staff shall perform the following: (1) Provide the resident, 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, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice This REQUIREMENT is not met as evidenced by: KAR 26-41-202(j)(3) The facility reported a census of 98 residents (R). The sample included 10 residents for	S3105		

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

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S3105	Continued From page 1	S3105		

focused record reviews. Based on interview and record review, the operator failed to ensure one (R6) of two residents who received wound care from an outside resource had staff monitor services and acted as an advocate for the resident to ensure services met professional standards of practice.

Findings included:

- Review of R6's "Electronic Medical Record" (EMR) revealed the resident moved into the facility on 10/05/22 with diagnoses of pressure ulcer and paraplegia.

R6's "Functional Capacity Screen" (FCS) dated 04/10/23 identified the resident the resident needed physical assistance with bathing and dressing and medication management. It also revealed the resident was independent with transfers, toileting, and mobility and had a stage four ulcer on his bottom.

R6's "Negotiated Service Agreement dated 04/10/23 identified medical treatments would be done by licensed/certified staff and also that he received skilled health care services provided by a local Home Health agency.

Review of the resident record included home health notes from 10/02/22 to 01/23/23.

On 05/25/23 at 07:16 AM Licensed Nurse B reported she did not really see the residents wound with his first Home Health company because the nurse would come out early in the morning when she was not in the facility to do the wound vac treatments.

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S3105	Continued From page 2 On 05/25/23 at 07:47 AM Licensed Nurse B stated Home Health did not have a notebook with records of their visits and if they were not uploaded into the electronic record, they were probably in the resident's paper chart. Review of the resident's paper chart lacked evidence regarding the resident receiving Home Health services for the facility to monitor. The administrator failed to ensure designated staff monitored Home Health to ensure they were managing R6's pressure ulcers according to standards of practice.	S3105		
S3155 SS=E	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 98 residents (R). The sample included 10 residents for focused record reviews. Two of those record reviews were related to pressure ulcer wound	S3155		

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S3155	Continued From page 3	S3155		

care. Based on observation, 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 two (R6 and R7) of two sampled residents who moved into the facility with open wounds.

Findings included:

- Review of R6's "Electronic Medical Record" (EMR) revealed the resident moved into the facility on 10/05/22 with diagnoses of pressure ulcer and paraplegia.

R6's "Functional Capacity Screen" (FCS) dated 04/10/23 identified the resident the resident needed physical assistance with bathing and dressing and medication management. It also revealed the resident was independent with transfers, toileting, and mobility and had a stage four ulcer on his bottom.

R6's "Negotiated Service Agreement dated 04/10/23 identified medical treatments would be done by licensed/certified staff and also that he received skilled health care services provided by a local Home Health agency.

R6's "Health Care Service Plan" dated 04/10/23 failed to include health care services to help promote the healing of the resident's stage four pressure ulcer.

Review of R6's Home Health note dated 05/16/23 provided by Administrative staff A revealed the resident had multiple wounds of different staging:

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S3155	Continued From page 4 Wound 1 - left buttock - present on admission a stage four pressure ulcer- measured 10.5 centimeters (cm) by 8.2 cm. by 2.4 cm. with large amounts of serosanguineous drainage. Wound 2 - sacral wound present on admission a stage four pressure ulcer measured 7.6cm by 8.8 cm by 4 cm. with large amount of foul serosanguineous drainage. Other wounds included right great toe, left heel, right second toe, and right medial dorsal foot, with all areas noted as being open. On 05/25/23 at 07:03 AM Certified Medication Aide (CMA) C acknowledged R6 ad pressure ulcers on his bottom. She stated he had a cushion in his chair, and he got a new bed with a trapeze and other things to help him get in and out of the bed better. CMA C also reported the resident was not cooperative with care and would mess with the wound vac so the nurse would have to come and retape it or put it back on. On 05/25/23 at 07:16 AM Licensed Nurse (LN) B reported R6 was noncompliant with cares and use of trapeze for transfers. LN B reviewed the resident's "Health Care Service Plan" and acknowledged it lacked interventions related to promotion of healing the resident's wounds. The administrator failed to ensure the LN coordinated the provision of health care services related to wound care management and promotion of healing for R6. - Review of R7's "Electronic Medical Record" (EMR) revealed the resident moved into the facility on 12/21/22 with diagnosis of paraplegia.	S3155		

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S3155	Continued From page 5 R7's "Functional Capacity Screen" (FCS) dated 01/09/23 identified the resident the resident needed physical assistance with bathing and dressing, transfers, toileting, and independent with mobility. It also identified local Home Health agency for skilled services related to wound care. R7's "Negotiated Service Agreement dated 01/09/23 identified medical treatments would be completed by a local Home Health agency. R7's "Health Care Service Plan" dated 01/09/23 failed to include health care services to help promote the healing of the resident's stage four pressure ulcer, including the use of a pressure reducing wheelchair cushion. Observation on 05/24/23 at 09:07 AM the Home Health Licensed Nurse went into change the dressing on the resident's right buttock. After removing the dressing which had a small amount of drainage on it the Nurse cleaned the wound. The wound had no redness to the wound bed or to the surround tissue. The Nurse proceeded to apply new foam dressing to the wound as ordered. Observation also revealed the resident had an air-filled cushion on his wheelchair and had gauze dressings on each of his great toes. R7 stated that when he is going to the restroom and especially at night, he sometimes runs into the door jam and hits his toes. On 05/25/23 at 07:16 AM Licensed Nurse (LN) B acknowledged R7's Health Care Service Plan lacked interventions related to promotion of healing the resident's wounds.	S3155		

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S3155	Continued From page 6 The administrator failed to ensure the LN coordinated the provision of health care services related to wound care management and promotion of healing for R7.	S3155		
S3261 SS=E	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 This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 98 residents (R). The sample included 10 residents for focused record review. Based on interview and record review the administrator failed to ensure two (R6 and R7) of 10 sampled records contained documentation of all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken. Findings included: - Review of R6's "Electronic Medical Record" (EMR) revealed the resident moved into the facility on 10/05/22 with diagnoses of pressure ulcer and paraplegia. R6's "Functional Capacity Screen" (FCS) dated	S3261		

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S3261	Continued From page 7 04/10/23 identified the resident the resident needed physical assistance with bathing and dressing and medication management. It also revealed the resident was independent with transfers, toileting, and mobility and had a stage four ulcer on his bottom. R6's "Negotiated Service Agreement dated 04/10/23 identified medical treatments would be done by licensed/certified staff and also that he received skilled health care services provided by a local Home Health agency. Review of R6's nursing progress notes revealed he went to the hospital on 03/09/23 and the record lacked documentation of his return to the facility and nurse assessment of resident's condition, including his wounds. Review of R6's medical record lacked documentation that the facility licensed nurse monitored and assessed the residents pressure ulcers including documenting wound description, size, current treatment and if the treatment is effective or not. On 05/25/23 at 07:16 AM Licensed Nurse B reported it was her understanding if a resident had Home Health services, they were responsible for all the care, assessment and documentation of the resident's wounds. The administrator failed to ensure the licensed nurse assessed and documented on R6's wounds, description of the wounds, treatment plan and the effectiveness of the treatment. - Review of R7's "Electronic Medical Record"	S3261		

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S3261	Continued From page 8 (EMR) revealed the resident moved into the facility on 12/21/22 with diagnosis of paraplegia. R7's "Functional Capacity Screen" (FCS) dated 01/09/23 identified the resident the resident needed physical assistance with bathing and dressing, transfers, toileting, and independent with mobility. It also identified local Home Health agency for skilled services related to wound care. R7's "Negotiated Service Agreement dated 01/09/23 identified medical treatments would be completed by a local Home Health agency. Review of R7's medical record lacked documentation to show the facility licensed nurse monitored and assessed the residents pressure ulcers including documenting wound description, size, current treatment and if the treatment is effective or not. On 05/25/23 at 07:16 AM Licensed Nurse B reported it was her understanding if a resident had Home Health services, they were responsible for all the care, assessment and documentation of the resident's wounds. The administrator failed to ensure the licensed nurse assessed and documented on R7's wounds, description of the wounds, treatment plan and the effectiveness of the treatment.	S3261		