STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087033	A. BUILDING: _____ B. WING _____	06/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEDGWICK PLAZA	2455 N WOODLAWN STREET WICHITA, KS 67220

(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 with complaint investigation 170016 for the above named Assisted Living Facility conducted on 06/13/23 and 06/14/23.	S 000		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-201 (d) The facility reported a census of 53 residents(R). The sample included three residents and one focused record review. Based on record review and interview the administrator failed to ensure designated facility staff completed one (R3) of three sampled resident "Functional Capacity Screen" accurately to reflect R3's risk for falls. Findings included: - Review of R3's "Electronic Medical Record" EMR revealed she moved into the facility on 12/28/21 with diagnoses of cerebral palsy and diabetes mellitus. R3's "Functional Capacity Screen" (FCS) dated 03/03/23 did not identify the resident as being at risk for falls.	S3082		

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

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S3082	Continued From page 1 Review of R3's medical record included care plan updates related to fall and it included that the resident had a fall on 07/14/22 and again on 11/06/22. On 06/14/23 at 12:31 PM Administrative Licensed Nurse B looked through the resident's record and the FCS Manual and acknowledged the resident should have been identified on her FCS as at risk for falls. The administrator failed to ensure R3's FCS accurately reflected the resident's functional status accurately regarding risk for falls.	S3082		
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.	S3085		

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S3085	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(1)(2)(3) The facility reported a census of 53 residents (R). The sample included three residents and tone focused record review. Based on record review and interview for three (R3, R4, R5) of three sampled residents the administrator failed to ensure designated staff completed the "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and service needs, which included a description of the service provided, and identification of "who" provided the service. Findings included: - Review of R3's medical record revealed she moved into the facility on 12/28/21 with diagnoses of cerebral palsy and diabetes mellitus. R3's "Functional Capacity Screen" (FCS) dated 03/03/23 identified the resident required physical assistance with bathing, toileting, and had impaired cognition. R4's "Negotiated Service Agreement" (NSA) dated 03/03/23 did not include a description of services related to impaired cognition and did not identify what staff would provide assistance with bathing and toileting, as these services required staff to have additional training in order to provide. On 06/14/23 at 12:23 PM Administrative Licensed Nurse B reported she realized the need	S3085		

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S3085	Continued From page 3	S3085		

to include every service need identified in the FCS in the NSA after some recent training she went to.

The administrator failed to ensure a licensed nurse developed the NSA for R3 to include a description of services related to falls, and impaired cognition.

- Review of R4's medical record revealed she moved into the facility on 09/13/17 with diagnoses of atrial fibrillation and hypertension.

R4's "Functional Capacity Screen" (FCS) dated 01/09/23 identified the resident needed physical assistance with bathing, dressing, toileting, transfers, and mobility. It also identified she had a current problem with falls, impaired vision and hearing.

R4's "Negotiated service agreement dated 01/19/23 failed to identify what staff would provide her physical assistance with activities of daily living, as these services required staff to have additional training in order to provide them. It also lacked a description of services related to falls, impaired vision, and impaired hearing.

On 06/14/23 at 12:23 PM Administrative Licensed Nurse B reported she realized the need to include every service need identified in the FCS in the NSA after some recent training she went to.

The administrator failed to ensure a licensed nurse developed the NSA for R4 to include a description of services related to falls, and impaired cognition.

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S3085	Continued From page 4 - Review of R5's medical record revealed she moved into the facility on 10/05/22 with diagnosis of an atrial wound and anxiety. R5's "Functional Capacity Screen" (FCS) dated 06/01/13 identified the resident had impaired cognition, had a risk for falls and had impaired hearing. R5's "Negotiated Service Agreement" dated 06/01/23 lacked a description of the services the resident would receive for her impaired cognition, impaired hearing, and her risk for falls. On 06/14/23 at 12:23 PM Administrative Licensed Nurse B reported she realized the need to include every service need identified in the FCS in the NSA after some recent training she went to. The administrator failed to ensure a licensed nurse developed the NSA for R5 to include a description of services related to falls, and impaired cognition.	S3085		
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 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	S3092		

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S3092	Continued From page 5 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)(1)(2) The facility reported a census of 53 residents (R). The sample included three residents and one focused record review. Based on interview and record review the administrator failed to ensure staff reviewed and revised the "Negotiated Service Agreement" if necessary, for two (R3 and R4) of three sampled residents who experienced a significant change in status related to initiation and discontinuation of therapy services. Findings included: - Review of R3's medical record revealed she moved into the facility on 12/28/21 with a diagnoses of cerebral palsy and diabetes mellitus. R3's "Functional Capacity Screen" (FCS) dated 03/02/23 identified the resident needed physical assistance with bathing and toileting. R3's "Negotiated Service Agreement" (NSA) dated 03/03/23 identified "staff" would provide physical assistance of one staff for bathing and toileting.	S3092		

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S3092	Continued From page 6 Review of the residents Fall care plan updated and nurse notes revealed the following physical and occupational therapy interventions: 06/07/22 - received physical therapy, 07/14/22 - continues with therapy, 11/06/22 new order for physical and occupational therapy evaluation, therapy discontinued on 12/27/22 due to reached maximum potential, 05/30/23 new order for physical and occupational therapy evaluation. The record lacked review/revision of R3's NSA for the initiating and discontinuing of physical and occupation therapy services. On 06/14/23 at 12:25 PM Administrative Licensed Nurse B reported she knew she needed to do addendums whenever someone started and stopped therapy services and stated they just haven't gotten done. The administrator failed to ensure designated staff reviewed and revised R4s "Negotiated Service Agreement" when she initiated and discontinued physical and occupational therapy services. - Review of R4's medical record revealed she moved into the facility on 09/13/17 with diagnoses of atrial fibrillation and hypertension. R4's "Functional Capacity Screen" (FCS) dated 01/09/23 identified the resident needed physical assistance with bathing, dressing, toileting, transfers, and mobility. It also identified she had a current problem with falls, impaired vision and hearing.	S3092		

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S3092	Continued From page 7 R4's "Negotiated service agreement dated 01/19/23 identified the resident needed physical assistance of one staff with bathing and toileting. It also identified the resident received Hospice services from a local Hospice company. Review of the notebook where Administrative Licensed Nurse B stated any amended NSAs would be did not include any addendums to R4's NSA. Review of the residents "notes' revealed on 06/16/22 the resident returned from skilled services with orders for physical and occupational therapy. On 06/23/22 the resident had a fall and noted to continue with physical and occupational therapy. On 06/14/23 at 12:25 PM Administrative Licensed Nurse B reported she knew she needed to do addendums whenever someone started and stopped therapy services and stated they just haven't gotten done. The administrator failed to ensure designated staff reviewed and revised R4s "Negotiated Service Agreement" when she initiated and discontinued physical and occupational therapy services.	S3092		
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	S3261		

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S3261	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 53 residents (R). The sample included three residents and one focused record review. Based on interview and record review the operator failed to ensure each resident record contained documentation of all incidents, symptoms, and other indications of illness or injury, what was done, and the results of action taken for three (R3, R4, R5) of three sampled residents. Findings included: - Review of R3's medical record revealed she moved into the facility on 12/28/21 with a diagnoses of cerebral palsy and diabetes mellitus. R3's "Functional Capacity Screen" (FCS) dated 03/02/23 identified the resident needed physical assistance with bathing and toileting. R3's "Negotiated Service Agreement" (NSA) dated 03/03/23 identified "staff" would provide physical assistance of one staff for bathing and toileting. Review of R3's "Notes" (licensed nurse documentation) included the following: 05/20/22 - noted the resident's finger wound had resolved. 06/13/22 - started on antibiotic for finger	S3261		

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S3261	Continued From page 9	S3261		

infection.
The record lacked documentation of any descriptions of the finger that had a new infection or follow up documentation of the wound and if infection resolved.
07/15/22 - the resident had a fall and went to the emergency department related to pain and returned with no new orders.
The record lacked follow up on the residents fall for possible residual injuries or if the resident's pain resolved.
12/15/22 - new order to increase Fiber capsules due to loose stools.
The record lacked follow up as to the results in the increased fiber.
02/07/23 - resident had a fall on 11/06/22 with complaints of back hurting and she declined emergency medical treatment.
The record lacked any follow up post fall for possible residual injuries or other concerns.

On 06/14/23 at 12:27 PM Administrative Licensed Nurse B reported she would expect there to be documentation in the record every time a Licensed Nurse did something with the residents. She would expect there to be fall follow up documentation and assessment by the nurse and she acknowledged the documentation in resident records had been minimal.

The administrator failed to ensure designated staff documented in R3's record follow up from falls and when medication changes occurred and follow up on those medications.

- Review of R4's medical record revealed she moved into the facility on 09/13/17 with diagnoses of atrial fibrillation and hypertension.

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S3261	Continued From page 10	S3261		

R4's "Functional Capacity Screen" (FCS) dated 01/09/23 identified the resident needed physical assistance with bathing, dressing, toileting, transfers, and mobility. It also identified she had a current problem with falls, impaired vision and hearing.

R4's "Negotiated service agreement dated 01/19/23 identified the resident needed physical assistance of one staff with bathing and toileting. It also identified the resident received Hospice services from a local Hospice company.

Review of R4's "Notes" (licensed nursing documentation) revealed the following:
05/13/22 - the resident had a fall and was transferred to local hospital and admitted.
06/08/22 it noted the resident Re-admitted.
The record lacked a nurse assessment of the resident status post hospital return and why admitted to the hospital.
06/17/22 - resident had two falls and another one on 06/23/22.
The record lacked nursing follow post falls for any residual injuries.
01/16/23 - Certified staff found the resident unresponsive at 01:00 AM and was sent to local hospital via emergency medical services and returned at 03:00 AM.
The record lacked follow up by a Licensed Nurse upon return form the hospital.
03/14/23 - "readmitted"
The record lacked follow up as to when the resident was sent out and where readmitted from.

On 06/14/23 at 12:27 PM Administrative

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S3261	Continued From page 11	S3261		

Licensed Nurse B reported she would expect there to be documentation in the record every time a Licensed Nurse did something with the residents. She would expect there to be fall follow up documentation and assessment by the nurse and she acknowledged the documentation in resident records had been minimal.

The administrator failed to ensure designated staff documented in R3's record follow up from falls and when resident returned from hospital stay.

- Review of R5's medical record revealed she moved into the facility on 10/05/22 with diagnosis of atrial wound and anxiety.

R5's "Functional Capacity Screen" dated 06/01/23 identified the resident needed physical assistance with bathing, toileting and dressing. She also needed physical assistance with medication and medical treatment management.

R5's "Negotiated Service Agreement" identified Hospice provided bathing assistance and her spouse assisted with dressing and toileting. It also identified a certified medication aide or licensed nurse managed R5's medications and medical treatments.

Review of R5's "Notes" (licensed nurse documentation) revealed the following:
The first documentation is dated 10/24/22 when the resident's spouse called 911 and the resident went to the hospital for leg pain and weeping legs.
The record lacked documentation of the resident moving from independent living into the assisted

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living section of the facility.
10/27/22 - returned from the hospital on 10/26/22 and had no wounds on legs today.
11/01/22 - The resident returned from the hospital on 10/30/22 after having chest pain.
The record lacked follow up post return regarding the resident having chest pain.
11/25/23 - the record had a note "Discharged" - with no explanation as to where discharged to and there is no documentation of the resident returning.
04/07/23 - resident pounding on neighbors' door and physician called requesting as needed medications for behaviors.
The record lacked follow up regarding behaviors or if any medications were ordered due to the behaviors.
05/04/23 - resident on the floor after falling out of the recliner.
The record lacked follow up by a nurse for evaluation of any possible residual injuries.
06/06/23 - fall on 05/28/23 hit head on TV and went to hospital via emergency medical services and returned later.
The record lacked follow up by a nurse for evaluation of any possible residual head injuries.

On 06/14/23 at 12:27 PM Administrative Licensed Nurse B reported she would expect there to be documentation in the record every time a Licensed Nurse did something with the residents. She would expect there to be fall follow up documentation and assessment by the nurse and she acknowledged the documentation in resident records had been minimal.

The administrator failed to ensure designated staff documented in R5's record follow up from

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S3261	Continued From page 13 falls and hospital returns.	S3261		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 53 residents. Based on record review and interview, the administrator failed to ensure staff prepared and served food at the proper temperature. Findings included: - On 06/13/23 at 11:35 AM residents were in the Garden dining room finishing lunch. Observation	S3298		

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S3298	Continued From page 14 of the satellite kitchen revealed a steam table. Dietary staff D reported the food came from the main kitchen in the hot cart and said the food got temped from the steam table before it was served. Surveyor looked through all the drawers in the kitchen and there was not a food thermometer and there was not a food temp log. Dietary staff D thought maybe the manager took it with him when he left a few minutes ago. On 06/13/23 at 11:40 AM Dietary staff C came to the Garden dining room and stated the food temperature log was upstairs. He stated he temped the food before bringing it downstairs but did not usually check the temperature downstairs. On 06/13/23 at 11:48 AM surveyor requested to review the food temperature log and dietary staff E handed the surveyor a clip board with temperatures on it. There were three pages that were filled out and one was dated 04/27/23. The other pages did not have a date on them. On 06/13/23 Surveyor asked dietary staff C if he could explain the information on the clip board and looked at it and was not for sure the dates the meals were for, and one form had two lunch meals on it. Dietary staff C acknowledged that dietary staff had not been consistent with documenting the temperatures of the food after it had been cooked to ensure it was cooked to the proper temperatures. The administrator failed to ensure dietary staff monitored food cooking and serving temperatures to ensure it was prepared and served at the proper temperature.	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087033	A. BUILDING: _____ B. WING _____	06/14/2023

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S3299 SS=F	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 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 53 residents. Based on observation and interview the facility failed to store all food under safe and sanitary conditions. Findings included: - Observation on 06/13/23 at 11:57 AM of the kitchen revealed the following: White refrigerator/freezer did not have a thermometer in the refrigerator or freezer. Chest freezer did not have a thermometer and the strawberry ice cream did not have a lid on it. The walk-in refrigerator had a whole chub of thawed hamburger and a partial chub on the second shelf and neither chub was in a pan incase of leaking and neither one had a label with the date thawed on it. There was also a pork roast not dated or in a pan and an opened package of ham that was not in a pan or dated. It also contained a pan of red jello without a date on it. Observations in the walk-in freezer were open bags of enchiladas, bag of some type of meat	S3299		

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S3299	Continued From page 16 patties and chicken that were opened and not sealed. In the dry good area were bags that did not include the date opened and were not sealed: bag of cornbread mix, pancake mix, package of noodles. The flour and sugar bins also contained scoops which is unsanitary. On 06/13/23 at 12:00 PM Dietary staff C acknowledges he needed to get new thermometers for the refrigerator and freezer and that meats needed to be kept on a try incase of leakage and needed to have a date on them when thawed. He acknowledged all items needed to make sure they were sealed and needed to have an open date on them. He also acknowledged the scoops were not supposed to be in the flour or sugar bins. The administrator failed to ensure designated staff labeled, dated, and stored foods under safe and sanitary conditions.	S3299		