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	B040002	A. BUILDING: _____ B. WING _____	11/14/2023

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RL FOUNTAINWOOD 1	2004 FOUNTAINWOOD STREET HUTCHINSON, KS 67502

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure survey for the above named Home Plus Facility conducted on 11/13/23 and 11/14/23.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (c)(2) The facility reported a census of 11 residents(R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure designated staff completed a resident "Functional Capacity Screen" for one (R3) of three sampled residents following a significant change in condition as defined in KAR 26-39-100. Findings Included: - Review of R3's medical record revealed she moved into the facility on 01/31/22 with a diagnoses of diabetes mellitus type II and .	S5085		

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

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S5085	Continued From page 1 R3's most recent "Functional Capacity Screen" dated 01/20/23 revealed staff coded bathing, dressing, toileting, transfers, mobility and eating a "2", indicating the resident could participate in each activity of daily living (ADL) but required physical assistance to complete the task. Observation on 11/13/23 at 02:25 PM revealed the resident had sat in her Geri-chair and staff were going to lay her in bed. Certified Medication Aide (CMA) C and CMA D pushed the resident via Geri-chair into her room and placed the chair beside her bed. Staff removed the pillows on each side of her in the chair and then got on each side of her and under her arms and lifted her out of the chair and placed her on the bed. CMA D then lifted her legs over the edge of the scooped mattress so she was laying in the bed. CMA C checked to see if the resident needed her brief changed and she did not so staff then placed her on her right side with a pillow behind her for positioning and put a pillow comfortably under her head and then covered the resident. During the transfer and going to her room the resident did not participate in the task. Observation on 11/13/23 at 03:52 PM CMA D sat beside R3 at the kitchen counter and fed R3 a type of cheese puff and gave her drinks from a glass. The resident was not able to pick up the glass or the cheese puffs to feed herself any part of the snack. On 11/13/23 at 03:48 PM CMA C reported the resident needed total assistance with everything now. She reported a couple months ago the	S5085		

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S5085	Continued From page 2 resident could feed herself, but staff have to feed her now and staff have been transferring her with two staff either lifting her themselves or using the mechanical lift. CMA C also reported R3 is totally incontinent and does not use the toilet, so staff just check and change her brief throughout the day. On 11/14/23 at 10:11 AM CMA B reported R3 did not help in completing her ADLs and required total assistance. She stated this included dressing, toileting, transfers, mobility, bathing, and feeding her. CMA B stated staff have provided total care since she was hired the past couple of weeks. On 11/14/23 at 12:41 PM Administrative Licensed Nurse A confirmed the resident has had a decline in status in the last few weeks and is definitely different than she was a month ago. Administrative Licensed Nurse A acknowledged she should have completed a new FCS to identify R3 has had a significant change in status. The operator failed to ensure designated staff completed a FCS for R3 after she experienced a decline in status resulting in a significant change in condition as defined in KAR 26-39-100.	S5085		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form.	S5095		

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S5095	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of 11 residents (R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure designated staff completed one (R4) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability related dressing. Findings Included: - Review of R4's medical record revealed she moved into the facility on 11/01/22 with diagnoses of diabetes mellitus type II. R4's "Functional Capacity Screen" dated 10/31/23 identified the resident was independent with dressing. On 11/13/23 at 03:05 PM Administrative Licensed Nurse A reported the document titled "Negotiated Service Agreement/Health Care Services" (NSA/HCS) includes care plan interventions. R4's NSA/HCS dated 10/31/23 the resident dressed herself in the morning and evening, but staff needed to assist her with putting on her ted hose in the morning and taking them off in the evening.	S5095		

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S5095	Continued From page 4 On 11/14/23 at 10:08 AM Certified Medication Aide B reported the staff put ted hose on R4 in the mornings otherwise she is able to dress herself. On 11/14/23 at 10:59 AM Administrative Licensed Nurse A acknowledged staff did put R4's ted hose on and that she should have been coded as needing physical assistance instead of independent. The operator failed to ensure designated staff completed R4's "Functional Capacity Screen" accurately regarding her functional ability for dressing.	S5095		
S5105 SS=E	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	S5105		

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S5105	Continued From page 5 by: KAR 26-42-202(a)(1) The facility reported a census of 11 residents(R). The sample included three residents. Based on interview, and record review for two (R4 and R5) of three sampled residents the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and the resident's service needs that included a description of the services the resident would receive related to impaired hearing and impaired decision-making. Findings included: - Review of R4's medical record revealed she moved into the facility on 11/01/22 with diagnosis of diabetes mellitus type II. R4's "Functional Capacity Screen" (FCS) dated 10/31/23 identified the resident had impaired hearing. On 11/13/23 at 03:05 PM Administrative Licensed Nurse A reported the document titled "Negotiated Service Agreement/Health Care Services" (NSA/HCS) includes care plan interventions. R4's NSA/HCS dated 10/31/23 failed to include a description of services to be provided related to impaired hearing as identified on the FCS. On 11/14/23 at 11:01 AM Administrative Licensed Nurse A report R4 was hard of hearing, had an order for hearing aides but never got any. Administrative Licensed Nurse A acknowledged	S5105		

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S5105	Continued From page 6	S5105		

since impaired hearing was identified on the FCS it should have been addressed on the NSA/HCS.

The operator failed to ensure designated staff developed an NSA for R4 based upon her service needs identified on the FCS.

- Review of R5's medical record revealed she moved into the facility on 06/17/22 with diagnosis of dementia.

R5's "Functional Capacity Screen" (FCS) dated 06/07/23 identified she had impaired hearing and impaired decision-making ability.

On 11/13/23 at 03:05 PM Administrative Licensed Nurse A reported the document titled "Negotiated Service Agreement/Health Care Services" (NSA/HCS) includes care plan interventions.

R5's NSA/HCS dated 06/07/23 failed to include a description of services related to impaired hearing and impaired decision-making ability as identified on the FCS.

On 11/14/23 at 11:03 AM Administrative Licensed Nurse A reported the resident didn't have any hearing aides and the staff needed to speak louder for her to hear them.

On 11/14/23 at 12:33 PM Administrative Licensed Nurse A looked at R5's NSA/HCS and acknowledged it did not include a description of services related to impaired hearing or impaired decision-making ability.

The operator failed to ensure designated staff

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S5105	Continued From page 7 developed an NSA for R5 based upon her service needs identified on the FCS.	S5105		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus 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 26-42-204(a) The facility reported a census of 11 residents. The sample included three residents. Based on observation, interview, and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of one (R3) of three sampled residents who had a diagnosis of protein calorie malnutrition. Findings included: - Review of resident R3's "Medical Record" revealed she admitted to the facility on 01/31/22 with diagnosis of diabetes mellitus type II. It also revealed she signed onto Hospice services on 03/24/22 with diagnoses of senile degeneration	S5155		

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S5155	Continued From page 8 of the brains and protein calorie malnutrition. Review of the resident's "Functional Capacity Screen" (FCS) dated 01/20/23 revealed the resident required physical assistance with eating and had impaired cognition. On 11/13/23 at 03:05 PM Administrative Licensed Nurse A reported the document titled "Negotiated Service Agreement/Health Care Services" (NSA/HCS) includes care plan interventions. Review of the resident's NSA/HCS dated 01/20/23 revealed the resident received a regular diet, needed three meals daily and snacks and also needed assistance with feeding as needed. The NSA/HCS lacked interventions related to the resident being dependent on staff for eating or other interventions to help maintain/improve R3's nutritional status. Review of the physician's orders included the following: 03/24/22 - provide feeding assistance of 1 staff as needed. 03/28/22 - Ensure (meal supplement) twice daily as needed. 09/21/22 - Change Ensure to one carton three times a day. 01/19/23 - discontinue ensure. Review of the resident's weight record revealed the following weights: 09/20/22 - 85.8 pounds (lbs.) 10/10/22 - 95.0 lbs. 11/21/22 - 97.0 lbs. 12/13/22 - 101 lbs.	S5155		

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S5155	Continued From page 9 01/16/23 - 105.4 lbs. 02/13/23 - 101.6 lbs. 03/20/23 - 89.8 lbs. 04/10/23 - 90.8 lbs. 05/15/23 - 95.2 lbs. 06/19/23 - 85.6 lbs. 07/24/23 - 82.2 lbs. 08/21/23 - 76.0 lbs. 09/11/23 - 85.2 lbs. 10/23/23 - 75.8 lbs. 11/13/23 78.4 lbs. R3's weight record showed after the resident received the Ensure three times a day, she gradually started to gain weight. On 01/19/23 the Ensure was discontinued and R3 once again began to lose weight and the Ensure was not resumed and no other interventions to promote weight gain/improved nutritional status were implemented. Review of R3's "Care Note" dated 01/20/23 identified the resident's weight was up to 105 lbs. and it was discussed with Hospice and received an order to discontinue the Ensure. R3's "Care Notes" From 01/20/23 to 11/13/23 included documentation the resident then resumed having weight loss with no documentation related to interventions to reduce the risk of continued weight loss. Observation on 11/13/23 at 03:52 PM CMA D sat beside R3 at the kitchen counter and fed R3 a type of cheese puff and gave her drinks from a glass. The resident was not able to pick up the glass or the cheese puffs to feed herself any part of the snack.	S5155		

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S5155	Continued From page 10 On 11/13/23 at 03:48 PM CMA C reported the resident needed total assistance with everything, including eating. On 11/14/23 at 12:46 PM Administrative Licensed Nurse A reported the family currently provided different snacks that the resident liked, and staff feed R3 at all meals and give her snacks. Administrative Licensed Nurse A acknowledged the resident resumed losing weight after the Ensure was discontinued and said she discussed the weight loss with Hospice but thought resuming the Ensure was up to Hospice. Administrative Staff A confirmed the resident remained at risk for continued weight loss and the NSA did not include interventions to help reduce that risk. The Licensed nurse failed to include in the NSA/HCS interventions to help promote weight gain and improved nutritional status for R3.	S5155		
S5315 SS=D	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked	S5315		

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S5315	Continued From page 11 medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1) The facility reported a census of 11 residents. Based on observation, interview, and record review the operator failed to ensure staff stored controlled medications managed by the home that required refrigeration securely in a locked compartment within a locked medication room or medication refrigerator. Findings included: - Observation on 11/13/23 at 02:40 PM during initial tour revealed a small, unlocked refrigerator that contained a locked tackle box.	S5315		

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S5315	Continued From page 12 Administrative Licensed Nurse A unlocked the tackle box revealing a bottle of liquid lorazepam, a controlled medication, and a vial of TB solution that had not been opened. On 11/13/23 at 02:45 PM Administrative Licensed Nurse A acknowledged the controlled medications were to be stored behind double locks. The operator failed to ensure medications were store securely to ensure only "Licensed Nurses" and "Certified Medication Aides" had access to controlled medications.	S5315		