STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089081	A. BUILDING: _____ B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY PLACE #1	618 SW OAKLEY AVENUE TOPEKA, KS 66606

(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 represents the findings of a resurvey with attached complaint #177131 at the above named home plus facility conducted on 11/14/23 and 11/16/23.	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 12 residents with three included in the sample and one closed record review. Based on interview and record review the operator failed to complete a "Functional Capacity Screen" (FCS) for Resident (R) 1 following a significant change in condition. Finding included: - Record review for R1 revealed an admission date of 10/03/23 with a diagnosis of left below knee amputation. The 10/04/23 admission "FCS" identified R1	S5085		

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

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S5085	Continued From page 1	S5085		

required physical assistance with transfers and walking/mobility.

The 11/07/23 "Negotiated Service Agreement" (NSA) identified facility staff would provide R1 assistance with one staff with all transfers and he propelled himself in a wheelchair for walking/mobility.

R1's record lacked evidence of documentation of a significant change "NSA" after he returned from the hospital for below knee amputation to left leg and toes removed from right foot.

The 10/20/23 "Nurses Note" documented R1's Durable Power of Attorney (DPOA) reported R1 was admitted to the hospital to have a below knee amputation to right leg and removing the toes on his right foot.

The 10/31/23 "Nurses Note" documented R1 arrived back to the facility. He was able to assist with transfers and had no questions or concerns.

On 11/16/23 at approximately at 11:35 AM Licensed Nurse C confirmed R1's record lacked evidence of documentation of a significant change "FCS" after he returned from the hospital for below knee amputation to left knee and toes removed from right foot.

The facility's undated "Resident Records" policy documented an "FCS" will be completed following any significant change in condition.

The operator failed to ensure licensed staff completed an "FCS" for R1 following a significant change.

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S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of seven residents. Based on interview and record review the operator failed to provide quarterly reviews of the facility's emergency management plan with staff and residents. Findings included: - On 11/14/23 at 02:38 PM the dates of the quarterly reviews of the facility's emergency management plan with residents and staff since the previous survey was requested which the facility failed to provide.	S5215		

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S5215	Continued From page 3 On 11/14/23 at 04:26 PM Administrative Staff A confirmed reviews of the facility's emergency management plan with staff and residents was not conducted quarterly. The facility's undated "Emergency Orientation" policy documented the emergency plan procedures would be reviewed monthly with staff and residents. The operator failed to provide quarterly reviews of the facility's emergency management plan with staff and residents.	S5215		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of 12 residents with three included in the sample and one closed record review. Based on interview and record review the operator failed to ensure R1's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and	S5286		

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S5286	Continued From page 4	S5286		

management of insulin.

Findings included:

- Record review for R1 revealed an admission date of 10/03/23 with a diagnosis of left below knee amputation.

The 10/04/23 admission "Functional Capacity Screen" identified R1 was unable to perform management of medications.

The 11/07/23 "NSA" Licensed Nurse C provided management of medications.

The 11/07/23 "NSA" failed to identify who was responsible for the administration of insulin injections for R1.

The 11/16/23 "Resident Roster" revealed R1 was marked for self-administration of medications and took insulin.

On 11/16/23 at approximately 11:35 AM Administrative Staff A stated R1 administered his own insulin.

On 11/16/23 at approximately 11:35 AM Licensed Nurse C confirmed R1's "NSA" lacked documentation of who was responsible for administration of insulin.

The facility's undated "Negotiated Service Agreement" policy documented each resident's "NSA" should include a description of medication managment.

The operator failed to ensure R1's NSA identified

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S5286	Continued From page 5 who was responsible for the administration and management of insulin.	S5286		