STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B059006	A. BUILDING: _____ B. WING _____	11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CARE OF MCPHERSON	1411 DOVER ROAD MCPHERSON, KS 67460

(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 the licensure resurvey for the above named facility conducted on 11/14/23 and 11/15/23.	S 000		
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. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-201 (d) The facility reported a census of 6 residents. The sample included 3 "Residents'" (R)'s 1, 2 and 3. Based on record review and interview the operator failed to ensure R3's functional capacity at the time of the screening was accurately reflected on her "Functional Capacity Screen" (FCS) form. Findings included: - Record review for R3 revealed an admission date of 01/10/22 with diagnoses of anxiety, hypertension, cerebral vascular accident and recurrent falls. R3's FCS dated 06/12/23 revealed R3 required physical assistance with bathing. She was	S5095		

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

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S5095	Continued From page 1 independent with dressing, toileting, transferring, walking, and eating. She lacked the ability to manage her own medications and treatments. She was incontinent of her bladder, and had impaired short-term memory, impaired long-term memory, impaired memory recall, and impaired decision making. She was sometimes able to make herself understood, and she understood others. She was marked with falls and used no walking mobility device. R3's combined "Negotiated Service Agreement/Health Service Plan" (NSA/HSP) dated 06/12/23, instructed facility staff to provide the following health services: Assist R3 with washing her hair, and stated R3 was at risk for falls. The NSA/HSP lacked documentation of health services for R3's falls. Facility staff were to manage R3's medications, and listed Voltaren Gel at bedside for resident to self-administer. Interview on 11/15/23 at 01:30 PM with operator A and "Licensed Nurse" B, they confirmed R3 was cognitively intact, and she was able to appropriately apply the Voltaren Gel as directed. They included that R3 is non-verbal, and communication is performed using her electronic "Internet" (I) Pad. The operator failed to ensure R3's functional capacity at the time of the screening was accurately reflected on her "Functional Capacity Screen" (FCS) form.	S5095		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services	S5161		

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S5161	Continued From page 2	S5161		

to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-42-204 (d)

The facility reported a census of 6 residents. The sample included 3 "Residents'" (R)'s 1, 2 and 3. Based on record review and interview the operator failed to ensure the "Negotiated Service Agreement" (NSA) provided a description of the health care services to be provided for falls for R1, R2, and R3. The operator further failed to ensure the name of the" Licensed Nurse" (LN) was updated to accurately name the nurse responsible for the implementation and supervision of the health service plans for R2 and R3.

Findings included:

- Record review for R1 revealed an admission date of 10/01/21 with diagnoses of osteoporosis, anemia, neuropathy, and history of skin cancer.

R1's "Functional Capacity Screen" (FCS) dated 10/30/23 revealed R1 required physical assistance with bathing and walking. She was independent with dressing, toileting, transferring, and eating. She was able to manage her own medications and was usually continent of her bladder. She was cognitively intact and was able to make herself understood and she understood others. She was marked with falls and used a

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walker and wheelchair mobility device.

R1's combined NSA/ "Health Service Plan" (HSP) dated 10/30/23, instructed facility staff to provide the following health services: assist getting into and out of the shower, she was independent with walking in her room, and required a wheelchair when out of the facility. In the section marked "Falls" it stated, "Interventions for falls will be placed on intervention sheet attached to service plan following any fall".

R1's NSA/HSP lacked a description health services to be provided for falls.

Review of the facility provided document titled "Addendum to Negotiated Service Agreement" dated 08/01/23 revealed the following: The addition for physical therapy for "Increased weakness and recurrent falls".

Review of the facility provided document titled "Fall Risk Assessment Form" dated 10/30/23 revealed R1 was identified as a "Moderate" fall risk.

Review of the facility provided document titled "Fall Risk Intervention Plan" dated 10/30/23 revealed the fall interventions for R1, which were not included in the NSA/HSP.

Review of the facility provided document titled "Resident Progress" dated 06/14/23 to 10/02/23 revealed the following entry:

On 07/26/23 "Received order for physical therapy evaluation and treatment two times a

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S5161	Continued From page 4 week for strengthening and balance". The Resident progress notes lacked any entries of falls. Review of the facility document titled "Abnormal Occurrence Assessment Form" dated 07/24/23 at 11:50 AM revealed R1 was found sitting on her buttocks in her shower with her back against the shower wall and both feet out in front of her. Interview on 11/15/23 at 01:30 PM with operator A and LN B, they confirmed the NSA/HSP for R1 lacked a description of health services for falls for R1. - Record review for R2 revealed an admission date of 01/05/22 with diagnoses of hypertension, congestive heart failure, history of fracture of the knee, and insomnia. R2's FCS dated 06/12/23 revealed R2 required physical assistance with bathing. She was independent with dressing, toileting, transferring, walking/mobility, and eating. She lacked the ability to manage her own medications/treatments and was frequently incontinent of her bladder. She had impaired long-term memory and impaired decision making. She was usually able to make herself understood, and she usually understood others. She was marked with falls and impaired vision, and she used a walker and wheelchair mobility device. R2's combined NSA/HSP dated 06/23/23	S5161		

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instructed facility staff to provide the following health services: assist R2 with bathing. In the section marked "Falls" it stated, "Interventions for falls will be placed on intervention sheet attached to service plan following any fall", and listed LN DD as the nurse responsible for the implementation and supervision of the health service plan.

R2's NSA/HSP lacked a description of health services to be provided for falls.

Review of the facility provided document titled "Resident Progress Notes" revealed the following entry's:

On 05/22/23 (no time provided) R2 was sent to the emergency room for increased confusion and unsteadiness on her feet.

On 05/23/23 at 05:30 AM R2 was found on the floor in her bathroom leaning against the sink, with no injuries noted.

Review of the facility provided document titled "Fall Risk Assessment Form" dated 06/12/23 revealed R2 was identified as a "High" fall risk.

Interview on 11/15/23 at 01:30 PM with operator A and LN B, they confirmed the NSA/HSP for R2 lacked a description of health services for falls for R2, and further confirmed LN DD is no longer the nurse responsible for R2 health service plan.

- Record review for R3 revealed an admission date of 01/10/22 with diagnoses of anxiety, hypertension, cerebral vascular accident, and

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recurrent falls.

R3's FCS dated 06/12/23 revealed R3 required physical assistance with bathing. She was independent with dressing, toileting, transferring, walking, and eating. She lacked the ability to manage her own medications and treatments. She was incontinent of her bladder, and had impaired short-term memory, impaired long-term memory, impaired memory recall, and impaired decision making. She was sometimes able to make herself understood, and she understood others. She was marked with falls and used no walking mobility device.

R3's combined NSA/HSP dated 06/12/202 (the year in the date was not completed on the NSA/HSP), instructed facility staff to provide the following health services: Assist R3 with washing her hair. In the section marked "Falls" it stated, "Interventions for falls will be placed on intervention sheet attached to service plan following any fall", and listed LN DD as the nurse responsible for the implementation and supervision of the health service plan.

R3's NSA/HSP lacked a description health services to be provided for falls.

Review of the facility provided document titled "Fall Risk Assessment Form" dated 06/12/23 revealed R3 was identified as a "High" fall risk.

Review of the paper medical chart under the "Progress Notes Tab" revealed the following entries:

On 09/19/23 at 07:05 PM R3 had a non-injury fall

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in her room. R3 slipped walking to her bed not using her "walker".

The FCS lacked documentation of R3 having a walker mobility device.

Review of the facility document's titled "Abnormal occurrence Assessment Form" revealed the following:

On 03/02/23 R3 found on the floor with her head towards "the toilet wall" and her feet towards the Sink.

On 05/ (unreadable number)/23 R3 slipped in her shower and hit her head.

On 05/18/23 at 06:06 PM R3 had an injury fall with injury to her head which required stables that were placed to the "laceration" on R3's head.

09/19/23 at 07:05 PM, R3 had a non-injury fall in her room. "Resident slipped walking to her bed not using her walker at the time of the fall".

Interview on 11/15/23 at 01:30 PM with operator A and LN B, they confirmed the NSA/HSP for R3 lacked a description of health services for falls for R3, that she was cognitively intact, and they further confirmed LN DD is no longer the nurse responsible for R3 health service plan.

The operator failed to ensure the "Negotiated Service Agreement" (NSA) provided a description of the health care services to be provided for falls for R1, R2, and R3. The

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S5161	Continued From page 8 operator further failed to ensure the name of the" Licensed Nurse" (LN) was updated to accurately name the nurse responsible for the implementation and supervision of the health service plans for R2 and R3.	S5161		