STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N040006	A. BUILDING: _____ B. WING _____	12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHOWALTER VILLA	200 W CEDAR HESSTON, KS 67062

(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 citation represent the findings of the licensure resurvey for the above named facility conducted on 12/11/23.	S 000		
S3156 SS=E	26-41-204 (b) Health Care Services (b) If the functional capacity screening indicates that a resident is in need of health care services, a licensed nurse, in collaboration with the resident, the resident ' s legal representative, the case manager, and, if agreed to by the resident or resident ' s legal representative, the resident ' s family, shall develop a health care service plan to be included as part of the negotiated service agreement. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (b) The facility reported a census of 30 residents. The sample included 3 "Residents'" (R). Based on interview and record review the administrator failed to ensure "Licensed Nurse" (LN) A developed a "Healthcare Service Plan" (HSP) for falls to be included as part of the "Negotiated Service Agreement" (NSA) for R's 1, 2, and 3. Findings included: - Record review for R1 revealed an admission date of 05/10/17, with diagnoses of type 2	S3156		

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

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S3156	Continued From page 1	S3156		

diabetes mellitus without complications, type 2 diabetes mellitus with diabetic neuropathy, unspecified acquired deformity of unspecified lower leg, and difficulty in walking.

Review of R1's "Functional Capacity Screen" (FCS) dated 04/20/23 revealed R1 required physical assistance with bathing, she was marked with falls/unsteadiness, and lacked the ability to manage her own medications. She used a walker mobility device.

Review of R1's NSA identified the facility staff would provide bathing assistance twice weekly and manage R1's medications.

Review of R1's HSP instructed the facility staff to provide assistance with a whirlpool bath twice weekly.

R1's NSA and HSP lacked documentation of services for falls.

- Record review for R2 revealed an admission date of 10/06/21 with diagnoses of polyneuropathy, rheumatoid arthritis, low back pain, need for assistance with personal care, and unsteadiness on feet.

Review or R2's FCA dated 10/02/23 revealed R2 required physical assistance with bathing, dressing, was marked with falls/unsteadiness, and lacked the ability to manage his own medications. He used a walker mobility device.

Review of R2's NSA dated 10/02/23 identified the facility staff would provide bathing and dressing

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S3156	Continued From page 2	S3156		

assistance and medication management.

Review of R2's HSP instructed the facility staff to provide one facility staff member to assist R2 with his shoes and socks in the mornings and at night, and a whirlpool bath twice weekly.

Review of R2's electronic medical record under the "Progress Notes" tab revealed the following entries:

On 08/02/23 at 12:07 PM a "Fall" Note, the note revealed R2 fell in the parking lot while attempting to place his walker in the trunk of his car. The fall was unwitnessed. R2 thought his blood pressure dropped and he fell backward hitting the back of his head on the concrete. There was a large hematoma to the back of R2's head.

On 11/22/23 at 04:40 PM a "Fall" Note, the note revealed the receptionist at the front desk called the nurse to report R2 was on the ground in the parking lot. R2 was found in the parking lot sitting on the ground behind his car with his feet under the back of his trunk. The trunk was open, and his walker was sitting near the car folded up. R2 reported to the nurse he wanted to go for a drive and he "lost his balance and slipped down the back of his car".

R2's NSA and HSP lacked documentation of services for falls.

- Record review for R3 revealed an admission date of 11/02/21 with diagnoses of abnormalities of gait and mobility, unsteadiness on feet, and

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S3156	Continued From page 3	S3156		

chronic obstructive pulmonary disease.

Review of R3's FCS dated 11/30/23 revealed R3 was marked with falls/unsteadiness, impaired hearing, and she lacked the ability to manage her own medications. She used a walker mobility device.

Review of R3's NSA dated 11/30/23 identified facility staff would manage R3's medications.

Review of R3's HSP stated R3's husband would assist her in dressing her lower body. Falls was written in the "Mobility" Section, the section lacked interventions for fall prevention.

Review of R3's electronic medical record under the "Progress Notes" tab revealed the following entries:

On 11/04/23 at 02:00 PM a fax was sent to R3's medical provider requesting physical therapy for mobility and strengthening.

On 11/05/23 at 09:54 AM R3's husband had been brining her meals to their room due to R3 feeling "too weak" to go to the dining room.

R3's NSA and HSP lacked documentation of services for falls.

Interview on 12/11/23 at approximately 05:00 PM with LN A, LN B, and Administrator C confirmed the healthcare service plans for R's 1, 2, and 3 lacked the documentation of services for falls.

The administrator failed to ensure LN A developed healthcare services for falls to be

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S3156	Continued From page 4 included as part of the "Negotiated Service Agreement" (NSA) for R's 1, 2, and 3.	S3156		