STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N080002	A. BUILDING: _____ B. WING _____	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDSTONE HEIGHTS	440 STATE STREET LITTLE RIVER, KS 67457

(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 resurvey at the above named facility conducted on 05/15/24.	S 000		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41 204 (i) The census equaled 7 residents. The sample included 3 residents. Based on record review, interview and observation, Administrator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 record review Resident (R)1. Findings included: - Record review for R1 revealed an admission date of 11/06/23 with diagnoses of chronic kidney disease, chronic obstructive pulmonary disease and atrial fibrillation. The "Functional Capacity Screen" dated 03/14/24 recorded the resident was independent with toileting, transfer, walk/mobility and eating, required physical assistance with bathing and dressing, and was unable to perform	S3171		

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

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S3171	Continued From page 1	S3171		

management of medications and treatments. R1 had impaired memory/ recall and was at risk for falls/ unsteadiness. R1 used a walker for ambulation.

Review of R1's "Negotiated Service Agreement" (NSA) dated 03/14/24 recorded R1 received bathing assistance twice a week and facility staff administered medications.

The NSA failed to identify the use of a bed assistive device used for transfers and/or repositioning.

Review of R1's "Service Plan" dated 03/14/24 recorded facility staff assisted R1 with bathing twice a week in the whirlpool, assisted with dressing as needed and administered medications and treatments. R1 was independent with transfers and ambulation with walker.

The "Service Plan" failed to identify the use of a bed assistive device used for transfers and/or repositioning.

Record review lacked an assessment of the bed assistive device to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device and an annual safety check assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment.

Observation on 05/15/24 at 02:30 PM in R1's room revealed a bed assist device to the left side of her bed. The bed assist device was not secured to the bed.

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S3171	Continued From page 2 Interview on 05/15/24 at 02:30 PM with R1 stated her family placed the bed assist device and she used the device for repositioning in bed. Interview on 05/15/24 at 04:10 PM Licensed Nurse (LN) B confirmed she was unaware of a bed assistive device on R1's bed and further confirmed a bed assistive device assessment was not completed for R1. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Administrator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 record review Resident (R)1.	S3171		