Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B089086	A. BUILDING: _____ B. WING _____	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSDALE PLACE LLC	1402 SW LANCASTER STREET TOPEKA, KS 66604

(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 a Re-Licensure Surey for the above named facility conducted on 05/20/24 and 05/21/24.	S 000		
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 by: KAR 26-42-202(a)(1) The facility reported a census of four residents(R). The sample included three residents. Based on observation, 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.	S5105		

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

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S5105	Continued From page 1 Findings included: - Review of R4's medical record revealed she moved into the facility on 08/25/20 with diagnoses of Alzheimer's disease. R4's "Functional Capacity Screen" (FCS) dated 03/26/24 identified the resident had impaired cognition and communication and was not able to participate in any activities of daily living including management of medications and medical treatments. R4's Negotiated Service Agreement (NSA) dated 03/26/24 failed to include a description of services to be provided related to walking/mobility, management of medications and medical treatments and impaired decision making. It also failed to identify services as to how R4 would exit the building in an emergency. Observation on 05/20/24 at 11:36 AM Operator/Certified Medication Aide A provided R4 incontinent care in preparation to get her up for lunch. After Operator/Certified medication Aide A completed incontinence care she cradled R4 and brought her into a position of sitting up on the side of the bed. Operator/Certified Medication Aide A reached around the resident, gave her a hug, and then lifted her from the bed to the wheelchair. R4 had her knees drawn upward and did not bear any weight during the transfers. Operator/Certified Medication Aide A then pushed R4 out to the dining room table via wheelchair. Interview on 05/20/24 at 11:16 AM Certified Medication Aide (CMA) B reported she needs staff to help her with everything. Once in awhile she will lift her foot or something like that but we	S5105		

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S5105	Continued From page 2	S5105		

have to do most all of it. CMA B reported she could not push herself in the wheelchair.

On 05/21/24 at 10:56 AM Operator/CMA A and Licensed Nurse D reviewed R4's NSA and Health Care service Plan and the NSA did not address R4's use of a wheelchair for mobility, did not address that staff administered her medications and medical treatments, and failed to include services for R4 to exit the facility should there be an emergency.

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 01/27/24 with dementia.

R5's "Functional Capacity Screen" (FCS) dated 04/02/24 revealed she could not participate in walking/mobility and had a current problem/risk of falls.

R5's "Negotiated Service Agreement" (NSA) 04/02/24 failed to include a description of services related to R5's risk for falls and services on how R5 would exit the facility incase of an emergency.

Observation on 05/20/24 at 11:32 AM Certified Medication Aide (CMA) B went to get R5 up for lunch and proceeded to change her incontinent brief. When completed Operator/CMA A and CMA B had sat R5 on the side of the bed and then with one on ach side they lifted her off the bed and sat her in the wheelchair. CMA B then proceeded to take R5 to the dining room table via wheelchair.

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S5105	Continued From page 3 Interview on 05/20/24 at 11:15 AM CMA B reported R5 needed a lot of assistance depending on how her day went. CMA B reported R5 used to walk with a walker, but she is unable to now and we have to push her in the wheelchair to go anywhere. On 11/14/23 at 11:03 AM Licensed Nurse C acknowledged the NSA did not include services related to falls and did not include how R5 would exit the facility incase of an emergency. The operator failed to ensure designated staff developed an NSA for R5 based upon her service needs identified on the FCS.	S5105		