

Kansas Department on Aging

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N085008 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/22/2016 |
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| NAME OF PROVIDER OR SUPPLIER DIGNITY CARE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 745 FAITH DRIVE SALINA, KS 67401 |
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| S 000 | INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Assisted Living and Residential Health Care Facility in Salina, Kansas on 8/17/16, 8/18/16, and 8/22/16. | S 000 | | |
| S3261 SS=E | 26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f) The census equalled 32 the sample included three Residents. Based on interview and record review for two of three sampled (#185 and #187), the Operator failed to ensure each Resident record contained documentation of all incidents, symptoms and other indications of illness or injury, including the date, time of occurrence, action taken, and results of the action. Findings included: - Review of record revealed #185 admitted to facility 11/04/13 with diagnoses of Chronic obstructive pulmonary disease, Alzheimer's, Hypertension, Atrial fibrillation, Congestive heart failure, Dementia, Anemia, and Oxygen dependent. The current functional capacity screen (FCS) of | S3261 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| S3261 | <p>Continued From page 1</p> <p>8/21/15 assessed #185 in need of health care services: physical assistance (2) with bathing, dressing, toileting, transfers, and eating; supervision (1) with mobility; unable to perform (3) medication and treatment management; with bladder incontinence; with memory, decision making, and cognitive impairments; wandered and used wheelchair for mobility.</p> <p>The current negotiated service agreement (NSA) of 8/21/15 documented #185 to receive services to address these health care needs.</p> <p>Medical record contained the following Nurse's Note (NN):</p> <p>10/21/15 - 0930 - "Res (Resident) sitting outside with staff supervision. Res propelled self (as usually does) on porch while sitting outside. Res caught feet under wheelchair and fell forward hitting forehead on porch ground. Ice applied to face and abrasion cleaned. Res with passive range of motion with no signs symptoms of pain seen. Director of nursing assisted Res back up to wheelchair. Vitals taken and neuro's started by nurse. Res smiling at time of incident." This entry signed by Director at the time/LPN (licensed practical nurse) #P.</p> <p>The NN lacked pertinent information. The NN failed to describe: Where Resident sitting outside initially and what he/she doing Who was sitting with Resident supervising, and how supervising Where Resident moving from and where moving to when chair tipped Where Resident landed (porch ground?) and position Resident landed in Size, description, exact location of injuries</p> | S3261 | | |

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| S3261 | <p>Continued From page 2</p> <p>By interview on 8/18/16 at 5:05pm, Director of Nursing #B stated I want to say me and #185 and Director/LPN (at that time) #P... a nice day we were just out there... think there was a transportation bus picking up or dropping off... maybe #185 thought it was for him/her... fall was at end of sidewalk... I didn't actually see him/her go... think #P did... was laying outside and I helped get #185 up... didn't want to do a whole lot (further assessment) out there in front yard...</p> <p>The Operator failed to ensure #185's record contained documentation of all incidents, symptoms and other indications of illness or injury, including the date, time of occurrence, action taken, and results of the action.</p> <p>- Review of record revealed #187 admitted to facility 3/31/16 with diagnoses of Hypotension, Dementia, Anemia, Gastroesophageal reflux disease, Hip Fracture, Anxiety, and Urinary tract infection.</p> <p>The current functional capacity screen (FCS) of 8/12/16 assessed #187 in need of health care services: unable to perform (3) bathing, dressing, toileting, medication and treatment management; in need of physical assistance with transfers, mobility, and eating; with bladder incontinence; with memory, decision making, and cognitive impairments; wandered and used walker and wheelchair for mobility.</p> <p>The current negotiated service agreement (NSA) of 8/12/16 documented #187 to receive services to address these health care needs.</p> <p>Medical record contained the following Nurse's</p> | S3261 | | |

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| S3261 | <p>Continued From page 3</p> <p>Notes (NN):</p> <p>8/06/16 - 0720 - "Resident found on floor of other Resident's room after gotten up out of bed. Resident toileted and own room and complained of Left upper leg pain at that time. No hip pain on examination. Does have slight nausea... vitals taken... Resident in wheelchair. Walker taken to room. Consumed scant breakfast. Administer two Tylenol 325 milligrams for leg pain per standing order. No injury noted from fall. Request Resident set in wheelchair precaution for nausea possible emesis. Do not want Resident lying down spoke with son on phone, states I'll call sister. Dr faxed of incident."</p> <p>8/06/16 - 12:15pm - "Resident's daughter transfers Resident to hospital for examination of Left upper leg. When Resident taken to bathroom observed bruising of Left upper leg. Complained Left upper leg pain. Vitals... at this time no complaints of nausea no vomiting. Daughter calls Dr. on call for permission to transfer to hospital."</p> <p>8/11/16 - 1530 - "spoke with family and discussed readmission on 8/12/16 post hip fracture with surgical intervention..."</p> <p>The NN lacked pertinent information. The NN failed to describe: Time Nurse arrived and assessed Resident Position Resident found in What time medication for pain administered Time of family notification, and fax to physician Time of discovery of bruising, location, description Time of family arrival at facility Nurse assessment and contact with physician for transfer to hospital Time of Resident's departure from facility</p> | S3261 | | |

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| S3261 | <p>Continued From page 4</p> <p>By interview on 8/18/16 at 12:50pm Director of Nursing #B confirmed the available documentation lacked specific times of all events... confirmed the available documentation not clear on times of complaints of pain and assessments completed, not clear on time of family member arrivals, any further nursing assessments completed and lacked results of transfer to hospital until five days later.</p> <p>The Operator failed to ensure #187's record contained documentation of all incidents, symptoms and other indications of illness or injury, including the date, time of occurrence, action taken, and results of the action.</p> | S3261 | | |