STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N003004	A. BUILDING: _____ B. WING _____	12/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAN VILLAS ATCHISON	1635 RILEY STREET ATCHISON, KS 66002

(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 are the result of a licensure re-survey with attached complaint conducted at the above named assisted living facility on 12/27/16 and 12/28/16.	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)(11) The facility reported a census of 18 residents. The sample included 3 residents. Based on record review and interview for 3 residents (#227, #228 and #229), the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident #227 recorded admission date of 5/30/15 with diagnoses of:	S3261		

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

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S3261	Continued From page 1	S3261		

hypertension, glaucoma and long term use of aspirin.

Functional Capacity Screen (FCS) dated 5/26/16 recorded resident required assistance with bathing, dressing and unable to perform management of medications and treatments.

Negotiated Service Agreement (NSA) and Health Care Service Plan (HCSP) dated 5/26/16 recorded resident to receive staff assistance with bathing, dressing and management of medications.

Physician ' s visit record dated 6/3/15 recorded resident scheduled for surgery at [hospital name] on June 10th.

Resident record lacked nursing documentation of resident ' s surgical procedure including an assessment at the time resident returned to facility.

Physician ' s visit record dated 6/17/15 recorded resident follow up for lesion removals with physician ' s orders to leave steri-strip to left neck in place for 2 weeks, may remove at the end of two weeks.

Resident record lacked documentation of ongoing assessment of wound and removal of steri-strips

Licensed nurse care notes recorded illness on 12/18/15 with follow up charting through 12/21/15; next entry in the record 1 year later when CMA (certified medication aide) documented note for illness on 12/25/16 with follow-up charting through 12/27/16.

Interview on 12/28/16 at 10:35am with licensed

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S3261	Continued From page 2	S3261		

nurse #B confirmed record lacked any additional care note entries and confirmed lack of care note entries for lesion removal, physician ' s orders, and follow up after lesion removal and notification of family.

Record review for resident #228 recorded admission date of 5/31/16 with diagnoses of: diabetes mellitus type 1, hypertension, constipation, edema and long term use of aspirin.

FCS dated 5/31/16 recorded resident required assistance with bathing, walk/mobility, and management of medications and treatments.

NSA and HCSP dated 5/31/16 recorded facility staff to assist resident with bathing, ambulation and unable to perform management of medications and will do accu-checks for resident.

Before and after cataract surgery instructions recorded resident to have cataract surgery on 11/4/16.

Physician ' s visit record dated 11/4/16 recorded orders for Tylenol (for pain) 1-2 po (by mouth) every 4-6 hours as needed for pain. Leave patch on right eye until patient is seen in the office tomorrow.

Resident record contained new admission checklist dated 5/31/16 and lacked additional notes until CMA (certified medication aide) care note dated 12/1/16.

Resident record lacked nurses notes for cataract surgery, physician ' s orders and visit, condition after surgery and notification of family.

Interview on 12/28/16 at 10:35am with licensed

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S3261	Continued From page 3 nurse #B confirmed resident had cataract surgery and record lacked entries regarding the surgery, follow- up assessment, pain level and physician ' s orders. Record review for resident # 229 recorded admission date of 12/15/16 with diagnoses of atrial fibrillation, hypothyroidism, diabetes mellitus type 2, hypercholesterolemia, insomnia, macular degeneration, hypertension, congestive heart failure, edema, and long term use of anticoagulants. FCS dated 12/15/16 recorded resident required assistance with bathing, dressing, walk/mobility, eating and unable to perform management of medications and treatments. NSA and HCSP dated 12/15/16 recorded resident to receive staff assistance with bathing, dressing, walk/mobility, eating and management of medications. Physician ' s visit record dated 12/22/16 recorded new orders for Lorazepam (for anxiety) as needed for insomnia, MOM (milk of magnesia, for constipation) as needed, Jim Beam (liquor) and melatonin (a supplement) at bedtime, Ritalin (a medication for hyperactivity) 5mg (milligrams) in the morning, continue physical therapy, and Lasix (water pill) 40 mg every morning and 1 as needed if legs are swollen. Resident record contained a new admission checklist dated 12/15/16 and a licensed nurse care note dated 12/27/16. Record lacked nurses note entry for physician ' s visit, new medication orders and notification of family/resident.	S3261		

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S3261	Continued From page 4 Interview on 12/28/16 with licensed nurse #B confirmed record lacked nursing entry for 12/22/16 physician visit with orders. He/she stated he/she notifies families of changes but does not document it. For residents #227, #228 and #229, the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S3261		