STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N003005	A. BUILDING: _____ B. WING _____	01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT ATCHISON LLC	1301 N 4TH 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 an abbreviated survey conducted on 1/2/19 and 1/3/19 at the above named assisted living facility in Atchison, KS.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(2) The facility reported a census of 37 residents. The sample included 3 residents. Based on record review and interview for 1 of 3 residents sampled (#2) the operator failed to ensure designated facility staff conduct a screening following any significant change in condition as defined in K.A. R. 26-39-100. Findings included: - Resident review for resident #2 recorded admission date of 2/21/18 with diagnoses of: fall risk, mild dementia and hypertension.	S3081		

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

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S3081	Continued From page 1 Functional Capacity Screen (FCS) dated 2/21/18 recorded resident required physical assistance with bathing, dressing, toileting and transfer. Resident is unable to perform walk/mobility and management of medications and treatments. Negotiated service agreement and health care service plan (NSA/HCSP) dated 2/21/18 recorded resident to receive physical assistance from staff with bathing, stand by assistance with transfer, ambulation, dressing and toileting, and staff to administer medications. NSA dated 7/11/18 recorded resident to receive physical assistance from staff with bathing, stand by assistance at all times with gait belt for transfer, ambulation, and toileting, physical assistance with dressing, and staff to administer medications. Record lacked a FCS for 7/11/18. Interview on 1/3/19 at 10:15pm with licensed nurse #B confirmed resident had a change in condition in July and a new NSA was written. He/she confirmed record lacked a FCS for the change in resident condition. For resident #2, the operator failed to ensure designated facility staff conduct a screening following any significant change in condition as defined in K.A. R. 26-39-100.	S3081		
S3101 SS=D	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and	S3101		

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S3101	Continued From page 2 any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 37 residents. The sample included 3 residents. Based on record review and interview for 1 (#2) of 3 residents sampled, the operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement. Findings included: - Resident review for resident #2 recorded admission date of 2/21/18 with diagnoses of: fall risk, mild dementia and hypertension. Functional Capacity Screen (FCS) dated 2/21/18 recorded resident required physical assistance with bathing, dressing, toileting and transfer. Resident is unable to perform walk/mobility and management of medications and treatments. Negotiated service agreement and health care service plan (NSA/HCSP) dated 2/21/18 recorded resident to receive physical assistance from staff with bathing, stand by assistance with transfer, ambulation, dressing and toileting, and staff to administer medications.	S3101		

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S3101	Continued From page 3 NSA dated 7/11/18 recorded resident to receive physical assistance from staff with bathing, stand by assistance at all times with gait belt for transfer, ambulation, and toileting, physical assistance with dressing, and staff to administer medications. (record lacked a FCS for 7/11/18). NSA lacked signatures. Interview on 1/3/19 at 10:15am with licensed nurse #B confirmed NSA lacked signatures. For resident #2, the operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement.	S3101		
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 37 residents. The sample included 3 residents. Based on record review and interview for 2 residents (#1,2), the operator failed to ensure documentation of all incidents and indications of injury including date, time of occurrence, action taken and results of	S3261		

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S3261	Continued From page 4 the action. Findings included: - Record review for resident #1 recorded admission date of 4/23/18 with diagnoses of: hypertension and hypothyroidism. Functional Capacity Screen (FCS) dated 9/7/18 recorded resident required physical assistance with bathing, dressing, toileting walk/mobility and management of medications and treatments. Negotiated service agreement and health care service plan (NSA/HCSP) dated 9/7/18 recorded staff to provide physical assistance with bathing, dressing, toileting (reminders every 2 hours with peri-care), mobility: resident propels self in wheelchair and staff to assist in management of medications. Observation of resident on 1/2/19 at in the facility living room revealed resident in a wheelchair with a large purple area on left temple (healing bruise), approximately 3 inches around, dark purple with green edges and light red in the center, resident stated he/she fell a few days ago. Resident also had a raised red area with a scabbed center (approx. ½ inch round by 1 inch high) on his/her left forearm, area oozed purulent drainage when touched and resident complained of pain at the site. Nursing progress notes dated 12/28/18 (no time) recorded "Resident was found on bathroom floor at 4:15pm. Resident states he/she was transferring from toilet to wheelchair and lost his/her balance and fell on the floor. Resident	S3261		

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S3261	Continued From page 5	S3261		

states he/she did not hit his/her head and has no complaints of pain ...."

Record lacked nursing progress notes after 12/28/18.

Interview on 1/3/19 at 10:15am with licensed nurse #B last nurses progress note was 12/28/18. He/she stated resident did not have the bruise on his/her head last time he/she saw resident, but nurse has been gone a few days. He/she confirmed record lacked evidence of physician notification of the fall and bruise. Nurse was unaware of the raised area on resident's left arm until 1/2/19. He/she confirmed record lacked follow up documentation after the fall and temporal bruise.

Resident record lacked documentation of fall follow-up, temporal bruise, left forearm growth/ cyst including notification of physician of these resident changes.

Resident review for resident #2 recorded admission date of 2/21/18 with diagnoses of: fall risk, mild dementia and hypertension.

FCS dated 2/21/18 recorded resident required physical assistance with bathing, dressing, toileting and transfer. Resident is unable to perform walk/mobility and management of medications and treatments.

NSA and HCSP dated 2/21/18 recorded resident to receive physical assistance from staff with bathing, stand by assistance with transfer, ambulation, dressing and toileting, and staff to administer medications.

NSA dated 7/11/18 recorded resident to receive

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S3261	Continued From page 6 physical assistance from staff with bathing, stand by assistance at all times with gait belt for transfer, ambulation, and toileting, physical assistance with dressing, and staff to administer medications. (record lacked a FCS for 7/11/18). NSA lacked signatures. Nursing progress notes recorded entries on 4/19/18 at 9:48pm "Resident stated he/she slid out of wheelchair ..." with next entry on 8/26/18 at 9:00am " ... Resident stated that he/she had fallen out of his/her wheelchair ...." Interview on 1/3/19 at 10:15pm with licensed nurse #B confirmed resident had a change in condition in July and a new NSA was written. He/she confirmed record lacked entries from 4/19/18 until 8/26/18 including documentation of resident change in condition during that time. Record lacked documentation of resident change in condition. For residents #1, 2, the operator failed to ensure documentation of all incidents and indications of injury including date, time of occurrence, action taken and results of the action.	S3261		