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	N003005	A. BUILDING: _____ B. WING _____	06/28/2018

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VINTAGE PARK AT ATCHISON LLC	1301 N 4TH ATCHISON, KS 66002

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure with attached complaints conducted at the above named assisted living facility in Atchison, KS on 6/25/18, 6/26/18, 6/27/18 and 6/28/18.	S 000		
S3081 SS=E	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)(1)(2) The census equaled 38 residents; the sample included 3 residents and 2 closed review residents. Based on interviews and review of records, for 2 of 3 sampled residents (#623, 624), the operator failed to ensure designated facility staff conducted a screening to determine each resident's functional capacity at least once every 365 days and following any significant change in condition as defined in K.A.R. 26-39-100. Findings included: - Record review for resident #623 recorded	S3081		

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

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S3081	Continued From page 1	S3081		

admission date of 1/18/09 with diagnoses including: osteoporosis, degenerative arthritis, chronic obstructive pulmonary disease, anemia, hypertension, asthma and Alzheimer's.

Most recent Functional Capacity Screen (FCS) dated 1/23/17 recorded resident required assistance with bathing, and management of medications and treatments.

Record lacked a FCS within 365 days.

Interview on 6/25/18 at 2:18pm with licensed nurse #B confirmed FCS dated 1/23/17 is most recent on record.

Record review for resident #624 recorded admission date of 10/25/12 with diagnoses of: anemia, dyslipidemia, hypertension and osteoporosis.

Most recent FCS dated 10/9/15 recorded resident required assistance with meal preparation, laundry/housekeeping and had problems with short term memory.

Nurses notes recorded resident falls on 3/20/17, 4/16/18 and 4/22/18.

Record lacked a FCS within 365 days.

Interview on 6/25/18 at 3:00pm with licensed nurse #B confirmed FCS of 10/9/15 is the most recent on record.

For residents #623 and 624, the operator failed to ensure designated facility staff conducted a screening to determine each resident's functional capacity at least once every 365 days and following any significant change in condition as

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S3081	Continued From page 2 defined in K.A.R. 26-39-100.	S3081		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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 26-41-202 (a) The census equaled 6 the sample included 3 residents and 2 closed review residents. Based on reviews of facility records and interviews for 1 of 3 residents (#623) sampled, the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside	S3085		

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S3085	Continued From page 3	S3085		

resources provide a service.

Findings included:

- Record review for resident #623 recorded admission date of 1/18/09 with diagnoses including: osteoporosis, degenerative arthritis, chronic obstructive pulmonary disease, anemia, hypertension, asthma and Alzheimer's.

Most recent Functional Capacity Screen (FCS) dated 1/23/17 recorded resident required assistance with bathing, and management of medications and treatments.

Most recent Negotiated Service Agreement (NSA) dated 1/23/17 recorded resident to receive physical assistance with bathing and management of medications and treatments.

Nurses notes dated 8/14/17 recorded resident was admitted to [hospice] services today.

NSA lacked entry for hospice outside provider services, including provider name, service provided and party responsible for payment of the services.

Interview on 6/25/18 at 2:18pm with licensed nurse #B confirmed NSA lacked entry for the hospice outside provider services. He/she confirmed an addendum to the NSA for those services could not be found.

For resident #623, the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will receive, identification of the

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S3085	Continued From page 4 provider of each service and identification of each party responsible for payment if outside resources provide a service.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement 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; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-202 (d) (1)(2) The census equaled 38 residents; the sample included 3 residents and 2 closed review residents. Based on interviews and review of records, for 2 of 3 sampled residents (#623, 624), the operator failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days. Findings included:	S3092		

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S3092	Continued From page 5 - Record review for resident #623 recorded admission date of 1/18/09 with diagnoses including: osteoporosis, degenerative arthritis, chronic obstructive pulmonary disease, anemia, hypertension, asthma and Alzheimer's. Most recent Functional Capacity Screen (FCS) dated 1/23/17 recorded resident required assistance with bathing, and management of medications and treatments. Most recent Negotiated Service Agreement (NSA) dated 1/23/17 recorded resident to receive physical assistance with bathing and management of medications and treatments. Record lacked a NSA within 365 days. Interview on 6/25/18 at 2:18pm with licensed nurse #B confirmed NSA dated 1/23/17 is most recent on record. Record review for resident #624 recorded admission date of 10/25/12 with diagnoses of: anemia, dyslipidemia, hypertension and osteoporosis. Most recent FCS dated 10/9/15 recorded resident required assistance with meal preparation, laundry/housekeeping and had problems with short term memory. Most recent NSA dated 10/9/15 recorded resident to receive 2 meals a day with gluten free service as much as possible, weekly laundry and cleaning services and qualified staff to manage treatments as ordered. NSA recorded as reviewed on 10/6/16 by licensed	S3092		

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S3092	Continued From page 6 nurse #B. Record lacked a NSA within 365 days. Interview on 6/25/18 at 3:00pm with licensed nurse #B confirmed NSA of 10/9/15 is the most recent on record. For residents #623 and 624, the operator failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days.	S3092		
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 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 38 residents. The sample included 3 residents and 2 closed review residents. Based on record review and interview for 1 resident (#622) the operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement. Findings included:	S3101		

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S3101	Continued From page 7 - record review for resident #622 recorded admission date of 4/24/18 with diagnoses of: Cerebrovascular accident, hypertension, coronary artery disease and hyperlipidemia. Functional Capacity Screen dated 4/24/18 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walk/mobility and management of medications and treatments. Negotiated service agreement (NSA) dated 4/24/18 recorded resident to receive physical assistance with bathing, dressing, toileting, transfers, walk/mobility and management of medications and treatments. NSA was signed only by licensed nurse #B. NSA lacked the signatures of resident/responsible party. Interview on 6/25/18 at 3:00pm with licensed nurse #B confirmed NSA lacked signatures of resident/responsible party (child) and responsible party visits facility often. For resident #622 the operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement.	S3101		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation:	S3248		

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S3248	Continued From page 8 (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) The census equaled 38 the sample included 3 residents and two closed review residents. Based on interviews and reviews of facility records, for 3 of 5 certified recently hired staff (#J, #K, #L) the operator failed to ensure the employee record contained supporting documentation from the nurse aide registry and criminal background checks. Findings included:	S3248		

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S3248	Continued From page 9 - Review of personnel records for certified staff #J (hire date 12/8/17), record lacked documentation of criminal background check through health occupations and credentialing upon hire. Review of personnel records for certified staff #K (hire date 10/18/17), record lacked documentation of criminal background check through health occupations and credentialing upon hire. Review of personnel records for certified staff #L (hire date 10217), record lacked documentation of criminal background checks (KBI checks) through health occupations and credentialing upon hire and lacked evidence of certified registry check through the Kansas nurse aide registry. Interview on 6/26/18 at 11:30am with facility operator #A confirmed records lacked evidence of KBI checks for the 3 certified staff hired. For all residents of the facility the operator failed to ensure the employee record contained supporting documentation from the nurse aide registry and criminal background checks.	S3248		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually	S3310		

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S3310	Continued From page 10 on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 38 residents. The sample included 3 residents and 2 closed review residents. Based on record review, and interview, for all residents of the facility, the operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - On 6/25/18 at 2:55pm, during personnel review, facility records lacked documentation for tuberculosis (TB) symptom screen questionnaires and TB skin testing for the following recent staff hired: Licensed nurse #C, hire date 5/21/18. Certified staff #J, hire date 12/8/17. Certified staff #K, hire date 10/18/17. Certified staff #L, hire date 10/2/17. Facility records lacked documentation for annual	S3310		

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S3310	Continued From page 11 TB symptom screen or TB skin testing for certified staff # G hire date 5/29/17, last TB skin test 5/29/17 read on 5/31/17. Record for resident # 622, admission date 4/24/18 lacked evidence of TB skin testing upon admission. Interview on 6/26/18 at 11:30am with facility operator #A, confirmed records lacked evidence of TB skin testing stating records cannot be found. For all residents of the facility, the operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		