Kansas Department on Aging

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 _____	04/22/2024

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 represent the findings of a resurvey with a complaint 183338 at the above named Assisted Living conducted 04/17/24, 04/18/24 and 04/22/24.	S 000		
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: 3085 KAR 26-41-202(a)(1) The facility reported a census of 30 residents with three residents included in the sample along with one abbreviated record review. Based on observation, interview, and record review the	S3085		

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

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S3085	Continued From page 1	S3085		

operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)103.

Findings included:

- R103's medical record revealed she moved into the facility on 10/03/21 with a diagnosis of Parkinson's Disease.

The 02/22/24 FCS identified R103 used a walker but did not identify the use of a brace.

The 02/22/24 NSA did not identify that R103 used a neck brace and what services the facility staff provided for the care of the neck brace.

On 04/18/24 at 01:12 PM R103 sat in a wheelchair in her room and wore a neck brace.

On 04/22/24 at 03:19 PM "Certified Nurse Aide" (CNA) C stated R103 wore her neck brace at all times and two staff were required to replace the brace for cleaning. CNA C stated one staff supported R103's neck while the other staff changed out the neck brace with a clean brace.

On 04/22/24 at 04:17 PM "Licensed Nurse" (LN) B stated staff cleaned R103's the neck brace and stated she did not think there was anything on the R103's care plan or the NSA that addressed the use of a neck brace or what services staff provided in the care of the neck brace.

The operator failed to ensure R103's NSA was

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S3085	Continued From page 2 fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		