STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N007006	A. BUILDING: _____ B. WING _____	05/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT HIAWATHA LLC	400 KANSAS AVENUE HIAWATHA, KS 66434

(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 conducted on 5/22, 5/23 and 5/24/17 at the above named assisted living facility in Hiawatha, kansas.	S 000		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 25 residents. The sample included 3 residents. Based on record review, observation and interview for 3 (#522, #523, #524) sampled residents, requiring health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #522 recorded admission date of 7/9/2010 with diagnoses of:	S3155		

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

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S3155	Continued From page 1 schizoaffective disorder, hypertension, gastroesophogeal reflux disease (GERD), diabetes mellitus type 2 and myelodysplastic syndrome. Functional Capacity Screen (FCS) dated 6/16/16 recorded resident is independent with walk/mobility and unable to perform management of medications and treatments. Negotiated Service Agreement (NSA) dated 6/16/16 recorded resident independent with walker and facility staff to administer medications and treatments, CMA (certified medication aide) or LPN (licensed practical nurse) to draw up insulin, resident to self-inject insulin. Health Care Service Plan (HCSP) dated 6/16/16 recorded resident independent with walker, facility CMA's and nurses to distribute appropriate medications and treatments per physician's orders. Self-administration evaluation dated 1/12/16 recorded resident may self-inject insulin and cough drops. Nurse's notes dated 7/12/16 recorded "gel cushion has been ordered". HCSP lacked entries for self-administration of cough drops and use of a pressure reduction gel cushion. Interview on 5/22/17 at 5:05pm with licensed nurse #B confirmed resident has a pressure reduction gel cushion in his/her recliner and HCSP lacked entry for use of the pressure reduction gel cushion. He/she also confirmed resident self-administers cough drops and HCSP	S3155		

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S3155	Continued From page 2 lacked entry for this self- administration. Record review for resident #523 recorded admission date of 1/17/17 with diagnoses of: hypertension, cardiomyopathy, mitral regurgitation, congestive heart failure, hypothyroidism, GERD, chronic pain syndrome, dementia and chronic obstructive pulmonary disease (COPD). FCS dated 1/17/17 recorded resident required supervision with walk/mobility, required assistance with management of medications and unable to perform management of treatments. NSA dated 1/17/17 recorded resident is independent with walker and facility to give medications and treatments per doctor orders. HCSP dated 1/17/17 recorded resident is independent with walker, nursing to administer medications and treatments as ordered by doctor. May 2017 medication administration record recorded Fluocinonde cream (eczema)- may keep at bedside and self-administer; Sombre gel, apply to knees and ankles as needed for pain, may self-administer; and DuoNeb(breathing treatment) 0.5mg/2ml (milligrams/milliliter) use 1 vial in nebulizer 3 times a day for COPD, resident may keep in room and self-administer. (Initialed as administered by staff three times daily may 1-May 22) Interview on 5/23/17 at 10:15am with resident #523 confirmed he/she administers own nebulizer treatments without staff assistance. HCSP lacked entry for self-administration of creams and nebulizer treatments.	S3155		

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S3155	Continued From page 3 Interview on 5/22/17 at 4:35pm with licensed nurse #B confirmed resident self-administers nebulizer treatments and facility staff checks on resident to ensure he/she has taken the treatments. He/she is unsure if resident self-administers any creams. Record review for resident #524 recorded admission date of 3/24/09 with diagnoses of: hypothyroidism, GERD, congestive heart failure, ASHD (arteriosclerotic heart disease), hypercholesterolemia and pain. FCS dated 3/16/17 recorded resident unable to perform transfer and walk/mobility. NSA dated 3/16/17 recorded resident is safest with 2Assist, can barely stand to transfer, uses wheelchair for mobility propels self some. HCSP dated 1/25/17 recorded resident needs increase assistance with transfers, fall prevention: only able to barely stand and pivot, monitor for change in gait while transferring. Nurse's notes recorded falls on: 12/9/16 1:20pm, recorded resident fall, resident missed the wheelchair; 1/28/17 7:45pm, resident on the floor in bathroom between the toilet and wheelchair. ; 2/1/17 at 6:30pm "resident found laying on back in front of wheelchair in hallway". HCSP lacked entries for fall interventions and plan for emergency evacuation assistance when resident required assistance to exit the building. Interview on 5/22/17 at 4:35pm with licensed nurse #B confirmed HCSP lacked interventions for repeated falls and resident requires	S3155		

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S3155	Continued From page 4 assistance of 2 staff at times and would require assistance for emergency evacuations. For residents #522, #523 and #524, requiring health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S3155		