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	N046051	A. BUILDING: _____ B. WING _____	04/04/2016

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LAMAR COURT ASSISTED LIVING COMMUNITY	11909 LAMAR OVERLAND PARK, KS 66209

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigation 89605 at the above named assisted living facility conducted on 3-28-16, 3-29-16, 3-30-16, 3-31-16 and 4-4-16.	S 000		
S3101 SS=E	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 73 residents. The sample included 5 residents and 2 closed record reviews. The administrator failed to ensure that each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreement based on record review and interview for 5 (#350, #351, #352, #353, #354) of 5 current residents sampled. Findings included: - Record review for resident #350 revealed admission on 11-23-13 with diagnoses End-Stage Parkinson ' s Disease, Bilateral Macular Degeneration, Gastroesophageal Reflux Disease, Anxiety, Depression and Irregular Heart Rhythm. The Functional Capacity Screen (FCS) dated 11-22-15 documented resident as unable to	S3101		

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

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perform bathing, dressing, toileting, transfers, walking/mobility; required physical assistance with management of medications/treatment and independent with eating. Usually continent of bladder. Problems with short term memory, long term memory, memory/recall and decision-making.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 11-25-15 recorded services for monitoring of an infusion pump called a Duopa (Carbidopa/Levodopa suspension to replace oral Sinemet for Parkinson ' s), family to manage; and staff assistance with bathing, dressing/undressing, toileting, transfers and assistance with bed mobility and positioning.

The NSA/HCSP lacked signatures for resident/responsible party.

Interview with administrative staff B on 3-29-16 at 2:43 pm confirmed resident/responsible party did not sign NSA/HCSP.

- Record review for resident #351 revealed admission date 3-24-16 with diagnoses Anxiety, Cerebral Palsy, Myopathy, Obsessive/Compulsive Disorder, Hypertension, Hypokalemia, Gastroesophageal Reflux Disorder and Seasonal Allergic Rhinitis.

The Functional Capacity Screen (FCS) dated 3-24-16 recorded resident required physical assistance with bathing, dressing, and management of medications/treatments. Current problems/risks included falls.

The NSA/HCSP dated 3-24-16 recorded services for nutritional intake, application of bilateral leg

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S3101	Continued From page 2	S3101		

braces, therapy services by outside providers, fall risk management and additional services included assistance with bathing, dressing/undressing, toileting, transfers, mobility, and skin condition.

The NSA/HCSP lacked signatures for resident or responsible party. This was corrected on 3-29-16 when the resident signed the agreement.

Interview with licensed staff D on 3-29-16 at 12:25 pm confirmed resident / responsible party did not sign NSA/HCSP on or before date of admission.

- Record review for resident #352 revealed admission on 1-2-15 with diagnoses Coronary Artery Disease, Cardiovascular Disease, Falls and History of Stroke with Hemiparesis.

The functional capacity screen dated 10-2-15 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility and management of medications/treatments; independent with eating. Frequently incontinent of bladder. Problems with short term memory, memory/recall and decision-making. Current problems/risks included impaired decision-making.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10-7-15 with some revisions dated 1-20-16 recorded services for management of fall risk and actual falls, assistance with bathing, dressing/undressing, toileting, transfers, management of medications and treatment of skin issues/wounds.

The NSA/HCSP lacked signatures for

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S3101	Continued From page 3 resident/responsible party. Interview with administrative staff B on 3-30-16 at 10:11 am confirmed resident/responsible party did not sign NSA/HCSP. - Record review for resident #353 revealed admission on 4-5-14 with diagnoses Atrial Fibrillation, Diabetes Mellitus, and Edema. The functional capacity screen (FCS) dated 1-5-16 recorded resident required physical assistance with dressing, toileting, transfers, walking/mobility, and management of medications/treatments; independent with eating and unable to perform bathing. Incontinent of bladder. Cognition: problems with short term memory. Current problems/risks: falls/unsteadiness and impaired vision/hearing. The negotiated service agreement/health care service plan (NSA/HCSP) dated 1-7-16 recorded services for falls risk management and actual falls, staff assistance with bathing, dressing/undressing, toileting, eating and mobility. Interview with administrative staff A on 3-20-16 at 12:30 pm confirmed resident/responsible party did not sign NSA/HCSP. - Record review for resident #354 revealed admission on 3-1-15 with diagnoses Early Dementia, Diabetes and Anticoagulation on Warfarin. The functional capacity screen (FCS) dated 12-1-15 recorded resident had problems with short term memory and impaired decision-making.	S3101		

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S3101	Continued From page 4 The negotiated service agreement/health care service plan (NSA/HCSP) dated 12-7-15 recorded services meals and monitoring of weight; resident uses walker and is also mobile per scooter. The NSA/HCSP lacked signatures for resident/responsible party. Interview with administrative staff A on 3-30-16 at 2:30 pm confirmed resident/responsible party did not sign NSA/HCSP. For residents #350, #351, #352, #353, #354, the administrator failed to ensure that each individual involved in the development of the NSA/HCSP signed the agreement.	S3101		
S3155 SS=G	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 73 residents. The sample included 5 residents and 2 closed record reviews. Based on record review and interview for 1 (#353) of 5 sampled residents, the	S3155		

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S3155	Continued From page 5 administrator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of the resident when the licensed nurse failed to provide or coordinate interventions to address this cognitively impaired resident ' s risk for falls when the resident experienced multiple falls. The resident experienced a fall on 3-14-16 which resulted in a fracture of the right hip. Findings included: - Record review for resident #353 revealed admission on 4-5-14 with diagnoses Atrial Fibrillation, Diabetes Mellitus, and Edema. Functional capacity screen (FCS) dated 10-5-15 recorded resident required physical assistance with dressing, toileting, transfers, and walking/mobility, impaired short term memory, memory recall and decision making. The negotiated service agreement/health care service plan (NSA/HCSP) recorded the following services initiated 7/27/15: The resident is at risk for falls related to (blank). Interventions: - Become familiar with the resident ' s daily routine and attempt to anticipate and meet the resident ' s needs daily - Encourage participation in activities that will increase strength and mobility - Encourage resident to wear glasses and ensure that the glasses are clean and in good repair - Ensure that resident is wearing appropriate-fitting clothing and footwear. - Provide resident with safe environment. - Remind resident to rise and change positions slowly	S3155		

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Transferring: Interventions: Report any changes in ability to transfer to nurse.

Mobility: Interventions:
- Ambulation - uses walker for short distance ambulation.
- Is independent with ambulation.

Health Status Note 11-20-15 at 5:58 pm: " Resident found by CMA (certified medication aide) on right side with pant/brief around ankles ...pants were soiled and left in bathroom. Also noted walker was turned over in the bathroom. Resident non-injured, denies complaint of pain or discomfort. Range of motion within normal limits for this resident ...Resident denies hitting head was assisted up with two ... " Signed by licensed staff F.

Health Status Note 11-21-15 and 11-22-15 document increased confusion, wandering and inability to make needs known.

Faxed communication to physician dated 11-23-15 stated resident " fell again last night " with physician ' s response " will have nurse practitioner see. " The record lacked additional documentation of this fall.

Health Status Note 11-25-15 at 9:30 am: " Resident noted with a general decline with activities of daily living needing increased staff assistance and with wheelchair for mobility. Denied complaint of pain and discomfort upon visit. Nurse Practitioner notified requesting orders for physical therapy/occupational therapy for strength training ... " Signed by licensed staff G.

Physician Progress note11-25-15: " multiple falls

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over weekend. Patient more confused does not report where he/she is - not dressing self " . The record lacked documentation of dates and times of falls.

Physician Progress note12-1-15: " Multiple falls - requiring care with all activities of daily living - patient not utilizing call light; increased generalized weakness requiring increased care with all activities of daily living and transferring. Altered mental status ...flat affect, confused. The record lacked documentation of the dates and times of falls.

Health Status Note 12-9-15 at 9:30 pm: " ...Summoned to resident ' s room at approximately 9:05 pm, observed resident sitting on bilateral buttocks against chair, tennis shoe on right foot, only sock on left foot, wheelchair in close proximity, pendant noted on table next to recliner opposite side of room, able to perform active and passive range of motion with no complaints voiced. Four small abrasions noted to right forearm. No other new bruising/nodules noted; neurological checks initiated. ...reiterated to resident importance keeping pendant around neck, resident verbalized an understanding ... " Signed by licensed staff H.

Physician Progress note 12-9-15 " follow up of falls and overall decline " Stated: " Seen in room, flat affect, requires help with all activities of daily living, now in wheelchair. Awake, alert, confused. Overall generalized weakness and decline. "

Health Status Note 12-15-15 at 10:15 am: " Care plan meeting held today with responsible party and family to discuss resident ' s general decline/possible progression with dementia and

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change in level of care. Family agreed they also noted the change in resident and were expecting a rise in level of care .... " Signed by licensed staff G.

NSA/HCSP lacked documentation of increased care needs.

The NSA/HCSP recorded the following services initiated on 1/7/2016:

The resident is at risk for falls related to (blank): Interventions:
- Encourage, remind and assist resident with using the bathroom at more frequent intervals.
- Evaluate, interview and document resident physical condition and cognitive status.
- Invite, encourage and assist resident to activities of preference.
- Remind resident to use call device call light for assistance as needed.

The resident has had an actual fall related to unsteadiness: Interventions:
- After fall and before moving the resident, evaluate the resident for changes in range of motion and notify the nurse.
- Evaluate the environment at the time and location of the fall and attempt to identify any factors that may have contributed to the fall ...and report findings to supervisor.
- Obtain and record vital signs after fall event ...notify nurse.
- Remind resident to use assistive devices, walker and call light.
- Therapy referral for strength and mobility/balance post fall and as needed per physician order.

Mobility: Interventions:

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S3155	Continued From page 9 - Mobile with wheelchair for long distance. - Unable to exit building without total assistance. Home Health Visit Notification dated 1-11-16 stated the following: " (Resident) discharged from physical therapy services with (support) in transfers and stand by assistance with gait with rolling walker. Physical Therapy recommends (resident) to walk with staff in bedroom level in ___ activities of daily living to maintain mobility/strength. (Resident) instructed in _____. (portions of written summary illegible.) Interviews on 3-30-16 from 12:08 pm to 1:35 pm with administrative staff A and B and licensed staff D confirmed the physical therapist ' s recommendations for assistance with transfers and stand by assistance with ambulation were not incorporated into the resident ' s health care service plan. Stated they could not read all of the therapist ' s report and confirmed no staff had contacted the therapist for clarification. Record lacked documentation from 12-24-15 until 3-9-16 Confidential Interview stated resident " had a fall last year and went downhill from there, more and more confused. They had to " help him/her with everything " which included dressing and toileting. He/she was unsteady. Walked by himself/herself used a walker. Resident had continued to fall " at least once a month " . Health Status Note 3-14-16 at 3:33 pm: " Around 11:00 am today, CNA called me to resident ' s apartment. I observed the resident sitting on the floor with back resting against chair, left knee bent and right leg straight. Unable to bear weight, complains of pain at buttocks, left hip and right	S3155		

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thigh. STAT x-ray indicates right hip fracture. Resident transferred to hospital around 3:00 pm ... " Signed by licensed staff D.

Radiology Report dated 3-14-16: Hip unilateral with pelvis 1 view on Right and Right femur 1 view: Fracture of the femoral neck with superior displacement of the distal fragment. Acute displaced femoral neck fracture.

Interviews on 3-30-16 from 12:08 pm to 1:35 pm with administrative staff A and B and licensed staff D confirmed the resident was experiencing a decline in cognitive ability and would not have been able to consistently remember to use a call light to request staff assistance or to change positions slowly when rising from a seated position (per the health care service plan). Confirmed there were no interventions or instructions to certified staff for transfers Administrative staff A, administrative staff B and licensed staff D confirmed the NSA/HCSP lacked documentation of interventions to address resident ' s increased confusion and fall risk.

For resident #353, the administrator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of the resident when the licensed nurse failed to provide or coordinate interventions to address this residents increased cognitive impairment and risk for falls when the resident experienced multiple falls then a fall which resulted in a right hip fracture.