STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046055	A. BUILDING: _____ B. WING _____	01/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT GARDNER LLC	869 JUNIPER TERRACE GARDNER, KS 66030

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigations 136500, 121564, 118147 at the above named assisted living facility conducted on 1-8-19, 1-9-19, and 1-10-19.	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)(1)(2) The facility reported a census of 32 residents. The sample included 3 residents, one focus review resident and one closed record review. Based on record review and interview for 1 (#300) of 3 sampled residents, the operator failed to ensure designated facility staff shall conduct 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 #300 revealed	S3081		

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

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S3081	Continued From page 1	S3081		

admission on 7-10-2010 with diagnoses Dementia, Hypertension, Irritable Bowel Syndrome, Hyperlipidemia, Hypokalemia, Osteoarthritis, Coronary Artery Disease, and Gastroesophageal Reflux Disease.

The record contained Functional Capacity Screens dated 7-17-16 (annual) and 7-17-18 (annual). The record lacked documentation of a screening performed in 2017.

The current Functional Capacity Screen (FCS) dated 7-17-18 recorded the resident required physical assistance with bathing; supervision of dressing and toileting; independent with transfers, walking/mobility and eating; and unable to perform management of medications and treatments. Incontinent of bladder. No problems with cognition or communication. Current problem/risk identified included impaired vision. Uses walker.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 7-17-18 recorded services for facility staff to assist with bathing; monitor for clean clothing and to provide reminders for toileting and assist with changing briefs/pericare. Resident independent with transfers and ambulation. Staff to observe while in view for safety.

The current FCS lacked documentation of reassessment following a change in condition regarding resident's requirement for physical assistance with dressing, toileting, transfers and walking/mobility.

Observation on 1-9-19 at 9:50 am revealed the resident in room sitting in a wheelchair. Alert and oriented to person, place and time. Stated staff

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S3081	Continued From page 2 assisted him/her with getting dressed every day, toileting and bathing. Stated he/she uses walker in room but requires staff to push wheelchair for longer distances. Unable to ambulate independently down hallway to dining room. Certified Staff D came into room to assist resident to the bathroom. Resident able to stand and ambulate with walker (required cueing and physical assist). Ambulated into bathroom, where Certified Staff D assisted resident with pulling pants down/up and changing brief. Interview on 1-9-19 at 10:15 am with Certified Staff D stated resident requires physical assistance with dressing (especially anything below the waist and changing brief). Stated resident would require hands on assistance with pericare at times and requires staff to propel wheelchair to activities and meals as he/she is unable to ambulate long distance with the walker. Interview on 1-9-19 at 10:45 am with Licensed Staff C confirmed he/she had performed the FCS assessment on 7-17-18 and the resident had since experienced a decline in ability to perform dressing, toileting, transfers and walking/mobility. Confirmed resident now required physical assistance to perform these activities of daily living and the FCS lacked documentation of review after this decline. Interview on 1-9-19 at 12:42 pm with Administrative Nurse C confirmed he/she was unable to locate a FCS performed in 2017. For Resident #300, the operator failed to ensure designated facility staff conducted a screening to determine each resident's functional capacity at least every 365 days and following a significant change in condition as defined in K.A.R.	S3081		

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S3081	Continued From page 3 26-39-100 when the resident experienced a decline in ability to perform activities of daily living and required physical assistance.	S3081		
S3085 SS=E	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)(1) The facility reported a census of 32 residents. The sampled included 3 residents, one focus review resident and one closed record review. Based on observation, record review and interview for 2 (#200, #300) of 3 sampled residents, the operator failed to ensure the Negotiated Service Agreement included a description of services to include indication/use of	S3085		

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S3085	Continued From page 4 a bed assist transfer rail and/or blood glucose monitoring. Findings included: - Record review for Resident #200 revealed admission on 11-21-18 with diagnoses Type 2 Diabetes Mellitus with Peripheral Neuropathy, Chronic Systolic Atrial Fibrillation, Tremors, Hypertension, Anemia, Hyperlipidemia, Hearing Loss, Falls/Debility. The Functional Capacity Screen dated 11-21-18 recorded resident unable to perform management of medications/treatments; independent with toileting, transfers and walking/mobility. The Negotiated Service Agreement/Health Care Service Plan dated 11-21-18 recorded facility staff to administer medications, resident to self-inject insulin. Resident independent with transfers and ambulation, resident uses walker and staff to monitor when in view. The NSA/HCSP lacked documentation of use of a bed assist rail for bed mobility and transfers; and facility staff to perform blood glucose monitoring. Observation on 1-9-19 at 10:54 am revealed resident had double bed with a bed assist rail attached to the frame on one side. Resident stated he/she uses the bed assist rail when getting out of bed. Confirmed he/she self injects insulin after staff "set it up" and facility staff perform blood glucose monitoring. Stated he/she had performed own blood glucose monitoring prior to moving into facility. Interview on 1-9-19 at 11:29 am with	S3085		

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S3085	Continued From page 5 Administrative Nurse C confirmed the record lacked documentation of a safety assessment of the bed assist rail prior to use and the NSA/HCSP lacked documentation of use of the bed assist rail for bed mobility/transfers. Further confirmed the NSA/HCSP lacked documentation that facility staff dial insulin pen for the resident and perform blood glucose management. For Resident #200, the operator failed to ensure the Negotiated Service Agreement/Health Care Service Plan provided a description of services which included use of a bed assist rail for bed mobility/transfers and facility staff to perform blood glucose monitoring. - Record review for Resident #300 revealed admission on 7-23-18 with diagnoses Dementia, Hypertension, Irritable Bowel Syndrome, Hyperlipidemia, Hypokalemia, Osteoarthritis, Coronary Artery Disease, and Gastroesophageal Reflux Disease. The Functional Capacity Screen (FCS) dated 7-17-18 recorded the resident independent with transfers, and walking/mobility. Uses walker. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 7-17-18 recorded resident independent with transfers and ambulation. Staff to observe while in view for safety. The NSA/HCSP lacked documentation of use of a bed assist rail for transfers and bed mobility. "Side Rail/Cane Evaluation" dated 11-14-16 documented that "resident demonstrates safe use of siderail/cane" and stated "The resident's	S3085		

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S3085	Continued From page 6 NSA and Plan of Care must indicate the presence and purpose of the side rail/cane." Observation on 1-9-19 at 9:50 am revealed a bed cane securely attached to the bed frame on one side of resident's bed. Interview with Resident #300 stated he/she uses the bed cane "to pull" self when in bed and when getting up. Interview on 1-9-19 at 11:20 am with Administrative Nurse C confirmed the NSA/HCSP lacked documentation of use of a bed assist rail for bed mobility and transfers. For Resident #300, the operator failed to ensure the NSA/HCSP provided a description of services to include the use of a bed assist rail for bed mobility and transfers.	S3085		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S3280		

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S3280	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 32 residents. The sample included 3 residents, one focus review resident and one closed record review. Based on record review and interview for all residents, the operator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the facility's entire emergency management plan with all residents. Findings included: - Review on 1-8-19 and 1-9-19 of the facility's emergency management plan notebook with Operator who provided documentation of review of the facility's emergency plan revealed the plan lacked documentation of quarterly review of all components of the emergency management plan with all residents. Operator stated all employees were in-serviced through Relias computer training as required and upon hire were toured throughout the facility and informed where emergency shut offs/fire extinguishers were located. Documentation labeled "Resident Disaster Education" revealed the following: 6-2-17: Tornado Procedures/Warnings reviewed with 11 residents. (Residents toured tornado shelters in the building). 9-1-17: Flood reviewed with 10 residents. 12-1-17: Severe Weather reviewed with 13 residents. 2-2-18: Natural Gas Leak reviewed with 14 residents.	S3280		

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S3280	Continued From page 8 5-4-18: Tornado Procedures/Warnings reviewed with 11 residents. 6-7-18: Flood reviewed with 11 residents. 9-7-18: Evacuation off premises/sheltering plan reviewed with 15 residents. Informed new disaster manual coming soon. 10-5-18: Hurricane/High winds reviewed with 11 residents. Evacuations conducted on 6-15-18 and 9-16-18. Review of the new Emergency Management Plan manual revealed the following disasters covered: Fire, Bomb Threat, Water Disruption, Electricity outage, Natural Gas interruption, Explosion, Hurricane/High Winds, Tornado/Earthquake/Severe Weather. (Note: the plan lacked missing resident and what to do in the event of a natural gas leak.) Interview on 1-9-19 around 2:00 pm with Operator stated Disaster Plan was reviewed during Resident Council and confirmed the facility lacked a system for ensuring any residents who did not attend the meeting received the information. Further confirmed the plan lacked documentation of review of the entire plan on a quarterly basis. For all residents, the operator failed to ensure emergency preparedness by ensuring quarterly review of the entire emergency management plan with all residents.	S3280		