| 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 _____ | C 04/17/2017 |

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| VINTAGE PARK AT GARDNER LLC | 869 JUNIPER TERRACE GARDNER, KS 66030 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of an abbreviated survey with complaint investigation 114104 at the above named assisted living facility conducted on 4-17-17. | S 000 | | |
| S3081 SS=D | 26-41-201 (c) Functional Capacity Screen Reassessment<br><br>(c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements:<br>(1) At least once every 365 days;<br>(2) following any significant change in condition as defined in K.A.R. 26-39-100; and<br>(3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-20_ (c)(2)<br><br>The facility reported a census of 30 residents. The sample included 3 residents (1 current resident and 2 closed record reviews). Based on record review and interview for 1 (#2) of 3 sampled residents, the operator failed to ensure designated facility staff shall conduct a screening to determine the resident's functional capacity following a significant change in condition as defined in K.A.R. 26-39-100.<br><br>Findings included:<br><br>- Record review for resident #2 revealed admission on 9-4-15 with diagnoses Gastroesophageal Reflux Disease, Apraxia, | S3081 | | |

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

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| S3081 | Continued From page 1 | S3081 | | |

Depression, Contractures, Dysphagia, Cerebrovascular Accident (CVA), Hypothyroidism, Constipation, Osteoporosis, Vitamin D Deficiency, Muscle Spasms, Allergic Rhinitis, Insomnia, Degenerative Joint Disease and Peripheral Vascular Insufficiency.

The Functional Capacity Screen (FCS) dated 9-22-15 recorded resident required physical assistance with bathing, dressing, toileting, transfers; independent with walking/mobility; supervision with eating; and unable to perform management of medications and treatments. Usually continent of bladder. Cognition: problems with decision-making. No current problems/risks identified. Uses wheelchair.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 9-4-15 recorded services for physical assistance with Bathing (assist in/out and wash twice weekly); Dressing/Undressing (assist daily); Toileting (assist on/off and pericare); Medications (staff administers and manages).

Nurse's Notes stated the following:
8-19-16 (no time indicated) "Resident arrived via medical transport accompanied by (family member)"
This note was incomplete and lacked signature.
The record lacked documentation of date and time resident left facility and where resident was arriving from including assessments by a licensed nurse when he/she left and upon returning.
The record contained nurses's notes from 9-16-16 to 9-23-16 which document physician's orders for and admission to hospice services for diagnoses CVA and Congestive Heart Failure.

Physician Progress Note dated 8-20-16 stated:

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| S3081 | Continued From page 2<br>"Chief Complaint: hospitalized early June with fracture left hip then rehabilitation 6-29-16 to 7-7-16. Pneumonia then back to rehab until readmit 8-19-16."<br><br>Notice of Proposed Transfer/Discharge dated 8-23-16 stated: "Transfer/Discharge to: Skilled Healthcare. Reason for proposed transfer/discharge: The welfare and needs of the resident can not be met by the facility."<br><br>Interview on 4-17-17 at 12:50 pm with Operator stated when resident returned from hospital on 8-19-17, had experienced a significant change (decline) in condition which exceeded the criteria for this facility. Confirmed he/she gave family a written notice of discharge. Stated the resident required physical assistance with eating and was having increased problems with swallowing. Confirmed the record lacked documentation of re-assessment (FCS) by a licensed nurse prior to returning or on date of return to the facility following a significant change in condition.<br><br>For resident #2, the operator failed to ensure designated staff conducted a screening to determine the resident's functional capacity following a significant change in condition after hospitalization. | S3081 | | |
| S3261 SS=E | 26-41-105 (f) (11) Resident Record Documentation of Incidents<br><br>(f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action | S3261 | | |

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| S3261 | Continued From page 3<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-105 (f)(11)<br><br>The facility reported a census of 30 residents. The sample included 3 residents (1 current resident and 2 closed record reviews). Based on record review and interview for 2 (#1, #2) of 3 sampled residents, the operator failed to ensure documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action.<br><br>Findings included:<br><br>- Record review for resident #1 revealed admission on 2-1-16 with diagnoses Cardiovascular Accident with Left Hemiplegia, Depression, Hypertension, Constipation, Insomnia, Falls, Degenerative Joint Disease and Peripheral Vascular Insufficiency.<br><br>The Functional Capacity Screen dated 2-1-17 recorded resident required physical assistance with bathing, dressing, toileting; independent with transfers, walking/mobility and eating; and unable to perform management of medications/treatments. Usually continent of bladder. No problems with cognition or communication. Uses wheelchair.<br><br>The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 2-1-17 recorded services for physical assistance with Bathing (assist in/out 2 times/week); Mobility (self propels wheelchair, call for assist with transfers); Toileting (assist on/off toilet; pull up clothing); Dressing | S3261 | | |

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| S3261 | Continued From page 4<br>(physical assist daily); and Medication (staff to administer/manage).<br><br>Nurses's Notes stated the following:<br>2-24-17 at 1:45 pm: "Resident has nuclear stress test on 3-1-17 at 7:45 am. Resident is to be NPO (nothing by mouth) after midnight prior to appointment. Also is to have no caffeine prior to test. Resident to take morning medications with couple sips of water..." Signed by Licensed Staff C.<br>3-1-17 at 10:00 am: "Rescheduled cardiac stress test for 3-9-17 at 8:45 am..." Signed by Licensed Staff C.<br>3-17-17 (no time indicated): Resident has scheduled surgery 3-28-17. Pick up 10 to 10:30 am..." Signed by Licensed Staff C.<br>3-23-17 (no time indicated) "New order Mucinex 600 milligrams twice a day for 10 days for congestion. Monitor for a few days. Had a choking incident at 2:00 pm today which may have caused aspiration of fluids." Signed by Licensed Staff D.<br>Note: The record lacked further documentation in the Nurse's Notes after this date.<br><br>The record lacked documentation that resident left facility and performed stress test as ordered and scheduled on 3-9-17. Also lacked documentation of date/time resident left for hospital admission and assessment of condition by a nurse prior to going to the hospital.<br><br>Interview on 4-17-17 at 12:59 pm with Licensed Staff C stated resident did go for the nuclear stress test as scheduled on 3-9-17 and confirmed the record lacked documentation of resident leaving and returning on that day. Also stated resident was not currently in the facility as he/she was in rehab following a hospitalization. | S3261 | | |

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| S3261 | Continued From page 5<br><br>Confirmed he/she was unable to locate any further documentation in resident's record and the record lacked documentation of date, time and reason resident was sent to the hospital including assessment of condition by a licensed nurse prior to leaving the facility.<br><br>For resident #1, the operator failed to ensure documentation of dates/times resident left the facility including an assessment and reason for hospital admission in March 2017.<br><br>- Record review for resident #2 revealed admission on 9-4-15 with diagnoses Gastroesophageal Reflux Disease, Apraxia, Depression, Contractures, Dysphagia, Cerebrovascular Accident (CVA), Hypothyroidism, Constipation, Osteoporosis, Vitamin D Deficiency, Muscle Spasms, Allergic Rhinitis, Insomnia, Degenerative Joint Disease and Peripheral Vascular Insufficiency.<br><br>The Functional Capacity Screen dated 9-22-15 recorded resident required physical assistance with bathing, dressing, toileting, transfers; independent with walking/mobility; supervision with eating; and unable to perform management of medications and treatments. Usually continent of bladder. Cognition: problems with decision-making. No current problems/risks identified. Uses wheelchair.<br><br>The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 9-4-15 recorded services for physical assistance with Bathing (assist in/out and wash twice weekly); Dressing/Undressing (assist daily); Toileting (assist on/off and pericare); Medications (staff administers and manages). | S3261 | | |

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| S3261 | Continued From page 6<br><br>Nurse's Notes stated the following:<br>6-13-16 at 9:20 am: " Resident observed at approximately 8:20 am screaming hollering out inside his/her apartment. This nurse was next to medication room, resident's room near, resident observed sitting upright on floor next to bed. No apparent injuries noted...call placed to physician and voicemail to (family member). Will continue to monitor. (Physician) gave verbal order for urinalysis with culture and sensitivity if indicated." Signed by Licensed Staff C.<br>6-13-16 at 9:30 am: "Resident has increased pain discomfort in right knee. Tylenol given. Received verbal order per (physician) for mobile x-ray of right knee due to fall and increased discomfort." Signed by Licensed Staff C.<br>Note: The record lacked further documentation until 8-19-16.<br>8-19-16 (no time indicated) "Resident arrived via medical transport accompanied by (family member)"<br>This note was incomplete and lacked signature. The record lacked documentation of date and time resident left facility and where resident was arriving from including assessments by a licensed nurse when he/she left and upon returning.<br>The record contained nurses's notes from 9-16-16 to 9-23-16 which document physician's orders for hospice, evaluation by hospice and admission to hospice service for diagnoses CVA and Congestive Heart Failure. The record lacked further documentation regarding resident's discharge from facility.<br><br>Physician Progress Note dated 8-20-16 stated: "Chief Complaint: hospitalized early June with fracture left hip then rehabilitation 6-29-16 to 7-7-16. Pneumonia then back to rehab until readmit 8-19-16." | S3261 | | |

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| S3261 | Continued From page 7<br><br>Interview on 4-17-17 at 11:50 pm with Licensed Staff C stated resident experienced a hip fracture in June 2016. Confirmed the record lacked documentation of an assessment by a licensed nurse on 6-13-16 and transfer to the hospital when resident experienced the fall which fractured his/her hip. Also stated the resident was no longer living at the facility and confirmed the record lacked documentation of date/time resident left the facility including assessment by a licensed nurse prior to leaving.<br><br>For resident #2, the operator failed to ensure documentation of assessments by licensed staff, documentation of hip fracture, and date/time of transfers in and out of facility. | S3261 | | |