STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046094	A. BUILDING: _____ B. WING _____	05/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERCREST AT COLLEGE VIEW	13600 WEST 110TH TERRACE LENEXA, KS 66215

(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 survey for re-licensure conducted at the above named assisted living facility in Lenexa, Kansas on 5/2/18, 5/3/18 and 5/7/18.	S 000		
S3080 SS=F	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of 79 residents. The sample included 6 residents. For all residents, the administrator failed to ensure that facility's screening form to determine the resident's functional capacity included each element and definition as specified by the department as evidenced by record review and interview for 6 residents sampled (#502, 503, 504, 505, 506, 507).	S3080		

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

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S3080	Continued From page 1 Findings included: - Review of facility functional capacity screen (FCS) identified as 'Health and Functionality assessment' for residents #502, 503, 504, 505, 506 and 507, contained the following required elements: Resident name, date of assessment, primary reason for screen, gender and birthdate. Department instructions for the functional capacity screen (FCS) require coding for section "II: Functional Screen" to be as follows: For bathing, dressing, toileting, transfer, walking, mobility, eating, management of medications and management of medical treatments: (0) independent (1) supervision needed (2) physical assistance needed and (3) unable to perform. Bladder: continent (0), usually continent (1), occasionally incontinent (2), Frequently incontinent (3), Incontinent (4). Cognition, memory/recall: coded 0-1, based on exam in FCS manual. Communication: Expresses information content: understandable (0), usually understandable (1), sometimes understandable (2) rarely or never understandable (3).	S3080		

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S3080	Continued From page 2 Ability to understand other, verbal information: understands (0), usually understands (1), sometimes understands (2), rarely or never understands (3). Facility FCS recorded for these elements as follows: - bathing: independent, minimal assistance, moderate assistance, extensive assistance - level of dressing assistance: independent, cue/supervise, 1 assist, 2 assist - toileting independence level: independent, reminders/cueing, 1 assist, 2 assist - transfers: independent, standby assist, 1 person assist, 2 person assist, - ambulation independent, stand-by assist, 1 person assist, 2 person assist, - dining/eating independence: independent, 1 person assistance, total assistance - medication assist: yes, no (independent with meds), -toileting needs: continent B&B (bowel and bladder), incontinent bladder, incontinent bowel, straight catheter, Foley catheter, ostomy. Orientation: alert, oriented to person, oriented to place, oriented to time Cognitive cueing: minor, medium, high, difficult, none	S3080		

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S3080	Continued From page 3 Ability to communicate: no impairment, impaired, no communication ability Ability to understand instructions: no impairment, impaired, unable to understand Department instructions for the functional capacity screen (FCS) require check marks for: - section III: current or recent problems and risks 1) Falls, unsteadiness; 2) impaired vision; 3) impaired hearing; 4) wandering;5) socially inappropriate disruptive behavior; 6) impaired decision-making; 7) none. - sections IV: mobility appliance/devices. - section V: ADL/ADL rehab potential - section VIII (A) support: check all that apply: primary person for legal and financial matters and (B) primary person who manages care/financial matters: list name, address, phone number. - section X: participation in screen - section XI: signature of those completing the screen The facility FCS recorded the following with check marks:	S3080		

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S3080	Continued From page 4 Fall risk score: implement fall precautions? Yes, no, Vision assistance: independent, cues/reminders, 1 person assist, Hearing: adequate, Poor, deaf, Wandering: no problem, problem Inappropriate/disruptive behavior: no problem, problem Judgement: no problem, problem Ambulation and transfer equipment: [equipment listed for example: wheelchair, scooter,] with check marks on those required by resident. Rehab potential: sections match department form requirements Department instructions for the FCS require narrative completion of -section VIII support - support, IX: comments The facility FCS lacked the elements.	S3080		

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S3080	Continued From page 5 List of participants: (listed) Signatures: lines for family and facility on form. Record review for resident #502 recorded admission date of 8/13/17 with diagnoses of cerebrovascular accident, diabetes mellitus type 2, hypertension (HTN), hyperlipidemia (HLD), depression, seizure disorder, thrombocytopenia and leukopenia and vitamin D, deficiency. Functional Capacity Screen (FCS) dated 8/14/17 recorded: bathing: moderate, dressing: 1 assist, toileting, transfer, ambulation, eating, medication assist: independent, toileting needs: Foley catheter, cognition none, ability to communicate: yes, ability to understand instructions: no impairment, implement fall precautions: no, impaired vision: independent, impaired hearing adequate, impaired decision-making: no problem, wandering, problem, inappropriate behavior: no problem. Record review for resident # 503 recorded admission date of: 6/12/17 with diagnoses of: vascular dementia, diabetes mellitus type 2, renal failure stage 3, congestive heart failure (CHF), pacemaker, history of left humerus fracture, HTN. FCS dated 6/12/17 recorded: bathing: moderate assist, dressing: 1 assist, toileting: 1 assist, transfer: 1 person assist, ambulation, eating: independent medication assist: yes, toileting needs: incontinence, cognition: minor, ability to communicate: no impairment, ability to understand instructions: no impairment, implement fall precautions: yes, impaired vision:	S3080		

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S3080	Continued From page 6	S3080		

independent, impaired hearing adequate, impaired decision-making: problem, wandering, problem, inappropriate behavior: no problem.

Record review for resident #504 recorded admission date of 6/12/17 with diagnoses of: hypothyroidism and vitamin D deficiency.

FCS dated 6/12/17 recorded: bathing: moderate assist, dressing: cue/supervise, toileting: cue remind, transfer, ambulation, eating: independent, medication assist: yes, toileting needs: continent, cognition: memory problem, cueing, ability to communicate: no impairment, ability to understand instructions: no impairment, implement fall precautions: no, impaired vision: independent, impaired hearing adequate, impaired decision-making: wandering, inappropriate behavior: no problem.

Record review for resident #505 recorded admission date of 10/17/17 with diagnoses of: HTN and CHF.

FCS dated 10/17/17 recorded: bathing: moderate assist, dressing: 1 assist, toileting: 1 assist, transfer, ambulation: independent, eating: observe/cue, medication assist: yes, toileting needs: incontinent, cognition: alert and oriented to person, place, time,, cueing, ability to communicate: no impairment, ability to understand instructions: impairment, implement fall precautions: low, impaired vision: poor, impaired hearing: poor, impaired decision-making: wandering, inappropriate behavior: no problem.

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S3080	Continued From page 7 Record review for resident # 506 recorded admission date of: 2/27/18 with diagnoses of: right proximal humerus fracture, celiac disease, atrial fibrillations, fibromyalgia, depression, gastroesophogeal reflux disease, irritable bowel syndrome and Parkinson's. FCS dated 2/27/18 recorded: bathing: moderate assist, dressing: 1 assist, toileting: 1 assist, transfer: independent, ambulation: stand by assist, eating: observe/cue, medication assist: no, toileting needs: incontinent, cognition: alert and oriented to person, place, time, ability to communicate: no impairment, ability to understand instructions: no impairment, fall risk: moderate, impaired vision: adequate, impaired hearing: adequate, impaired decision-making: wandering, inappropriate behavior: no problem. Record review for resident #507 recorded admission date of: 3/5/18 with diagnoses of: heart failure, diabetes mellitus type 1, HLD and HTN. FCS dated 3/2/18 bathing: observe/.cue, dressing, toileting, transfer, ambulation, eating: independent, medication assist: no, toileting needs: independent, cognition: alert and oriented to person, place and time, cueing, ability to communicate: no impairment, ability to understand instructions: no impairment, implement fall precautions: low, impaired vision: adequate, impaired hearing: adequate, impaired decision-making, wandering, inappropriate behavior: no problem.	S3080		

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S3080	Continued From page 8 All FCS coding lacked entries and coding according to the department's definitions. Interview on 5/2/18 at 2:05pm with licensed nurse #B stated, "We do a health and functional then then it spits it to the Kansas negotiated service agreement". He/she confirmed facility lacked any other FCS documents. For all residents of the facility, the administrator failed to ensure that facility's screening form to determine the resident's functional capacity included each element and definition as specified by the department as evidenced by record review and interview and for 6 residents sampled (#502, 503, 504, 505, 506, 507).	S3080		
S3280 SS=F	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	S3280		

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S3280	Continued From page 9 secure location. This REQUIREMENT is not met as evidenced by: KAR 26-4-104(d)(3) The census equaled 79 residents; the sample included 6 residents. Based on interviews and review of records, for all residents, the administrator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with staff and residents. Findings included: - On 5/2/18 at 11:40am reviewed facility in-services on disaster preparedness for 2017 and 2018. On 5/2/18 at 11:45am with facility administrator #A confirmed disaster/emergency preparedness is reviewed with staff upon hire but has not been conducted quarterly. All staff has been hired within the past year. An evacuation drill was conducted with staff and residents on 10/10/17 with the local fire department. Monthly safety committee meetings are held with select staff.	S3280		

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S3280	Continued From page 10 Interview on 8/15/17 at 2:50pm with facility administrator # A confirmed facility does not conduct quarterly review of disaster and emergency preparedness with residents but does review the information upon admission and disaster review was conducted with assisted living residents (not memory care residents) on 2/15/18. All current residents are recorded as admitted in the past year. Facility disaster review manual lacked missing resident plan, but facility conducted an elopement drill with staff on 1/30/18. For all residents of the facility, the administrator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly review of the facility's emergency management plan with staff and residents.	S3280		