STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N052008	A. BUILDING: _____ B. WING _____	C 04/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT TONGANOXIE LLC	120 W 8TH ST TONGANOXIE, KS 66086

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure with attached complaints (#131559, 133941, 134913, 135941, 138806, 146496, 154925, 154899, 156510) conducted on 4/6/21, 4/7/21, 4/8/21 and 4/12/21 at the above named assisted living facility in Tonganoxie, KS.	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 36 residents. The sample included 3 residents. 3 closed review residents and one focus review resident. Based on record review and interview for 3 (# 406, 407, 408) 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.	S3155		

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

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S3155	Continued From page 1 Findings included: - Record review for resident # 406 recorded admission date of 1/17/17 with diagnoses of Cerebra-vascular accident, hypertension, hyperlipidemia, anemia, degenerative joint disease, diabetes mellitus type 2 and peripheral vascular disease. Functional Capacity Screen dated 6/10/20 recorded resident required physical assistance with dressing, toileting, transfer and unable to perform bathing and management of medications and treatments. Resident is at risk/ has a history for falls/unsteadiness. Negotiated service agreement and health care service plan (HCSP) dated 6/10/2020 recorded staff to assist resident with dressing, toileting, transfer and unable to perform bathing and management of medications and treatments. Falls: resident is at risk for falls. Faxes to the physician recorded falls on the following dates: 1/26/21 resident fell transferring wheel chair to bed; 2/5/21 resident fell out of wheelchair reaching for an object, to the emergency room; 2/26/21 resident states she fell out of the wheel chair reeducated to call for stand by assist. HCSP lacked interventions for frequent falls. Interview on 4/7/21 at 12:45pm with licensed nurse #B confirmed HCSP lacked interventions for residents who have a history of falls. - Record review for resident # 407 recorded admission date of 6/3/19 with diagnoses	S3155		

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S3155	Continued From page 2 including: Cellulitis of bilateral lower extremities, diabetes mellitus type 2, hypertension, neuropathy, anemia and coronary artery disease. Functional Capacity Screen dated 6/3/2020 recorded resident required physical assistance with bathing, dressing, toileting and management of medications and treatments and required supervision with eating. Resident is at risk/ has a history for falls/unsteadiness Negotiated service agreement and health care service plans (HCSP) dated 6/3/2020 recorded staff to assist resident with bathing, dressing, toileting and management of medications and treatments. Resident is at risk for falls. Nurses notes recorded falls on the following entries: 12/19/20 resident called, found on the floor; 12/24/20 resident fell in activities room; 1/3/21 resident called found on the floor. Observation on 4/8/21 at 11:37am in facility dining room, resident feeds self with weighted utensils and drank from mugs with straws and lids. Resident was extremely shakey. HCSP lacked interventions for frequent falls and use of weighted utensils and straw mugs for eating. Interview on 4/7/21 at 12:45pm with licensed nurse #B confirmed HCSP lacked interventions for residents who have a history of falls. And HCSP for resident 406 lacked interventions for use of special utensils and mugs for eating.	S3155		

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S3155	Continued From page 3 - Record review for resident #408 recorded admission date of 4/6/21 with diagnoses including: atypical pneumonia, chronic diastolic heart failure, atrial fibrillation, hypertension and hyperlipidemia. Functional Capacity Screen dated 4/6/21 recorded resident required physical assistance with bathing, unable to perform management of medications and treatments and has a history/ problems with falls/unsteadiness. Negotiated service agreement and health care service plans (HCSP) dated 4/6/21 recorded staff to assist resident with bathing, management of medications and treatments and resident is at risk for falls. HCSP lacked interventions for frequent falls. Interview on 4/7/21 at 12:45pm with licensed nurse #B confirmed HCSP lacked interventions for residents who have a history of falls. For residents #406, 407, 408 who required 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		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to	S3171		

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S3171	Continued From page 4 residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (i) The facility reported a census of 36 residents. The sample included 3 residents, 3 closed review residents and one focus review resident. Based on record review and interview for 1 sampled resident (407) and 1 closed review resident (410) the operator failed to ensure all health care services were provided to the resident in accordance with acceptable standards of practice when the nursing staff failed to document the size and condition of wounds. Findings included: - Record review for resident #410 recorded an admission date of 8/6/18 with diagnoses including: dementia, hyperlipidemia, hypertension, Functional Capacity Screen dated 11/22/19 recorded resident required physical assistance with bathing, dressing and toileting and unable to perform management of medications and treatments. Negotiated service agreement dated 10/2/19 recorded staff to assist resident with bathing, dressing, toileting and management of	S3171		

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S3171	Continued From page 5 medications and treatments. Care plan dated 10/1/2020 recorded staff to assist resident with bathing, dressing, toileting and management of medications and treatments. Nurses notes recorded the following entries: 8/14/2020 at 11:32am: on 8/4/2020 resident was taken to the [hospital] She was admitted and put on antibiotic for infection in her leg and foot .... 8/4/2020 at 8:58pm: At 10am home health notified staff of skin abnormality and possible infection on bottom of resident's right foot ..... to ER for evaluation and treatment. Record lacked documentation of wounds on resident's feet including measurements and appearance of the wounds. Interview on 4/8/21 at 11:15am with licensed nurse #B stated resident had a home health nurse who did that. She confirmed record did not contain notes from the home health nurse recording the information of the wounds including size, location, condition, progress. Interview on 4/8/21 with licensed nurse #B stated staff were providing the treatments to the wounds and confirmed record lacked documentation by facility staff on wound conditions.	S3171		

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S3171	Continued From page 6 - Record review for resident # 407 recorded admission date of 6/3/19 with diagnoses including: Cellulitis of bilateral lower extremities, diabetes mellitus type 2, hypertension, neuropathy, anemia and coronary artery disease. Functional Capacity Screen dated 6/3/2020 recorded resident required physical assistance with bathing, dressing, toileting and management of medications and treatments. Negotiated service agreement and health care service plans dated 6/3/2020 recorded staff to assist resident with bathing, dressing, toileting and management of medications and treatments. Podiatry note dated 2/5/21 recorded ulcer on lateral aspect of the right foot discovered the day prior. Size 4 cm (centimeters) by 0.4 cm. Unstageable ulcer from venous insufficiency. Nurses notes recorded the following entries: 2/4/21 at 1:37pm "VA (veterans administration) nurse visited resident to check on right leg and foot ..... She also stated she will be making and appointment with podiatry early next week for resident. She did not like the wound on bottom of right foot looked" 2/9/21 at 12:56pm "At 11:00 unwrapped resident right leg, cleaned with wound cleanser, rewrapped leg with unna boot."	S3171		

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S3171	Continued From page 7 3/18/21 resident continues to receive wound care .... Record lacked documentation of wound size and condition, progress or decline by nursing staff. Interview on 4/8/21 at 12:25pm with licensed nurse #B stated resident's VA nurse did not do wound care and she had only seen her one time. Confirmed staff did wound care and record lacked documentation of wound measurements and descriptions. For residents #407 and #410 the operator failed to ensure all health care services were provided to the resident in accordance with acceptable standards of practice when the nursing staff failed to document the size and condition of wounds.	S3171		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.	S3211		

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S3211	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g) (3) The facility reported a census of 36 residents. The sample included 3 residents, 3 closed review residents and one focus review resident. The resident roster identified 34 residents as receiving medication management. Based on observations and interviews for 34 residents, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications. Findings included: - Observation on 4/6/21 at 2:50pm during facility tour of medication carts with certified staff #C, the locked carts contained OTC medications (over the counter) which lacked the resident's full names on the bottles listing just a room number on the bottles and boxes, including: In the "downstairs" medication cart: Mucinex sinus max (allergies) 16 count liquid gels, [a number on the box] Mucinex 600 mg (milligram) (congestion) 20 count extend tablets, Allergy relief, diphenhydramine 25mg 24 count tablets. Acetaminophen 500mg (pain/fever), 250 count tablets. Additionally the cart contained 6 more OTC medications with only a number on the container.	S3211		

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S3211	Continued From page 9 In the "upstairs" medication cart: Nature Made B12 (supplement) 1000mcg (micrograms) 60 micro lozenges, DG Health Aspirin 81mg 120 count, additionally the cart contained 16 more OTC medications with only a number on the container. Interview on 4/6/21 with certified staff #C stated the number on the containers was the residents' room numbers, she confirmed the OTC lacked the full names of the residents. Facility policy titled: medication services-Kansas, recorded: Over the counter medications: "A licensed nurse or pharmacist shall place the resident's full name on the package." For 34 residents of the facility, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	S3211		