STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N061007	A. BUILDING: _____ B. WING _____	R-C 04/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY CLUB ESTATES LP	2 LEWIS DRIVE PAOLA, KS 66071

(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 represent the findings of revisit at the above named facility on 4-11-17 and 4-12-17.	{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 identified a census of 17 residents. The sample included 3 residents. Based on record reviews, interviews, and observations for 2 (#15, #16) of 3 residents sampled, the owner/operator failed to ensure a licensed nurse provided or coordinated the provisions of necessary Health Care Services (HCS) that meet the needs of each resident and are in accordance with the Functional Capacity Screen (FCS) and the Negotiated Service Agreement (NSA). Findings included: - Record review for resident #15 revealed an admit date of 2-1-16 with diagnoses schizophrenia, epilepsy, mood disorder, depression and osteoporosis.	{S3155}		

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

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{S3155}	Continued From page 1 The FCS dated 1-30-17 recorded resident independent with dressing, toileting, transfer, walking/mobility, experienced impaired decision making and falls/unsteadiness. The NSA dated 2-1-16 recorded resident as independent with ambulation/transfer. The HCSP dated 2-1-16 lacked interventions for falls/unsteadiness. The significant change FCS dated 3-8-17 recorded resident independent with transfer, walking/mobility, experienced impaired decision making and falls/unsteadiness. The current NSA dated 2-1-16 recorded resident independent with ambulation/transfer. The significant change HCSP dated 3-9-17 recorded resident ambulates independent with cane or walker, required supervision with ambulation, fall risk, use walker if ambulating more than twenty feet. The nurses notes recorded the following: 3-17-17 (no time) Resident was walking to (store) with another. A visitor came into facility saying that someone had fallen on sidewalk outside of facility. Resident was lying on sidewalk, had abrasions on nose, chin, and lip. Resident complained of pain in left ribs. Called Emergency Medical Services (EMS) and was taken to hospital for evaluation. Signed licensed nurse B. 3-17-17 (no time) Resident returned from hospital and x-rays taken with no fractures noted. Resident complained of left rib tenderness.	{S3155}		

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{S3155}	Continued From page 2 Signed licensed nurse B. Interview on 4-11-17 at 10:55 a.m. with resident #15 stated he/she signed out of facility to go to store with another resident and fell down on way to store and fell a second time coming back from the store and could not get up. The nurse from facility came and checked him/her out and decided to send to hospital by EMS due to complaint of pain in left ribs and he/she hit head both times with fall. Resident stated he/she used cane and should have used walker. Interview on 4-11-17 at 11:15 a.m. with licensed nurse B stated resident (#15) signed out to go to store with another resident and resident (#15) was using a cane with ambulation. Licensed nurse B further stated he/she did not tell resident to use walker to ambulate to store. Licensed nurse B stated a visitor came in and stated someone fell on side walk by store. He/she went to area (more than twenty feet), assessed resident and called EMS. Licensed nurse B stated and confirmed resident was not instructed to use walker as identified in HCSP. Copy of incident report provided on 4-11-17 at 11:20 p.m. recorded, "Resident was walking to store with another resident and fell on sidewalk. Resident stated he/she fell walking to store and got up then fell again walking back from store and stated tripped on cane." Signed licensed nurse B. For resident #15, the owner/operator failed to ensure the licensed nurse coordinated the provision of necessary HCS as identified in the HCSP for ambulation and falls/unsteadiness. - Record review for resident #16 revealed an	{S3155}		

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{S3155}	Continued From page 3	{S3155}		

admit date of 3-1-12 with diagnoses bipolar mood disorder, coronary artery disease, chronic obstructive pulmonary disease, and depression.

The annual FCS dated 9-9-16 recorded resident independent with transfer, walking/mobility, experienced impaired decision making and falls/unsteadiness.

The NSA and HCSP dated 9-9-16 recorded resident independent for ambulation without devices and resident had fallen in the past. The HCSP lacked interventions for impaired decision making.

The significant change FCS dated 4-6-17 recorded resident required supervision with transfer, walking/mobility, experienced short term memory loss, decision making, impaired decision making and falls/unsteadiness.

The current NSA dated 9-9-16 recorded resident independent for ambulation without devices and resident had fallen in the past.

The amended HCSP dated 4-10-17 recorded resident independent with walking without devices. " Walker and left boot 4-10-17 " , independent with walking. Cognition: needs reminders for meals, bathing, and appointments.

On 4-11-17 at 11: 55 a.m. X ray results provided from licensed nurse B recorded (resident #16) Diagnoses: Left Ankle Transverse Fracture of Distal Fibula on 4-10-17.

The nurses notes recorded the following:

4-6-17 at 11:30 a.m. Resident stated he/she stood up from chair in room and left foot was

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{S3155}	Continued From page 4	{S3155}		

asleep. When he/she stood up, fell, twisting left ankle. Left ankle is swollen and bruised. Medical care provider notified and ordered ankle x-ray. Signed licensed nurse B.

4-6-17 at 3:30 p.m. Notified by x-ray department that resident has an acute nondisplaced lateral malleolar fracture. Notified family to make appointment with orthopedic surgeon on Monday 4-10-17 at 12:00 noon. Signed licensed nurse B.

4-6-17 at 5:00 p.m. gave resident a walker to use in room and also informed resident to keep weight off the left foot. Signed licensed nurse B.

4-10-17 at 3:00 p.m. Resident to orthopedic surgeon and was recommended immobilization in the 3 D walking boot for four weeks. Weight bearing as tolerated in the boot. Signed licensed nurse B.

Interview on 4-11-17 at 11:30 a.m. with resident #16 called me to room. Observed a cam walker (3 D) boot on left foot/leg. Asked resident what happened and he/she stated twisted ankle when getting up out of chair and broke left ankle. Stated it hurt real bad and could not walk on it as it hurt. Resident stated he/she keeps foot elevated on chair when sitting.

Interview on 4-11-17 at 11:50 a.m. with licensed nurse B stated, " He/she just wrote walker and boot in previous HCSP without date. Licensed nurse B also stated, he/she instructed resident how to put boot on and take off. No one else in serviced or instructed to provide care and services for fracture of left foot with instructions to wear a 3 D boot and weight bearing as tolerated.

For resident #16, the owner/operator failed to

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{S3155}	Continued From page 5 ensure the licensed nurse provided and coordinated HCS for fracture of left foot and application of 3 D boot or instructions if resident to be weight bearing. For residents #15 and #16, the owner/operator failed to ensure a licensed nurse provided or coordinated the provisions of necessary HCS that meet the needs of each resident and are in accordance with the FCS and the NSA.	{S3155}		
{S3171} SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to 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 identified a census of 18 residents. The sample included 5 residents. Based on record review, interview, and observations for 1 (#17) of 3 residents sampled, the operator failed to ensure all Health Care Services (HCSP) provided to residents by qualified staff in accordance with acceptable standards of practice. Findings included: - Record review for resident #17 on 4-11-17 at 1:00 p.m. revealed an admit date of 6-10-14 with diagnoses of renal failure, atrial fibrillation, hypertension, and osteoarthritis.	{S3171}		

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{S3171}	Continued From page 6	{S3171}		

The significant change Functional Capacity Screen dated 3-17-17 recorded resident required physical assistance with bathing, toileting, transfer, walking/mobility, occasionally incontinent, experienced poor memory recall, decision making, impaired decision making, and falls/unsteadiness.

The negotiated service agreement/health care service plan dated 3-10-17 recorded resident to ambulate with walker and supervision, remind resident to use walker due to fall risk, remind to come to dining room for meals, assist with bathing, needs reminders to deal with mood problems in a calm manor, instruction to deal with behaviors or gets angry, supervision and assist with oxygen at two liters via nasal cannula, and dialysis on Monday ' s, Wednesday ' s, and Friday ' s.

The nurses notes recorded the following:

3-3-17 at 4:15 p.m. this nurse informed by certified staff that family brought resident back from dialysis and left resident at door. Certified staff opened door and assisted resident with his/her bag in his/her room. Resident asked certified staff to get him/her some ice and when returned with ice witnessed resident eating a paper towel. Certified staff asked resident what he/she was doing and stated nothing. Signed licensed nurse B.

3-7-17 (no time) Resident had appointment with medical care provider today and was sent to hospital for evaluation and admitted to hospital. Signed licensed nurse B.

3-8-17 (no time) Nurse at hospital informed licensed nurse B that resident was admitted for

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{S3171}	Continued From page 7 fluid overload. Signed licensed nurse B. 3-10-17 (no time) resident returned to facility from hospital. Signed licensed nurse B. No assessment documented in the nurses notes upon resident's return from the hospital due to fluid overload. Copy of admission form provided on 4-11-17 at 2:00 p.m. from licensed nurse B recorded admission to hospital on 3-7-17 with diagnoses of acute on chronic respiratory failure and anemia. On 4-11-17 at 11:47 observed resident #17 ambulating with walker from dining room using walker. Resident stated was feeling good today. Oxygen in use. Cheerful mood. Interview on 4-11-17 at 1:30 p.m. with licensed nurse B stated resident went to a doctors appointment and was sent to hospital from doctors office and admitted to hospital for fluid overload. Resident returned to facility in the evening time (no time documented), was on a weekend, and did not come in to assess resident ' s condition or instruct certified staff on HCS to be provided. For resident #17, the operator failed to ensure all HCSP provided to residents by qualified staff in accordance with acceptable standards of practice.	{S3171}		