STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N061008	A. BUILDING: _____ B. WING _____	06/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT LOUISBURG LLC	202 S ROGERS ROAD LOUISBURG, KS 66053

(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 re-sult of a licensure re-survey at the above named assisted living facility in Louisburg, KS on 6/13/17 and 6/14/17.	S 000		
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) The facility census recorded 36, the sample included 3 residents and one focus review resident. Based on record review and interview for 2 sampled residents (#613 and #615) the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, is done in	S3085		

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

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S3085	Continued From page 1	S3085		

collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.

Findings included:

- Record review for resident #613 recorded an admission date of 12/17/15 with diagnoses of: stroke, hypertension, neuropathy, gastroesophogeal reflux disease, and urinary retention.

Functional Capacity Screen (FCS) dated 12/17/16 recorded resident required assistance with bathing and was unable to perform management of medications and treatments and is independent with transfer and walk/mobility.

Negotiated service agreement (NSA) dated 12/17/16 recorded resident to receive assistance from facility staff with bathing and management of medications and treatments. Resident is independent with ambulation/transfer with use of a walker.

NSA recorded outside services for x-ray, lab, podiatry and pharmacy.

Record of visit to physician's office dated 5/24/17 recorded a stage II pressure ulcer and new orders for PT/OT (physical therapy/occupational therapy) evaluation and treatment.

Interview on 6/13/17 at 11:00am with licensed nurse #B stated resident has an open area on

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S3085	Continued From page 2	S3085		

his/her coccyx that is being treated by a home health agency with skilled nursing care.

NSA lacked entries for services by an outside provider for skilled nursing for wound care, and PT/OT including provider name, services provided and party responsible for payment of these services.

Interview on 6/13/17 at 4:45pm with licensed nurse #B confirmed resident is receiving PT/OT and skilled nursing services by an outside agency since 5/24/17. He/she confirmed the NSA lacked entries for these outside services.

Record review for resident # 615 recorded admission date of 6/5/17 with diagnoses of stage 4 lung cancer and anxiety.

FCS dated 6/5/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility, and is unable to perform management of medications and treatments.

NSA dated 6/5/17 recorded resident to receive assistance from hospice for bathing, staff to assist with dressing, toileting, transfer walk/mobility and management of medications and treatments.

During observation and interview on 6/13/17 at 4:10pm in resident's room, family members stated resident has a sitter come in to sit with him/her from 2pm until 8am "so he/she doesn't get up and fall again." Sitter was present in the room sitting at a nearby table and stated he/she is from [name of agency] an outside provider not hospice.

NSA recorded outside services for a pharmacy

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S3085	Continued From page 3 and skilled nursing services from a hospice provider. NSA lacked entry for use of a sitter from an outside provider including provider name, services provided and party responsible for payment of these services. Interview on 6/13/17 at 4:55pm with licensed nurse #B confirmed resident received services of a sitter since last week, he/she is unsure exactly what sitter does or if sitter provides any hands on care to resident. He/she confirmed NSA lacked entry for sitter services by an outside provider. For resident's #613 and #615 who required health care services, the operator failed to ensure the Negotiated Service Agreement (NSA) completed for these residents, was done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.	S3085		