STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N069009	A. BUILDING: _____ B. WING _____	01/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT PAOLA LLC	601 N EAST ST PAOLA, KS 66071

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S 000	INITIAL COMMENTS The following citations represent the findings of resurvey 1D4X11 at the above named facility on 1-4-15, 1-5-15, 1-6-15, and 1-7-15.	S 000		
S3095 SS=E	26-41-202 (f) NSA Refusal of Service (f) If a resident or the resident's legal representative refuses a service that the administrator or operator, the licensed nurse, the resident's medical care provider, or the case manager believes is necessary for the resident's health and safety, the negotiated service agreement shall include the following: (1) The service or services refused; (2) identification of any potential negative outcomes for the resident if the service or services are not provided; (3) evidence of the provision of education to the resident or the resident ' s legal representative of the potential risk of any negative outcomes if the service or services are not provided; and (4) an indication of acceptance by the resident or the resident's legal representative of the potential risk. . This REQUIREMENT is not met as evidenced by: KAR 26-41-202(f) The facility identified a census of 39 residents. The sample included 3 residents. Based on record reviews, interviews, and observations for 2 (#121, #122) of 3 residents sampled, the operator failed to ensure the Negotiated Service Agreement (NSA) included services refused for falls; identify potential negative outcome if services not provided; evidence of the provision	S3095		

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

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S3095	Continued From page 1	S3095		

of education to the resident of any negative outcomes if the services are not provided; and an indication of acceptance by the resident of the potential risk for falls.

Findings included:

- Record review for resident #121 revealed an admit date of 4/23/13 with diagnoses of chronic gouty arthritis, essential primary hypertension, cerebrovascular accident, venous stasis, lower extremity edema, muscle weakness generalized, peripheral vascular disease, hemiparesis with hemiplegia (unspecified side)following cerebrovascular disease.

Functional Capacity Screen (FCS) dated 4/24/14 recorded resident required supervision with toileting, transfer, walking/mobility; FCS dated 11/16/15 recorded resident independent with toileting, transfer, walking/mobility and FCS dated 12/31/15 recorded resident required supervision with toileting, transfer, walking/mobility.
Negotiated service agreement/health care service plan dated 4/24/14 included amendments dated 8/23/14 " found on floor by door, hit head, refused hospital, will keep trash can near chair, check pendant placement every shift, instruct resident to call for stand by assistance (SBA) while not feeling well " 8/25/14 " resident on the floor in bathroom, hit head, transferred to hospital, didn ' t have pendant on again, instructed resident that he had to use cane or wheelchair in apartment at all times. Resident admitted to hospital. "
NSA/HCS dated 11/16/15 included amendment dated 11/29/15 " found in front of recliner, non-responsive, admitted to hospital, upon return will encourage SBA.
NSA/HCS dated 12/31/15 recorded staff to

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S3095	Continued From page 2	S3095		

encourage resident to call for stand by assist (SBA) as needed with toileting, encourage resident to call for SBA as needed with transfers, independent with electric wheelchair. 1/4/16 found on floor in bathroom, hit head, transferred to emergency room (ER). Post signs in room to remind resident to call for SBA with transfers, also working on physical therapy/ occupational therapy (PT/OT) evaluation and treatment.
The nurses notes recorded resident #121 experienced 4 un-witnessed falls from 8/23/14 thru 1/4/16. All falls involved resident hitting his/her head, 3 transfers to hospital and one refusal of transfer to hospital.
Medication record for January 2016 records resident receives Coumadin 6 milligrams (blood thinner).
Interview on 1/5/16 at 9:40am with resident #121 stated, he/she did not call staff prior to fall on 1/4/16, when asked if he/she usually calls for staff he/she replied " no, no " .
Interview on 1/5/16 at 4:05pm with licensed staff #C confirmed resident falls, that he/she is alert and oriented, knows he/she needs to request SBA and did not use his/her pendant to call staff until after he/she fell. He/she confirmed the NSA lacked documentation of refusal of services for falls.

- Record review for resident #122 revealed an admit date of 2/28/15 with diagnoses of atrial fibrillation, cardiomyopathy, sick sinus syndrome, and hypertension.

The Functional Capacity Screen (FCS) dated 2/28/15 (admission) recorded resident independent with toileting, transfer, experienced short-term memory loss, falls/unsteadiness. FCS dated 9/1/15 (re-admit) recorded resident required physical assistance for toileting, transfer,

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S3095	Continued From page 3	S3095		

walking/mobility, experienced short-term memory loss, and falls/unsteadiness.

The negotiated service agreement/health care service plan (NSA/HCS) dated 2/28/15 (admission) recorded resident independent with transfer and ambulation with walker, standby assist for toileting. The NSA/HCS include amendments on 3/28/15 " resident slid off bed. Hand assist rail on bed. Bed will be lowered. " 5/24/15 " encourage to call for standby assist in/out of chair, " 7/15/15 " call staff for assistance, 7/24/15 encourage to call staff for assistance. "
The NSA/HCS dated 9/1/15 recorded resident required physical assistance walking/mobility and standby assistance for all transfers. The NSA/HCS included amendments on 9/1/15 " resident slid out of chair; encourage to sleep in bed. " 9/2/15 " resident will call for all transfers and will continue standby assistance. " 9/12/15 " resident daughter in room heard noise in bathroom and found resident on floor. Encourage to call for standby assist. " And 11/25/15 " resident fell going to bathroom. "

The nurses notes recorded resident #122 experienced 9 unwitnessed falls from 3-28-15 thru 11-15-15. Two falls dated 7/24/15 and 9/4/15 recorded resident complained of left hip pain and was sent to hospital for x-rays. The x-ray results negative for fractures.

Interview on 1/5/16 at 12:25 p.m. with certified staff G stated resident is to have standby assist with transfers. Resident has call pendent but will not call for assist and will transfer self and is frequently reminded to call for assist.

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S3095	Continued From page 4 Interview on 1/5/16 at 1:00 p.m. with resident #122 stated, "He/she knows he/she is supposed call for assist when getting up out of chair or going to bathroom but can transfer self. " Interview on 1/5/16 at 4:05 p.m. with licensed nurse C stated resident is alert with occasional confusion at times. Resident uses call pendant after he/she falls and is aware should use pendant for staff standby assist. Licensed nurse C stated and confirmed the NSA lacked documentation of refusal of services for falls. For residents #121 and #122, the operator failed to ensure the NSA included services refused for falls; identify potential negative outcome if services not provided; evidence of the provision of education to the resident of any negative outcomes if the services are not provided; and an indication of acceptance by the resident of the potential risk for falls.	S3095		
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)	S3155		

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S3155	Continued From page 5 The facility census identified 39 residents. The sample included 3 residents. Based on record reviews, interviews, and observations for 2 of 3 residents (121, 122) the operator failed to ensure a licensed nurse provided and coordinated the provision of necessary Health Care Services (HCS) that met the needs for resident #121 for hemiparesis of right side, and use of side rails. For resident #122, the HCS failed to identify use of side rails, and ensure liquids administered via a straw. Findings included: - Record review for resident #121 on 1/4/16 at 3:08pm revealed an admit date of 4/23/13 with diagnoses of chronic gouty arthritis, essential primary hypertension, cerebrovascular accident, venous stasis, lower extremity edema, muscle weakness generalized, peripheral vascular disease, hemiparesis with hemiplegia (unspecified side)following cerebrovascular disease. Functional Capacity Screen (FCS) dated 12/31/15 recorded resident independent with bathing and eating, requires supervision with toileting, transfer, walk/mobility, uses a cane and wheelchair, has impaired vision, a history of falls/unsteadiness, is continent of bladder and has no cognitive or communication impairments. Negotiated service agreement/health care service plan (NSA/HCS) dated 12/31/15 recorded staff to encourage resident to call for stand by assist (SBA) as needed with toileting, encourage resident to call for SBA as needed with transfers, independent with electric wheelchair. (Note: NSA/HCS made no record of use of side rails or identified resident as hemiplegic, right side affected.)	S3155		

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S3155	Continued From page 6 Observations on 1/5/16 at 9:40am and 11:50am revealed 2- half rails on resident ' s bed and resident ' s right hand limp and resident did not use it. Interview with resident #121 on 1/5/16 at 9:40am, resident states he cannot use right hand, " this side of my body is limp " Interview with licensed staff #C confirms side rails and hemiparesis condition are not addressed in the NSA/HCS plan. For resident #121, the operator failed to ensure a licensed nurse provided and coordinated the provision of necessary Health Care Services (HCS) that met the needs for resident for hemiparesis of right side, and use of side rails - Record review for resident #122 on 1/4/16 at 3:08 p.m. revealed an admit date of 2/28/15 with diagnoses of atrial fibrillation, cardiomyopathy, sick sinus syndrome, and hypertension. The Functional Capacity Screen (FCS) dated 9/1/15 (re-admit) recorded resident independent with communication, impaired decision making, required supervision for bladder incontinence, required physical assistance for bathing, dressing, toileting, transfer, walking/mobility, eating, experienced short-term memory loss, hearing loss and falls/unsteadiness. The Negotiated Service Agreement/health care service plan (NSA/HCS) dated 9/1/15 recorded resident required physical assistance with dressing, walking/mobility, eating, experienced short-term memory loss, standby assistance for all transfers, use straw to drink liquids. The nurses note dated 3/28/15 at 1:35 p.m.	S3155		

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S3155	Continued From page 7	S3155		

recorded resident called per pendant at 1:30 p.m. and certified staff G found resident sitting on floor next to bed, stated he/she slid off bed and landed on left knee and then sat on bottom." Denied pain.

The fall intervention dated 3/28/15 recorded, "Hand assist rail on bed."

On 1/5/16 at 12:25 p.m., observed a side rail on side of bed. Resident #122 stated he/she used the rail for getting in and out of bed.

Interview on 1/5/16 at 4:05 p.m. with licensed nurse C stated and confirmed the side rail not identified in the NSA.

On 1/4/16 at 1:15 observed resident in dining room holding a glass of milk with face in glass. No straw. Noted resident had severe curvature of the spine. On 1/5/16 at 12:20 p.m. observed resident in dining room bent over glass of water attempting to drink. No straw in glass. Resident stated usually drinks liquids with a straw.

Interview on 1/5/16 at 4:05 p.m. with licensed nurse C stated resident does not use a straw all the time and confirmed the NSA/HCS lacked documentation resident can drink liquids without straw.

For resident #122, the operator failed to ensure a licensed nurse provided and coordinated the provision of necessary Health Care Services (HCS) that met the needs for resident related to the use of side rails and provision of a straw to drink liquids .

For residents #121 and #122, the operator failed to ensure a licensed nurse provided and

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S3155	Continued From page 8 coordinated the provision of necessary HCS that met the needs of each resident.	S3155		
S3248 SS=E	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(2) The census equaled 39 the sample included 3 residents. Based on observation, interviews and	S3248		

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S3248	Continued From page 9 reviews of facility records, for 3 of 3 staff, (#D, #L, #M) the operator failed to ensure the employee record contained supporting documentation for Kansas Bureau of Investigation criminal background (KBI) checks. Findings included: - Review of personnel records for certified staff #D, hire date 1/22/15, KBI check submitted 1/4/16, #L hire date 1/20/15, KBI check submitted 1/4/16, and #M hire date 8/4/14, KBI check submitted 9/25/14, revealed no supporting documentation of timely KBI checks. Interview with operator #A, at 2:10 p.m. on 1/5/16, he/she states he/she realized he/she was late obtaining KBI checks on new hires . For staff #D, #L and #M the operator failed to ensure the employee record contained supporting documentation for criminal background checks.	S3248		