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	N070006	A. BUILDING: _____ B. WING _____	C 05/05/2016

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VINTAGE PARK AT OSAGE CITY LLC	1403 LAING OSAGE CITY, KS 66523

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S 000	INITIAL COMMENTS The following citations resulted as a licensure re-survey with complaint a the above named assisted living facility on 5/3/16, 5/4/16 and 5/5/16.	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 25 residents. The sample included 3 residents. Based on record review, observation and interview for 3 of 3 residents sampled (#503, #504 and #505) requiring health care services, the operator failed to ensure that a licensed nursed provides or coordinates the provision of necessary health care services that meet the needs of each resident, related to the use of bedrails. Findings included: - Record review for resident #503 recorded admission date of 3/1/16 with diagnoses of: dementia, hyperlipidemia, hypertension, osteoarthritis in both knees, atrial fibrillation, diabetes mellitus 2, anticoagulant long term use.	S3155		

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

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Functional Capacity Screen (FCS) dated 3/1/16 recorded resident needed supervision with transfers and walk/mobility, has problems with short term memory, memory recall and decision making and is at risk for falls.

Negotiated Service Agreement (NSA) dated 3/1/16 recorded resident to receive assistance with ambulation/transfers, that resident has behavioral symptoms and may pick up objects that don ' t belong to him/her.

NSA addendums recorded the following changes: 3/17/16 recorded resident uses a walker, 3/21/16 recorded resident may sleep on the floor if desired and staff to continue 2 hour bed checks at night, and addendum dated 3/22/16 recorded resident to receive physical and occupational services.

Health care service plan (HCSP) dated 3/1/16 recorded the following: resident uses a cane and staff to provide supervision when in sight. Resident has a history of falls at home and uses a cane as needed, staff to check on her often and staff to monitor behaviors and assist with daily routine and activities of daily living.

Observation on 5/4/16 at 10:50am in resident ' s room revealed a cane type bedrail at the top left side of resident ' s twin bed. Bedrail was loose and pulled away from mattress 3-4 inches.

Interview with resident, in resident ' s room, on 5/4/16 at 10:50am, revealed resident is confused, thinks he/she parked a red car in the parking lot, asks " are there any women in the basement today? " (facility does not have a basement), and when asked if he/she has a call button to call staff at first states " no " then attempts to pull

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S3155	Continued From page 2	S3155		

call button out of inside of shirt and removes a metal spoon and medication cup but is unable to remove call button.

The negotiated service agreement and the health care service plan lacked documentation of the presence of the cane bedrail including the purpose of the bedrail and resident need for a bedrail. Further review of the resident's record revealed the lack of an assessment of the safety of the bed rail, the resident's ability to safely use the bedrail, the type of bedrail, how the bedrail was attached to the bed, and the measurement of space between the mattress and the bedrail.

Record review for resident #504 recorded admission date of 6/28/14 with diagnoses of: chronic obstructive pulmonary disease, hyperlipidemia and insomnia.

FCS dated 6/22/15 recorded resident requires supervision with walk/mobility, has problems with memory/recall and is at risk for falls/ unsteadiness.

NSA dated 6/22/15 recorded resident to receive assistance with ambulation/transfer, uses a walker to ambulate, has own lift chair and own electric bed.

HCSP dated 6/22/15 recorded resident to use walker for all ambulation and staff to supervise when in sight. Resident has own electric bed and wants head of bed up at night.

Observation and interview with resident in resident ' s room on 5/4/16 at 11:25am revealed full size bed with cane bed rail on right side of

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bed. Resident had a large purple area on his/her left forearm. Resident stated, " I fell off my bed and fell off on the floor. "

The negotiated service agreement and the health care service plan lacked documentation of the presence of the cane bedrail including the purpose of the bedrail and resident need for a bedrail. Further review of the resident's record revealed the lack of an assessment of the safety of the bed rail, the resident's ability to safely use the bedrail, the type of bedrail, how the bedrail was attached to the bed, and the measurement of space between the mattress and the bedrail.

Record review for resident #505 recorded admission date of 6/16/15 with diagnoses of: hypertension, constipation, chronic pain, nerve pain and nausea/vomiting.

FCS dated 6/16/15 recorded resident requires supervision with walk/mobility, is independent with transfers, and is at risk for falls/unsteadiness. Resident is cognitive and has no problems with communication.

NSA dated 6/16/15 recorded resident to receive assistance with ambulation/transfer, has a lift chair, decreased mobility right leg, ¼ hand rail, and also has a cane as needed.

NSA addendum dated 3/14/16 recorded resident uses a slider board and transfer bench and received physical therapy.

HCSP dated 6/16/16 recorded resident uses walker to ambulate, has cane as needed and has a lift chair, staff is to supervise resident when in

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sight and staff to do bed checks for safety one time during night.

Observation and interview with resident in resident ' s room on 5/4/16 at 11:05 am revealed a (one quarter) ¼ bedrail on the left side of a full size bed. When asked what the side rail was for, resident stated " It is basically to help me get up. "

The negotiated service agreement and the health care service plan lacked documentation of the presence of the cane bedrail including the purpose of the bedrail and resident need for a bedrail. Further review of the resident's record revealed the lack of an assessment of the safety of the bed rail, the resident's ability to safely use the bedrail, the type of bedrail, how the bedrail was attached to the bed, and the measurement of space between the mattress and the bedrail.

Review of facility policy, titled: side rail policy, recorded, " rails are primarily used for aide to the resident for assist to transfer or positioning. "

Interview on 5/4/16 at with licensed staff #Z confirmed HCSP for residents #503, #504 and #505 lacked resident use of bed rails. He/she also confirmed assessments for resident need and ability to use, not completed and facility had no maintenance/safety program for bedrails.

For residents #503, #504 and #505, requiring health care services, the operator failed to ensure that a licensed nursed 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 regarding

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S3155	Continued From page 5 the use of bedrails.	S3155		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents.	S3305		

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S3305	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(a) The facility reported a census of 25 residents. The sample included 3 residents. Based on record review, observation and interview, for all residents of the facility, the operator failed to ensure the provision of a safe and sanitary environment for residents when the operator failed to ensure current vaccination and flea and tick prevention for the cat living at the facility. Findings included: - On 5/3/16 at 11:50am, during tour of the facility with the facility operator, in the room labeled " eye wash station " , a bag of cat food was seen in a cabinet. Operator stated, " We have a facility cat. " On 5/3/16 at 12:20 pm, during tour of the facility, 2 pet bowls were seen in the alcove/dining room area. On 5/4/16 at 10:35am, upon request for veterinarian records for facility cat, operator reported that the records were " not up to date. " and that facility cat " goes in and out. " On 5/4/16 at 11:35am, while checking alarms on the South West exit door, Operator appeared outside, looking for the cat, and stated, " The vet is coming today. "	S3305		

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S3305	Continued From page 7 Review of veterinarian records for facility cat, recorded last frontline (8 doses) (to kill fleas and ticks) on 8/30/13. Invoice for today, 5/4/16, for DRC (a cat vaccination for distemper, rhinotracheitis and calicivirus and chlamydia psittaci), and one year rabies vaccination. Interview with facility operator on 5/4/16 at 1:45pm confirms cat has lived at the facility since prior to 2008, has not been vaccinated for rabies for the past 2 years until noon today, and has no record of treatments given for flea and tick prevention. For all residents of the facility the operator failed to ensure a safe and sanitary environment for residents when the operator failed to maintain current vaccinations for the facility cat that goes outside on a regular basis.	S3305		
S3335 SS=F	28-39-254 BUILDING EXTERIOR (f) General building exterior. (1) Each exterior pathway or access to the facility's common use areas and entrance or exit ways shall be: (A) made of hard smooth material; (B) barrier free; and (C) maintained in good repair. (2) There shall be a means of monitoring	S3335		

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S3335	Continued From page 8 each exterior entry and exit for security purposes. (3) Outdoor recreation areas shall be provided and available to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(f)(2) The facility reported a census of 25 residents. The sample included 3 residents. Based on observation and interview for all residents, the operator failed to ensure the facility had a means of monitoring each exterior entry and exit for security purposes. Findings included: Facility tour on 5/3/16 from 11:36am to 1:20pm with the facility operator revealed exterior doors located at main facility entrance, end of northeast hall, end of northwest hall, end of southeast hall, end of southwest hall, and middle of south living room. The only door visible from the operator ' s office and kitchen area is the main entrance door. - On 5/3/16 at 11:36am observed the northeast hall exit door easily opened and was held open 3 minutes, no alarm was heard, no staff approached the door. Operator stated the door alarms in the kitchen and might be turned off, " because we took out the trash " . Operator locked door with an allen wrench key (a small, universal, L shaped, metal key used to turn a lock in the exit door to prevent access from the outside)	S3335		

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S3335	Continued From page 9 On 5/3/16 at 12:15am observed the southeast hall exit door easily opened, no alarm was heard, no staff approached. Southwest hall exit door easily opened, a resident walked by outside, no alarm was heard, no staff approached. Operator stated: " These are unlocked during the day and alarmed to (staff) walkie talkies at night. " Interview with operator on 5/3/16 at 5pm operator confirmed facility does not have a policy for monitoring of facility exits and stated " Exits are locked with and allen wrench each night. " On 5/4/16 at 11:35am this writer opened southwest hall exit door. Exit door was held wide open for 8 minutes, no alarm was heard, no staff approached. At 11:43am operator approached on outside of building (stated he/she was looking for facility cat). When asked why an alarm was not heard operator stated, " Back hall is not alarmed till 10pm at night. " Interview on 5/4/16 at noon with certified staff #Y reported that exit alarms go on after 8pm and it alarms in the kitchen and on staff walkie talkies. He/she stated the exit alarms are on during the day. On 5/4/16 at 1:30pm this writer opened northeast hall exit door and held it open approximately 3 minutes. Alarm was heard down the hall in the distance. Alarm stopped and started again 3 times, then stopped. Kitchen staff #X appeared in hallway near kitchen looked at northeast door as it shut and left the hall.	S3335		

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S3335	Continued From page 10 Interview on 5/4/16 at 1:35pm with kitchen staff #X stated, " You can push the reset button (points to alarm panel on wall in kitchen) to turn it off but if the door is held open like you were doing it (the alarm) has to be turned off, I did that, then checked and saw it was you. " Interview on 5/4/16 at 2:35pm with facility operator confirmed facility does not have a policy on exit alarms and monitoring entrances and exits. Interview on 5/4/16 at 2:53 pm with facility operator, stated the front door is on the wireless system, but Northeast and Northwest exit alarms do not go to the wireless system (walkie talkie system). Operator also confirmed facility does not have a training program for monitoring the doors and responding to the alarms. On 5/4/16 review of new staff orientation checklist lacked training related to monitoring entrances and exits and responding to alarms. Review of facility forms titled, daily duties for 2-10 pm and 10pm-6am lacked instructions for security checks of exit doors. For all residents the operator failed to ensure the facility had a means of monitoring each exterior entry and exit for security purposes.	S3335		
S3395 SS=F	28-39-255 LAUNDRY	S3395		

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S3395	Continued From page 11 (c) Laundry facility. (1) The facility shall store soiled laundry in a manner which prevents odors and spread of disease. (2) If laundry is processed in the facility, the facility shall provide washing and drying machines. The facility shall arrange the work area to provide a "one-way flow" of laundry from a soiled area to a clean area. (3) The facility shall provide a work counter and a locked cabinet for storage of chemicals and supplies. (4) The facility shall provide a handwashing lavatory with a non-reusable method of hand-drying within or accessible to the laundry facility. This REQUIREMENT is not met as evidenced by: KAR 26-39-255(c)(3 The facility reported a census of 25 residents. The sample included 3 residents. Based on observation and interview for all residents, the operator failed to provide a locked cabinet for storage of chemicals and supplies in the facility laundry. Findings included: - On 5/3/16 at 11:36 am during facility tour with facility operator, observed the laundry room in the	S3395		

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S3395	Continued From page 12 northeast hallway, with door unlocked, no staff present. Cabinets on right side across from washers and dryers noted to have round holes in them, no locks. Chemicals present in lower cabinet, unlocked. On 5/4/16 at 10:45 am, again observed the laundry room, unlocked, no staff present. Upper cabinet contains a box of purex brand powdered bleach, unopened. Lower cabinets contained the following: 1 gallon lotion antiseptic ½ full, a spray can of sparkle window cleaner, a bottle of orange brand hand cleaner, and 5 gallons of white vinegar. The cabinets lacked locking devices. On 5/4/16 at 2:35pm, in facility laundry room, operator confirms: facility laundry does not have a locked cabinet for storage of chemicals and supplies and facility does not have a policy regarding chemical storage. For all residents of the facility, the operator failed to provide a locked cabinet for storage of chemicals and supplies in the facility laundry.	S3395		