STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N078016	A. BUILDING: _____ B. WING _____	10/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALDRON PLACE	1700 E 23RD HUTCHINSON, KS 67502

(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 the licensure resurvey for the above named facility conducted on 9/27/18 and 10/1/18.	S 000		
S3085 SS=D	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 reported a census of 37 residents. The sampled included 4 residents. Based on observation, interview and record review the administrator failed to ensure the development of the negotiated service agreement (NSA) for 1 of 4 sampled residents (#464) regarding description of services the resident needed to meet his/her needs for identified fall risk and failed to identify	S3085		

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

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S3085	Continued From page 1 the provider of each service. Findings included: - Record review for resident #464 revealed an admission date of 7/30/18 with diagnoses of: chronic kidney disease, amnesia, Creutzfeldt-Jakob disease (a degenerative, fatal brain disorder) and shortness of breath. The admission functional capacity screen dated 7/30/18 indicated the resident had short-term and long-term memory deficit, memory/recall deficit and impaired decision making with wandering behavior. He/she needed physical assistance bathing, dressing, and supervision with toileting, transfers, walking and mobility. The fall risk assessment dated 7/30/18 identified the resident with a score of 7 indicating high risk for falls. The negotiated service agreement dated 7/30/18 included staff offer verbal cues during bathing and assist the resident during the entire bath, resident needed assistance with clothing of stand by assist at all times, supervision/cueing with toileting and required nighttime checks. He/she needed supervision/cueing with encouragement to transfer safely and for mobility. The section titled high risk for falls was not marked under the comments section staff wrote resident was able to ambulate without assistance just over sight. The NSA lacked any interventions to reduce the resident's risk for falls or identify the resident had a fall on 9/20/18. The NSA indicated the resident had mild cognition impairment with long-term memory loss, cannot remember the events from earlier in the day. Under the section for outside services the NSA listed the name of a pharmacy	S3085		

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S3085	Continued From page 2	S3085		

providing services. The NSA indicated the resident received therapy paid for by private insurance and family. The NSA failed to include the name of the provider and what type of services were being provided.

Review of the record revealed the resident began physical and occupational therapy services provided by an outside source on 8/7/18 and discontinued on 9/13/18 with max goals met.

Review of the nursing notes between 7/30/18 and 9/27/18 revealed an entry on 9/20/18 at 9:50 PM which included certified nurse aide (CNA) A while in the medication room was alerted by another resident that someone was on the floor. CNA A went to the resident and observed the resident on his/her hands and knees on the floor (the note lacked a location). A second unnamed aide came to the area and helped CNA A get the resident up from the floor. The resident was too weak to walk to his/her room independently and staff had to wheel the resident to his/her own room. Both CNAs had to help the resident into bed because of how weak he/she was. Licensed nurse B was called, vitals were taken as follows: Temperature 97.6 Fahrenheit, Oxygen saturation 98 % on room air, pulse 56, blood pressure 124/105 and respirations of 18. The family was notified, and resident was asleep in bed. The note lacked any evaluation for causal factors of the resident's sudden weakness, cause of the fall or interventions to reduce the risk for further falls.

Observation on 9/27/18 at 10:10 AM revealed the resident ambulated independently about the common areas of the facility. On 10/1/18 at 10:30 AM certified medication aide (CMA) C and CMA D assisted/directed the resident to ambulate from a common area to his/her room. The staff

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S3085	Continued From page 3 needed to provide multiple redirections of the need for the resident to toilet, CMA C needed to manipulate the resident's clothing while CMA D redirected the resident and then guided him/her to the toilet. Interview with licensed nurse B on 10/1/18 at 9:50 AM confirmed the resident was at high risk for falls, the NSA lacked identification of the resident's fall risk, lacked interventions to reduce further falls and was not updated following the 9/20/18 fall. He/she confirmed the NSA failed to identify the outside provider of the therapy services and a description of the services to be provided. The administrator failed to ensure the development of the NSA for this resident regarding description of services the resident needed to meet his/her needs for identified fall risk and failed to identify the provider of each service.	S3085		