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	N078016	A. BUILDING: _____ B. WING _____	04/21/2025

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

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S 000	INITIAL COMMENTS The following citations represent the findings of a Re-Licensure Survey with complaint investigations 187923, 189969, and 194239 for the above named Assisted Living facility conducted on 04/15/25, 04/16/25, 04/17/25, and 04/21/25.	S 000		
S3026 SS=J	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(1)(B) The facility reported a census of 51 residents (R), with 30 residents residing in the unsecured Assisted Living House and 21 residents residing in the secured Memory Care House. The sample included four residents and two closed record reviews. Based on observation, interview, and record review, the operator failed to protect R3, a cognitively impaired resident who exited the facility without staff knowledge. She walked outside, unsupervised, for 1.3 miles which included crossing a busy four lane street with a speed limit of 35 miles per hour. A citizen who	S3026		

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

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S3026	Continued From page 1	S3026		

lived in the area found the resident and contacted local police who then transported R3 to the hospital for evaluation. This failure placed R3 in Immediate Jeopardy.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 03/03/25 with diagnoses of Alzheimer's disease, diabetes mellitus type II, anxiety disorder, and glaucoma.

R3's "Functional Capacity Screen" (FCS) dated 03/03/25 identified she had cognitive impairment including short-term and long-term memory, impaired memory/recall ability, and impaired decision-making ability.

Interview on 04/15/25 at 12:38 PM Executive Director A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were a combined document (NSA/HCSP)

R3's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 03/03/25 identified she required reminders and cueing, dressing and bathing. It identified R3 was independent with mobility without use of an assistive device, and when she went shopping, she required physical assistance and needed to be accompanied by care giver or family member. The NSA included she had both mild and moderate cognitive impairment related to short and long-term memory loss and had trouble making decisions.

R3's record lacked revision to her NSA/HCSP to include any interventions for her increased exit

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seeking behaviors.

On 03/03/25 Administrative Licensed Nurse B completed an "Elopement Risk Evaluation" which identified R3 was occasionally disoriented, ambulatory, and did not have a history of wandering or attempting to leave. It also identified R3 was "content" with her admission to the facility.

R3's admission "Progress Notes" dated 03/03/25 identified the resident arrived with her family, was alert and oriented to self and was "tearful". Between 03/03/25 and 03/10/25 the only documentation in the "Progress Notes" was related to medication orders.

R3's Progress Notes revealed with the following documentation:
03/10/25 at 06:50 PM Certified Medication Aide (CMA) D documented R3 tried to exit the courtyard gate. CMA D then redirected R3 to her room and shortly after R3 was visibly upset asking why she was placed in the facility. R3 slammed her fist on the medication cart and then returned to her room and slammed the door.
03/10/25 at 10:26 PM CMA D took the resident back to her room and noticed R3 had packed most of her belongings and told CMA it was so she can leave tomorrow.
03/11/25 at 03:04 PM Administrative Licensed Nurse B noted a new order to start Ativan (antianxiety) 1 milligram (mg) at bedtime and 0.5 mg every eight hours as needed.
03/11/25 at 09:27 PM CMA E documented R3 was extremely agitated, poking the CMA in the chest and demanding CMA E take her to town. R3 refused to go to her room or stay in her room.

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S3026	Continued From page 3 03/12/25 at 10:06 AM Administrative Licensed Nurse B noted a new order to increase Lexapro (antidepressant) to 20 mg and start Remeron (antidepressant) 7.5 mg at bedtime. 03/13/25 at 11:30 PM CMA J documented another resident guided R3 to the CMA explaining R3 was in her room looking for car keys. CMA redirected resident back to her room and told her we will figure out what is wrong with your car tomorrow. 03/17/25 at 01:40 PM Administrative Licensed Nurse B documented for 03/16/24 at 3:08 PM staff notified her the resident was missing. Staff had already conducted a search in the facility and could not find R3. Administrative Licensed Nurse B instructed the CMA to call the police and Administrative Licensed Nurse B informed the Executive Director and R3's legal representative. When Administrative Licensed Nurse B arrived at facility the police had located R3 and transported her to the local hospital for evaluation. Administrative Licensed Nurse B notified R3's legal representative to meet her at the hospital and when she returned, R3 would need to move to the secured Memory Care House, to which he agreed. 03/17/25 at 01:36 PM CMA D documented for 03/16/25 at 03:40 PM she contacted 911 at 3:08 PM to notify them of the missing residents. When the police officer arrived at the facility, he reported police had found R3 about 15 minutes ago and took her to the hospital. 03/16/25 at 06:00 PM CMA F documented that on 03/16/25 at 04:00 PM she observed the resident at 02:20 PM and when she went to check on her again at 02:55 PM R3 was not in her room. She immediately started the missing resident protocol notifying all other staff on the	S3026		

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property. The outside grounds were immediately swept and every room on the inside of the building was checked. The DON was called immediately, and the police were immediately called.
The Progress Notes for the Assisted Living House included no additional documentation for R3, because when she returned, she moved into the secured Memory Care House.

Observations on 04/15/25 at 10:10 AM prior to entering the facility, surveyor drove from the facility to the location where someone living in that area found R3, 1.3 miles north of the facility. There were multiple different routes the resident could have walked but all of them included her having to cross a busy four-lane street with multiple businesses and offices in the area with a speed limit of 35 miles per hour., The area where she was found lacked sidewalks. According to Wunderground.com the temperature between 02:53 PM and 3:53 PM was between 56 degrees and 59 degrees with winds gusty at 18 miles per hour.

Observation on 04/15/25 at 11:55 AM R3 sat at a dining room table and would get up and walk around, then care staff would redirect her back to the table for her meal. This occurred multiple times between 11:55 AM and 12:15 PM.

Interview on 04/15/25 at 01:17 PM with R3 in the memory care unit, R3 stated she thought she had lived in this building for about four years, but she could not tell me the town she lived in, and she had difficulty finishing a sentence.

Observation on 04/16/25 at 01:19 PM R3 walked

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S3026	Continued From page 5	S3026		

over to the activity table and helped a resident who was painting and then walked over to the side exit door with another resident and staff redirected them back into the main area of the facility. R3 walked briskly and independently without an assistive device.

Interview on 04/15/25 at 12:43 PM Executive Director A reported staff put R3 on 30-minute checks on 03/11/25. Review of the 30-minute checks revealed staff recorded checks on 03/11/25 from 06:00 PM through 03/16/25 at 02:30 PM.

Interview on 04/15/25 at 01:10 PM CMA G reported, since R3 moved into memory care she will "feed off" other residents and get ramped up. She likes to be busy, so we give her things to do like sweeping the floor and folding towels. CMA G acknowledged R3 continues to exit seek.

Interview on 04/15/25 at 01:49 PM Administrative Licensed Nurse B reported R3 was very tearful when she moved in. She stated family denied R3 ever leaving the house without someone.

Interview on 04/15/25 at 02:24 PM CMA H reported R3 did not want to be here and had good days and bad days. On her bad days she would be "mopey" and explore the building. When she first moved in, she talked about wanting to leave and go home.

Interview on 04/15/25 at 02:29 PM CMA I stated she tried to keep R3 busy otherwise she was roaming in the halls. In the afternoons, she would pace the halls, try to find staff and would be redirected her to her room or some activity. One

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day she was really upset with her family and talked about how she would leave at 02:00 PM, thinking that she worked here and got off work at 02:00 PM. She would go out to the courtyard, but CMA I reported she did not ever see her leave the property.

Interview on 04/15/25 at 03:07 PM CMA E reported R3 was constantly exit seeking and wanting someone to take her to town and would go out the back door and staff would have to go out and get her. CMA E stated R3's exit seeking was a lot worse in the evenings, and she was trying to go out a lot. CMA E also reported the CMA's documented in the "Progress Notes" if anything notable and out of the ordinary occurred. CMA E stated the exit seeking was her "normal behavior", so it was not documented.

Interview on 04/15/25 at 04:59 PM CMA F reported R3 was very anxious and wandered a lot. When she first moved in, it wasn't as much of an issue going outside but the longer she was here, it just kept getting worse and staff needed to know where she was at all times. CMA F stated R3 would exit-seek a lot and CMA F saw R3 go out the door and had to bring her back into the facility in the past. She stated it was worse in the evenings and then staff started the 30-minute checks. CMA F stated on the day R3 left she had checked on her and knew it was close to the 30 minutes so before she took her break she went and checked and that was when she identified R3 was not in her room, and she could not find her in the facility.

Interview on 04/15/25 at 06:16 PM CMA D reported R3 was a ball of anxiety and very

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S3026	Continued From page 7 scared and tearful the first night. She wanted to go home and didn't know why she had to stay at the facility. CMA D reported R3 was always exit seeking and staff had to keep a close eye on her by doing the 30-minute checks. On day of elopement, CMA F told her she could not find R3. At that point staff looked in every room, and looked outside, had the dietary staff help but did not find her. Staff contacted Administrative Licensed Nurse B and Executive Director A and they told staff to call the police. A police officer arrived and said they had already been working the case because a lady saw R3 in her yard and R3 thought is was the 1980's and she was looking for her. Review of the "Elopement Management" policy dated 06/09/19 and revised on 05/25/21 revealed the following procedures: 6. If a resident is exit seeking, talking about leaving, or has made an actual attempt to leave the community without a planned destination, one or more of the following interventions may be implemented: a. Staff should not leave resident alone if still in assisted living , a sitter should be in place. b. The resident may be transferred to an inpatient unit for further evaluation. c. The resident may be transferred to the secure [facility] (memory care) community. d. The resident may be discharged to a skilled nursing facility. e. Family may take the resident home with them. f. Complete the "Informed Acknowledged Elopement Risk Agreement". 7. Staff are to notify the regional Director of Operations and Regional RN consultant immediately of any elopement attempts.	S3026		

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S3026	Continued From page 8 Review of R3's medical record failed to include interventions as indicated in the "Elopement Management" policy and failed to include evidence regional Director or Regional Nurse were notified of R3's attempts to exit the facility. On 04/16/24 at 10:44 AM Administrative Staff A was told that R3's exit seeking behavior and elopement placed cognitively impaired R3 in immediate jeopardy and requested a removal plan. The Immediate Jeopardy was removed on 03/16/25 at approximately 05:20 PM when the resident returned to the campus and was moved into the secured memory care unit with a wanderguard bracelet. The following actions were documented in the "Abatement Plan" and accepted by the department on 04/16/25 at 01:38 PM. 1. The facility consulted with R3's primary physician and made medication adjustments on 03/11/25 and 03/12/25. 2. 30-minute checks were initiated on 03/11/25. 3. At 03:00 PM staff identified resident was missing and followed the policy in searching for a missing resident. 4. On 03/16/25 staff moved the resident into the Memory Care house immediately upon her return and a wanderguard placed on her. 5. Licensed Nurse in Assisted Living educated on updating Care Plans to notate any significant changes such as exit seeking behaviors and will implement immediate Care Plan Meeting with family and physicians if exit seeking occurs. 6. On 03/20/25 regional Nurse provided onsite	S3026		

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S3026	Continued From page 9 training that included education on wandering, exit seeking behaviors, with interventions. 7. All staff to be reeducated on Elopement Policy and procedures at next mandatory in-service with additional online training added to each staff to complete.	S3026		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-201 (d) The facility reported a census of 51 residents(R). The sample included three residents and two closed record reviews. Based on observation, record review and interview the executive director failed to ensure designated facility staff completed one (R3) of three sampled residents "Functional Capacity Screen" accurately to reflect their functional ability and need for assistance. Findings included: - Review of R3's medical record revealed she moved into the facility on 03/03/25 with diagnoses of Alzheimer's disease, diabetes mellitus type II, anxiety disorder, and glaucoma. R3's "Functional Capacity Screen" (FCS) dated	S3082		

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S3082	Continued From page 10 03/03/25 identified she had cognitive impairment including short-term and long-term memory, impaired memory/recall ability, and impaired decision-making ability. R3's FCS dated 03/16/25 failed to identify R3 had a current problem/concern with wandering. Observation on 04/16/25 at 01:19 PM R3 walked over to the activity table and helped a resident who was painting and then walked over to the side exit door with another resident and staff redirected them back into the main area of the facility. R3 walked briskly and independently without an assistive device. Interview on 04/17/25 at 10:15 AM Administrative Licensed Nurse C acknowledged R3 wanders throughout the facility, and should have marked wandering on her FCS. The executive director failed to ensure designated staff completed R3's FCS accurately related to concerns to her wandering.	S3082		
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	S3085		

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S3085	Continued From page 11 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)(1) The facility reported a census of 51 residents (R) with three sampled residents and two closed record reviews. Based on interview and record review the executive director failed to ensure the "Negotiated Service Agreements" (NSA) for one (R4) of three sampled residents described the services they received based on their "Functional Capacity Screen". Findings included: - Record review for R4's "Electronic Medical Record" (EMR) an admission date of 05/01/18 with a diagnosis of vascular dementia. R4's "Functional Capacity Screen" (FCS) dated 03/21/25 identified R4 had impaired vision, impaired hearing, and impaired decision-making ability. Interview on 04/15/25 at 12:38 PM Executive Director A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were a combined document (NSA/HCSP).	S3085		

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S3085	Continued From page 12 R4's NSA/HCSP dated 03/21/25 failed to include a description of services related to impaired vision and hearing, and impaired decision-making ability. Interview 04/16/24 at 04:02 PM Administrative Licensed Nurse C reported R4 had glasses, but she did not wear them and is hard of hearing in noisy places and staff may have to repeat what they say to make sure she hears correctly. Administrative Licensed Nurse C acknowledged R4's NSA/HCSP did not include a description of services related to her impaired vision, hearing, and impaired decision-making. The executive director failed to ensure designated staff completed R4's NSA/HCSP based on service needs identified in her FCS.	S3085		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.	S3092		

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S3092	Continued From page 13 This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d)(2) The facility reported a census of 51 residents(R). The sample included three residents and two closed record reviews. Based on observation, interview, and record review the executive director failed to ensure designated staff reviewed and revised the "Negotiated Service Agreement" for two (R4, R5) of three sampled residents when the resident had a significant change in service needs related to skilled therapy. Findings included: - Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the Assisted Living house on 05/01/18 and then into the Memory Care house on 01/15/14 with diagnoses of vascular dementia and anxiety. R4's significant change "Functional Capacity Screen" dated 03/21/25 revealed R4 now needed physical assistance with transfers and mobility and had increased bladder incontinence and impaired cognition. Interview on 04/15/25 at 12:38 PM Executive Director A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" were a combined document (NSA/HCSP). R4's annual NSA/HCSP dated 01/28/25 included physical therapy/occupational therapy/speech	S3092		

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therapy to eval and treat as ordered, but it did not indicate who provided the service or which of the three services she received.

R4's significant change NSA/HCSP dated 03/21/25 included the same therapy services as R4's annual NSA/HCSP.

Review of R4's EMR lacked an Amended NSA/HCSP to show reviewing/revision for when she started services for Physical Therapy on 03/14/25.

Review of R4's physical therapy notes revealed she started services on 03/14/25 with the last documented visit in her record being 03/27/25.

Observation on 04/16/25 at 03:03 PM Certified Medication Aides (CMA) G and N assisted R4 to transfer from the recliner to her wheelchair. CMA G put the walker in front of her and the wheelchair beside the recliner. R4 kept trying to get up on her own without assistance and staff reminded her not to get up yet because she could not bear weight on her bad leg . R4 did not follow directions and stood up, holding onto her walker. With staff standing beside her she took a couple of side steps to her left and then sat in the wheelchair.

Interview on 04/16/25 at 04:05 PM CMA G reported R4 had received physical therapy, and they showed us how to transfer R4 since she does not follow the directions well.

Interview on 04/17/25 at 08:43 AM Administrative Licensed Nurse C reviewed R4's NSA/HCSP and acknowledged she did not complete an amended

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S3092	Continued From page 15 NSA/HCSP for when R4 initially started physical therapy services on 03/14/25. The executive director failed to ensure designated staff reviewed and revised R4's NSA when initiated physical therapy services from a local Home Health Company. - Review of R5's medical record revealed he moved into the Assisted Living house on 01/07/25 and then moved to the Memory Care house on 04/09/25 with diagnosis of cognitive impairment. R5's Initial Admission "Functional Capacity Screen" (FCS) dated 01/07/25 identified he needed physical assistance with bathing, dressing, and eating. He had impaired cognition and current problem or risk for falls and impaired decision-making ability. Interview on 04/15/25 at 12:38 PM Executive Director A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were a combined document (NSA/HCSP) R5's Initial NSA/HCSP 01/07/25 indicated facility staff would assist R5 with bathing and dressing. It also indicated the resident may use an outside provider of choice when needed. R5's record lacked revision of his NSA to identify the resident required skilled nursing and physical therapy services for wound care and strengthening, initiated on 01/29/25 and discontinued on 03/25/25. Observation on 04/21/25 at 09:30 AM R5 walked	S3092		

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S3092	Continued From page 16 out of his room and came over to surveyor and asked if everything was going OK and then walked back to his room without use of any assistive device. Interview on 04/17/25 at 11:30 AM Home Health staff confirmed R5 had received skilled nursing and physical therapy services from 01/29/25 to 03/25/25. Interview on 04/17/25 at 03:59 AM Administrative Licensed Nurse A acknowledged R5 received wound care and Home Health services and she should have completed an amended NSA/HCSP to identify the changes in services. The executive director failed to ensure designated staff reviewed and revised R5's NSA/HCSP as needed when he started skilled nursing and physical therapy services.	S3092		
S3101 SS=D	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h) The facility reported a census of 51 residents	S3101		

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S3101	Continued From page 17 (R). The sample included three residents and two closed record reviews. Based on interview and record review for one (R3) of three sampled residents, the executive director failed to ensure that everyone involved in the development of the admission "Negotiated Service Agreement" signed the agreement. Findings included: - Review of R3's medical record revealed she moved into the facility on 03/03/25 with diagnoses of Alzheimer's disease. R3's "Functional Capacity Screen" (FCS) dated 03/03/25 identified she had cognitive impairment including short-term and long-term memory, impaired memory/recall ability, and impaired decision-making ability. Interview on 04/15/25 at 12:38 PM Executive Director A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" were a combined document (NSA/HCSP) R3's Admission "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 03/03/25 identified she required reminders and cueing, dressing and bathing, and required physical assistance with management of medications and medical treatments. R3's Admission NSA/HCSP had not been signed by her legal representative. Interview on 04/15/25 at 03:00 PM Administrative Licensed Nurse acknowledged R3's legal representative had not signed the admission NSA/HCSP.	S3101		

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S3101	Continued From page 18 The executive director failed to ensure all who participated in the development of R6's initial admission NSA/HCSP signed it.	S3101		
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 reported a census of 51 resident's (R). The sample included three residents and two closed records. Based on interview and record review, the operator failed to ensure staff followed standards of practice related to monitoring and reporting skin conditions when providing peri-care with incontinence, and assessing the resident's feet when R6 complained of foot pain. This failure resulted in the delayed medical treatment and implementation of interventions to promotion healing for pressure ulcers (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction) and deep tissue injuries (damage that occurs beneath the skin's surface, affecting muscles, bones, or connective tissues) that were not identified until the family took R6 to the emergency room for evaluation.	S3171		

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S3171	Continued From page 19 Findings included: - R6's record revealed she moved into the assisted living portion of the facility on 11/07/22 with diagnoses of vascular dementia, and peripheral vascular disease (abnormal condition affecting the blood vessels). On 03/20/24, her record identified an additional diagnosis of lymphedema (swelling caused by accumulation of protein-rich fluid in lymph nodes). R6's "Quarterly Assessment" dated 01/03/24, included an area for skin assessment with no concerns identified. R6's "Functional Capacity Screen" dated 03/25/24 identified R6 needed physical assistance with bathing, dressing, toileting, had bladder incontinence, and impaired cognition. It also identified she had current problems/risks for impaired decision-making and wandering. Interview on 04/15/25 at 12:38 PM Executive Director A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" were a combined document (NSA/HCSP). R6's NSA/HCSP dated 03/25/24 directed staff to provide physical assistance getting in and out of the shower and help with washing hard to reach areas. It directed staff to assist her with toileting and reminders to use the restroom, to help her change her incontinent products and make sure she was clean and dry. It identified she was at high risk for falls and staff needed to ensure she had on proper footwear and do frequent visual checks.	S3171		

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R6's "Initial Admission Assessment" for admission to the memory care portion of the facility, dated 03/25/24 identified the resident had weight gain but just started Lasix (diuretic) for edema. It also identified R6 had no skin problems noted, had 2+ edema to both of her lower legs, had problems with diarrhea and had urgency/frequency problems with urination.

R6's electronic "Progress Notes" included the following documentation:
03/23/24 at 04:24 PM CMA L documented R6's family visited and brought new socks due to the edema in her ankles. The family brought in Depends (incontinence product) and during cares CMA L noticed R6 had BM incontinence in her underwear and helped her clean up. CMA L noticed there was blood on the wipes and documented R6 was "excessively raw under her stomach" and administered the nystatin (antifungal) cream and then finished redressing R6.
The record lacked documentation of a Licensed nurse assessing the resident after the CMA had identified blood on the wipe when providing incontinent care.
03/25/24 at 4:00 PM Administrative Licensed Nurse C documented the resident moved from the assisted living to the secured memory care portion of the facility and was informed R6 had been having loose stools.
(Late entry) dated 05/13/24 at 08:35 AM for 05/04/24 at 02:25 PM Administrative Licensed Nurse C documented the resident's family visited R6, had concerns and wanted to take her to the emergency room for evaluation. Administrative Licensed Nurse C told CMA on duty at the time it was "absolutely fine" for the family to take her in

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for evaluation.
R6's progress notes lacked entry for resident condition upon leaving with family to the emergency room visit on 05/04/24.
05/05/24 at midnight CMA M documented she received a call from R6's family that the resident was admitted to the hospital. CMA informed administrative Licensed Nurse C.

Review of R6's emergency room (ER) documentation dated 05/04/24 at 04:54 PM included the following:
05/04/24 ER Medical Provider "ED triage note" recorded R6 presented in the emergency room with family. Family reported complaints of resident having bilateral foot sores and altered mental status. Family reported resident had complained of foot pain prior to admission to the memory care portion of the facility and had an altered gait secondary to pain. Family stated they checked for themselves today and saw sores on both heels of her feet. Upon exam resident had bilateral heel pressure ulcers with the left heel ulcer on the lateral aspect of heel about the size of a nickel and the right heel ulcer about the size of half dollar.

Hospital wound consultant notes dated 05/06/24, revealed the ER medical provider documented upon admission that R6 had multiple pressure ulcers and deep tissue injuries on her feet and sacrum with complaints of pain in all wounds and scant drainage from sacral and buttock wounds.
Hospital wound consultant notes dated 05/06/24 at 09:13am recorded the following:
1. Right heel with non-blanchable (skin does not turn white when pressed) purpura (purple areas under the skin) 4 centimeters (cm) diameter.

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2. Left heel with non-blanchable purpura measured 2cm diameter.
3. Right great toe with non-blanchable erythema (redness) 1cm in diameter.
4. Left buttock pressure ulcer measured 1cm x 2cm x .05cm deep with subcutaneous tissue exposed. wound with 100% slough (dead tissue, usually cream or yellow in color), margins not attached with evidence of sheering and trauma to wound bed and margins.
5. Coccyx and Right buttock pressure ulcer measured 8cm x 5cm and 0.05cm deep. Subcutaneous tissue exposed with wound 100% slough with evidence of sheering and trauma to wound bed and margins.
Final Assessment: Pressure ulcer of sacral region, stage 3 with wounds not acutely infectious appearing. Pressure-induced deep tissue damage of left heel and right heel as well as right great toe.

Phone interview on 04/15/25 at 06:16 PM with a family member, stated R6 had complained of her feet hurting for the past couple weeks and when family changed her socks on 05/04/25, they observed sores on her heels and big toe. They took her to the emergency room where ulcers were identified on her big toe, both heels and on her bottom.

Interview on 04/16/25 at 02:02 PM CMA G reported R6 needed help in the bathroom, with showers and dressing in the mornings. CMA G stated even though R6 could do a lot of it herself she still needed help.

Interview of 04/17/25 at 01:57 PM CMA H reported the resident walked all over the facility

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and did not have any skin issues other than some yeast under her breast and abdomen. R6 needed help with her showers and started to have incontinence before she moved into the memory care portion of the facility.
Interview on 04/21/25 at 12:55 PM CMA H reported staff do not have shower sheets but if they see anything out of the ordinary, bruising, rash, or redness staff tell the nurse about it.

Interview on 04/21/25 at 10:11 AM Administrative Licensed Nurse C reported when a resident moved into the facility, she completed a head-to-toe skin assessment and R6 did not have any skin issues upon admission, and she was not made aware of any skin issues. Administrative Licensed Nurse C also reported when staff give a resident a shower, they are supposed to let the nurse know of any skin concerns and then she would assess the resident's skin. Administrative Licensed Nurse C did acknowledge R6 complained of foot pain but thought it was related to her edema and not anything else, since staff did not report any skin issues to her.

Review of the Skin Integrity Policy dated 06/10/19 included a guideline that residents who are at risk for skin impairment should be identified, in order to help avoid, if possible, pressure areas or wounds from occurring. This included procedural steps that a weekly skin evaluation should be conducted on residents deemed to be at risk for an avoidable skin issue. If not "at risk" the Director of Nursing should perform a monthly skin evaluation, and all residents should have a full-body skin evaluation performed at the time of their scheduled

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S3171	Continued From page 24 evaluation or when changes in skin conditions are identified. Residents with the following conditions should be closely monitored included residents with peripheral vascular disease and incontinent residents. The executive director failed to ensure staff performed health care services in accordance with acceptable standards of practice related to monitoring and reporting skin conditions when assisting with showers, providing peri-care with incontinence, and assessing the resident's feet when R6 complained of foot pain. This failure resulted in the delay of medical treatment and preventative measure related to R6's identified deep tissue injuries on both heels, pressure ulcer on her right toe, and two pressure ulcers on her buttock/sacral region.	S3171		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 51 residents(R). The sample included three residents and one closed record review. Based on interview and record review the executive director failed to	S3261		

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ensure three (R3, R4, R5) of three sampled residents and one (R6) closed record record contained documentation of all incidents, symptoms, and other indications of illness or injury, what action was taken, and the results of action taken.

Findings included:

- Review of R3's medical record revealed she moved into the facility on 03/03/25 with diagnoses of Alzheimer's disease, diabetes mellitus type II, anxiety disorder, and glaucoma.

R3's "Functional Capacity Screen" (FCS) dated 03/16/25 identified she had cognitive impairment including short-term and long-term memory, impaired memory/recall ability, impaired decision-making ability, and required physical assistance with managements of medications and medical treatments.

Interview on 04/15/25 at 12:38 PM Executive Director A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" were a combined document (NSA/HCSP)

R3's (NSA/HCSP) dated 03/16/25 staff were to provide cueing and supervision with bathing and dressing and had a wanderguard due to her increased wandering. It also identified facility staff would assist with management of medications and medical treatments.

R3's electronic nursing "Progress Notes" included the following documentation:
03/10/25 at 06:50 PM Certified Medication Aide (CMA) D documented R3 tried to exit the

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courtyard gate. CMA D then redirected R3 to her room and shortly after R3 was visibly upset asking why she was placed in the facility. R3 slammed her fist on the medication cart and then returned to her room and slammed the door.
03/10/25 at 10:26 PM CMA D took the resident back to her room and noticed R3 had packed most of her belongings and told CMA it was so she can leave tomorrow.
03/11/25 at 09:27 PM CMA E documented R3 was extremely agitated, poking the CMA in the chest and demanding CMA E take her to town. R3 refused to go to her room or stay in her room.
03/13/25 at 11:30 PM CMA J documented another resident guided R3 to the CMA explaining R3 was in her room looking for car keys. CMA redirected resident back to her room and told her we will figure out what is wrong with your car tomorrow.

The (EMR) "Electronic Medical Record" failed to include documentation of the resident's increased wandering and multiple attempts to exit the facility a few days after she moved in. Including documentation of staff having to go get her when she went out the facility doors.

Interview on 04/15/25 at 02:29 PM CMA I stated in the afternoons, R3 would pace the halls, try to find staff and would be redirected her to her room or some activity.

Interview on 04/15/25 at 03:07 PM CMA E reported the CMA's were to document in the "Progress Notes" if anything notable and out of the ordinary occurred. CMA E reported R3 was constantly exit seeking and wanting someone to take her to town and would go out the back door

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and staff would have to go out and get her. CMA E stated R3's exit seeking was a lot worse in the evenings, and she was trying to go out a lot. CMA E stated the exit seeking was R3's "normal behavior", so staff did not document it in her record.

Interview on 04/17/25 at 09:25 AM Administrative Licensed Nurse A reported she expected staff to document major changes in behaviors, falls, more confused than normal or any conversations with family. Administrative Licensed Nurse A reported if R3 was having the anxiety and exit seeking prior to documentation on 03/10/25 staff should have documented it.

The executive director failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury, what action was taken, and the results of action taken.

- Review of R4's "Electronic Medical Record" (EMR) revealed she moved into the Memory Care house on 01/15/14 with diagnoses of vascular dementia and anxiety.

R4's "Functional Capacity Screen" dated 03/21/25 revealed R4 needed physical assistance all activities of daily living, had impaired cognition, and required physical assistance with management of medications and medical treatments.

Interview on 04/15/25 at 12:38 PM Executive Director A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" were a combined document (NSA/HCSP).

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	N078016	A. BUILDING: _____ B. WING _____	04/21/2025

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

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S3261	Continued From page 28 R4's NSA/HCSP dated 03/21/25 identified staff would provide assistance with activities of daily living, would administer medications and treatments, and provide reminders due to cognitive impairment. Review of R4's electronic nursing "Progress Notes" revealed the following documentation: 08/16/24 - head to toe assessment completed with no noted areas of concern - will be treated for scabies exposure at this time. - The record lacked follow up after treating R4 for scabies. 11/18/24 - CMA contacted nurse that resident had a fall and lost her balance and fell. vitals and range of motion within resident's normal, so staff assisted her up without difficulty. The record lacked follow up for possible latent injuries post fall. 12/16/24 - CMA notified nurse of high blood pressure for over an hour and resident refusal to go to the hospital. Nurse directed staff to monitor, and the nurse would assess later. The record lacked documentation of the Nurse follow up assessment related to high blood pressure. 01/09/25 - resident positive for covid and quarantined in her room. Paxlovid started as well as other COVID medications. The record lacked follow-up documentation of R4's status after testing positive for covid and medications administered. 03/10/25 - late entry documentation of resident found sitting on floor in her room and had lower extremity edema to both legs. The record lacked follow up documentation related to R4's status post fall and her edema.	S3261		

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S3261	Continued From page 29 03/16/25 -- Staff found resident on the floor in her room between her bed and the TV. complained of knee pain and went to the emergency department. Resident returned with a knee brace. 03/29/25- resident cried out and staff found her on the floor in her room by the bed. The record lacked a nursing follow up assessment to evaluate resident status post fall with having a previous acute tibial fracture. Interview on 04/16/25 at 04:02 PM Administrative Licensed Nurse C reported she charted by exception and only documents if changes occur. Will document if someone has a fall, having behaviors if they are new and conversations we have with the family. Administrative Licensed Nurse reviewed R4's "Progress Notes" and noted she documents in the chart that staff had notified her of the fall but no additional follow up after a fall. She also acknowledged there was no follow-up post scabies or COVID treatment. The executive director failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury, what action was taken, and the results of action taken. - Review of R5's electronic medical record revealed he moved into the Assisted Living house on 01/07/25 and then moved to the Memory Care house on 04/09/25 with diagnosis of cognitive impairment. R5's "Functional Capacity Screens" (FCS) dated	S3261		

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S3261	Continued From page 30 01/07/25 and 04/09/25 both identified he had impaired cognition and had a current problem or risk of falls. Interview on 04/15/25 at 12:38 PM Executive Director A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" were a combined document (NSA/HCSP) R5's NSA/HCSP dated 01/7/25 and 04/09/25 indicated facility staff would assist R5 with bathing and dressing, were to provide frequent visual checks, ensure wearing proper footwear, and encourage balance academy. Review of R5's electronic nursing "Progress Notes" included the following documentation: 01/09/25 -new order to start Seroquel (antipsychotic). The record lacked documentation of any symptoms the resident had to indicate the initiation of an antipsychotic medication. 01/16/25 - see by medical provider and new order for Calmoseptine to buttocks. The record lacked documentation of skin condition that would require use of Calmoseptine. 01/28/25 - new order to add noon dose of Seroquel. The record lacked documentation of symptoms related to adding an additional dose of Seroquel. 02/18/25 - order for local Home Health company to evaluate and treat a stage one pressure area. The record lacked documentation of the facility nurse assessing residents skin and following up until healed. Interview on 04/17/25 at 04:05 PM Administrative	S3261		

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S3261	Continued From page 31 Licensed Nurse B reported R5 had falls on 01/26/24 and two falls on 02/09/24 that were not documented in the nursing "Progress Notes" but it was in a incident report which should have triggered documentation in the nurses "Progress Notes". She also acknowledged there is a lot of documentation in the daily reports that are not a part of the resident record that she probably should have documented. The executive director failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury, what action was taken, and the results of action taken related to falls and symptoms that would require medication changes. - R6's record revealed she moved into the assisted living portion of the facility on 11/07/22 with diagnoses of vascular dementia, and peripheral vascular disease (abnormal condition affecting the blood vessels). On 03/20/24, her record identified an additional diagnosis of lymphedema (swelling caused by accumulation of protein-rich fluid in lymph nodes). R6's "Functional Capacity Screen" dated 03/25/24 identified R6 needed physical assistance with bathing, dressing, toileting, had bladder incontinence, and impaired cognition. It also identified she had current problems/risks for impaired decision-making and wandering. Interview on 04/15/25 at 12:38 PM Executive Director A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" were a combined document (NSA/HCSP).	S3261		

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S3261	Continued From page 32 R6's NSA/HCSP dated 03/25/24 directed staff to provide physical assistance getting in and out of the shower and help with washing hard to reach areas. It directed staff to assist her with toileting and reminders to use the restroom, to help her change her incontinent products and make sure she was clean and dry. It identified she was at high risk for falls and staff needed to ensure she had on proper footwear and do frequent visual checks. R6's electronic "Progress Notes" included the following documentation: 03/23/24 at 04:24 PM CMA L documented R6's family visited and brought new socks due to the edema in her ankles. The family brought in Depends (incontinence product) and during cares CMA L noticed R6 had BM incontinence in her underwear and helped her clean up. CMA L noticed there was blood on the wipes and documented R6 was "excessively raw under her stomach" and administered the nystatin (antifungal) cream and then finished redressing R6. The record lacked documentation of a Licensed nurse assessing the resident after the CMA had identified blood on the wipe when providing incontinent care. 03/25/24 at 4:00 PM Administrative Licensed Nurse C documented the resident moved from the assisted living to the secured memory care portion of the facility and was informed R6 had been having loose stools. The record lacked documentation of what was done related to loose stools and results of the	S3261		

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S3261	Continued From page 33 action. (Late entry) dated 05/13/24 at 08:35 AM for 05/04/24 at 02:25 PM Administrative Licensed Nurse C documented the resident's family visited R6, had concerns and wanted to take her to the emergency room for evaluation. Administrative Licensed Nurse C told CMA on duty at the time it was "absolutely fine" for the family to take her in for evaluation. R6's progress notes lacked documentation of R6's condition upon leaving with family to the emergency room visit on 05/04/24. Interview on 04/16/25 at 04:02 PM Administrative Licensed Nurse C reported staff document by exception and would expect documentation in the notes if a resident had any changes or conversations with family. The executive director failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury, what action was taken, and the results of action taken related to blood identified while staff provided incontinent care and symptoms related to resident's need to go to the emergency room for evaluation.	S3261		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (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	S3310		

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S3310	Continued From page 34 employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207(c) The facility reported a census of 51 residents (R). The sample for infection control included three residents and five newly hired staff. Based on interview and record review for two (R3, R5) of three sampled residents the executive director failed to ensure the facility remained in compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of R3's "Electronic Medical Record" (EMR) revealed he moved into the facility on 03/03/25 with a diagnosis of Alzheimer's disease. R3's EMR indicated she received a two-step TB skin test, but it failed to include the date staff read the results of either test or the induration (thickening or hardening of skin). - Review of R5's EMR revealed he moved into the facility on 01/07/25 with a diagnosis of	S3310		

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S3310	Continued From page 35 cognitive impairment. R5's EMR indicated he received a two-step TB skin test, but it failed to include the date staff read the results of either test or the induration (thickening or hardening of skin). Interview on 04/17/25 at 03:49 PM Administrative Licensed Nurse B looked at the residents EMR and acknowledged the information did not include the date staff read the tests or the size of induration. Review of the departments "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013 revealed required documentation for TB skin testing included: Two-Step TST (TB skin test)- 1. Name and address of entity where testing took place. 2. Date each TST was administered. 3. Date each TST was read. 4. Results of each TST in millimeters (mm) of induration. 5. Signature of representative verifying the two-step TST was administered and read. The executive director failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105by the failure to ensure designated staff included the date each TB skin test was read.	S3310		