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| VINTAGE PARK AT WATERFRONT LLC | 900 N BAYSHORE DR WICHITA, KS 67212 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a resurvey with complaint investigations #147461 and #154875 at the above named assisted living facility conducted on 4/12,13,14,15/2021. | S 000 | | |
| S3085 SS=E | 26-41-202 (a) Negotiated Service Agreement<br><br>(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:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202 (a)(1)<br><br>The facility reported a census of 29 residents. The sample included 3 residents and 4 focused record reviews. Based on observation, interview, and record review the executive director failed to ensure the development of the Negotiated Service Agreement/Health Service Plan (NSA/HSP) for 2 (#100 and #300) of 3 sampled | S3085 | | |

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

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| S3085 | Continued From page 1 | S3085 | | |

residents based on there resident's functional capacity screen, their service needs and preferences related to the use of hand canes on the bed (#300) and communication difficulties related to aphasia (#100).

Findings included:

- Review of resident #100's medical record revealed he moved into the facility on 4-5-21 with diagnosis of aphasia status post cerebral vascular accident, right sided weakness and depression.

The resident's functional capacity screen dated 4-5-21 revealed the resident required physical assistance with activities of daily living and had difficulty expressing himself.

The resident's negotiated service agreement dated 4-5-20 lacked identification the resident had problems with communication as evidenced by having difficulty expressing himself.

The resident's health care service plan dated 4-5-21 identified the resident had aphasia and could not speak fluently and was difficult to understand at times. However, it lacked services the staff needed to utilize to help with communication, such as his white board and cue cards.

On 4-14-21 at 5:04 AM certified staff E confirmed it was hard for her to understand what the resident wants at times. He will point to things and even then it can be difficult.

On 4-14-21 at 10:19 AM certified staff C reported the resident puts on call light when he wants something. It is hard to understand him because

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| S3085 | Continued From page 2 | S3085 | | |

of the aphasia but we will joke with him and we are getting better at it. He also has cue cards that we can use to help us understand him.

On 4-14-21 at 8:44 PM certified staff F reported communicating with the resident is like "winging it". He will point to things and we just go from there.

on 4-14-21 at 2:48 PM licensed nurse B agreed the negotiated service agreement/health care service plan should have included the cue cards, the white board and any other ways to help staff understand his needs better.

The executive director failed to ensure designated staff included services needed to help staff communicate with resident #100 who had aphasia.

- Review of resident # 300 revealed she moved into the facility on 8-31-20 with diagnoses of anxiety, leg pain and high blood pressure.

Review of the residents functional capacity screen dated 2-12-21 revealed the resident requires physical assistance with transfers and mobility.

Review of the residents negotiated service agreement dated 2-12-21 lacked information that the resident used an assistive devise attached to the bed to assist with bed mobility.

Review of the residents health care service plan dated 2-12-21 identified the resident was independent with repositioning while in but but did not include the resident's use of hand canes on the bed.

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| S3085 | Continued From page 3<br><br>Review of the resident's record lacked evidence of designated staff assessing the assistive devise for safety and resident ability to use.<br><br>Observation on 4-14-21 at 10:00 AM certified staff D assisted the resident to change her incontinent product. As staff D asked the resident to roll onto one side of the other, the resident grabbed hold of the hand cane attached to the bed to help her roll. The assistive devise was secure and gap spaces were safe.<br><br>An interview on 4-14-21 at 2:28 PM licensed nurse B reported there should have been an assessment in the resident's record regarding the use and safety of the hand canes and confirmed the residents use of the assistive devices should have been part of the negotiated service agreement/health care service plan.<br><br>The executive director failed to ensure designated staff assessed the safety and use of bilateral hand canes and failed to ensure designated staff included their use in resident #100's negotiated service agreement/health care service plan. | S3085 | | |
| S3171 SS=D | 26-41-204 (i) Health Care Services Standards of Practice<br><br>(i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice.<br><br>This REQUIREMENT is not met as evidenced by: | S3171 | | |

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| S3171 | Continued From page 4<br>KAR 26-41-204(i)<br><br>The facility reported a census of 29 residents. The sample included 3 residents and 4 focused record reviews. Based on observations, interview and record review the executive director failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services for 1 (#300) of 3 sampled residents in accordance with acceptable standards of practice related to pressure wound management (injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin).<br><br>Findings included:<br><br>- Review of resident #300's medical record revealed she admitted to the facility on 8-31-20 with diagnoses of leg pain, anxiety, andhypertension.<br><br>The residents functional capacity screen dated 2-12-21 revealed the resident required physical assistance with all activities of daily living, including transfers and mobility. It also identified the resident had occasional bladder incontinence.<br><br>Review of the resident's negotiated service agreement/health care service plan (NSA/HCSP) dated 2-12-21 revealed hospice and the facility staff would provide assistance with bathing, dressing, with all transferss, and toileting cares. It identified the resident required 1-2 staff to transfer the resident and provide toileting needs. It identified staff were to put non-skid socks on the resident with heel protectors and not to wear shoes. It also identified that Hospice staff would provide wound care for the resident. The NSA/HCSP revealed facility staff would monitor | S3171 | | |

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| S3171 | Continued From page 5 | S3171 | | |

the resident's wounds and coordinate with third party providers regarding wound treatments.

During an observation on 4-14-21 at 8:07 AM certified staff C was in the resident's room and the resident sat in the bathroom on her wheelchair waiting for someone to come and assist with transfering the resident. Certified staff C reported she though the resident still had an open sore on her bottom and that staff put calmoseptine on it each time she is taken to the toilet. At 8:10 am Licensed nurse B came into the room to assist with transfer. Both staff put on gloves and then with one hand held onto the gait belt and told the resident to hold onto the bar and stand up. Staff C counted to 3 and they lifted as the resident held onto the bar and they pivoted resident onto the toilet. The resident only partially stood, kept her knees bent, and barely made it far enough onto the toilet. When she finished, staff C provided peri care and then they lifedt the resident up to transfer her into the wheelchair. Again the resident barely stood and surveyor was unable to observe the resident's wound. The resident did not have a cushion in her wheelchair, she had on non-skid socks and foam heel protectors. Staff proceeded to assist the resident with finishing her morning grooming.

An observation on 4-14-21 at 10:00 AM certified staff D had just transfered the resident into the bed fro the wheelchair. The resident laid on her back and staff then proceeded to remove the residents socks for observation of her heels. The residents left heel did not have any pressure ulcers but was very dry and scaley. The residents right foot however was painful when staff removed her sock. Observation revealed a dressing covering the lateral heel and side of her foot. Staff D did not remove the dressing as

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| S3171 | Continued From page 6<br>Hospice nurse was to come today to change the dressing.<br><br>Review of the resident's nurses notes revealed licensed nursing staff B documented the following:<br>10-22-20: licensed nurse B was notified by hospice nurse the resident had a 1cm diameter pressure area on her outer right foot and was not to wear shoes till it healed.<br>11-17-20: licensed nurse B documented the hospice nurse reported to licensed nurse the area on the resident foot had not changed in size but was now hard.<br>1-25-21: licensed nurse B documented the hospice nurse reported the scab on the residents right outer foot fell off and only has a very small pinpoint size open area. Areas on bilateral heels are light putple and improved.<br>2-15-21: Hoxpice gave licensed nurse B report and she noted the wound on right foot came off and hospice will use medi-honey on the wound.<br>2-17-21: licensed nurse documented hospice reported the resident had no change to feet, to apply sure prep to bilateral heels twice a day and medi-honey to right outer foot 2 times per wiik by hospice.<br>3-1-21: licensed nurse B documented hospice gave report and residents right heel opened and red tinted drainage, and will start an antibiotic.<br>4-5-21 licensed nurse B documented a facility CMA reported the resident had a new peasized open area on her left upper buttock, nurse B notified hospice<br>4-9-21 licensed nurse B documented hospice reported the wound on foot not improving, new red area on buttock further down from open area and is 1.5 inches long.<br>4-12-21 licensed nurse B documented the hospice nurse got new orders for treatments for | S3171 | | |

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| S3171 | Continued From page 7<br>pixie dust to wounds and change dressings as needed.<br>The facilities record lacked routine assessment of the residents pressure wounds, description and measurement of the wounds.<br><br>An interview on 4-14-21 at 2:30 PM licensed nurse B stated that hospice managed the resident's wounds and she would get report form the nurse. Nurse B confirmed that she did not assess the wound with the hospice nurse to identify measuresments, description of wound and effectiveness of treatments.<br><br>The exutive director failed to ensure resident #300 received health care services in accordance with acceptable standards of practice related to wound management. | S3171 | | |
| S3280 SS=E | 26-41-104 (d) Disaster and Emergency Preparedness<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;<br>(2) education of each resident upon admission to the facility regarding emergency procedures;<br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br>(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. | S3280 | | |

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| S3280 | Continued From page 8<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-104(d)(3)(4)<br><br>The facility reported a census of 29 residents. Based on record review and interview for all facility employees, the executive director failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees.<br><br>Findings included:<br><br>- On 4-14-21 at 8:35 AM executive director A provided a computerized report with staff names and completion of computer training for 2 courses; #1 titled workplace emergencies and natural disasters - an overview, and #2 titled workplace emergencies and natural disasters - Tornados. Operator A reported she wasn't exactly sure if the computer program was set up specific to their facility or if it was a general overview.<br><br>At 9:15 AM executive director A brought a printed version of the program which revealed it was a general overview for any workplace related to a few disasters/emergencies. It was not specific to what the facility plan was and it failed to include loss of water - severe weather - explosion - natural gas leak and missing resident.<br><br>On 4-14-21 at 2:48 PM executive director A confirmed it should be specific to the needs of the facility.<br><br>For all facility staff, the operator failed to ensure | S3280 | | |

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| S3280 | Continued From page 9<br>the completion of quarterly reviews of the facility's emergency management plan. | S3280 | | |