STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087039	A. BUILDING: _____ B. WING _____	11/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE PARK AT WATERFRONT LLC	900 N BAYSHORE DR WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaints (#131932, #132140, #134968) at the above named assisted living facility conducted on 11/15,19, 20, 21/2018.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R.26-41-201(c)(1) The facility census totaled 29 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the operator failed to ensure designated staff completed 1 (#117) of 3 resident's Functional Capacity Screen (FCS) at least every 365 days. - Review of resident #117's medical record revealed he/she admitted to the facility on 10/3/17 with diagnoses of diabetes, hypertension and dementia. Review of the resident's record revealed staff completed a FCS for the resident on 9/13/17 and had not completed another one as of 11/19/18.	S3081		

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

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S3081	Continued From page 1 This is 14 months after admission During an interview on 11/15/18 at 2:55 PM administrative licensed nursing staff E reported he/she had audited resident records and found some with late functional capacity screens. The operator failed to ensure designated staff completed resident #117's FCS according to state requirements.	S3081		
S3085 SS=E	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)(1)(2) The facility reported a census of 29 residents.	S3085		

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S3085	Continued From page 2	S3085		

The sample included 3 residents and 1 focused review. Based on interview and record review the operator failed to ensure designated staff developed a written negotiated service agreement based upon the functional capacity screen and service needs for 4 (#115, #116, #117, #118) of 4 residents that included a description of the services the resident would receive and identification of the provider of each service.

Findings included:

- Review of resident #115's medical record revealed he/she admitted to the facility on 10/27/15 with diagnoses of osteoarthritis, pain, atrial fibrillation, and hypertension.

Review of the residents functional capacity screen dated 10/24/18 revealed the resident was independent with medication administration and had problems with falls, impaired vision and hearing.

Review of the resident negotiated service agreement (NSA) dated 10/24/18 failed to identify services related to falls/unsteadiness, impaired vision or hearing. The negotiated service agreement identified that a licensed nurse or certified medication aide would administer medications as ordered. The NSA failed to identify the resident self administered his/her medications.

During an interview on 11/20/18 at 8:40 AM administrative nursing staff E confirmed the NSA did not address the above issues correctly.

- Review of resident #116's medical record revealed he/she admitted to the facility on 10/2/17

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S3085	Continued From page 3	S3085		

with diagnoses of Parkinson, diabetes, coronary artery disease, and ambulatory dysfunction.

Review of the functional capacity screen (FCS) dated 7/25/18 revealed the resident needed physical assistance with bathing, dressing, toileting and walking and needed supervision with transfers and walking. It also revealed the resident could not manage his/her medications or treatments, was frequently incontinent of bladder, had impaired cognition-memory and usually understood others. The FCS identified the resident had problems with falls, unsteadiness, wandering, and impaired decision making.

Review of the negotiated service agreement (NSA) dated 7/25/18 failed to identify the certified medication aide would dial the insulin dosage and the resident would self-inject, failed to identify services staff needed to provide related to falls/unsteadiness, wandering, and impaired decision making.

- Review of resident #117's medical record revealed he/she admitted to the facility on 10/3/17 with diagnoses of diabetes, hypertension, and dementia.

Review of the functional capacity screen (FCS) dated 9/13/17 revealed the resident required supervision with bathing and eating and could not manage his/her medications or treatments. The resident also had problems with short-term memory and falls/unsteadiness.

Review of the negotiated service agreement dated 10/3/17 failed to identify certified medication staff would dial the residents insulin and then the resident would self inject, failed to include services staff needed to provide related to

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S3085	Continued From page 4 the risk of falls/unsteadiness. - Review of resident #118's medical record revealed he/she admitted to the facility on 11/9/18 with diagnoses of diabetes, migraines and depression. Review of the resident's functional capacity screen revealed the resident was independent in ADLs and needed physical assistance with medication management. Review of the negotiated service agreement failed to identify that certified medication aides would dial the residents insulin pen and the resident would self-inject it. During an interview on 11/19/18 at 3:09 PM administrative nursing staff E confirmed the negotiated service agreements did not address all the services identified in the functional capacity screen including problems with falls, unsteadiness, impaired cognition, and the certified medication staff would dial the insulin pen dosage and the resident would self-inject the insulin. The operator failed to ensure designated staff developed a negotiated service agreement based upon the functional capacity screen and service needs for 4 (#115, #116, #117, #118) of 4 residents that included a description of the services the resident would receive and identification of the provider of each service.	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure	S3092		

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S3092	Continued From page 5 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. This REQUIREMENT is not met as evidenced by: K.A.R.26-41-202(d)(1) The facility census totaled 29 residents. The sample included 3 residents and 1 focused review. Based on interview and record review the operator failed to ensure designated staff reviewed and revised 1 (#117) of 3 resident's negotiated service agreement at least every 365 days. - Review of resident #117's medical record revealed he/she admitted to the facility on 10/3/17 with diagnoses of diabetes, hypertension and dementia. Review of the resident's record revealed staff completed a negotiated service agreement for the resident on 10/3/17 and had not completed another one as of 11/19/18. This is 14 months after admission. During an interview on 11/15/18 at 2:55 PM	S3092		

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S3092	Continued From page 6 administrative licensed nursing staff E reported he/she had audited resident records and found some with late negotiated service agreements. The operator failed to ensure designated staff reviewed and revised resident #117's negotiated service agreement at least once every 365 days.	S3092		
S3171 SS=J	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 41-204(i) The facility reported a census of 29 residents. The sample included 3 residents and 1 focused record review. Based on observation, interview, and record review the operator failed to ensure all health care services were provided to residents by qualified staff in accordance with acceptable standards of practice for 1 (#117) of 3 residents related to certified staff piercing a resident's skin prior to the resident pushing the plunger to give him/herself insulin. This failure placed resident #117 in immediate jeopardy for harm or injury. Findings included: - Review of resident #117's medical record revealed he/she admitted to the facility on 10/2/17 with diagnoses of diabetes, hypertension and dementia.	S3171		

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S3171	Continued From page 7 Review of the resident's functional capacity screen dated 9/13/17 revealed the resident could not manage his/her own medications or treatments. Review of the resident's negotiated service agreement revealed staff would administer the resident's medications. It did not identify the tasks the certified medication aides perform related to insulin administration Review of the physician's orders included an order dated 11/5/18 for Humalog insulin 3 units subcutaneous at breakfast and lunch. Review of the resident's record included a self-injection assessment to identify the resident could safely inject insulin using an insulin pen. Observation on 11/15/18 during breakfast, certified staff B got a Humalog insulin pen, put a needle on the end of it and dialed the pen to 3 units. Staff went to resident #117 and the resident raised the right side of his/her shirt, staff B rubbed an area on right lower abdomen with an alcohol pad, took the pen and pierced the residents skin and told the resident to push the top down. The resident then held onto the pen and pushed the plunger down. Staff B then removed the pen and discarded the needle in the sharps container. During an interview on 11/15/18 at 2:05 PM licensed nursing staff D reported if a certified medication aide (CMA) is in the facility when insulin is due for a resident the CMA needed to dial the insulin dosage and then hand the pen to the resident to self-inject.	S3171		

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S3171	Continued From page 8 During an interview on 11/19/18 at 1:07 PM certified staff L reported he/she dialed a resident's dosage of insulin on the pen and then handed the pen to the resident. He/she did not pierce the residents skin, the resident did that part of the task. During an interview on 11/20/18 at 12:00 PM administrative staff A reported certified staff were not to be piercing residents skin, the resident is to do that part of the task themselves. For resident #117 the operator failed to ensure all health care services were provided to the resident by qualified staff in accordance with acceptable standards of practice related to certified staff piercing a resident's skin prior to the resident pushing the plunger to give him/herself insulin. This failure placed resident #117 in immediate jeopardy for harm or injury. The jeopardy was removed when all certified medication aides were trained on the administration of insulin via insulin pen and assisting the resident with self-injection of the insulin on 11/21/18.	S3171		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by:	S3202		

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S3202	Continued From page 9 KAR-26-41-205(d)(4) The facility reported a census of 19 residents. The sample included 3 residents. Based on record review of 5 certified medication aide employee files and interview the operator failed to delegate the nursing procedure of blood sugar monitoring to 5 of 5 certified medication aides and dialing and priming an insulin pen to 4 of 5 certified medication aides under the Kansas nurse practice act, K.S.A.65-1124 and amendments thereto. Findings included: Review of employee records revealed certified staff F, G, H, J and K did not have evidence of licensed nurse delegation for blood glucose testing. Certified staff F,G, H, and K did not have evidence of dialing and priming an insulin pen. Both tasks are not part of the certified medication aide curriculum. During an interview on 11/15/18 at 2:20 PM administrative staff A reported he/she could only find delegation for insulin pen dialing for certified staff J but did not have delegation for the other certified staff or for blood sugar monitoring. During an interview on 11/19/18 at 1:07 PM certified staff L reported he/she had worked at the facility for 4 days and had not trained with a nurse. Staff L reported he/she had only worked with other certified staff who watched him/her dial up a resident's insulin pen and check their blood sugars. Review of the medication administration policy dated 11/19/18 revealed community staff may administer injections of medications only in instances where medications are required for	S3202		

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S3202	Continued From page 10 diabetes under established medical protocol. Community staff members may monitor blood sugar levels provided he/she has been appropriately trained. The administrator failed to ensure delegated staff ensured certified medications were properly trained on completion of blood glucose testing which is a nursing procedure.	S3202		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be	S3215		

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S3215	Continued From page 11 stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(1) The facility reported a census of 29 residents. Based on observation, interview and record review the operator failed to ensure designated staff stored Tubersol according to professional standards. Findings included: - During initial tour on 11/15/18 at 9:00 AM certified staff B unlocked the refrigerator in the medication room which revealed a vial of Tubersol solution that had been opened and approximately 1/4 used. The vial lacked a date as to when the vial had been opened in order for staff to know when to discard it. Review of package insert of the Tubersol package directions noted a vial of Tubersol which had been entered and in use for 30 days should be discarded. During an interview on 11/15/18 at 9:07 AM administrative nursing staff E reported he/she had to throw away 2 vials of Tubersol when he/she hired on because they were not dated. Staff reported he/she could not believe he/she forgot to date the vial. .	S3215		

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S3215	Continued From page 12 The operator failed to ensure designated staff stored Tubersol solution according to standards of practice.	S3215		
S3248 SS=F	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)(1)	S3248		

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S3248	Continued From page 13 The facility reported a census of 19 residents. The sample included 3 residents and 1 focused resident review. Based on record review of 1 of 5 certified medication aides revealed the operator failed to have evidence of registration, and certification of training for 1 of 5 certified medication aides performing a function that required specialized education and training. This had the potential to affect all residents who received medications from staff in the facility. The findings included: - Review of the list of newly hired employees since 12/14/17 did not include certified medication aide M. Review of certified medication aide M's registry check dated 8/13/18 revealed on 4/12/14 and 8/26/16 his/her certified medication aide certification was inactive. It also revealed that staff M's certification now expired on 8/13/2020. Review of resident # 117's medication administration record revealed certified staff M administered the resident medications during the month of January 2018 through June 2018. Certified staff M did not have a current medication aide at the time he/she had administered medications. During an interview on 11/19/18 at 4:15 PM administrative staff A reported when he/she learned Certified staff M did not have a current medication aide certificate he/she did not allow staff M to pass medications to residents any longer. The operator failed to ensure medications aides were current in their medication training and had evidence of training before allowing staff M to	S3248		

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S3248	Continued From page 14 pass medications to residents. This had the potential to affect all residents who received medications from staff in the facility.	S3248		
S3256 SS=F	26-41-105 (c) Resident Records Safeguards (c) Each administrator or operator shall ensure the safeguarding of resident records against the following:(1) Loss; (2) destruction; (3) fire; (4) theft; and (5) unauthorized use. This REQUIREMENT is not met as evidenced by: KAR 26-41-105(c)(5) The facility reported a census of 29 residents. The sample included 3 residents and 1 focused resident review. Based on observation and interview for all residents, the operator failed to ensure the safeguarding of resident records against unauthorized use. Findings Included: - On 11/15/18 at 8:44 AM during facility initial tour observed an unlocked,unattended maintenance room that included multiple storage cabinets. Some had pad locks on them and some did not. The last cabinet on the left without a pad lock contained multiple boxes and envelopes of resident medical records.	S3256		

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	N087039	A. BUILDING: _____ B. WING _____	11/21/2018

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S3256	Continued From page 15 On 11/15/18 at 3:54 PM the maintenance room remained unlocked, unattended and the cabinet with resident medical records was open. On 11/19/18 from 8:40 AM to 9:15 AM surveyor went into the unlocked, unattended maintenance room and looked at 41 residents records in manila envelopes. The cabinet also included 10 boxers of manila envelops of resident records. Surveyor remained in the room for over 30 minutes without staff knowing surveyor was in the room. On 11/19/18 at 9:25 AM administrative staff A confirmed the resident records in the maintenance room were not secured. For all residents of the facility the administrator failed to ensure the safeguarding of resident records against unauthorized use.	S3256		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This	S3280		

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S3280	Continued From page 16 drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 29. The sample included 3 residents and 1 focused record review. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - Review of the resident council minutes From 1/3/18 to current lacked evidence of review of the emergency management plan with residents. The resident council book included a disaster plan which did not include potential disasters of natural gas leak, explosion, lack of electrical or a missing resident. Review of the records provided by administrative staff A on 11/15/18 revealed on 4/25/18 a review of the emergency management plan was conducted with residents. The form revealed 18 residents were in attendance. Review of staff review sheets conducted by administrative licensed nursing staff I on 4/16/18 revealed 11 staff attended and on 9/25/18 13 staff attended.	S3280		

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S3280	Continued From page 17 Review of the disaster and emergency preparedness policy and procedure dated 7/31/15 revealed the executive director would perform quarterly reviews of the facility's emergency management plan with associates and residents. For all residents and employees, the administrator failed to ensure emergency preparedness by ensuring quarterly review of the emergency management plan with all staff and residents	S3280		
S3310 SS=F	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 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: KAR 26-41-207 The facility reported a census of 29 residents. The sample included 3 residents and 1 focused	S3310		

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S3310	Continued From page 18	S3310		

review. Based on interview and record review for 2(#115 and #117)of 3 residents and 4 of 6 new employee records, the operator 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. 26-39-105.

Findings included:

- Review of resident #115's record revealed he/she admitted to the facility on 10/27/15 with diagnoses of osteoarthritis, pain, hypertension, and atrial fibrillation.

Review of the medical record revealed the resident received a tuberculosis (TB) skin test on 10/23/17. The record lacked evidence of staff completing an annual TB skin test or TB screen questionnaire.

- Review of resident #117's record revealed he/she admitted to the facility on 10/3/17 with diagnoses of dementia, loose stools, diabetes and hypertension.

Review of the medical record revealed the resident received a 2 step skin test on admission but did not receive an annual TB skin test or TB screen questionnaire.

During an interview on 11/15/18 at 2:55 PM administrative licensed nursing staff E reported he/she had audited resident charts and had found TB skin assessments not completed as required.

- Review of 5 newly employed staff revealed the following:
Certified staff F hired on 5/1/18 had not received a 2 step TB skin test.

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S3310	Continued From page 19 Certified staff G hired on 7/5/18 had not received a 2 step TB skin test. Certified staff H hired 11/8/18 had not received an initial TB skin test. Administrative licensed nursing staff E hired 10/31/18 had not received an initial TB skin test. During an interview on 11/15/18 at 1:25 PM administrative staff A reported he/she could not find a TB skin test for certified staff F or G. During an interview on 11/15/18 at 1:36 PM administrative licensed nursing staff E reported certified staff H and him/herself had not received their initial TB skin test. The operator 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. 26-39-105.	S3310		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards:	S3320		

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S3320	Continued From page 20 (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254 (a) The facility reported a census of 29 residents. Based on observation and interview the administrator failed to ensure staff secured all chemicals to maintain the safety of all residents. Findings included: - Observation during initial tour on 11/15/18 at 8:08 AM in the coffee bar area under the sink was a bottle of disinfectant spray with a warning label. Down the hall was an unlocked maintenance room with multiple unlocked cabinets with a variety of maintenance supplies. Observations included a jug of weed prevent pellets, a bottle of ortho home defense insect killer, and a can of wasp killer. Observation on 11/19/18 at 8:36 AM revealed under the sink in the coffee bar was a full spray bottle of betco disinfectant. On 11/19/18 at 9:25 AM administrative staff A reported chemicals should be locked up and not accessible to residents. Review of the hazardous material policy dated 4/2013 revealed all hazardous materials to be	S3320		

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S3320	Continued From page 21 kept out of reach of everyone except those who will be using them. The administrator failed to ensure delegated staff kept chemicals locked for resident safety.	S3320		