STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089045	A. BUILDING: _____ B. WING _____	C 03/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND AT CAPITAL RIDGE	1931 SW ARVONIA PLACE TOPEKA, KS 66615

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure with attached complaints was conducted on 2/25/20, 2/26/20, 2/27/20, 3/2/20 and 3/3/20 at the above named assisted living facility in Topeka, KS.	S 000		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 64 residents. The sample included 3 residents. Based on record review, observation and interview for 3 (#225, 226, 229) sampled residents requiring health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included:	S3155		

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

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S3155	Continued From page 1 - Record review for resident #225 recorded admission date of 8/1/15 with diagnoses of dementia, cerebral-vascular accident, diabetes mellitus type 2. Functional Capacity Screen dated 1/21/20 recorded resident required physical assistance with bathing, dressing, toileting and unable to perform mobility, management of medications and treatments. Negotiated Service Agreement/ health care service plan (HCSP) dated 1/21/20 recorded staff to provide physical assistance with bathing, dressing, toileting and mobility, CMAs (certified medication aides) and licensed nurses to administer medications. Observation on 2/26/20 at 9:15am in residents room revealed a twin bed with a quarter side rail in up position. HCSP lacked entry for resident use of a side rail. Interview on 2/27/20 at 2:23pm with licensed nurse #B confirmed resident has a sider rail, and HCSP lacked entry for resident use of a side rail. - Record review for resident #226 recorded admission date of 3/1/19 with diagnoses including diabetes mellitus type 2, neuropathy, hypertension, hyperlipidemia, incomplete bladder emptying and obstruction of urinary flow. Functional Capacity screen dated 12/21/19 recorded resident required physical assistance with management of medications and treatments. Negotiated service agreement/ health care service plan (HCSP) dated 12/21/19 recorded	S3155		

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S3155	Continued From page 2	S3155		

medications will be administered by a certified medication aide (CMA) or licensed nurse.

Resident record contained an assessment for self-injection of insulin dated 3/1/19.

Observation on 2/27/20 at 1:03pm in residents room revealed a twin bed with 2- quarter side rails in up position.

HCSP lacked entry for resident use of side rails and self-injection of insulin.

Interview on 2/27/20 at 2:23pm with licensed nurse #B confirmed resident has side rails, and self-injected insulin and HCSP lacked entry for resident use of side rails and self- injection.

- Record review for resident #229 recorded admission date of 2/9/19 with diagnoses of: Alzheimer's, hypertension, pacemaker, benign prostatic hypertrophy, skin cancer, degenerative joint disease and urinary incontinence.

Functional Capacity Screen dated 1/17/20 recorded resident as unable to perform management of medications and treatments.

Negotiated service agreement/ health care service plan dated 1/17/20 recorded medications will be administered by a CMA or licensed nurse.

Observation on 2/26/20 at 9:00am in resident's room revealed a hospital bed with a side rail.

HCSP lacked entry for resident use of a side rail.

Interview on 2/27/20 at 2:23pm with licensed nurse #B confirmed resident has a sider rail, and

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S3155	Continued From page 3 HCSP lacked entry for resident use of a side rail. For residents #225, 226 and 229 residents requiring health care services, the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S3155		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 64 residents. The sample included 6 residents and 1 focus review resident. Based on record review and interview, for 6 residents sampled (#225, 226, 227, 228, 229, 231), the administrator failed to ensure the negotiated service agreement (NSA) shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan for residents who required health care services. Findings included:	S3165		

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S3165	Continued From page 4 - Record review for resident #225 recorded admission date of 8/1/15 with diagnoses of dementia, cerebral-vascular accident, diabetes mellitus type 2. Functional Capacity Screen dated 1/21/20 recorded resident unable to perform management of medications and treatments. Negotiated Service Agreement/ health care service plan dated 1/21/20 recorded CMAs (certified medication aides) and licensed nurses to administer medications. Name of the licensed nurse responsible for implementation and supervision of the care plan: Blank. - Record review for resident #226 recorded admission date of 3/1/19 with diagnoses including diabetes mellitus type 2, neuropathy, hypertension, hyperlipidemia, incomplete bladder emptying and obstruction of urinary flow. Functional Capacity screen dated 12/21/19 recorded resident required physical assistance with management of medications and treatments. Negotiated service agreement/ health care service plan dated 12/21/19 recorded medications will be administered by a CMA or licensed nurse. Name of the licensed nurse responsible for implementation and supervision of the care plan: Blank. - Record review for resident #227 recorded	S3165		

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S3165	Continued From page 5	S3165		

admission date of 5/16/19 with diagnoses of malignant neoplasm of the prostate, traumatic ischemia of muscle, depression, hypertension and encephalopathy.

Functional capacity screen dated 2/25/20 recorded resident as unable to perform management of medications and treatments.

Negotiated service agreement/ health care service plan dated 2/25/20 recorded medications will be administered by a CMA or licensed nurse.

Name of the licensed nurse responsible for implementation and supervision of the care plan: Blank.

- Record review for resident #228 recorded admission date of 2/11/20 with diagnoses of: Alzheimer's, hypertension and hypothyroidism.

Functional Capacity Screen dated 2/11/20 recorded resident as unable to perform management of medications and treatments.

Negotiated service agreement/ health care service plan dated 2/11/20 recorded medications will be administered by a CMA or licensed nurse.

Name of the licensed nurse responsible for implementation and supervision of the care plan: Blank.

- Record review for resident #229 recorded admission date of 2/9/19 with diagnoses of: Alzheimer's, hypertension, pacemaker, benign prostatic hypertrophy, skin cancer, degenerative joint disease and urinary incontinence.

Functional Capacity Screen dated 1/17/20

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S3165	Continued From page 6 recorded resident as unable to perform management of medications and treatments. Negotiated service agreement/ health care service plan dated 1/17/20 recorded medications will be administered by a CMA or licensed nurse. Name of the licensed nurse responsible for implementation and supervision of the care plan: Blank. Interview on 2/27/20 at 2:23pm with licensed nurse #B confirmed all resident NSAs lacked the name of licensed nurse responsible for implementation and supervision of the care plan, and she was the nurse responsible.	S3165		
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: KAR 26-41-205(d)(4) The facility reported a census of 64 residents. The sample included 6 residents. Based on record review and interview for 1 sampled resident (#226) and 4 non-sampled residents who received insulin injections the administrator failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide	S3202		

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S3202	Continued From page 7 curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents and performed accuchecks without an assessment for competency by a licensed nurse. Findings included: - Resident roster identified 5 residents as receiving insulin injections. - Record review for resident #226 recorded admission date of 3/1/19 with diagnoses including diabetes mellitus type 2, neuropathy, hypertension, hyperlipidema, incomplete bladder emptying and obstruction of urinary flow. Functional Capacity screen dated 12/21/19 recorded resident required physical assistance with management of medications and treatments. Negotiated service agreement/ health care service plan dated 12/21/19 recorded medications will be administered by a certified medication aide (CMA) or licensed nurse. February medication administration record recorded: Lantus insulin (diabetes) 100 units/milliliter, inject 15 units subcutaneously at 5-8pm; charted as administered by CMAs 24 of the 25 days. Blood glucose monitoring, check blood glucose twice daily, before breakfast and at bedtime; recorded as completed 51 times by CMAs.	S3202		

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S3202	Continued From page 8 On 2/25/20 at 3:40pm, Personnel review revealed 3 CMAs who conducted accuchecks for residents and/or dialed insulin pens for resident injections, their record lacked a competency exam for accuchecks and insulin pens. CMA #E, hire date 12/26/18; CMA #F, hire date 3/19/19; CMA #G, hire date 9/9/19. Facility policy Titled "Nurse instruction and supervision" recorded "Licensed staff may instruct on nursing tasks to competent individuals in accordance with state regulatory guidelines." The certified staff's demonstration of the competency necessary to perform the instructed task will be documented in writing on the medication and treatment delegation and assignment form." Interview on 2/25/20 at 1:40pm with licensed nurse #B confirmed CMAs do accuchecks and dial insulin pens, and all CMA records lacked competency exams for those delegated tasks. For 5 residents of the facility including resident #226, the administrator failed to ensure the licensed nurse delegated 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 when medication aides dialed insulin pens for the residents and performed accuchecks without an assessment for competency by a licensed nurse.	S3202		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents	S3261		

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S3261	Continued From page 9 (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 64 residents. The sample included 6 residents and 1 focus review resident. Based on record review and interview for 2 sampled residents (#225, 227) and 1 focus review resident (#230) the administrator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident #225 recorded admission date of 8/1/15 with diagnoses of dementia, cerebral-vascular accident, diabetes mellitus type 2. Functional Capacity Screen dated 1/21/20 recorded resident required physical assistance with bathing, dressing, toileting and unable to perform mobility, management of medications and treatments. Negotiated Service Agreement/ health care	S3261		

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S3261	Continued From page 10	S3261		

service plan dated 1/21/20 recorded staff to provide physical assistance with bathing, dressing, toileting and mobility, CMAs (certified medication aides) and licensed nurses to administer medications.

Emergency department after visit summary dated 1/2/20 recorded: unspecified fall, abrasion of forehead, heart failure.

Resident notes (nurses notes) recorded entries on 10/17/19 with next entry on 1/15/20 (3 empty lines between the entries). Nurses notes lacked entry for resident fall including assessment, transfer to hospital, return from hospital and notification of physician and family.

Resident notes from 4/3/19 to 1/21/20 lacked times of entries 10 times, and blank lines were left 3 times between entries. 4/4/19 entry lacked the signature of the nurse.

Interview on 2/25/20 at 2:23pm with licensed nurse #B confirmed nurses notes lacked entry times, had blank lines, lacked a signature and lacked documentation of resident fall, transfer and return.

- Record review for resident #227 recorded admission date of 5/16/19 with diagnoses of malignant neoplasm of the prostate, traumatic ischemia of muscle, depression, hypertension and encephalopathy.

Functional capacity screen dated 2/25/20 recorded resident required physical assistance with bathing, dressing, toileting and unable to perform mobility, management of medications and treatments.

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S3261	Continued From page 11 Negotiated service agreement/ health care service plan dated 2/25/20 recorded staff to provide physical assistance with bathing, dressing, toileting and mobility, CMAs (certified medication aides) and licensed nurses to administer medications. Fax to physician dated 2/19/20 recorded resident slid out of his recliner chair on 2/18/10 at 8pm. Nurses notes recorded entry on 2/13/20 and 2/19/20 (seen by nurse practitioner). Notes lacked entry for resident fall out of a recliner and notification of family. Interview on 2/25/20 at 2:23pm with licensed nurse #B confirmed nurses notes lacked entry for resident fall out of the recliner. - Record review for resident #230 recorded admission date of 2/1/19 with diagnoses of: hypertension, hyperlipidemia and diabetes mellitus. Nurses notes only entry on record dated 2/10/20 (no time of entry), order received for diet change. Nurses notes lacked entry for resident admission on 2/1/19 and lacked any entries on resident for a year. Interview on 2/25/20 at 2:23pm with licensed nurse #B confirmed nurses notes lacked entry for resident admission and lacked time of entry. Confirmed only notes on resident record. For residents #225, 227 and 230, the administrator failed to ensure documentation of all incidents, and indications of illness or injury	S3261		

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S3261	Continued From page 12 including date, time of occurrence, action taken and results of the action.	S3261		