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 07/17/2017

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 an abbreviated survey conducted at the above named assisted living facility on 7/11/17, 7/12/17, 7/13/17 and 7/17/17.	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall	S 225		

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

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S 225	Continued From page 1 execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home. (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents. (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(a)(2) The facility reported a census of 59 residents. The sample included 5 residents and 1 closed review resident. Based on record review and interview for sampled resident #711, the operator failed to ensure prior to admission, the prospective resident or resident's legal representative was informed in writing of the rates and charges for the adult care home services Findings included: - Record review for resident #711 recorded admission date of 6/8/17 with diagnosis of hypertension. Functional Capacity Screen (FCS) dated 6/8/17 recorded resident required assistance with laundry/housekeeping and meal preparation.	S 225		

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S 225	Continued From page 2 Resident is independent with all other services. Negotiated Service agreement/ Health Care Service Plan (NSA/HCSP) recorded care team to clean personal and bed and bath linens weekly and to receive 3 meals per day with snacks. Document signed by resident on 7/11/17. On 7/11/17 at 2:50pm admission agreement was requested from facility. On 7/11/17 at 3:05pm operator #A presents the admission agreement for resident's spouse who also resides at the facility dated 2/6/17, with pricing for a second person fee. He/she confirmed a new agreement was not signed for this resident upon admission. For resident #711, the operator failed to ensure prior to admission, the prospective resident or resident's legal representative was informed in writing of the rates and charges for the adult care home services.	S 225		
S3028 SS=E	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress.	S3028		

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S3028	Continued From page 3 (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by: 3028 KAR 26-41-101 (f) (1) (3) The facility reported a census of 59 residents. The sample included 5 residents and 1 closed review resident. Based on record review and interview for 1 (#713) sampled resident and 1(#716) closed review resident, the operator failed to ensure that for allegations of abuse and neglect were reported to the department within 24 hours, an investigation was started of the violation and the department's complaint investigation reports were completed and submitted to the department within five working days of the initial report. Findings included: - Record review for resident #713 recorded	S3028		

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S3028	Continued From page 4 admission date of: 10/30/15 with diagnoses of: Alzheimer's, depression, hyperlipidemia and hypertension. Functional capacity screen (FCS) dated 6/29/17 recorded resident required assistance with bathing, dressing and toileting. Resident is unable to perform management of medications and treatments. Resident has problems with short term and long term memory, memory recall and decision making. Resident has a history of falls/unsteadiness. Negotiated service agreement/ health care service plan (NSA/HCSP) dated 6/29/17 recorded resident to receive staff assistance with bathing, dressing, toileting at night, Certified medication aides or licensed nurses to administer medications, staff to cue and reorient and staff to observe for changes, resident is a fall risk; has fallen 3 times in the last 6 months. Resident notes (nurse's notes) recorded 2 resident falls: 1/4/17 4:00pm" late entry, on 1/1/17 at 7:30am resident rolled out of bed, Resident hit head on side table. ... taken to emergency room ..." 7/8/17 6:00pm "Resident fell in hall outside his/her room, the fall was not witnessed but resident stated he/she hit his/her head ... Resident was sent by [ambulance] to [hospital] for evaluation." Interview on 7/11/17 at 4:30pm with licensed nurse/operator #A and licensed nurse #B stated staff was present at 1/1/17 resident fall, staff turned away from resident to get clothes and resident rolled off bed. Confirmed 7/8/17 facility fall investigation recorded resident fell in hallway at 6:03, had a possible head injury and went to	S3028		

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S3028	Continued From page 5	S3028		

the emergency room. Stated fall was not reported to the department because there was no injury, resident said he/she fell and no one else was near him/her except a resident that saw/reported his/her fall."

Department records confirmed falls were not reported to the department.

Record review for resident #716 recorded an admission date of 7/1/15 with diagnoses of: Alzheimer's, hypertension, hyperlipidemia, hyperparathyroidism, osteoarthritis of knees, hearing loss and diabetes mellitus.

FCS dated 8/22/16 recorded resident required assistance with bathing and management of medications and treatments. Resident has problems with short term memory, memory recall and decision making. Resident has a history of falls/ unsteadiness.

NSA/HCSP dated 8/25/16 recorded staff to assist resident with bathing 1-2 times a week, medications management description of services: "no comment recorded". (handwritten in: "1/13 resident not to be left in recliner with feet up").

Resident notes (nurse's notes) recorded 4 resident falls:

1/10/17 9:00am: "Reported this am resident rolled out of bed, didn't hit head ..... another bed rail in place for safety."

1/12/17 8:30am: "Reported resident rolled out of bed and hit head on floor .... Sent resident to hospital ..."

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S3028	Continued From page 6 1/16/17 9:00am:" Reported on 1/13/17 evening shift resident fell out of recliner, non- injury ... .then on the evening of the 15th resident rolled out of bed and hit head on floor. EMT's (emergency medical technicians) came and check BG (blood glucose) it was 26. Resident taken to [hospital]. Resident was admitted." Interview on 7/12/17 at 3:15pm with licensed nurse/operator #A and licensed nurse #B confirmed all of the falls were un-witnessed falls and none were reported to the department (or they did not know if they were reported). Records recorded investigations on 3 of the 4 falls. (No record found for any investigation for 1/15/17 fall). Department records verified the unwitnessed falls were not reported. For residents #713 and #716, the operator failed to ensure that for allegations of abuse and neglect were reported to the department within 24 hours, an investigation was started of the violation and the department's complaint investigation reports were completed and submitted to the department within five working days of the initial report.	S3028		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the	S3080		

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S3080	Continued From page 7 department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of 59 residents. The sample included 5 residents and one closed review resident. For sampled resident #712, the operator failed to ensure that on or before each individual's admission to an assisted living facility a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual's functional capacity and shall record all findings on a screening form specified by the department. Findings included: Record review for resident #712 recorded admission date of 7/7/17 with diagnoses of: anemia, manic depression, diabetes mellitus type 2, hypertension, hypercholesterolemia, hyponatremia and hypothyroidism. Record lacked a functional capacity screen (FCS). Interview on 7/11/17 at 3:25m with licensed nurse #B confirmed resident record lacked FCS.	S3080		

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S3080	Continued From page 8 For residents #712 the operator failed to ensure that on or before the individual's admission to an assisted living facility a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual's functional capacity and shall record all findings on a screening form specified by the department.	S3080		
S3090 SS=E	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: 26-41-202 (c) The facility reported a census of 59 residents. The sample included 5 residents and 1 closed review resident. Based on record review and interview for 2 sampled residents (#711, 712) the operator failed to ensure the development of an initial negotiated service agreement at admission. Findings included: - Record review for resident #711 recorded admission date of 6/8/17 with diagnosis of hypertension. Functional Capacity Screen (FCS) dated 6/8/17 recorded resident required assistance with	S3090		

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S3090	Continued From page 9 laundry/housekeeping and meal preparation. Resident is independent with all other services. Negotiated Service agreement/ Health Care Service Plan (NSA/HCSP) recorded care team to clean personal and bed and bath linens weekly and to receive 3 meals per day with snacks. Document signed by resident on 7/11/17. Interview on 7/11/17 at 3:25pm with licensed nurse #B, confirmed NSA could not be located but operator/licensed nurse #A has copies on his/her computer. On 7/11/17 at 4:30pm received completed NSA signed by resident 7/11/17, operator/licensed nurse #B confirmed resident just signed the document today (33 days after admission). Record review for resident #712 recorded admission date of 7/7/17 with diagnoses of: anemia, manic depression, diabetes mellitus type 2, hypertension, hypercholesterolemia, hyponatremia and hypothyroidism. Record lacked FCS and NSA/HCSP. Interview on 7/11/17 at 3:25m with licensed nurse #B confirmed resident record lacked FCS and NSA/HCSP. For residents #711 and #712 the operator failed to ensure the development of an initial negotiated service agreement at admission.	S3090		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any	S3175		

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S3175	Continued From page 10 resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a) The facility reported a census of 28 residents. The sample included 5 residents and 1 closed review resident. Based on record review, observation and interview for 1 (#711) sampled resident, the operator failed to ensure that the resident could perform medication self-administration safely and accurately without staff assistance. Findings included: - Record review for resident #711 recorded admission date of 6/8/17 with diagnosis of hypertension. Functional Capacity Screen (FCS) dated 6/8/17	S3175		

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S3175	Continued From page 11 recorded resident required assistance with laundry/housekeeping and meal preparation. Resident is independent with management of medications and treatments. Negotiated Service agreement/ Health Care Service Plan (NSA/HCSP) recorded care team to clean personal and bed and bath linens weekly and receive 3 meals per day with snacks. Record lacked assessment for self-administration of medications and treatments. Interview on 7/11/17 at 3:25pm with licensed nurse #B confirmed resident self-administers his/her medications and an assessment for competency has not been completed. For resident #711, the operator failed to ensure that the resident could perform medication self-administration safely and accurately without staff assistance.	S3175		
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)	S3261		

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S3261	Continued From page 12	S3261		

The facility reported a census of 59 residents. The sample included 5 residents and 1closed review residents. Based on record review and interview for 3sampled residents (#711, 713, and 714), the operator 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 #711 recorded admission date of 6/8/17 with diagnosis of hypertension.

Functional Capacity Screen (FCS) dated 6/8/17 recorded resident required assistance with laundry/housekeeping and meal preparation.

Negotiated Service agreement/ Health Care Service Plan (NSA/HCSP) recorded care team to clean personal and bed and bath linens weekly and receive 3 meals per day with snacks.

Record lacked nurse's notes, including date and time of admission, assessment by a licensed nurse and notification of primary care physician.

Interview on 7/11/17 at 3:25pm with licensed nurse #B confirmed record lacked nurse's notes.

Record review for resident #713 recorded admission date of 10/30/15 with diagnoses of: Alzheimer's, depression, hyperlipidemia and hypertension.

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S3261	Continued From page 13 FCS dated 8/22/16 recorded resident required supervision with bathing and dressing and assistance with management of medications and treatments. Resident has problems with short term memory, memory/recall and decision making and has a history of wandering. NSA/HCSP dated 8/22/16 recorded staff to provide cueing and reorientation to complete daily routines. Department records recorded a resident to resident incident involving resident #713 on 4/11/17 at approximately 4:30pm. Nurse's notes recorded entries on 4/5/17at 8:00am: nurse practitioner here to see resident. Next entry on 4/12/17 at 8:00am: nurse practitioner here to see resident. Nurse's notes lacked entry for resident to resident incident and follow-up after the incident. Record review for resident #714 recorded admission date of 6/16/17 with diagnoses including: Parkinson's, diabetic neuropathy, diabetes mellitus, psychosis, depression, hypertension, chronic kidney disease and hypercholesterolemia. FCS dated 6/16/17 recorded resident required assistance with bathing, dressing, toileting, transfer, walking/mobility is unable to perform management of medications and treatments and is usually continent. NSA/HCSP dated 6/16/17 recorded staff to assist resident with bathing, dressing, toileting, walk/mobility, and medications to be administered	S3261		

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S3261	Continued From page 14 by certified medications aide or licensed nurses. Staff notes: "admitted to [hospital] on 6/26/17 for UTI. (urinary tract infection)" Nurse's notes recorded two entries: 6/19/17 11:30am: resident admitted on 6/16/17 at 11:30pm. 6/22/17 2:00pm: resident seen by [nurse practitioner] ... collect a UA (urine analysis) with C&S (culture and sensitivity) if indicated. Interview on 7/12/17 at 3:00pm with licensed nurse #B confirmed resident was in the hospital, facility had an order for a UA but was unable to obtain it, resident became confused and [family] took resident to the hospital. Nurse's notes lacked record of attempts to obtain a UA, nursing assessment of resident condition including resident confusion, transfer to hospital and notification of primary care physician. For residents #711,713 and 714 the operator 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.	S3261		