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 _____	R-C 02/06/2017

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 a Revisit Correction Order 17-4 at the above named Assisted Living Facility in Topeka, Kansas on 02/02/17 and 02/06/17.	{S 000}		
{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 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) The census equalled 56 the sample included 3 Residents. Based on review of record and interviews for one of three sampled (#1106), the Administrator failed to ensure the Negotiated Service Agreement/Health Service Plan (NSA/HSP) contained: A description of the services the Resident to	{S3085}		

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

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{S3085}	Continued From page 1	{S3085}		

receive,
Identification of the provider of each service, and,
Identification of each party responsible for payment when an outside resource provided a service.

Findings included:

- Review of record revealed #1106 admitted 01/14/16 with diagnoses of Atrial fibrillation, Hypertension, Gout, Anxiety, and Hyperlipidemia.

The current Functional Capacity Screen (FCS) dated 10/14/16 assessed #1106 in need of physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and management of medications and treatments. Current or recent problems identified as falls/unsteadiness, impaired vision, impaired hearing, and impaired decision making, Resident used a wheelchair.

An additional FCS dated 11/21/16 (not signed) assessed #1106's communication as: "no problems expressing information, can usually understand others. All other sections coded the same as 10/14/16.

The current NSA/HSP dated 11/21/16 documented #1106 to receive staff assistance with bathing, dressing, toileting, walking/mobility, and staff to order, manage, and administer medications.

Observation on 02/02/17 at 4:30pm in #1106's room, revealed bed rails (bed canes) on each side of top mattress. Left side of bed, rail approximately 24 inches. Right side of bed, rail approximately 36 inches.
Each rail, end closest to head of bed/wall, snug to

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{S3085}	Continued From page 2	{S3085}		

mattress.
Each rail, end closest to foot of bed, swing away from mattress when tugged on.
Strap attached to bottom of each rail visible, and positioned between top mattress and box spring mattress.

The NSA/HSP lacked documentation of bed rail or bed cane applied to bed, and services or use of rails.

By interview on 02/02/17 at 4:00pm, Facility Nurse #D and Regional Nurse #F stated PT (physical therapy) evaluation requested from physician for #1106... stated PT completed an evaluation visit... confirmed no documentation in Resident Notes or in the NSA/HSP of the addition of PT... confirmed no documentation available of finding of PT evaluation... confirmed bed rails/canes attached to bed after PT evaluation.

Review of January and February Physician Order Sheet's (POS) revealed order for an NAS (No Added Salt) diet. The NSA/HSP lacked this diet order. The NSA/HSP documented three meals per day, snacks, no special dietary requirements.

By interview on 02/02/17 at 4:10pm, Facility Nurse #D and Regional Nurse #F confirmed physician ordered diet not on the NSA/HSP.

On 02/02/17 at 4:55pm, Regional Nurse #F reported #1106 has a "Companion" that sits with him/her every night from 7:00pm to 6:00am... confirmed this service also not documented on the NSA/HSP.

The Administrator failed to ensure the development of a written NSA/HSP for #1106 that included a description of the services related to

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{S3085}	Continued From page 3 bed rails and therapeutic diet, identification of the provider of PT and Companion sitting, and identification of the payment source for outside service providers.	{S3085}		
{S3155} SS=D	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 census equalled 56 the sample included 3 Residents. Based on review of record and interviews for one of three sampled (#1106), the Administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of the Resident, in accordance with the functional capacity screen and the negotiated service agreement. Findings included: - Review of record revealed #1106 admitted 01/14/16 with diagnoses of Atrial fibrillation, Hypertension, Gout, Anxiety, and Hyperlipidemia.	{S3155}		

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{S3155}	Continued From page 4 The current Functional Capacity Screen (FCS) dated 10/14/16 assessed #1106 in need of physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and management of medications and treatments. Current or recent problems identified as falls/unsteadiness, impaired vision, impaired hearing, and impaired decision making, Resident used a wheelchair. An additional FCS dated 11/21/16 (not signed) assessed #1106's communication as: "no problems expressing information, can usually understand others. All other sections coded the same as 10/14/16. The current NSA/HSP dated 11/21/16 documented #1106 to receive staff assistance with bathing, dressing, toileting, walking/mobility, and staff to order, manage, and administer medications. Medical Record contained an 01/17/17 fax request to physician: Can we have an order for PT (physical therapy) to eval (evaluate) for bed rail placement and safety... family requests (name of PT company). Physician response to question: "yes" Medical Record lacked evidence of PT evaluation completed. NSA/HSP lacked evidence of PT added as a service or intervention, name of company, payment source. NSA/HSP lacked evidence of specific interventions added as result of PT evaluation (bed rail/cane). On 02/02/17 at 4:55pm, Regional Nurse #F reported #1106 has a "Companion" that sits with	{S3155}		

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{S3155}	Continued From page 5 him/her every night from 7:00pm to 6:00am... confirmed this service also not documented on the NSA/HSP. NSA/HSP lacked outside provider service of companion/sitter each evening, name of provider, payment source. Medical Record Resident Notes documented: 01/21/17 - 3:30pm - new order for antibiotic... has MRSA (methyl resistant staph aureus) in urine... updated family... staff educated on standard precautions... 02/01/17 - 1200pm - Resident sitting on the floor at end of bed on 01/29/17 at 4:25pm... Resident woke up from nap scooted to bottom of bed and slid down to the floor... no noted injury... resting in bed at 3:00pm with eyes closed... going to check on Resident more frequently when in bed... Resident Notes lacked indication or symptoms exhibited by Resident for urine testing. NSA/HSP lacked care interventions to address infection control precautions. NSA/HSP lacked evidence of bed rail use, safety of Resident in using bed rail, and consideration of risks (crawling over rail or scooting out end of bed) associated with bed rail use. Observation on 02/02/17 at 4:30pm in #1106's room, revealed bed rails (bed canes) on each side of top mattress. Left side of bed, rail approximately 24 inches. Right side of bed, rail approximately 36 inches. Each rail, end closest to head of bed/wall, snug to mattress. Each rail, end closest to foot of bed, swings away from mattress when tugged on.	{S3155}		

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{S3155}	Continued From page 6 Strap attached to bottom of each rail visible, and positioned between top mattress and box spring mattress. By interview on 02/02/17 at 4:00pm, Facility Nurse #D and Regional Nurse #F stated PT evaluation requested from physician for #1106... stated PT completed an evaluation visit... confirmed no documentation in Resident Notes or in the NSA/HSP of the addition of PT... confirmed no documentation available of finding of PT evaluation... confirmed bed rails/canes attached to bed after PT evaluation... confirmed #1106 did scoot to end of bed and went to floor to get out due to rails on sides of bed... confirmed nurses had not observed #1106 use bed rails to enhance ability to transfer safely... Review of January and February Physician Order Sheet's (POS) revealed order for an NAS (No Added Salt) diet. The NSA/HSP lacked this diet order. The NSA/HSP documented three meals per day, snacks, no special dietary requirements. By interview on 02/02/17 at 4:10pm, Facility Nurse #D and Regional Nurse #F confirmed physician ordered diet not on the NSA/HSP. The Administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of #1106, in accordance with identified needs, the functional capacity screen, and the negotiated service agreement.	{S3155}		
{S3261} SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents	{S3261}		

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{S3261}	Continued From page 7 (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 census equalled 56 the sample included 3 Residents. Based on review of record and interviews for one of three sampled (#1106), the Administrator failed to ensure the medical record contained 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. Findings included: - Review of record revealed #1106 admitted 01/14/16 with diagnoses of Atrial fibrillation, Hypertension, Gout, Anxiety, and Hyperlipidemia. The current Functional Capacity Screen (FCS) dated 10/14/16 assessed #1106 in need of physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and management of medications and treatments. Current or recent problems identified as falls/unsteadiness, impaired vision, impaired hearing, and impaired decision making, Resident used a wheelchair. An additional FCS dated 11/21/16 (not signed) assessed #1106's communication as: "no	{S3261}		

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{S3261}	Continued From page 8	{S3261}		

problems expressing information, can usually understand other." All other sections coded the same as 10/14/16.

The current NSA/HSP dated 11/21/16 documented #1106 to receive staff assistance with bathing, dressing, toileting, walking/mobility, and staff to order, manage, and administer medications.

Medical Record contained an 01/17/17 fax request to physician: Can we have an order for PT (physical therapy) to eval (evaluate) for bed rail placement and safety... family requests (name of PT company). Physician response to question: "yes"

Medical Record lacked date, time, and results of PT evaluation, whether coordinated or completed. Medical Record lacked evidence of specific interventions added as result of PT evaluation (bed rail/cane).

Medical Record Resident Notes (RN) documented:

01/21/17 - 3:30pm - new order for antibiotic... has MRSA (methyl resistant staph aureus) in urine... updated family... staff educated on standard precautions...

02/01/17 - 1200pm - Resident sitting on the floor at end of bed on 01/29/17 at 4:25pm... Resident woke up from nap scooted to bottom of bed and slid down to the floor... no noted injury... resting in bed at 3:00pm with eyes closed... going to check on Resident more frequently when in bed...

Medical Record lacked date, time, indication or symptoms exhibited by Resident for urine testing.

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{S3261}	Continued From page 9 Medical Record lacked assessment or Resident's response to new medication for MRSA. Medical Record lacked assessment of #1106 after discovery on floor 01/29/17. Medical Record lacked actions taken and response to actions taken to prevent further attempts to leave bed while avoiding bed rails. By interview on 02/02/17 at 4:00pm, Facility Nurse #D and Regional Nurse #F stated PT completed an evaluation visit... confirmed no documentation in Resident Notes or in the NSA/HSP of the addition of PT... confirmed no documentation available of finding of PT evaluation... confirmed no documentation of assessment of #1106 on 01/19/17 at time of discovery on floor, and no documentation of actions taken to ensure Resident did not attempt to exit bed at end to avoid bed rails.... confirmed the record lacked evidence of an assessment of Resident's ability to safely use bed rails as an enhancement to his/her abilities. The Administrator failed to ensure the medical record of #1106 contained 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.	{S3261}		