STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089047	A. BUILDING: _____ B. WING _____	08/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCRITE RETIREMENT ASSISTED LIVING	1608 SW 37TH STREET TOPEKA, KS 66611

(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 conducted for re-licensure on 8/15/18 at the above named facility in Topeka, KS.	S 000		
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 46 residents. The sample included 3 residents. Based on record review and interview, for all residents, the administrator failed to ensure 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 as evidenced by review of resident records for residents (#815, 816, 817) who required health care services. Findings included: - Record review for resident # 815 recorded admission date of 1/26/18 with diagnoses including: osteoarthritis, gastroparesis,	S3165		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3165	Continued From page 1	S3165		

hypertension, gastroesophogeal reflux disease, hypothyroidism and hepatitis C.

Functional Capacity Screen (FCS) dated 4/17/18 recorded resident required assistance with bathing.

Negotiated Service Agreement (NSA) dated 4/17/18 recorded staff to physically assist resident with bathing twice a week.

NSA is signed by licensed nurse #B.

NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.

Record review for resident #816 recorded admission date of 9/19/16 with diagnoses of: seizures, hypertension, coronary artery stenosis, depression, constipation, dementia, hyperlipidemia, vitamin D deficiency and hypothyroidism.

FCS dated 8/30/17 recorded resident required assistance with bathing, dressing, toileting and is unable to perform management of medications and treatments.

NSA dated 8/30/17 recorded staff to physically assist resident with bathing, dressing, toileting and management of medications/treatments.

NSA is signed by licensed nurse #A.

NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.

Record review for resident #817 recorded

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089047	A. BUILDING: _____ B. WING _____	08/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3165	Continued From page 2 admission date of 2/16/18 with diagnoses of: incontinence, traumatic ischemia of muscle, cellulitis of back, hypoglycemia, abnormal gait and muscle weakness. FCS dated 3/7/18 recorded resident required supervision with bathing. NSA dated 3/9/18 recorded staff to assist with shower twice a week. NSA is signed by licensed nurse #A. NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. Interview on 8/15/18 at 2:25pm with licensed nurse #A stated the NSA is signed by the nurse who does it. He/she confirmed all NSAs lacked the name of the licensed nurse responsible for implementation and supervision of the health care service plan. He/she confirmed he/she is the nurse responsible for the implementation and supervision of the health care service plan. For all residents, the administrator failed to ensure 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 as evidenced by review of resident records for residents (#815, 816, 817) who required health care services.	S3165		