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 _____	01/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCRITE RETIREMENT ASSISTED LIVING	1608 SW 37TH ST 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 Licensure Resurvey at the above named Assisted Living Facility in Topeka, Kansas on 01/25/16, 01/26/16, 01/27/16, and 01/28/16. Complaints #96230, #95328, #91432, and #89569 also investigated.	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 census equalled 64 the sample included six Residents. Based on interviews and review of records, for one of six sampled with a history of elopement (#189), the Administrator failed to ensure a licensed nurse provided or coordinated the provision of health care services to address wandering and risk for elopement of a cognitively impaired Resident from the facility; and for one of six sampled identified in need of bathing assistance, (#189), the Administrator failed to ensure a a licensed nurse provided or coordinated the provision of the health care service bathing. Findings included:	S3155		

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

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S3155	Continued From page 1 - Review of record revealed #189 admitted to facility 9/03/15 with diagnoses of Dementia, Depression, Anxiety, Hypertension, Osteoporosis, Benign neoplasm of colon, Hyperlipidemia, and Hearing loss. The admission functional capacity screen (FCS) of 9/03/15 assessed #189 independent with bathing, dressing, toileting, transfers, mobility, eating; unable to perform medication and treatment management; wears glasses, hard of hearing, and with impaired decision making. The current FCS of 11/24/15 assessed the same identified needs. The admission negotiated service agreement (NSA) and health service plan (HSP) of 9/03/15 documented: spouse to manage medications and treatments; An addendum to the NSA dated 9/24/15 documented change in care for staff to manage medications and treatment. The NSA/HSP dated 11/24/15 documented no further changes in services. Medical Record Progress Notes: 10/08/15 - 8:12 - "addendum to NSA done to reflect staff to assist #189 with shower one time per week... Resident and spouse give the okay due to #189 not showering on own and not changing clothes since admit." (This addendum not located). By review, the current NSA/HSP lacked revision interventions to address the need for bathing	S3155		

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S3155	Continued From page 2 assistance. 12/23/15 - 6:11 - staff inform this nurse #189 found in the back parking lot... gentleman brought #189 back into facility... #189 reports he/she was lost... clothes on... no jacket, no shoes... temperature outside 47 degrees... dark and wet ground... last seen on rounds at 0417... By review, the current NSA/HSP lacked revision interventions to address risk for elopement. By interview on 01/27/16 at 8:50am, spouse stated #189 has not had a bath or shower since admission... will get up at night... if he/she sees a light under the door may go and open the door... By interview on 01/27/16 at 8:50am, when #189 asked if staff assisted with bathing... #189 stated "there's no reason for me to take a bath/shower here... I can do that at home..." By interview on 01/27/16 at 2:40pm, Resident Care Coordinator #F, Facility Nurse #G, and Facility Nurse #H confirmed the FCS and NSA reflected independent bathing... no revision in response to need for bathing assistance... confirmed direct care staff task sheets lacked bathing assistance of any kind and did not note offers with refusals... the documentation confirmed no staff assistance with bathing provided at this time... stated #189 had a diarrhea episode several days ago and staff assisted #189 with cleaning and hygiene... #F, #G, and #H confirmed no revision or addition to NSA or HSP in response to the elopement of #189. The NSA and HSP each lacked interventions to address this identified risk. The administrator failed to ensure a licensed	S3155		

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S3155	Continued From page 3 nurse provided or coordinated health care services for #189 to address wandering, risk for elopement, and the need of bathing assistance.	S3155		
S3171 SS=E	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 26-41-204(i) The census equalled 64 the sample included six Residents. Based on reviews of records and interviews, for one of six sampled (#180), the Administrator failed to ensure all health care services, including assessment of Resident in relation to blood sugar test results, and subsequent physician contact provided by qualified staff in accordance with acceptable standards of practice. Findings included: - Review of record revealed #180 admitted to facility 8/12/15 with diagnoses of Diabetes Mellitus, Atrial fibrillation, Transient cerebral ischemia, Gastroesophageal reflux disease, and Hypothyroidism. The current 11/04/15 functional capacity screen (FCS) assessed #180 unable to perform medication and treatment management. The current negotiated service agreement (NSA) documented staff to set up med planner with no	S3171		

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S3171	Continued From page 4	S3171		

reminders... spouse to administer... staff to supervise QID (four times daily) blood sugar checks and insulin administration.
The current NSA failed to document what interventions to follow in accordance with blood sugar results received.

The medical record contained an 8/17/15 physician's order to "call Dr for blood sugar above 400 below 70 notify charge nurse... Dr's phone number included."

Review of January 2016 (four times daily) blood sugar (BS) test results revealed:
01/01/16 - Lunch BS 425; Dinner BS 577
01/04/16 - Bedtime BS 46;
01/05/16 - Breakfast BS 445
01/06/16 - Breakfast 404
01/11/16 - Bedtime BS 65
01/19/16 - Lunch BS 66
01/20/16 - Lunch BS 49; Dinner BS 543

The medical record "Progress Notes" (PN) lacked evidence of licensed nurse assessment of #180 at the time of BS results outside parameters of "70" and "400."
The medical record "PN" lacked evidence of licensed nurse contact with physician for further directions.

On 01/27/16 at 3:25pm, Resident Care Coordinator #F, Facility Nurse #G, and Facility Nurse #H confirmed the PN lacked documentation of assessment and calls to physician... further stated the Certified Medication Aides (CMA) usually call the Dr if BS above 400... they tell the Dr here is the reading and the symptoms... if Dr has changes the CMA contacts the nurse on call to come in and take the order and put order on the MAR (medication

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S3171	Continued From page 5 administration record)... the CMA also calls nurse on call to tell us Dr just said to re-check the BS... This process failed to ensure assessment of Resident for symptoms, and contact with the Resident's Dr. completed by licensed (qualified) staff. The Administrator failed to ensure all health care services, including licensed nurse assessment, follow-up assessment of BS results, and physician contact on behalf of #180 by qualified staff in accordance with acceptable standards of practice.	S3171		
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) The census equalled 64 the sample included six Residents. Based on review of records and interviews, for two of six sampled (#180 and #181), the Administrator failed to ensure each Resident 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.	S3261		

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S3261	Continued From page 6 Findings included: - Review of record revealed #180 admitted to facility 8/12/15 with diagnoses of Diabetes Mellitus, Atrial fibrillation, Transient cerebral ischemia, Gastroesophageal reflux disease, and Hypothyroidism. The current 11/04/15 functional capacity screen (FCS) assessed #180 unable to perform medication and treatment management. The current negotiated service agreement (NSA) documented staff to set up med planner with no reminders... spouse to administer... staff to supervise QID (four times daily) blood sugar checks and insulin administration. The medical record contained an 8/17/15 physician's order to "call Dr for blood sugar above 400 below 70 notify charge nurse... Dr's phone number included." Review of January 2016 (four times daily) blood sugar (BS) test results revealed: 01/01/16 - Lunch BS 425; Dinner BS 577 01/04/16 - Bedtime BS 46; 01/05/16 - Breakfast BS 445 01/06/16 - Breakfast 404 01/11/16 - Bedtime BS 65 01/19/16 - Lunch BS 66 01/20/16 - Lunch BS 49; Dinner BS 543 The medical record "Progress Notes" (PN) lacked documentation for 01/01/16, 01/04/16, 01/05/16, 01/06/16, and 01/19/16. Documentation lacked evidence of licensed nurse assessment of #180 at the time of BS results (outside parameters of "70" and "400") to include time, date, signs and	S3261		

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S3261	Continued From page 7 symptoms of illness, actions taken, and results of the actions. The medical record "PN" lacked documentation of physician contact for further direction in accordance with the physician's order. The PN contained an entry of 9/21/15 at 15:15 - "received call from nursing staff that Resident's incision on head was draining... when assessed had a lot of yellow thick drainage from incision on the right side... call to physician... to office appointment... direct admit." The PN lacked documentation prior to this entry that defined or described "the head incision", the events leading up to the incision or the cause, or precautions in regard to care and treatment. On 01/27/16 at 3:25pm, Resident Care Coordinator #F, Facility Nurse #G, and Facility Nurse #H confirmed the PN lacked documentation of #180's symptom assessment, actions taken (calls to physician), and results of actions taken in regard to outside of parameter blood sugar results. #F, #G, and #H further stated #180 admitted to facility on 8/12/15 with a post-surgery incision to head... confirmed the admission PN, and all PN from 8/12/15 to 9/25/15 (discharge from hospital) failed to include documentation of the incision, appearance, size, location, and care needs. The Administrator failed to ensure #180's 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. - Review of record revealed #181 admitted to facility 12/11/15 with diagnoses of Dementia,	S3261		

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S3261	Continued From page 8 Debility, Hypoxia, Incontinence, Hypertension, Macular degeneration, and Cerebrovascular disease. The current functional capacity screen of 12/11/15 assessed #181 in need of physical assistance with bathing and toileting; unable to perform medication and treatment management; with incontinence, vision and hearing impairments, short term memory and memory recall impairment. The current negotiated service agreement of 12/11/15 documented #181 to receive services to meet these needs. The medical record Progress Notes (PN) initially logged on 12/13/15. The PN lacked an admission "arrival" and "assessment" note to define the status of Resident at time of admission (orientation, vitals, skin condition, ambulatory status, mode of arrival, persons accompanying Resident, response to admission, and other pertinent observations). On 01/27/16 at 3:41pm, Resident Care Coordinator #F, Facility Nurse #G, and Facility Nurse #H confirmed the PN lacked documentation of #181's admission status. The Administrator failed to ensure #181's 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.	S3261		