STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046088	A. BUILDING: _____ B. WING _____	04/04/2019

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TALLGRASS CREEK, INC	13760 METCALF AVENUE OVERLAND PARK, KS 66223

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named assisted living facility conducted on 4-1-19, 4-2-19, 4-3-19, and 4-4-19. revised 2567 sent to facility 4/12/2019	S 000		
S3080 SS=E	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 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 26-41-201(d) The facility reported a census of 62 residents (35 assisted living residents and 27 memory care residents). The sample included 6 residents. Based on record review and interview for 3 (#109, #110, #111) of 6 sampled residents, the administrator failed to ensure a licensed nurse assessed the residents whose functional capacity screening indicated the need for health care services.	S3080		

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

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S3080	Continued From page 1 Findings included: - Record review for Resident #109 revealed admission on 1-16-18 with diagnoses Psychosis, Vascular Dementia, Diabetes Mellitus, Hyperlipidemia, Hypothyroidism, Osteoarthritis, Cardiac Arrythmia, and Generalized Muscle Weakness. The Functional Capacity Screen (FCS) dated 10-29-18 recorded resident required physical assistance with bathing, dressing, toileting and management of medications/treatments; supervision of transfers, walking/mobility; and independent with eating. Occasionally incontinent of bladder. Cognition: problems with short term memory, and memory/recall. Current problems/risk identified included falls/unsteadiness, impaired vision, impaired hearing, and impaired decision-making. The FCS was signed by Administrative Staff D. The FCS lacked documentation of assessment by a licensed nurse. - Record review for Resident #110 revealed admission on 4-1-19 with diagnoses Peripheral Neuropathic Pain, Aortic Valve Stenosis, Atrial Fibrillation, Heart Failure, Dyslipidemia, Glaucoma, Hypertension, Vitamin B-12 Deficiency, Obstructive Sleep Apnea, Stage 3 Chronic Kidney Disease, Cardiac Pacemaker, and Polymyalgia Rheumatica. The Functional Capacity Screen dated 3-21-19 recorded resident required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; supervision of medication/treatment management and	S3080		

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S3080	Continued From page 2	S3080		

independent with eating. Continent of bladder. Cognition: problems with short term memory. Current problems/risks identified included falls/unsteadiness and impaired vision.

The FCS was signed by Administrative Staff D. The FCS lacked documentation of assessment by a licensed nurse.

- Record review for Resident #111 revealed admission on 12-30-15 with diagnoses Vitamin D Deficiency, Allergic Rhinitis, Pain, Over Active Bladder, Anemia, Muscle Weakness, Obesity, Osteoarthritis, Type 2 Diabetes Mellitus, Lymphedema, Hyperlipidemia, Gastroesophageal Reflux Disease, and Hypertension.

The Functional Capacity Screen dated 1-16-19 recorded resident required physical assistance with bathing, dressing and walking/mobility; supervision with transfers; independent with toileting, eating, and management of medications/treatments. Occasionally incontinent of bladder. Current problems identified included falls/unsteadiness and impaired vision.

The FCS was signed by Administrative Staff D. The FCS lacked documentation of assessment by a licensed nurse.

Interview on 4-2-19 at 10:15 am with Administrative Nurse C and Administrative Staff D confirmed the above functional capacity screenings lacked signature of a licensed nurse.

For residents #109, #110, #111, the administrator failed to ensure a licensed nurse assessed the resident whose functional capacity screening indicated the need for health care services.

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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 62 residents (35 assisted living residents and 27 memory care residents). The sample included 6 residents. For all residents the administrator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan as evidenced by record review and interview for 6 (#107, #108, #109, #110, #111, #112) of 6 sampled residents. Findings included: - Record review for Resident #107 revealed admission on 5-3-17 with diagnoses Hypertension, Vitamin B Deficiency, Insomnia, Dermatitis, Shortness of Breath, Allergic Rhinitis, Muscle Weakness, History of Falling, Abnormalities of Gait/Mobility and Dysphagia. The Functional Capacity Screen dated 11-12-18 recorded resident required health care services. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 1-22-19 recorded services for staff assistance with bathing, dressing, toileting, transfers with two	S3165		

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S3165	Continued From page 4	S3165		

staff, reminders for meals (with negotiated risk agreement for refusal of mechanically altered diet), and staff to manage medications and treatments as ordered by physician.

The NSA/HCSP failed to designate the name of the licensed nurse responsible for the implementation and supervision of health care services.

- Record review for Resident #108 revealed admission on 2-5-19 with diagnoses Alzheimer's Disease, Hypertension, Hyperlipidemia, Osteoporosis, Pain and Cognitive Communication Deficit. The Functional Capacity Screen dated 3-6-19 recorded resident required health care services.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 1-28-19 recorded services for staff assistance with medication; and supervision of bathing and dressing.

The NSA/HCSP failed to designate the name of the licensed nurse responsible for the implementation and supervision of health care services.

- Record review for Resident #109 revealed admission on 1-16-18 with diagnoses Psychosis, Vascular Dementia, Diabetes Mellitus, Hyperlipidemia, Hypothyroidism, Osteoarthritis, Cardiac Arrhythmia, and Generalized Muscle Weakness. The Functional Capacity Screen dated 10-29-18 recorded resident required health care services.

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S3165	Continued From page 5 The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 11-14-18 recorded services for staff hands on assistance with bathing, dressing, toileting, transfers, mobility and staff management of medications. The NSA/HCSP failed to designate the name of the licensed nurse responsible for the implementation and supervision of health care services. - Record review for Resident #110 revealed admission on 4-1-19 with diagnoses Peripheral Neuropathic Pain, Aortic Valve Stenosis, Atrial Fibrillation, Heart Failure, Dyslipidemia, Glaucoma, Hypertension, Vitamin B-12 Deficiency, Obstructive Sleep Apnea, Stage 3 Chronic Kidney Disease, Cardiac Pacemaker, and Polymyalgia Rheumatica. The Functional Capacity Screen dated 3-21-19 recorded resident required health care services. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 3-28-19 recorded services for hands on assistance with bathing, dressing, toileting, transfers, mobility and management of medications and treatments. The NSA/HCSP failed to designate the name of the licensed nurse responsible for the implementation and supervision of health care services. - Record review for Resident #111 revealed admission on 12-30-15 with diagnoses Vitamin D Deficiency, Allergic Rhinitis, Pain, Over Active Bladder, Anemia, Muscle Weakness, Obesity, Osteoarthritis, Type 2 Diabetes Mellitus,	S3165		

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S3165	Continued From page 6	S3165		

Lymphedema, Hyperlipidemia, Gastroesophageal Reflux Disease, and Hypertension. The Functional Capacity Screen dated 1-16-19 recorded resident required health care services.

The Negotiated Service Agreement dated 1-16-19 recorded services for hands on assistance with bathing, dressing, transfers and mobility.

The NSA/HCSP failed to designate the name of the licensed nurse responsible for the implementation and supervision of health care services.

- Record review for Resident #112 revealed admission on 12-9-15 with diagnoses Dementia without Behavioral Disturbances, Hyperlipidemia, Edema, Vitamin D Deficiency, Type 2 Diabetes Mellitus, Hypertension, Rash and Dysphagia.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 3-19-19 recorded services for hands on assistance with bathing, dressing, toileting (2 staff), transfers (2 staff), mobility. Staff to feed resident and manage medications and treatments.

The NSA/HCSP failed to designate the name of the licensed nurse responsible for the implementation and supervision of health care services.

Interview on 4-2-19 at 10:15 pm with Administrative Nurse C and Administrative Staff D confirmed Administrative Nurse B was the nurse responsible for completing the negotiated service agreements and health care service plans for the assisted living and memory care units. Further confirmed the above NSAs and all Negotiated

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S3165	Continued From page 7 Service Agreements failed to designate the name of the nurse responsible for the health care service plans. For all residents, the administrator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health care services plan.	S3165		
S3280 SS=E	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 62 residents (35 assisted living residents and 27 memory care	S3280		

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residents). The sample included 6 residents. Based on record review and interview for all residents, the administrator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the facility's entire emergency management plan with all residents.

Findings included:

- Review of the facility's emergency management plan conducted on 4-3-19 with Administrator who provided documentation of reviews with staff performed on 4-30-18, 5-1-18, 7-17-18. Administrator stated they performed a total facility evacuation in December 2017 and a Tornado drill was performed in 2018. Also provided documentation of an elopement drill on 2-5-19. The plan lacked documentation of quarterly review with all residents.

Interview on 4-3-19 at 2:26 pm with Administrator confirmed the facility lacked documentation of quarterly review of the emergency management plan with all residents.

Interviews on 4-3-19 at 2:49 pm with Certified Staff E, Certified Staff F, Certified Staff G and Licensed Staff H stated they performed online training for the entire emergency management plan quarterly and were all able to verbalize the facility's disaster preparedness plan for a variety of scenarios including location of facility tornado shelters and proper use of fire extinguishers. Staff were also able to state where the emergency management plan binder was located.

For all residents, the administrator failed to ensure emergency preparedness by ensuring quarterly review of the entire emergency

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S3280	Continued From page 9 management plan with all residents.	S3280		