

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N047002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/07/2018
NAME OF PROVIDER OR SUPPLIER KEARNY COUNTY HOSPITAL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 607 COURT PLACE LAKIN, KS 67860		
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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 8/6,7/2018.	S 000		
S3080 SS=F	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(a) The facility reported a census of 83 residents. The sample included 3 residents. Based on record review and interview the administrator failed to ensure designated staff record all findings on the screening form for all residents as specified by the department for 3 (#800, #801, #802) of 3 residents. Findings included: - Review of resident #800's record revealed	S3080		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3080	Continued From page 1 he/she admitted to the home on 9/1/17 with diagnosis of hypertension, hypothyroidism, asthma, orthopnea, and osteoarthritis. The functional capacity screen (FCS) dated 8/4/18 lacked coding for medical treatments, did not include a place for residents date of birth or gender. It also lacked coding ability for eating, meal preparation, money management, and use of telephone. The FCS did not screen for bladder incontinence, cognition, or communication. It lacked screening for socially inappropriate disruptive behaviors and falls/unsteadiness. The FCS did not screen for each element of mobility appliance/devices, ADL rehabilitation potential, Medications, ordered therapies and treatments or include who the primary person for legal and financial matters. The screen also included coding for items such as toileting, medication management, dressing, mobility that were coded differently than specified by the department. - Review of resident #801's record revealed he/she admitted to the home on 8/3/18 with diagnosis of shortness of breath, congestive heart failure, chronic obstructive pulmonary disease, hypothyroidism, dementia, and ischemic coronary disease. Review of the functional capacity screen dated 7/31/18 lacked reason for the screen, coding for medical treatments, did not include a place for residents date of birth or gender. It also lacked coding ability for eating, meal preparation, money management, and use of telephone. The FCS did not screen for bladder incontinence, cognition, or communication. It lacked screening for socially inappropriate disruptive behaviors and falls/unsteadiness. The FCS did not screen for	S3080		

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S3080	Continued From page 2 each element of mobility appliance/devices, ADL rehabilitation potential, Medications, ordered therapies and treatments or include who the primary person for legal and financial matters. The screen also included coding for items such as toileting, medication management, dressing, mobility that were coded differently than specified by the department. - Review of resident #802's record revealed he/she admitted to the home on 5/18/18 with diagnosis of spinal stenosis, hyperlipidemia, hypertension, osteoarthritis, gastric ulcer, major depressive disorder, and chronic back pain. Review of the functional capacity screen dated 7/1/18 lacked coding for medical treatments, did not include a place for residents date of birth or gender. It also lacked coding ability for eating, meal preparation, money management, and use of telephone. The FCS did not screen for bladder incontinence, cognition, or communication. It lacked screening for socially inappropriate disruptive behaviors and falls/unsteadiness. The FCS did not screen for each element of mobility appliance/devices, ADL rehabilitation potential, Medications, ordered therapies and treatments or include who the primary person for legal and financial matters. The screen also included coding for items such as toileting, medication management, dressing, mobility that were coded differently than specified by the department. During an interview on 8/6/18 at approximately 3:10 PM administrative nursing staff A reported the functional capacity screens were developed by a previous administrator and staff A thought they covered everything. The administrator failed to ensure the functional	S3080		

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S3080	Continued From page 3 capacity screen included all findings on the screening form as specified by the department.	S3080		
S3085 SS=E	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 26-42-202 (a)(1)(2)(3) The facility reported a census of 83 residents. The sample included 3 residents. Based on record review and interviews for 3 (#800, #801, #802) of 3 sampled residents, the operator failed to ensure the development of a written negotiated service agreement that provided a description of the services the resident would receive and identification of the provider of each service.	S3085		

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S3085	Continued From page 4 Findings included: - Review of resident #800's record revealed he/she admitted to the home on 9/1/17 with diagnosis of hypertension, hypothyroidism, asthma, orthopnea, and osteoarthritis. The functional capacity screen (FCS) dated 8/4/18 revealed the resident had recent falls in the past 6 months and required staff to propel wheel chair to and from appointments and/or activities within facility. Review of the negotiated service agreement dated 8/4/18 failed to identify services related to falls and who would provide the services and what meals the facility would provide. - Review of resident #801's record revealed he/she admitted to the home on 8/3/18 with diagnosis of shortness of breath, congestive heart failure, chronic obstructive pulmonary disease, hypothyroidism, dementia, and ischemic coronary disease. Review of the functional capacity screen dated 7/31/18 revealed the resident required cueing/set up assist with mobility, medication administration 4 or more times a day, cueing for confusion/forgetfulness, and had impaired hearing and vision. Review of the negotiated service agreement dated 7/31/18 the resident required reminders/cueing, and water adjustment for bathing, required assistance of 1 staff for transfers 1-2 times per day, required cueing, set up assistance with mobility, required medication administration 4 or more times a day, required cueing for confusion. It failed to identify who	S3085		

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S3085	Continued From page 5 would provide the services and failed to identify what services staff provided for impaired vision and hearing. It also failed to identify what meals the facility would provide. - Review of resident #802's record revealed he/she admitted to the home on 5/18/18 with diagnosis of spinal stenosis, hyperlipidemia, hypertension, osteoarthritis, gastric ulcer, major depressive disorder, and chronic back pain. Review of the functional capacity screen dated 7/1/18 identified the resident needed assistance with bathing, personal hygiene, dressing, toileting, transfer, mobility, laundry, medication management, and had impaired hearing and vision, and had recent falls within the past 6 months. Review of the negotiated service agreement dated 7/1/18 lacked identification as to what services were provided related to falls, did not identify services to be provided related to laundry, service related to meal preparation, and who would provide medication administration. The negotiated service agreement also failed to identify the resident received physical therapy and who provided that service. During an interview on 8/6/18 approximately 3:10 PM administrative nursing staff reviewed the negotiated service agreement and agreed they did not identify specifically who would provide the services and also did not have where the resident received physical therapy services. The administrator failed to ensure the negotiated service agreement identified a description of the services the resident received and who provided each service.	S3085		

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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 83 residents. The sample included 3 residents. Based on record review and interview 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 service plan for all residents and for 3 (#800, #801, #802) of 3 residents. Findings included: - Review of resident #800's record revealed he/she admitted to the home on 9/1/17 with diagnosis of hypertension, hypothyroidism, asthma, orthopnea, and osteoarthritis. The functional capacity screen (FCS) dated 8/4/18 revealed the resident was independent in activities of daily living. Review of the negotiated service agreement dated 8/4/18 lacked the name of the licensed nurse responsible for implementation and supervision of the health service plan.	S3165		

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S3165	Continued From page 7 - Review of resident #801's record revealed he/she admitted to the home on 8/3/18 with diagnosis of shortness of breath, congestive heart failure, chronic obstructive pulmonary disease, hypothyroidism, dementia, and ischemic coronary disease. Review of the functional capacity screen dated 7/31/18 revealed the resident required cueing for mobility and required medication administration 4 or more times a day. Review of the negotiated service agreement dated 7/31/18 lacked the name of the licensed nurse responsible for implementation and supervision of the health service plan. - Review of resident #802's record revealed he/she admitted to the home on 5/18/18 with diagnosis of spinal stenosis, hyperlipidemia, hypertension, osteoarthritis, gastric ulcer, major depressive disorder, and chronic back pain. Review of the functional capacity screen dated 7/1/18 revealed the resident required assistance with activities of daily living. Review of the negotiated service agreement dated 7/1/18 lacked the name of the licensed nurse responsible for implementation and supervision of the health service plan. During an interview on 8/7/18 at 1:1:22 PM administrative nursing staff A reported all negotiated service agreements had the same format and all of them did identify specifically the nurse responsible for the health service plan. The administrator failed to ensure the negotiated service agreement identified the licensed nurse	S3165		

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S3165	Continued From page 8 responsible for implementation and supervision of the health service plan.	S3165		
S3280 SS=F	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 83 residents. Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with employees and residents.	S3280		

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S3280	Continued From page 9 Findings included: - On 8/6/18 at 12:00 PM administrative nursing staff A reported the facility did not have evidence of quarterly reviews of the emergency management plan with residents. On 8/7/18 at 1230 PM administrative nursing staff A reported the facility reviewed the emergency plan with employees annually but not quarterly. For all residents and employees, the administrator failed to ensure emergency preparedness by ensuring quarterly review of the emergency management plan with all staff and residents.	S3280			