STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175539	A. BUILDING _____ B. WING _____	10/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	**3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation # 154161, 154163, 151899, 151510, 150365, 150284, and 146537.	F 000		
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: The facility census totaled 54 residents, with 16 included in the sample and one resident reviewed for dialysis (the clinical purification of blood, as a substitute for the kidney's normal function). Based on interview, observation, and record review, the facility failed to provide the necessary care and service to attain or maintain a resident's highest practicable physical well-being related to dialysis by not assessing of Resident (R) 152's dialysis fistula (surgical connection made between an artery and a vein for dialysis) site. Findings included: - Review of R152's signed "History and Physical" dated 09/21/20 revealed the following diagnoses: Diabetes Mellitus Type 2 (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin). Review of the "Admissions Minimal Data Set" (MDS) dated 10/01/20 revealed a Brief Interview	F 698		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 698	Continued From page 1	F 698		

for Mental Status (BIMS) score of 09 indicating mildly impaired cognition and he received dialysis treatments.

Review of the "Cognitive Loss/Dementia Care Area Assessment" (CAA) dated 10/01/20 revealed R152...has ESRD with routine hemodialysis three times a week...He had shown anxiety by hollering out and voicing refusal of dialysis treatment, but he could be redirected and did attend his dialysis tratments.

A review of the "Renal Care Plan" (09/25/20) revealed R152 received hemodialysis and had a potential for complications. When the client returned from dialysis, the staff were to assess the dialysis access site for bleeding and made sure blood pressure was stable before the resident resumed activity. Staff was to assess thrill (a subtle vibration felt which reflects the blood flow by a dialysis resident's shunt) and bruit (blowing or swishing sound heard which reflects the blood flow with a dialysis resident's shunt) of access site each shift. If absent, they were to notify the physician or dialysis nurse and document this information. Staff was to watch for signs of infection, such as warmth, redness, swelling, or pain in the access arm. If post-dialysis bleeding occurred at the access site, staff were instructed to apply direct pressure to the site for 15 minutes (or longer if necessary) to stop the bleeding.

Review of the "Dialysis Communication Sheet" dated 09/28/20 revealed the form was completed before R152 went to dialysis and at the dialysis center, but the facility staff did not complete this form upon return from dialysis to include obtaining vitals accessing bruit, and thrill or

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F 698	Continued From page 2 assessing for bleeding to the dialysis access site. Review of the "Dialysis Communication Sheet" dated 10/02/20 revealed the form was completed before R152 went to dialysis and at the dialysis center, but the facility staff did not complete this form upon return from dialysis to include obtaining vitals accessing bruit, and thrill or assessing for bleeding to the dialysis access site An observation on 10/07/20 at 02:00 PM revealed R152 returned to the facility from the dialysis facility but did not has a "Dialysis Communication Form" from the dialysis center. An observation on 10/07/20 at 02:42 PM, revealed R152 lifted his shirt sleeve and revealed a couple of bandages over the fistula site and had blood on his shirt. An observation on 10/07/20 at 02:50 PM revealed Licensed Nurse (LN) B was in R152's room after R152 returned to the facility from dialysis. LN B did not look at R152's fistula until asked if she would assess his fistula, which had evidence of bleeding due to blood on his shirt's sleeve. During an interview on 10/07/20 at 03:12 PM, Certified Nurse Aide (CNA) C stated that staff was to get R152's weight and vitals before and after he went to dialysis. During an interview on 10/07/20 at 03:07 PM, LN B stated regarding the charting for the fistula site, vitals, and visual assessment of the fistula was supposed to be on the dialysis communication form. And if the staff did not complete the form, then the staff did not assess the site.	F 698		

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F 698	Continued From page 3 During an interview on 10/08/20 at 08:10 AM, Administrative Nursing staff A revealed that after a resident returned from dialysis, she expected the nurse on duty to complete an assessment of the fistula site, obtain weight, and vitals within the hour of returning to the facility, and document the information. Administrative nursing staff A stated that if the staff did not document it, they did not complete the assessment. Review of the "Dialysis" policy last reviewed on 12/2019 revealed staff were to monitor for signs and symptoms of infection, including fever, redness, tenderness, and bleeding at the fistula site. The facility failed to ensure nursing staff performed and documented post-dialysis assessments of R152's fistula site.	F 698		