STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087082	A. BUILDING: _____ B. WING _____	02/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOVE ESTATES SENIOR LIVING COMMUNITY	1400 S 183RD W GODDARD, KS 67052

(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 represent the findings of initial survey at the above named facility on 2-2-15, 2-3-15, 2-4-15, and 2-5-15.	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 facility identifed a census of 42 Residents. The sample included 3 Residents. Based on recored review, interview, and observations for 2 (#100 and #200) of 3 Residents, the administrator failed to ensure the Licensed Nurse provided or coordinated the provision of necessary health care services that meet the needs of Residents and are in accordance with the Funcitonal Capacity Screen (FCS) and the Negotiated Service Agreement (NSA). The NSA/Health Care Service Plan (HCSP) lacked interventions to address the application of leg braces and to identify Residents required a two person transfer. Findings included: - Record review for resident #100 revealed an admit date of 4-5-14 with diagnoses of Insulin	S3155		

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

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S3155	Continued From page 1 Dependent Diabetic, Renal Failure, and Hypertension. The FCS dated 4-5-14 and 4-9-14 recorded resident independent with eating, required supersion with bathng, walking mobility, bladder incontinence, physicial asstance with dressing, transfer (on 4-5-14 toilenting was independent then changed to physical assist on 4-9-14) medications/treatments, experienced impaired decision making, short term memory, long term memory, poor memory recall, and falls/unsteadiness. The NSA dated 4-9-14 recorded the facility will provide admininstration of medications/treatments as ordered by the medical care provider. The HCSP dated 12-30-14 recorded nursing staff will assist Resident to standing position by way of gait belt as needed. The HCSP lacked documentation that included Resident was a one to two person transfer and lacked instructions to apply leg brace when walking. The Resident Roster recorded Resident was a two person transfer. The physician orders dated 4-9-14 recorded brace to lower left extriemity when walking. On 2-3-15 at 11:10 a.m, observed Certified Staff B and Certified Staff D ambulate resident to restroom from chair without brace to lower left extriemity/foot when walking. Interview on 2-4-15 at 1:45 p.m. with Licensed	S3155		

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S3155	Continued From page 2 Nurse A stated, resident not walking without assistance and required one to two person transfer for ambulation. Licensed Nurse A stated and confirmed the HCSP lacked documentation to identify Resident a one to two person transfer and lacked documenation to include leg brace on when walking. - Record review for Resident #200 revealed an admit date of 5-1-14 with diagnoses of Muscle Weakness, Lymphedema, and History of cellulitis/abcess of legs. The FCS dated 4-25-14 recorded Resident required supervision with eating, physical assistance with bahting, dressing, toileting, bladder incontience, walking/mobility, unable to assist with management of medications/treatments, experienced no impaired memory. The NSA dated 5-1-14 recorded health care services based on an assessment by a Licensed Nurse. The HCSP dated 5-1-14 recorded Resident required physical assistance with bathing, dressing, toileting, transfer, walking/mobility, management of medications/treatments. The HCSP lacked documentation that included Resident was a one to two person transfer and lacked instructions to apply right knee brace for Hyperextension. The Resident Roster recorded Resident was a two person transfer. The physician orders dated 8-12-14 recorded right knee brace for Hyperextension once daily.	S3155		

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S3155	Continued From page 3 On 2-4-15 11:35 observed Resident #200 being transferred from recliner to wheel chair by Certified Staff B and D. Both Certified Staff stated Resident required the most care and was a two person transfer. Observed two person transfer that identifed Resident was unable to bear weight. Resident lacked a leg leg brace. Interview on 2-4-15 at 2:05 with Licensed Staff A stated and confirmed Resident is a two person transfer and confirmed the HCSP lacked documentation to include right leg brace and identify Resident was a two person transfer.	S3155		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(e) The facility identified a census of 42 residents. The sample included 3 residents. Based on record review, interview and observations for 1 (#100) of 3 residents sampled, the licensed nurse failed to appropriately delegate nursing procedures (as outlined under the Kansas nurse practice act) to medication aides related to performing finger stick blood sugars (Accu	S3166		

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S3166	Continued From page 4	S3166		

Checks). The licensed nurse failed to ensure documentation related to the delegation of this nursing task was included in the Resident ' s plan of care and in the personnel files of each designated medication aide.

Findings included:

- Record review for resident #100 revealed an admit date of 4-5-14 with diagnoses of Insulin Dependent Diabetic, Renal Failure, and Hypertension.

The Functional Capacity Screen dated 4-5-14 and 4-9-14 recorded resident independent with eating, required supervision with bathing, walking mobility, bladder incontinence, physical assistance with dressing, transfer (on 4-5-14 toileting was independent then changed to physical assist on 4-9-14) medications/treatments, experienced impaired decision making, short term memory, long term memory, poor memory recall, and falls/unsteadiness.

The Negotiated Service Agreement dated 4-9-14 recorded the facility will provide administration of medications/treatments as ordered by the medical care provider.

The physician orders dated 4-9-14 recorded Accu Check fasting and two hour postprandial (PP) one day per week on Tuesday's and changed on 1-12-15 to fasting and two hour PP on Tuesday's and Friday's.

On 2-3-15 at 11:10 a.m., observed Certified Staff B perform an Accu Check on resident #100 that identified blood glucose 96.

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S3166	Continued From page 5 Interview on 2-4-15 at 1:45 p. m. with Licensed Nurse E stated that all Certified Staff has been trained to administer Accu Checks but did not have documented in service to indicate the training was done. For Resident #100, the licensed nurse failed to appropriately delegate nursing procedures (as outlined under the Kansas nurse practice act) to medication aides related to performing finger stick blood sugars. The licensed nurse failed to ensure documentation related to the delegation of this nursing task included in the Resident's plan of care and in the personnel files of each designated medication aide.	S3166		