STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089002	A. BUILDING: _____ B. WING _____	11/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK CREEK SENIOR LIVING	3224 SW 29TH STREET TOPEKA, KS 66614

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S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure with attached complaints conducted at the above named assisted living facility in Topeka, KS on 11/7/18, 11/8/18 and 11/12/18.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(2) The facility reported a census of 32 residents. The sample included 3 residents and one focus review resident. Based on record review and interview for 1 of 3 residents sampled (#117) the operator failed to ensure designated facility staff conduct a screening following any significant change in condition as defined in K.A. R. 26-39-100. Findings included: - Record review for resident #117 recorded admission date of 7/12/12 with diagnoses	S3081		

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

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S3081	Continued From page 1 including: dementia, hypertension, depression, diverticulosis, diabetes mellitus and Parkinson's. Functional Capacity Screen (FCS) dated 7/30/18 recorded resident required assistance (2) for bathing, dressing, toileting, transfer, walk/mobility, eating, resident is incontinent and unable to manage medications and treatments. Negotiated service agreement dated 7/27/18 recorded (in form margins) "10/30/18 2:1 total assist with all cares" Interview on 11/8/18 at 10:30am with administrative nurse #B confirmed resident had a change of condition "He/she is unable to do any ADL's (activities of daily living)." He/she confirmed FCS had not been updated to reflect the changes. For resident #117, the operator failed to ensure designated facility staff conduct a screening following any significant change in condition as defined in K.A. R. 26-39-100.	S3081		
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:	S3085		

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S3085	Continued From page 2 (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: 3085 KAR 26-41-202 (a) The facility census equaled 32 the sample included 3 residents. Based on record review and interview for 2 residents (#118, 119) the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, is done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service. Findings included: - Record review for resident #118 recorded admission date of 6/12/17 with diagnoses including: asthma, depression, diabetes, Alzheimer's, chronic pain, diabetes mellitus type 2, frequent urinary tract infections and chronic obstructive pulmonary disease. Functional Capacity Screen (FCS) dated 6/12/18 recorded resident unable to perform toileting and	S3085		

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S3085	Continued From page 3	S3085		

management of medications and treatments.

Negotiated service agreement and health care service plan (NSA/ HCSP) dated 6/11/18 recorded (self) and staff to assist with toileting and management of medications and treatments.

Record contained Physical therapy (PT) and occupational therapy (OT) notes. OT discontinued on 10/18/18.

Interview on 11/8/18 at 10:30am with administrative nurse #B confirmed resident received PT and OT services. He/she confirmed the NSA lacked entry for this outside provider including the name of the provider, the services provided and the party responsible for payment of these services.

Record review for resident #119 recorded admission date of 8/30/18 with diagnoses including: dementia, hyperthyroidism, congestive heart failure and hypertension.

FCS dated 8/30/18 recorded resident required assistance with bathing and is unable to perform management of medications and treatments.

NSA and HCSP dated 9/3/18 recorded staff to assist resident with bathing and management of medications and treatments. Outside provider [name] prn Medicare Medicaid.

9/21/18 outside provider notes recorded skilled Physical therapy treatment.

10/10/18 notes from outside provider [not provider listed on NSA] recorded Discontinue from OT all goals met.

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S3085	Continued From page 4 Interview on 11/8/18 at 10:30am with administrative nurse #B confirmed resident received PT and OT services from a different outside provider than the o ne listed on the NSA. For residents #118 and 119, residents who required health care services, failed to ensure the NSA contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.	S3085		
S3155 SS=D	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 reported a census of 32 residents. The sample included 3 residents. Based on record review, observation and interview for 1 (#117) sampled resident requiring health care services, the operator failed to 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	S3155		

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S3155	Continued From page 5 accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #117 recorded admission date of 7/12/12 with diagnoses including: dementia, hypertension, depression, diverticulosis, diabetes mellitus and Parkinson's. Functional Capacity Screen (FCS) dated 7/30/18 recorded resident required assistance (2) for bathing, dressing, toileting, transfer, walk/mobility, eating, resident is incontinent and unable to manage medications and treatments. Negotiated service agreement and Health care service plan dated 7/27/18 recorded staff to assist resident with bathing, dressing, toileting, transfer, walk/mobility, eating, incontinence and management of medications and treatments Negotiated service agreement dated 7/27/18 recorded (in form margins) "10/30/18 2:1 total assist with all cares" Skin observation protocol/assessment dated 10/17/18 recorded a left heel ulcer. "blister closed". Interview on 11/8/18 at 10:30am with administrative nurse #B confirmed resident has a pressure reduction mattress and pressure reduction boots for the heel blister. He/she confirmed staff use a Hoyer lift with 2-assist with resident and the health care service plan lacked entries for these interventions. Health care service plan lacked entries for use of	S3155		

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S3155	Continued From page 6 a Hoyer lift, pressure reduction boots and pressure reduction mattress. For resident #117, a resident requiring health care services, the operator failed to 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.	S3155		
S3227 SS=E	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: 3227 K.A.R. 26-41-205 (l)(2) The facility reported a census of 32 residents. The sample included 3 residents and one focus	S3227		

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S3227	Continued From page 7	S3227		

review resident. Based on record review and interview for 2 sampled residents (#117, #118), the operator failed to ensure the licensed pharmacist or licensed nurse notified the medical care provider of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The Licensed nurse shall seek a response from the medical care provider within 5 working days of the medical care provider's notification of a variance.

Findings included:

- Record review for resident #117 recorded admission date of 7/12/12 with diagnoses including: dementia, hypertension, depression, diverticulosis, diabetes mellitus and Parkinson's.

Functional Capacity Screen (FCS) dated 7/30/18 recorded resident unable to manage medications and treatments.

Negotiated Service Agreement and Health care service plan (NSA/HCSP) dated 7/27/18 recorded nursing staff to manage medications and treatments.

Record contained licensed pharmacy reviews with no record of the recommendation sent to the medical provider:

3/15/18 recommendation to decrease Zoloft (antidepressant) 50mg (milligrams) PO (by mouth) daily to 25 mg.
9/7/18 recommendation to discontinue Abilify (antidepressant) 2 mg PO daily.

Review of 6/7/18 recorded as submitted to the

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S3227	Continued From page 8 physician. Record review for resident #118 recorded admission date of 6/12/17 with diagnoses including: asthma, depression, diabetes, Alzheimer's, chronic pain, diabetes mellitus type 2, frequent urinary tract infections and chronic obstructive pulmonary disease. FCS dated 6/12/18 recorded resident unable to perform management of medications and treatments. NSA/ HCSP dated 6/11/18 recorded (self) and staff to assist with management of medications and treatments. Record contained a licensed pharmacy review with no record of the recommendation sent to the medical provider: 3/15/18 recommendation to decrease Wellbutrin (antidepressant) XL (extended life) 150mg from daily to every other day. Reviews for 6/7/18 and 9/7/18 recorded as submitted to the physician. Interview on 11/8/18 at 10:30am with administrative nurse #B confirmed records lacked evidence of submission of the recommendations to the residents' physicians for review. For residents #117 and 118, the operator failed to ensure the licensed pharmacist or licensed nurse notified the medical care provider of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The Licensed nurse shall seek a response from the medical care provider within 5 working days of the medical care provider's	S3227		

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S3227	Continued From page 9 notification of a variance.	S3227		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: 3248 KAR 26-41-102 (d) The census equaled 32 the sample included 3	S3248		

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S3248	Continued From page 10 residents and 1 focus review resident. Based on interview and review of facility records, for 4 of 4 certified staff (#C, #D, #E #F) the operator failed to ensure the employee record contained supporting documentation for criminal background checks at the time of hire. Findings included: - Review of personnel records for certified staff hired, lacked documentation of criminal background checks (KBI) through health occupations and credentialing upon hire for the following new hire staff: Certified staff #C, hire date 6/29/18; KBI check recorded as received 8/3/19, produced 8/7/18. Certified staff #D, hire date 10/22/18; KBI check submitted on 11/8/18. Certified staff #E, hire date 5/18/18; KBI check produced on 8/7/18. Certified staff #F, hire date 5/29/18; KBI received 6/27/18, produced on 8/7/18. Interview on 11/8/18 at 11:20am with facility operator #A stated the bookkeeper submits the KBI checks and does not have a record or receipt of submission of request on file for new hire staff #C, #E and #F and confirmed certified staff #D submitted after date of hire. For all residents the operator failed to ensure the employee record contained supporting documentation for criminal background checks at the time of hire.	S3248		