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 _____	01/09/2018

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

(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 are the result of a licensure re-survey conducted at the above named residential care facility in Topeka, KS on 1/8/17 and 1/9/17	S 000		
S 225 SS=D	26-39-102 (a) Admission Policy (a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements: (1) The administrator or operator shall ensure the admission of only those individuals whose physical, mental, and psychosocial needs can be met within the accommodations and services available in the adult care home. (A) Each resident in a nursing facility or nursing facility for mental health shall be admitted under the care of a physician licensed to practice in Kansas. (B) The administrator or operator shall ensure that no children under the age of 16 are admitted to the adult care home. (C) The administrator or operator shall allow the admission of an individual in need of specialized services for mental illness to the adult care home only if accommodations and treatment that will assist that individual to achieve and maintain the highest practicable level of physical, mental, and psychosocial functioning are available. (2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident ' s legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.(3) At the time of admission, the administrator or operator, or the designee, shall	S 225		

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

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S 225	Continued From page 1	S 225		

execute with the resident or the resident ' s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.
(4) An admission agreement shall not include a general waiver of liability for the health and safety of residents.
(5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type that is 12-point type or larger.

This REQUIREMENT is not met as evidenced by:
KAR 26-39-102(a)(3)

The facility reported a census of 35 residents. The sample included 3 residents. Based on record review and interview for one sampled resident #124, the operator failed to ensure at the time of admission, to execute with the resident or the resident's legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.

Findings included:

- Record review for resident #124 recorded admission date of 12/28/17 with diagnoses of: Parkinson's, hypothyroidism, hyperlipidemia, dementia, depression, anxiety, infarction, osteoporosis, kidney disease, solitary pulmonary

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S 225	Continued From page 2 nodule, compression fracture of thoracic and lumbar vertebrae and fracture of right pubis. Functional Capacity Screen dated 12/28/17 recorded resident required assistance with bathing and management of medications and treatments. Negotiated service agreement dated 12/28/17 recorded resident to receive staff assistance with bathing and management of medications and treatments. On 1/9/17 at 11:00am requested resident's admission agreement. Agreement lacked any signatures. Interview on 1/9/17 at 11:00am with operator/licensed nurse #A confirmed resident agreement and all admission paperwork has not been signed by resident or resident's power of attorney. He/she stated the resident's DPOA (durable power of attorney) was going to sign it and but did not. For resident #124 , the operator failed to ensure at the time of admission, to execute with the resident or the resident's legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.	S 225		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the	S3200		

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S3200	Continued From page 3 administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 35 residents. The sample included 3 residents. Based on record review and interview for 1 resident, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer's recommendations. Findings included: - Record review for resident #124 recorded admission date of 12/28/17 with diagnoses of: Parkinson's, hypothyroidism, hyperlipidemia,	S3200		

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S3200	Continued From page 4 dementia, depression, anxiety, infarction, osteoporosis, kidney disease, solitary pulmonary nodule, compression fracture of thoracic and lumbar vertebrae and fracture of right pubis. Functional Capacity Screen dated 12/28/17 recorded resident required assistance with bathing and management of medications and treatments. Negotiated service agreement and Health care service plan dated 12/28/17 recorded resident to receive staff assistance with bathing and management of medications and treatments. January 2018 medication administration record recorded 14 medications administered to resident by staff including: Omeprazole DR (delay release)(stomach) 20mg (milligram) capsule one PO (by mouth) every morning before meal. And: Trazodone (sleep) 50 mg tablet 2 tablets PO at bedtime for insomnia. Resident record lacked signed admission physician's orders for 11 of the medications. Interview on 1/9/18 at 12:20pm with licensed nurse #B confirmed resident record lacked signed admission physician orders. For resident #124 the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer's recommendations.	S3200		