Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N018010	A. BUILDING: _____ B. WING _____	R 03/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDERBROOK VILLAGE LLC	402 WINDSOR ROAD ARKANSAS CITY, KS 67005

(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 citation represents the finding of a revisit for notice of assessment 19-31 of the above assisted living facility on 3/19/19 and 3/20/19.	{S 000}		
{S3261} SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 32 residents. The sample included 3 residents and 1 closed record reviewed. Based on observation, record review, and interview for 1 (#10) of 3 residents sampled, administrator B failed to ensure the resident's record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. Findings included: - At 11:23 a.m. on 3/19/19, surveyor observed resident #10 walking with a walker in the hallway with a certified employee walking beside the resident. Surveyor observed a discoloration on the left side of resident's face that appeared to be dried blood or an abrasion.	{S3261}		

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

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{S3261}	Continued From page 1 Record review for resident #10 revealed an admission date of 10/8/18 with diagnoses of seizure disorder, history of stroke, depression, hypertension, and dysphagia. Functional capacity screen dated 11/21/18 indicated resident was independent with transferring; required supervision with dressing, toileting, ambulation and eating; required physical assistance with bathing; was unable to perform management of medications and treatments; experienced impaired short-term memory and decision making; and was at risk for falls. Negotiated service agreement/health care service plan (NSA/HCSP) dated 11/21/18 documented services of physical assistance with bathing; assistance as needed with dressing and toileting; monitor resident's ambulation and ensure resident uses walker; and management and administration of medications. NSA/HCSP documented interventions to address resident's risk for falls as resident to have shoes on and use walker, monitor ambulation, physical therapy evaluation, clear pathway. Licensed nurse C provided a stack pf papers not yet filed in resident's record that included the following: Emergency department discharge instruction dated 2/23/19 for evaluation after resident experienced a fall. Hospital discharge summary dated 3/15/19 that documented resident hospitalized 3/12/19 with altered mental status, decreased level of consciousness, and increased lethargy.	{S3261}		

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{S3261}	Continued From page 2 Incident report completed by a certified staff member with documentation that resident's visitor called at 10:55 (a.m. or p.m. not specified) on 2/22/19 to report resident lost balance and fell. Incident report completed by a certified staff member with documentation that at 5:17 p.m. on 2/23/19, another resident reported resident (#10) was on the floor in the hallway in front of his/her door. Certified staff member found resident lying on left side and resident stated he/she hit head and pain in left hip and pelvis. Resident's record did not contain documentation of these incidents or assessments by a licensed nurse. At 1:06 p.m. on 3/19/19, surveyor asked licensed nurse C for his/her documentation for this resident. Licensed nurse C stated he/she had not made any wellness notes (nurse's notes) entries since November 2018. At 1:13 p.m., licensed nurse C provided a printed copy of his/her documentation in the resident's record with last entry dated 11/19/18. During an interview at 1:16 p.m. on 3/19/19, licensed nurse C stated resident was admitted to hospital 3/12/19 after certified staff found resident on the floor sometime between Monday night (3/11/19) and Tuesday morning (3/12/19). Licensed nurse C stated staff reported resident was sluggish, had a "gash" on left side of head, and he/she instructed staff to call 911. Licensed nurse C stated resident was admitted to hospital with altered mental status and weakness. At 1:20 p.m. on 3/19/19, licensed nurse C provided two incident reports that documented the following:	{S3261}		

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{S3261}	Continued From page 3 Certified staff member documented that at 1:20 a.m. on 3/12/19 resident found on the floor, bleeding from left side of face, speech slurred, and called nurse at 1:34 a.m. Certified staff member marked the box beside "hospitalized." Certified staff member documented that at 1:00 a.m. on 3/19/19, lifeline called to report resident needed help. Certified staff member found resident on the floor in sitting position beside bed. Found a skin tear on left forearm and notified nurse. Nurse instructed to assist resident to bed and monitor resident. Administrator B failed to ensure resident #10's record contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action.	{S3261}		