

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EL DORADO OPERATOR LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>900 COUNTRY CLUB LANE EL DORADO, KS 67042</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG <b>F 0689</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>The facility reported a census of 30 residents and identified eight residents as confused and ambulatory, with three of the eight residents sampled for review of accidents. Based on observation, interview and record review, the facility failed to ensure adequate supervision and to ensure the door exit alarm remained active, to prevent one of the three residents, Resident (R) 2, from exiting the facility without staff knowledge. Findings included: - The signed Physician order [REDACTED]. The Admission Minimum Data Set (MDS), dated [DATE], documented the resident admitted [DATE], from a psychiatric facility. The MDS revealed the resident had a Brief Interview for Mental Status (BIMS) score of four, indicating severely impaired cognition. R2 had no hallucinations delusions, behaviors or wandering. The resident needed extensive assist of staff with dressing and toileting, and required limited assistance with bed mobility, transfers, locomotion, and personal hygiene. He used a walker for locomotion. The Cognitive Loss/Dementia Care Area Assessment (CAA), dated 04/12/2020, documented R2 was a recent admit from a (Behavioral Health Unit) BHU with the [DIAGNOSES REDACTED]. R2's BIMS was a four.</p> <p>Per the hospital paperwork the resident had a history of [REDACTED]. He could be demanding at times and be verbally aggressive. He had short term memory deficits. The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of 3, indicating severely impaired cognition. Inattention was continuous and did not fluctuate. The Baseline Care Plan for resident safety, dated 04/06/2020, instructed staff that R2 risk for elopement was not applicable as staff were monitoring him as he did not want to wear a wander guard at that time. The Care Plan for impaired cognition, dated 05/02/2020, instructed staff to provide necessary cues with cares and if R2 became agitated staff were to stop and return later. On 05/07/2020 at 07:00 AM, the Electronic Medical Record EMR, documented R2 was alert and confused. He needed checked on frequently for forgetfulness. He walked the halls by himself with a cane and was wandering and experiencing delusions. He was independent in the ability to walk ten to 50 feet in his room and in the corridor. On 05/10/2020 at 10:02 PM, the EMR documented that at approximately 02:30 PM, R2 was found outside walking along the side of the building in his shirt, briefs and shoes. The nurse assisted him back into the building and the aides assisted him back to his room. R2 said he just walked out the back door and it was open. His cane was sitting inside the back door. The Wandering and Elopement assessment, dated 05/10/2020, documented this was a new behavior. R2 is oriented to person only. He exhibits forgetfulness a shortened attention span and was independently mobile. Immediate intervention included the use of a wander guard. The staff initiated and updated the resident's care plan to include the new intervention. However, the baseline care plan, dated 04/06/2020, identified a history of elopement risk with the facility staff doing monitoring of the resident instead of using a wander guard. The updated Care Plan for elopement risk related to impaired safety awareness, dated 05/10/2020, instructed staff that R2 had a wander guard (an alarm that alerts staff when the resident goes out a door) with placement on his right wrist. On 08/03/2020 at 10:00 AM, R2 was sitting outside with staff and with his walker by his side. On 08/03/2020 at 10:45 AM, R2 stated he vaguely remembered walking out the door, the reason I am so dumb was that I don't know where I was going. The resident wore a wander guard on his right wrist. On 08/04/2020 at 10:33 AM, (Licensed Nurse) LN H confirmed that she reviewed the cameras of the facility for the day of the resident's elopement, 05/10/2020, and found R2 exited the building at 02:40 PM and was escorted back in at 02:46 PM. The resident was outside of the facility without staff knowledge for a total of six minutes. The door that the resident exited from failed to alarm because the door alarm was found to be unplugged. On 08/04/2020 at 11:37 AM, Administrative Nurse D confirmed that all doors to the facility are to remain alarmed. Staff are not allowed to go out the door and the end of halls one, two, three or four unless there was an emergency. The facility's Elopement policy, revised 11/2017, documented an elopement occurs when a resident leaves the premise or a safe area without authorization or necessary supervision to do so. The facility failed to ensure adequate supervision of confused, ambulatory Resident (R) 2 from leaving the facility unattended for six minutes.</p>		
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.