

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175564	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2025
NAME OF PROVIDER OR SUPPLIER  Center at Waterfront LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1541 North Lindberg Circle Wichita, KS 67206	

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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34056</p> <p>The facility reported a census of 53 residents with three sampled for elopement (when a resident leaves the premises or a safe area without authorization and/or any necessary supervision). Based on observation, interview, and record review, the facility failed to provide adequate supervision to ensure a safe and secure environment and prevent an elopement for cognitively impaired Resident (R)1, who was at moderate risk for elopement. On 03/13/25 at approximately 11:40 AM, R1 left the second floor, went to the first floor, and then exited the facility. Between 11:45 AM and 12:00 PM, R1's representative called the facility to alert the facility that she had received a call from a community member who reported they saw R1 outside the facility. Upon learning this information, staff conducted a search, and staff located R1 outside the facility. R1 returned to the facility uninjured. The facility's failure to ensure R1 had interventions in place in response to his elopement risk as well as the failure to provide adequate supervision to prevent an elopement placed R1 in immediate jeopardy.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R1's Electronic Medical Record (EMR) documented he had a diagnosis of weakness, insomnia (inability to sleep), and diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin).</li> </ul> <p>R1's Entry Tracking Record documented he was admitted on [DATE].</p> <p>R1's Discharge Assessment noted he was discharged on [DATE].</p> <p>R1's Admission Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 10, indicating moderately impaired cognition. He had inattention behaviors which were continuously present but had no rejection of care or wandering behaviors. The MDS documented R1 required staff supervision or touching assistance when walking and used a wheelchair for mobility.</p> <p>The Cognitive Loss/Dementia [a progressive mental disorder characterized by failing memory and confusion] Care Area Assessment (CAA), dated 03/10/25, documented the resident had cognitive impairment.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 175564	If continuation sheet Page 1 of 5

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The Functional Abilities CAA, dated 03/10/25, documented the resident had sustained a non-injury fall, after admission, while attempting to ambulate to the bathroom. The CAA noted he had decreased safety awareness and remained at risk for falls due to decreased mobility, impaired cognition, and weakness.</p> <p>R1's EMR revealed a Wandering Risk Assessment, dated 03/04/25, which documented a score of five which indicated the resident was at a moderate risk for elopement.</p> <p>R1's Wandering Risk Assessment, dated 03/12/25, documented a score of six which indicated the resident was at a moderate risk for elopement.</p> <p>R1's Wandering Risk Assessment, dated 03/13/25 after the elopement incident, documented a score of 11 which indicated the resident was at a high risk for elopement.</p> <p>R1's Care Plan dated 03/04/25, documented R1 required one staff assistance with locomotion and used a wheelchair and walker. The plan noted R1 was in a new environment. R1's Care Plan lacked interventions related to R1's moderate elopement risk.</p> <p>R1's Care Plan, revised 03/13/25 after the incident, instructed staff the resident had a history of wandering, was in a new environment and had a BIMS of 10. The plan directed staff to encourage R1 to dress in sweatpants so he would believe he was in his pajamas and would not attempt to go outside. Staff were to provide one to one care and involve R1 in activities. The plan directed staff to redirect and reorient R1 as needed.</p> <p>(continued on next page)</p>

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