Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	N046049		03/25/2016

NAME OF PROVIDER OR SUPPLIER
BRIGHTON GARDENS OF PRAIRIE VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE
7105 MISSION ROAD
PRAIRIE VILLAGE, KS 66208

(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 represent the findings of a Health Resurvey and Complaint Investigations # 85878, #88506, #91454, and #93241.	S 000		
S1174 SS=F	26-40-303 (2)(a)(i)(ii)(iii) P E - Door monitoring system (2) Door monitoring system. The nursing facility shall have an electrical monitoring system on each door that exits the nursing facility and is available to residents. The monitoring system shall alert staff when the door has been opened by a resident who should not leave the nursing facility unless accompanied by staff or other responsible person. (A) Each door to the following areas that is available to residents shall be electronically monitored: (i) The exterior of the nursing facility, including enclosed outdoor areas; (ii) interior doors of the nursing facility that open into another type of adult care home if the exit doors from that adult care home are not monitored; and (iii) any area of the building that is not licensed as an adult care home. This REQUIREMENT is not met as evidenced by: The facility identified a census of 31 residents. The sample included 21 residents. Based on observation, record review, and interview, the facility failed to ensure an electrical monitoring system was in place on each door that exited the nursing facility to alert staff when the door	S1174		

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

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	N046049		03/25/2016

NAME OF PROVIDER OR SUPPLIER
BRIGHTON GARDENS OF PRAIRIE VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE
7105 MISSION ROAD
PRAIRIE VILLAGE, KS 66208

(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
S1174	Continued From page 1 opened. Findings included: - During an initial tour on 3/15/16 at 8:56 A.M., the exit door in the Green Apple Hall was locked but able to open without alarming. The door was held open for three minutes and no staff responded to the open door. On 3/15/16 at 8:59 A.M. direct care staff O said he/she did not know the door was open because he/she heard no alarm. Observation at this time revealed the door alarm was faintly audible only at the nursing station and was immediately turned off by licensed staff J without investigation the exit door. On 3/15/16 at 9:03 A.M. the exit door in the Strawberry Hall was locked but able to open without alarming. At 9:04 A.M., direct care staff T said the alarm was only faintly audible at the nursing station and had been immediately turned off by licensed staff J without investigating the exit door. During an interview on 3/15/16 at 9:05 A.M. with licensed nursing staff J, he/she stated the alarm was turned off at the desk because he/she knew surveyors were in the building testing alarms. He/she did not respond when asked about policies and procedures for testing door alarms and the elopement of residents. During an interview on 3/15/16 at 9:15 A.M. with supervisor Y, he/she stated the alarm system had just been redone by their contracted alarm company within the last week and should have an audible alarm at the door when opened.	S1174		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	N046049		03/25/2016

NAME OF PROVIDER OR SUPPLIER

BRIGHTON GARDENS OF PRAIRIE VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

7105 MISSION ROAD
PRAIRIE VILLAGE, KS 66208

(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
S1174	Continued From page 2 Interview on 3/15/16 at 10:43 A.M. with direct care staff P revealed staff had been directed to look at the panel at the nursing station to see which door had alarmed, go to the door to investigate, and report to the charge nurse. He/she stated all of the exit doors should have an audible alarm, but the facility had "problems" with the exit doors not alarming. Interview on 3/15/16 at 10:50 A.M. with direct care staff T revealed the facility reviews elopement at in-service, but did not have elopement drills. He/she stated the staff was directed to check the alarm panel at the nursing station to see which door had alarmed, go to the door to investigate, account for each resident, and report to the charge nurse. Interview on 3/15/16 at 10:51 A.M. with supervisor Y revealed the exit doors were tested monthly. He/she stated the contracted alarm company was present in the facility at this time to fix the door alarms. He/she stated staff are provided elopement training at orientation and then at in-service every 6 months. Interview on 3/15/16 at 11:40 A.M. with supervisor X revealed the exit doors were checked monthly as part of the facility ' s preventative maintenance plan and stated a checkmark in the " pass " column indicated the annunciator (announcer) panel lit up when the door was tested. Review of the "Test & Inspect Log: Monthly Resident Safety Systems Equipment Checklist" revealed staff checked the perimeter security system (exit doors) on the following dates: · 02/29/16 · 12/15/15 · 11/17/15 · 10/02/15	S1174		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	N046049		03/25/2016

NAME OF PROVIDER OR SUPPLIER

BRIGHTON GARDENS OF PRAIRIE VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

7105 MISSION ROAD
PRAIRIE VILLAGE, KS 66208

(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
S1174	Continued From page 3 · 09/09/15 · 08/13/15 · 07/11/15 · June 2015 · May 2015 · April 2015 (Only REM Eastside Door by Room 135 in Assisted Living was tested) The facility lacked documentation of monitoring the exit doors of the facility for April 2015, January 2016, and March 2016. Review of the facility provided policy titled General Safety Information dated 11/02/1998: Door Security indicated alarms cannot be reset before they were properly answered. The facility failed to monitor and ensure an electrical monitoring system for each door which exited the nursing facility alerted staff when the door opened.	S1174		