

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N046023C</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/01/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROYAL TERRACE NURSING &amp; REHABILITATION CEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 E FLAMING RD OLATHE, KS 66061</b>
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(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 490 SS=F	<p>28-39-153(f) SOCIAL SERVICES</p> <p>(f) Social services.</p> <p>(1) The facility shall provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>(2) Any facility with more than 120 beds shall employ a full-time social service designee who:</p> <p>(A) is a licensed social worker; or</p> <p>(B) (i) meets the qualifications in K.A.R. 28-39-144 (bbb); and</p> <p>(ii) receives supervision from a licensed social worker.</p> <p>(3) Any facility with 120 beds or fewer shall employ a social services designee. If the social service designee is not a licensed social worker or meets the requirements in K.A.R. 28-39-144 (bbb) (2), a licensed social worker shall supervise the social service designee.</p> <p>(4) The nursing facility shall employ social service personnel at a minimum weekly average of .09 hours per resident per day.</p> <p>This REQUIREMENT is not met as evidenced by: 28-39-153 (f) (A) (ii)</p> <p>The facility identified a census of 65 residents. The sample included 22 residents. Based on record review and interview the facility failed to ensure an employed unlicensed social worker, without a minimum of one year supervised work</p>	S 490		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 490	<p>Continued From page 1</p> <p>history, received supervision from a licensed social worker.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of the facility's licensure indicated it was licensed for 147 beds.</li> </ul> <p>Interview on 5/25/16 at 11:40 A.M. with facility staff B stated he/she had a four year degree in social work, was hired by the facility on 12/14/15 and he/she did not report to a supervisor or consultant staff.</p> <p>Interview on 5/25/16 at 4:18 P.M. with administrative staff A stated the facility's social service designee was a recent graduate with a degree in social work and he/she had worked for four months at another facility prior to employment.</p> <p>The facility provided an undated job description for the Director of Social Services which indicated he/she should have current license/certification in the state of practice, a minimum of one year experience in long term care, and must be registered as an ACSW (Academy of Certified Social Workers credential).</p> <p>The facility failed to ensure an employed unlicensed social worker received supervision from a licensed social worker for this licensed facility with 147 beds.</p>	S 490		