

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/14/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/02/2022
NAME OF PROVIDER OR SUPPLIER AZRIA HEALTH OLATHE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 E FLAMING ROAD OLATHE, KS 66061		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 585 SS=D	The following citations represent the findings of complaint investigation #KS00171777 and KS00171675. The 2567 was sent electronically on 06/14/22. Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the	F 585			

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

TITLE

(X6) DATE

06/14/2022

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.

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F 585	Continued From page 1 facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions	F 585			

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F 585	Continued From page 2 include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: The facility identified a census of 103 residents. The sample included eight residents; three residents were sampled for grievances. Based on observations, record reviews, and interviews, the facility failed to investigate and follow-up on reported grievances for Resident (R) 3. This deficient practice had the risk for loss of resident rights, loss of personal property, and loss of dignity for R3. Findings included: - Review of the facility's "Grievance Log" for April 2022 documented on 04/01/22, R3 reported a nursing concern with a resolution date of 04/02/22. "Grievance Log" did not document	F 585			

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F 585	Continued From page 3 missing straightener. Review of the facility's "Grievance Log" for May 2022 documented on 05/27/22, R3 reported missing belongings. The "Grievance Log" did not document a resolution or date of resolution. On 06/02/22 at 12:38 PM, R3 sat up in bed, head of bed elevated. R3 appeared comfortable and ate her lunch independently. On 06/02/22 at 12:38 PM, R3 stated she brought a flat iron from home and Social Services X said it needed to be kept in the medication room. She stated she was able to use it twice and the third time she tried to use it, the staff were not able to find it. R3 stated she had to purchase a new one and was told by facility that the residents were responsible for their personal items, not the facility. On 06/02/22 at 01:59 PM, Social Services X stated R3 was missing a hair straightener (flat iron) that she had replaced herself. Social Services X stated the missing straightener was a concern that she brought up in morning meeting and the facility had the residents re-sign the valuables policy that they signed in the "Admission Agreement" that stated residents were responsible for their personal belongings. On 06/02/22 at 02:41 PM, Administrative Staff A stated if R3's straightener was kept in the med room and went missing, the facility might have replaced it, depended on the situation but that was not how it was reported to her. She stated the facility bought a facility straightener for R3 to use since she could not keep a hot item in her room.	F 585			

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F 585	Continued From page 4 On 06/02/22 at 03:13 PM, Social Services X stated hairdryers and straighteners were removed from all residents' rooms due to burn risk. R3's straightener was in the medication room and it went missing in April. She and a Certified Nurse Aide (CNA) searched for the straightener but were unable to find it. R3 filed a grievance in April regarding the missing straightener. She was not sure if the April 2022 "Grievance Log" concern for R3 on 04/01/22 was concerning the straightener. Social Services X stated the resolution to the grievance was that the facility did not replace personal property and they followed the valuables policy. She did not feel like that was a resolution to the grievance. She stated the resolution was documented on the "Grievance Logs". The facility's "Grievances/Complaints, Filing" policy, last revised April 2017, directed residents and their representatives had the right to file grievances and the administrator and staff made prompt efforts to resolve grievances to the satisfaction of the resident and/or representative. The "policy" directed any resident, family member, or appointed resident representative may file a grievance or complaint regarding care, treatment, behavior of other residents, staff members, theft of property, or any other concerns regarding his/her stay at the facility. The grievance officer, administrator, and staff took immediate action to prevent further potential violations of resident rights while the alleged violation was investigated. The resident or person filing the grievance and/or complaint was informed of the findings (verbally and in writing) of the investigation and the actions that were taken to correct any identified problems.	F 585			

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F 585	Continued From page 5 The facility failed to investigate and follow-up on reported grievances for R3. This deficient practice had the risk for loss of resident rights, loss of personal property, and loss of dignity for R3.	F 585			
F 620 SS=F	Admissions Policy CFR(s): 483.15(a)(1)-(7) §483.15(a) Admissions policy. §483.15(a)(1) The facility must establish and implement an admissions policy. §483.15(a)(2) The facility must- (i) Not request or require residents or potential residents to waive their rights as set forth in this subpart and in applicable state, federal or local licensing or certification laws, including but not limited to their rights to Medicare or Medicaid; and (ii) Not request or require oral or written assurance that residents or potential residents are not eligible for, or will not apply for, Medicare or Medicaid benefits. (iii) Not request or require residents or potential residents to waive potential facility liability for losses of personal property. §483.15(a)(3) The facility must not request or require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may request and require a resident representative who has legal access to a resident's income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility payment from the resident's income or resources.	F 620			

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F 620	Continued From page 6 §483.15(a)(4) In the case of a person eligible for Medicaid, a nursing facility must not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State plan, any gift, money, donation, or other consideration as a precondition of admission, expedited admission or continued stay in the facility. However,- (i) A nursing facility may charge a resident who is eligible for Medicaid for items and services the resident has requested and received, and that are not specified in the State plan as included in the term "nursing facility services" so long as the facility gives proper notice of the availability and cost of these services to residents and does not condition the resident's admission or continued stay on the request for and receipt of such additional services; and (ii) A nursing facility may solicit, accept, or receive a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to a Medicaid eligible resident or potential resident, but only to the extent that the contribution is not a condition of admission, expedited admission, or continued stay in the facility for a Medicaid eligible resident. §483.15(a)(5) States or political subdivisions may apply stricter admissions standards under State or local laws than are specified in this section, to prohibit discrimination against individuals entitled to Medicaid. §483.15(a)(6) A nursing facility must disclose and provide to a resident or potential resident prior to time of admission, notice of special characteristics or service limitations of the facility.	F 620			

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F 620	Continued From page 7 §483.15(a)(7) A nursing facility that is a composite distinct part as defined in §483.5 must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under paragraph (c)(9) of this section. This REQUIREMENT is not met as evidenced by: The facility identified a census of 103 residents. The sample included eight residents. Based on record reviews and interviews, the facility failed to establish and implement an admissions agreement that protected resident's right to personal property when the facility's admission agreement, signed by residents or their representatives at time of admission, asked the resident to waive facility responsibility for loss of personal property while a resident in the facility. This deficient practice had the risk for loss of personal property, including property of monetary and/or sentimental value, and the loss of dignity and personal right to property for residents admitted to the facility. Findings included: - The facility's "Admission Agreement" revealed under "Valuables" on page five, the resident, or the responsible party (if applicable), accepted the responsibility of safeguarding all valuables, money, appliances, and all other pieces of the resident's personal property, while the resident stayed at the facility. Pursuant to applicable law, the facility exercised reasonable care to protect the resident's personal property and made all reasonable efforts to recover any misplaced items. However, the facility was not responsible	F 620			

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F 620	Continued From page 8 for replacing any missing items, other than was required by applicable law. On 06/02/22 at 01:59 PM, Social Services X stated residents signed a valuables policy on admission that they were responsible for their personal belongings. She stated she did not create the admission agreement. On 06/02/22 at 02:41 PM, Administrative Staff A stated a few residents had heard that if they said they were missing items, the facility would give them money for the items and some residents claimed missing items when their items were not missing. She stated she had not reviewed the admissions agreement with the current regulations and corporate was responsible for the "Admission Agreement." The facility's "Admission Agreement" policy, last revised August 2018, directed the facility did not ask or require residents/potential residents to waive facility liability of personal property. The facility failed to establish and implement an admissions agreement that protected resident's right to personal property when the facility's admission agreement, signed by residents or their representatives at time of admission, asked the resident to waive facility responsibility for loss of personal property while a resident in the facility. This deficient practice had the risk for loss of personal property, including property of monetary and/or sentimental value, and the loss of dignity and personal right to property for residents admitted to the facility.	F 620			