STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175549	A. BUILDING _____ B. WING _____	C 04/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATFORD COMMONS REHAB & HEALTH CARE CENTER	**12340 QUIVIRA ROAD OVERLAND PARK, KS 66213**

(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 The following citations represent the findings of complaint investigations #KS00171070 and #KS00170339. The 2567 was sent electronically on 05/02/22.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility reported a census of 51 residents. The sample included four residents with two residents at risk for elopement, (when a resident leaves the premises or safe area without staff knowledge). Based on record review, observation, and interview, the facility failed to ensure Resident (R)1, identified at risk for elopement, received adequate supervision to prevent an elopement. On 04/18/22 at approximately 09:30 PM R1 walked unimpeded through the front door and stood outside the facility at the entrance until observed by a staff member and returned to the facility. This placed the resident at risk for injury. Findings included: - The electronic medical record (EMR), under the "Diagnosis" tab, listed diagnoses of cerebral	F 689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/02/2022

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175549	A. BUILDING _____ B. WING _____	C 04/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATFORD COMMONS REHAB & HEALTH CARE CENTER	12340 QUIVIRA ROAD OVERLAND PARK, KS 66213

(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 689	Continued From page 1	F 689		

infarction (also called ischemic stroke, a disruption of blood flow to the brain), heart failure (a chronic, progressive condition of the heart muscles ability to pump blood), and stage 3 chronic kidney disease (mild to moderate decrease in kidney function, decreasing the body's ability to filer blood of impurities).

The "Annual Minimum Data Set (MDS)" dated 03/03/22 recorded R1 had a Brief Interview for mental status score of 10 which indicated moderate cognitive impairment. She had no wandering behaviors. The MDS recorded R1 ambulated with a rolling walker and required staff supervision.

The "Elopement Risk Assessments" dated 08/29/21 and 03/03/22 identified R1 was at risk for elopement. The assessment documented the following interventions would be put in place: a photo of the resident would be placed in an elopement book, frequent visual monitoring would occur, and R1 would receive distracting activities.

The resident's "Care Plan" initiated on 05/30/21 documented R1 was at risk for elopement due to cognitive deficit and recorded R1's safety would be maintained through the review date. The "Care Plan" last revised on 03/03/22 directed staff to distract the resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, and/or books

The "Facility Investigation" report regarding the incident documented on the evening of 04/18/22 at approximately 09:45 PM, a staff member observed R1 underneath the front entry awning. The investigation recorded R1 sat in a rocking chair by the front door. The report recorded R1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175549	A. BUILDING _____ B. WING _____	C 04/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATFORD COMMONS REHAB & HEALTH CARE CENTER	12340 QUIVIRA ROAD OVERLAND PARK, KS 66213

(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 689	Continued From page 2	F 689		

told staff she was just getting some air and she would be back inside at 10:00 PM. The report recorded R1 stated she exited the building by observing staff members use the front door entry code although investigation revealed R1 followed a visitor out of the facility. The report documented R1 was last seen by staff inside the building at 09:30 PM.

A "Witness Statement" received from Certified Nursing Assistant (CNA) N on 4/20/22 documented around 09:40 PM CNA N took the trash to a dumpster and found R1 standing at the front door. R1 wore a black jacket, blue T-shirt, black pants, socks and sneakers and a black bonnet. At that time, CNA N reported the incident to CNA O and Licensed Nurse (LN) H.

A "Witness Statement" by LN H documented R1 followed a male visitor leaving the facility and walked outside. LN H documented R1 sat in a rocking chair and stated, "I am getting some air." LN H offered R1 candy and soda form the vending machine to which R1 agreed and R1 came inside willingly.

On 4/30/22 at 11:52 AM observation revealed R1 sat in an occasional chair in a group dining/ activity room with other residents. At 12:00 PM R1 ambulated to a table for lunch while a staff member positioned R1's chair.

Interviewed on 04/20/22 at 12:50 PM Certified Medication Aide (CMA) R stated R1 had exit seeking behaviors maybe once monthly; staff were usually able to redirect R1. CMA R stated R1 talked about her desire to go home.

Interviewed on 04/20/22 at 01:21 PM CNA M

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175549	A. BUILDING _____ B. WING _____	C 04/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATFORD COMMONS REHAB & HEALTH CARE CENTER	12340 QUIVIRA ROAD OVERLAND PARK, KS 66213

(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 689	Continued From page 3	F 689		

stated R1 was generally a quiet resident. CNA M said R1 sometimes mentioned going home. CNA M showed a checklist of R1's whereabouts all day for 04/20/22. CNA M stated staff watch R1 closely.

Interviewed on 04/20/22 at 01:45 PM Administrative Nurse D stated elopement risk assessments were conducted on admission and quarterly and as needed. Administrative Nurse D stated R1 was last seen on the unit at approximately 09:30 PM and was found outside at 9:45 Pm. Administrative Nurse D added the facility receptionist worked until 08:00 P.M. and the doors were locked at that time. Administrative Nurse D stated staff were not to give out the door code but sometimes visitors and/or family members learned the code. Administrative Nurse D stated the information received was R1 followed a visitor out the door. Administrative Nurse D did not know who the visitor was.

The facility's "Elopement" policy revised on February 2010 documented all residents would be assessed for elopement risk status and at-risk residents, would be "care planned with interventions to address wandering and/or exit seeking behaviors." The policy recorded residents at risk would be monitored by staff supervision, either by visual contact or video cameras. The same policy recorded attempts and/or actual elopements would trigger a review of the residents individualized care plan. The policy noted a review the facility's system would be conducted to ensure all systems were working as they should.

The facility failed to provide adequate supervision to prevent an elopement when R1 followed a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175549	A. BUILDING _____ B. WING _____	C 04/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATFORD COMMONS REHAB & HEALTH CARE CENTER	**12340 QUIVIRA ROAD OVERLAND PARK, KS 66213**

(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 689	Continued From page 4 visitor out of the facility and sat outside the front door unattended. This placed R1 at risk for injuries related to accidents.	F 689		