

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/07/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT LEAWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 W 143RD STREET OVERLAND PARK, KS 66224		
(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 the licensure resurvey with attached complaint #'s 166825, 166649, 166651, 165129, 164077, 161969, and 160444 for the above named facility conducted on 3/3/2022, 3/7/2022, 3/8/2022, 3/9/2022 and 3/10/2022.	S 000		
S3026 SS=F	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: 26-41-101 (f) (1) (B) The facility reported a census of 55 residents. The sample included 4 residents and 2 closed record reviews. Based on record review, observation and interview the administrator failed to ensure staff did not subject resident (R) 112 to neglect, when certified nurse aide (CNA) H failed to take resident to the bathroom when R 112 started asking at 10:52 AM to 11:02 AM. This action has the potential to affect all residents in the locked memory care unit. - Findings Included:	S3026		

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: N046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/07/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT LEAWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 W 143RD STREET OVERLAND PARK, KS 66224		
(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
S3026	Continued From page 1 Record review 3/10/2022 for R 112 revealed an admission date of 5/6/2021 with diagnoses of dementia and hypothyroidism. Review of the Functional Capacity Screening (FCS) dated 5/6/2021 revealed she required physical assistance with bathing, dressing, transferring, toileting and mobility. She was identified as incontinent, she had impaired short-term memory, memory recall and decision making, and she was marked with unsteadiness. She used a walker for short distances and a wheelchair for mobility. Review of the Negotiated Service Agreement (NSA) dated 5/6/2021 identified the resident as being incontinent of bowel and bladder and instructed staff to assist "at all times", and assist with peri care. She was identified as needing a 1 person assist for all transfers "at all times". In the section labeled "Special Monitoring", dementia related issues and incontinence are marked. Observation of the facility locked memory care unit on 3/3/2022 at 10:30 AM revealed CNA H and CNA J were engaged with 8 of the residents of the unit playing a group game at a table in the living room. At 10:52 AM R 112 was observed to push her wheelchair away from the table stating she needed to go to the bathroom. CNA H and CNA J did not respond to the resident request. At 10:55 AM licensed nurse F asked CNA H and CNA J who was assigned to R 112. CNA H replied that he was, and licensed nurse F asked him to take the resident to the bathroom. CNA H reply was "just a minute" and he continued to assist the residents at the table with the game in progress. At 10:57 R 112 repeated request to be taken to the bathroom with no response from CNA H or CNA J. At 10:59 licensed nurse F	S3026		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/07/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT LEAWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 W 143RD STREET OVERLAND PARK, KS 66224		
(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
S3026	Continued From page 2 asked CNA H to take R 112 to the bathroom, CNA H response was "I said I would in a minute", and he continued to assist the residents at the table with the game in progress. At 11:01 licensed nurse F asked CNA H to take resident to the bathroom, CNA H got up from the table and came up behind the wheelchair where R 112 was seated and pushed the chair without alerting the resident to his intentions. R 112 stated where are we going? CNA H stated, "you said you had to go to the bathroom". Interview with licensed nurse F at the time of the incident revealed she was unsure if this was CNA's H usual response to resident's request for assistance for basic needs. Based on observation and interview the administrator failed to ensure staff did not subject resident (R) 112 to neglect, when certified nurse aide (CNA) H failed to take resident to the bathroom when R 112 started asking at 10:52 AM to 11:02 AM. This action has the potential to affect all residents in the locked memory care unit.	S3026		
S3305 SS=D	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens;	S3305		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/07/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT LEAWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 W 143RD STREET OVERLAND PARK, KS 66224		
(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
S3305	Continued From page 3 (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident 's food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: KAR 26-41-207 (c) The facility reported a census of 55 residents. The sample included 4 residents, 2 closed record reviews, and 5 newly hired staff. Based on interview and record review the administrator failed to ensure the facility followed the department's guidelines for tuberculosis for adult care homes adopted by reference in K.A.R. 26-39-105 for 3 (certified nurse aide's A, B and certified medication aide C) newly hired staff. Findings included:	S3305		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/07/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT LEAWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 W 143RD STREET OVERLAND PARK, KS 66224		
(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
S3305	Continued From page 4 - Record review on 3/7/2022 at 3:36 PM of certified nurse aide A personnel file revealed she began employment with the above-named facility on 12/2/2021. The employee record lacked evidence of the required 2 step TB screening being performed within 7 days of employment as outlined in the Tuberculosis Guidelines for Adult Care Homes. Interview on 3/9/2022 at 1400 with licensed nurse D confirmed the personnel record lacked evidence of the required 2 step TB screening being performed within 7 days of employment as outlined in the Tuberculosis Guidelines for Adult Care Homes. Record review on 3/7/2022 at 3:36 PM of certified nurse aide B personnel file revealed she began employment with the above-named facility on 10/21/21. The employee record lacked evidence of the required 2 step TB screening being performed within 7 days of employment as outlined in the Tuberculosis Guidelines for Adult Care Homes. Interview on 3/9/2022 at 1400 with licensed nurse D confirmed the personnel record lacked evidence of the required 2 step TB screening being performed within 7 days of employment as outlined in the Tuberculosis Guidelines for Adult Care Homes. Record review on 3/7/2022 at 3:36 PM of certified medication aide C personnel file revealed she began employment with the above-named facility on 1/20/2022. The employee record lacked evidence of the required 2 step TB screening being performed within 7 days of employment as outlined in the	S3305		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/07/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT LEAWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 W 143RD STREET OVERLAND PARK, KS 66224		
(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
S3305	Continued From page 5 Tuberculosis Guidelines for Adult Care Homes. Interview on 3/9/2022 at 1400 with licensed nurse D confirmed the personnel record lacked evidence of the required 2 step TB screening being performed within 7 days of employment as outlined in the Tuberculosis Guidelines for Adult Care Homes. The administrator failed to ensure the facility followed the department's guidelines for tuberculosis for adult care homes adopted by reference in K.A.R. 26-39-105 for 3 (certified nurse aide's A, B and certified medication aide C) newly hired staff.	S3305		