

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/28/2021
NAME OF PROVIDER OR SUPPLIER ANTHOLOGY OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 151ST STREET 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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 10/25/2021, 10/26/2021, 10/27/2021 and 10/28/2021.	S 000		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (c) The facility reported a census of 69 residents. The sample included 7 residents (#237, 317, 412, 577, 610, 715, and 892), and 2 (#112, and 128) closed record reviews. Based on interview and record review the administrator failed to ensure the development of a negotiated service agreement at the time of admission for resident #112. Findings included: Record review for resident #112 revealed an admission date of 12/9/2021 with diagnoses of Myelopathy, spinal stenosis, chronic kidney disease, anemia in chronic kidney disease, chronic diastolic heart failure, type 2 diabetes, and Alzheimer's. Review on 10/26/2021 at 10:00 AM of the combined Functional capacity screening and	S3090		

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

TITLE

(X6) DATE

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S3090	Continued From page 1 service plan dated 12/29/2021 identified the resident had impaired short term, long term, memory recall and decision making. She required physical assistance with bathing, dressing, toileting, transferring and was unable to walk. She lacked the ability to manage her own medications and used a wheelchair mobility device. Staff were instructed to provide physical assistance. Interview with licensed facility nurse A on 10/27/2021 revealed the resident record lacked a negotiated service agreement dated 12/9/2021 at the time of the resident admission. The administrator failed to ensure the development of a negotiated service agreement at the time of admission for resident #112.	S3090		