

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/28/2021
NAME OF PROVIDER OR SUPPLIER SENIORCARE HOMES TED HERSEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 10419 LEE BLVD. LEAWOOD, KS 66206		
(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 citation is the result of a survey for re-licensure conducted on 4/27/21 and 4/28/21 at the above named home plus facility in Leawood, KS.	S 000		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review, observation and interview for 3 sampled residents #427, 428 and 429), the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #427 recorded an admission date of 12/4/2020 with diagnoses	S5155		

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

TITLE

(X6) DATE

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S5155	Continued From page 1 including dementia, Parkinson's, cerebral Ventriculomegaly, hypertension, atrial arrhythmia and polymyalgia Rheumatica. Functional Capacity Screen dated 12/4/2020 recorded resident required physical assistance with transfer and walk/mobility. Negotiated service agreement dated 12/4/20 recorded staff to assist with transfer extensive assist of 1 or, 2 assist as needed, walk/mobility, stand by assist or 1 assist with wheelchair. Care Plan (health care service plan HCSP) dated 12/15/20 recorded resident to use a regular wheelchair with one assist to propel and physical assist of 2 with all transfers. Resident utilizes a transfer pole at bedside. Observation on 4/27/21 at 4:42pm revealed resident in a wheelchair with a pressure reduction cushion in place. Observation on 4/28/21 at 10:05am in resident's room revealed a twin hospital bed with a transfer pole by the bed and a ½ length side rail on the left-hand side of the bed. HCSP lacked entries for resident use of a side rail and wheel chair pressure reduction cushion. Interview on 4/28/21 with licensed nurse #B confirmed HCSP lacked entries for resident use of a wheel chair pressure reduction cushion and side rail. - Record review for resident #428 recorded an admission date of 6/28/19 with diagnoses of dementia, hypertension, asthma, history of pneumonia, dyspnea, hypokalemia and insomnia.	S5155		

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S5155	Continued From page 2 Functional Capacity Screen dated 3/27/21 recorded resident required physical assistance with transfer and walk/mobility. Negotiated service agreement dated 3/27/21 recorded staff to assist with transfer assist of 1 or 2 depending on participation, ambulates with 1-2 assist via gait belt, may use wheelchair as needed. Care Plan (health care service plan HCSP) dated 3/29/21 recorded assist of 1-2 depending on daily mobility participation, ambulates with 1-2 assist via gait belt, may use wheelchair as needed. Resident has a hospital bed with pressure relieving mattress. 3/29/21 side-rail use assessment form was completed for bi-lateral side rails. Observation on 4/27/21 at 4:42pm revealed resident in a wheelchair sitting on a pressure reduction cushion. Observation on 4/28/21 at 10:05am in resident's room revealed a twin hospital bed with 2 three-quarter length side rails attached to the center area of the bed. HCSP lacked entries for resident use of 2 three quarter length rails on the bed and use of a wheelchair pressure reduction cushion. Interview on 4/28/21 at 12:05pm with licensed nurse #B confirmed HCSP lacked entries for resident use of 2 three quarter length rails and for use of a wheelchair pressure reduction cushion. - Record review for resident #427 recorded an	S5155		

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S5155	Continued From page 3 admission date of 2/12/19 with diagnoses of dementia, cognitive communication deficit, hypertension, repeated falls, depression and osteoarthritis. Functional Capacity Screen dated 2/12/21 recorded resident required physical assistance with transfer and walk/mobility. Negotiated service agreement dated 11/23/20 recorded staff to assist of 2 with transfers, resident self-propels wheelchair. Care Plan (health care service plan HCSP) dated 2/23/21 recorded transfers with assist of 2 via sit to stand lift, ambulates via regular wheelchair, self- propels. Observation on 4/28/21 at 11:10am revealed staff utilize a sit-to-stand lift to transfer resident bed to wheelchair with a pommel cushion in place. Twin bed had a bed cane on the left-hand side, bed cane had a 6 inch space between bed and cane and moved easily when touched pulling away from bed easily. Interview on 4/28/21 at 12:05pm with licensed nurse #B confirmed HCSP lacked entries for resident use of a bed cane and wheelchair pommel cushion (a cushion with a raised area between the legs to prevent movement forward in the chair). She confirmed record lacked assessments for resident ability to use, and safety checks of the bed cane. Interview on 4/28/21 at 12:05pm with licensed nurse #B confirmed all 3 residents (#427, 428, 429) all required assistance to exit the facility in the case of an emergency and could not exit on their own. She further confirmed the residents' HCSPs lacked entries for required assistance for emergencies.	S5155		

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S5155	Continued From page 4 For residents #427, 428, 429 the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		