STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046079	A. BUILDING: _____ B. WING _____	C 03/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE OVERLAND PARK	12000 LAMAR OVERLAND PARK, KS 66209

(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 complaint #'s 157068 and 156811attached for the above named facility conducted on 03/08/2021, 03/09/2021, 03/10/2021, 03/11/2021 and 03/12/2021.	S 000		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (i) The facility reported a census of 72 residents. The sample included 6 resident and 1 sampled focused review. Based on interview and record review the administrator failed to ensure a licensed nurse followed professional standards of practice related to communicating with the physician according to physician orders and dietician recommendations for 1 sampled resident (#810). Findings included: - Record review for resident #810 revealed an admission date of 05/13/2019 with diagnoses of: presence of cardiac pacemaker, acquired absence of right leg above the knee, heart failure, essential hypertension, hypothyroidism, benign prostatic hyperplasia, malignant neoplasm of the bladder, and pulmonary fibrosis.	S3171		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046079	A. BUILDING: _____ B. WING _____	C 03/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE OVERLAND PARK	12000 LAMAR OVERLAND PARK, KS 66209

(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
S3171	Continued From page 1 The significant change functional capacity screen signed on 10/14/2020 identified the resident with impaired memory recall, he was independent with dressing, required physical assistance with bathing, required physical assistance with medications and used a wheelchair for mobility. The combined negotiated service agreement/personal service plan dated 10/14/2020 instructed/directed staff to perform daily vitals and wights, encourage resident to add fortified foods to diet, Record review on 03/10/2021 at 11:00 AM of the facility daily weight log revealed the following: entry for daily weight for 10/11/2020 at 8:51 118 pounds (wheelchair), the next entry is dated 10/22/2020 at 5:09 116.2 pounds (wheelchair). The facility daily weight record lacked entries for 10/12/2020, 10/13/2020, 10/14/2020, 10/15/2020, 10/16/2020, 10/17/2020, 10/18/2020, 10/19/2020, 10/20/2020, and 10/21/2020 for resident #810. Record review on 03/10/2021 at 11:20 AM of the resident signed active orders for 10/1/2020 instructed staff to weigh daily in the morning and notify physician if weight gain of 2 or more pounds in a day or 5 or more pounds in a week. Interview on 03/10/2021 with administrator A and licensed nurse B confirmed the resident record lacked documentation to the resident physician related to the resident not being weighed daily on 10/12/2020 - 10/21/2020. Record review of the resident progress notes and entry made on 10/01/2020 at 09:59 as a weight change note.	S3171		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046079	A. BUILDING: _____ B. WING _____	C 03/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE OVERLAND PARK	12000 LAMAR OVERLAND PARK, KS 66209

(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
S3171	Continued From page 2 Record review of an email dated 10/02/2020 from dietician D instructing licensed nurse B to send the recommendation to the physician for approval if agreeable. Interview on 03/12/2021 at 12:04 PM with administrator A confirmed the resident record lacked the communication to the physician related to the dietician recommendation. Based on interview and record review the administrator failed to ensure a licensed nurse followed professional standards of practice related to communicating with the physician according to physician orders and dietician recommendations for 1 sampled resident (#810).	S3171		