STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175550	A. BUILDING _____ B. WING _____	C 02/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHAWNEE POST ACUTE REHABILITATION CENTER	7600 ANTIOCH ROAD OVERLAND PARK, KS 66204

(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 investigation #KS00159479, KS00149634, KS0015140 and KS00151544. The 2567 was sent to the facility electronically on 2/10/21.	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 identified a census of 97. The sample included three residents reviewed for falls. Based on record review, observation, and interviews, the facility failed to ensure Resident (R) 1 was free from accidents and hazards when staff failed to use two people, as directed in R1's plan of care, for a transfer with the sit-to-stand lift (mechanical list used to assist with weight bearing). This resulted in R1 being lowered to the floor. This deficient practice placed R1 at risk for injury. Findings included: - R1's electronic medical record (EMR), under the "Diagnosis" tab, listed diagnoses of hemiplegia (paralysis of one side of the body), hemiparesis (muscular weakness of one half of the body) and aphasia (condition with disordered	F 689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 02/10/2021

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.

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F 689	Continued From page 1	F 689		

or absent language function).

The "Significant Change Minimum Data Set (MDS)" dated 04/02/20 recorded R1 had a Brief Interview for Mental Status (BIMS) score of nine, which indicated impaired cognition. R1 required extensive assistance from two staff for bed mobility, dressing, hygiene, toileting and transfers. She had no falls during the assessment period per the MDS.

The "Falls Care Area Assessment," dated 04/02/20 recorded R1 triggered due to a balance problem and a recent fall. R1's knees buckled in the sit-to-stand lift during a transfer. R1 worked with therapy to regain her strength.

The "Quarterly MDS" dated 01/08/21 documented a BIMS score of 14 which indicated intact cognition. R1 required extensive assistance of two staff for bed mobility, toileting, dressing and transfers. She had no falls during the assessment period.

The "Care Plan," revised 07/17/19 documented R1 had self-care performance deficit due to weakness. An intervention dated 01/21/18 directed staff R1 required extensive assistance of two people with the stand up lift for transfers. On 05/07/20, the intervention was updated to direct staff R1 required extensive assistance of two staff for transfers using a gait belt (belt used to help transfer a person from one place to another). On 05/14/20, it was updated again to require assistance from two staff with the Hoyer lift (total body mechanical lift used to transfer residents).

A "Progress Note" dated 3/26/2020 documented R1 was transferred via stand up lift and her knees

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F 689	Continued From page 2	F 689		

buckled. R1 sat on her bottom with her legs in front of her and denied pain or discomfort . With the assistance of three unidentified staff members, staff helped R1 into her wheelchair. 20 minutes later, R1 complained of right foot pain. An order was received for a X-ray of R1's right foot and ankle.

A "Progress Note" dated 3/26/2020 documented the X-ray to R1's foot showed no fracture, no acute bone abnormality. Osteopenia (condition where loss of bone mass causes brittle, weak bones) was present.

In the signed "Incident Investigation Report" dated 03/31/20, Certified Nurse Aid (CNA) M wrote she did not use a two-person assist when she used the sit-to-stand lift. CNA M took R1 to the bathroom and while placing R1 back in R1's wheelchair, R1's legs "gave out" and CNA M lowered R1 to the floor.

On 02/03/2021 at 2:00 PM R1 sat in her wheelchair with her right leg up on a foot pedal, and a blanket draped over her right arm. R1 held up one finger when asked how many staff members were present at the time of the incident.

On 02/03/2021 at 4:00 PM Certified Medication Aide (CMA) R stated R1 used a Hoyer lift to transfer and two staff members were required to use the mechanical lift.

On 02/03/2021 at 4:03 PM CNA N stated R1 transferred with two staff members using a Hoyer lift. It always required two staff members to use the lift.

On 02/03/2021 at 4:23 pm Administrative Nurse D

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F 689	Continued From page 3 stated CNA M had made a statement that she did the transfer by herself. The facility policy "Transfer of a Resident, Safe" revised 05/2019 documented safe and secure mechanical lift transfers may require the help two or three caregivers depending upon the residents conditions. The facility failed to ensure R1 was free from avoidable accidents when facility staff failed to use the required number of staff for a mechanical lift transfer, as directed by the care plan. The deficient practice placed R1 at risk for injury and increased pain.	F 689		