STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046048	A. BUILDING: _____ B. WING _____	C 11/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE	9201 FOSTER STREET OVERLAND PARK, KS 66212

(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 are the result of an abbreviated survey with attached complaints (#156712, 156698, 154497, 152676 and 155012) conducted on 11/2/20, 11/3/20, 11/4/20 and 11/5/20 at the above named assisted living facility in Overland Park, KS.	S 000		
S 135 SS=D	26-39-103 (h) Resident Right Notification of Changes (h) Notification of changes. (1) The administrator or operator shall ensure that designated facility staff inform the resident, consult with the resident's physician, and notify the resident's legal representative or designated family member, if known, upon occurrence of any of the following: (A) An accident involving the resident that results in injury and has the potential for requiring a physician's intervention; (B) a significant change in the resident's physical, mental, or psychosocial status; (C) a need to alter treatment significantly; or (D) a decision to transfer or discharge the resident from the adult care home. (2) The administrator or operator shall ensure that a designated staff member informs the resident, the resident's legal representative, or authorized family members whenever the designated staff member learns that the resident will have a change in room or roommate assignment. This STANDARD is not met as evidenced by: KAR 26-39-103 (h)(1)(A)(B)(D)	S 135		

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

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S 135	Continued From page 1	S 135		

The facility reported a census of 100 residents. The sample included 5 residents, 1 closed review resident. Based on record review and interview for 1 (#2) sampled resident, the administrator failed to ensure that designated facility staff consult with the resident's physician upon occurrence of an accident involving the resident that results in injury and has the potential for requiring a physician's intervention and a decision to transfer the resident from the adult care home.

Findings included:

- Record review for resident #2 recorded admission date of 9/30/14 with diagnoses of: clostridium difficile with enterocolitis and dementia.

Functional Capacity Screen dated 8/13/20 recorded resident unable to perform bathing dressing, toileting and management of medications and treatments. Resident required physical assistance with walk/mobility and eating. Resident at risk for falls/unsteadiness.

Negotiated Service Agreement/ health care service plan dated 8/13/20 recorded staff to assist resident with bathing dressing, toileting, management of medications and treatments, walk/mobility, eating. Fall interventions included medications for agitation and increased room rounds.

Clinical notes dated 8/10/20 at 4:36pm recorded

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 135	Continued From page 2 9cm by 6cm bruise discovered on resident's right inner thigh. X-ray results revealed a fracture to resident's right hip. Resident sent to the hospital. Facility investigation report CP#5012, revealed certified staff #C found resident on the bathroom floor on 8/6/20 around 5-5:30pm and resident was assisted to the wheelchair by certified staff #D and licensed nurse #E. Resident complained of pain to staff on 8/7/20, 8/8/20 and 8/9/20 and required increased assistance of 2 staff to transfer and recorded this was reported to licensed nurses #E and #F. Record lacked notification of physician and family of fall on 8/6/20 and change of status with increased pain and need for increased assistance to transfer. Licensed staff failed to notify the physician and family of fall on 8/6/20 and change of status. Interview on 11/4/20 at 10:50am with licensed nurse #B confirmed record lacked notification of physician and family for resident fall and change of status. For resident #2 the administrator failed to ensure that designated facility staff consult with the resident's physician upon occurrence of an accident involving the resident that results in injury and has the potential for requiring a physician's intervention and a decision to transfer the resident from the adult care home.	S 135		

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S 195	Continued From page 3	S 195		
S 195 SS=D	26-39-102 (f) Discharge Notice (f) The administrator or operator, or the designee, shall provide a notice of transfer or discharge in writing to the resident or resident ' s legal representative at least 30 days before the resident is transferred or discharged involuntarily, unless one of the following conditions is met: (1) The safety of other individuals in the adult care home would be endangered. (2) The resident's urgent medical needs require an immediate transfer to another health care facility. This REQUIREMENT is not met as evidenced by: K.A.R 26-39-102 (f) The census equaled 100 residents; the sample included 5 residents and 1 closed review resident. Based on interviews and review of records, for 1 closed review resident (#1), the administrator failed to ensure resident or the resident's legal representative was provided a notice of discharge in writing at least 30 days before the resident was discharged to the facility's locked memory care unit. Findings included: - Record review for resident #1 recorded admission to facility's unlocked assisted living unit on 9/29/20 with diagnoses including early onset Alzheimer's disease, arthritis, depressing and Asthma.	S 195		

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S 195	Continued From page 4 Resident record lacked a Functional Capacity Screen on admission. Negotiated service agreement/health care service plan dated 9/29/20 recorded resident independent with bathing, dressing, toileting, transfer, walk/mobility and eating. Staff to administer medications and treatments, resident memory is good but has trouble recalling the proper words to use. Resident service notes dated 10/11/20 recorded resident as missing at the facility at 8:00pm. Facility report recorded resident was found later at a hospital at 9:00pm after a citizen from the apartments across the street from the facility, took her to the hospital. Resident service notes dated 10/12/20 at 11:35pm recorded resident room change (admitted to the locked memory care unit of the facility). Clinical notes dated 10/12/20 at 11:35pm recorded: "Room change to this resident upon discharge from hospital ..." 10/13/20 at 11:46pm: "Resident adjusted well to the memory unit.." Physician's order dated 10/12/20 recorded "please admit patient to memory care at Glenwood Village" Interview on 11/4/20 at 10:30am with administrator #A, confirmed resident/ responsible party was not given written 30 days notice of transfer to facility's locked memory care unit. He confirmed the unit costs more and a new lease agreement/addendum was not completed.	S 195		

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S 195	Continued From page 5 For resident #1, the administrator failed to ensure resident or the resident's legal representative was provided a notice of discharge in writing at least 30 days before the resident was discharged from the assisted living unit to the facility's locked memory care unit.	S 195		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (a) The census equaled 100 residents; the sample included 5 residents and 1 closed review resident. Based on interviews and review of records, for 1 sampled resident (#1), the administrator failed to ensure designated facility staff conducted a screening to determine each resident's functional capacity on or before	S3080		

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S3080	Continued From page 6 admission to the facility. Findings included: - Record review for resident #1 recorded admission date of 9/29/20 with diagnoses including: Resident record lacked an admission functional Capacity Screen (FCS) FCS was not completed on or before admission. Interview on 11/4/20 at 9:35am with licensed nurse #B confirmed record lacked evidence of a FCS on admission For residents #1 the administrator failed to ensure designated facility staff conducted a screening to determine each resident's functional capacity on or before admission to the facility.	S3080		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The census equaled 100 residents. The sample	S3101		

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S3101	Continued From page 7 included 5 residents and 1 closed review resident. Based on record review and interview for 2 (#4,5) sampled residents and 1 (#1) closed review residents, the administrator failed to ensure that each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. Findings included: - Record review for resident #1 recorded admission to the assisted living unit on 9/29/20 with diagnoses including early onset Alzheimer's disease, arthritis, depressing and asthma. Resident record lacked a Functional Capacity Screen (FCS) on admission. Negotiated service agreement dated 9/29/20 recorded resident independent with bathing, dressing, toileting, transfer, walk/mobility and eating. Staff to administer medications and treatments. FCS dated 10/13/20 recorded resident required staff assistance with management of medications and treatments. Resident has a history/problems with wandering. Negotiated service agreement dated 10/13/20 recorded resident independent with bathing, dressing, toileting, transfer, walk/mobility and eating. Staff to administer medications and treatments and utilize validation for resident confusion. Both NSAs lacked signatures of each individual involved in the development of the NSA.	S3101		

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S3101	Continued From page 8 Interview on 11/4/20 at m with licensed nurse #B confirmed both NSAs lacked signatures. - Record review for resident #4 recorded admission date of 5/26/20 with diagnoses including: chronic kidney disease with anemia, thrombocytopenia, protein calorie malnutrition, hyperlipidemia and depression. Functional Capacity Screen dated 5/27/20 recorded resident unable to perform bathing, dressing, toileting and management of medications and treatments. Resident required physical assistance with transfers and walk/mobility. NSA dated 5/26/20 recorded staff to assist resident with bathing, dressing, toileting, transfers, walk/mobility and management of medications and treatments. NSA lacked signatures of each individual involved in the development of the NSA. Interview on 11/4/20 at 9:15am with licensed nurse #B confirmed NSA lacked signatures. - Record review for resident #5 recorded admission date of 4/28/20 with diagnoses including: intracerebral hemorrhage, hypertension, chronic kidney disease stage 2, diabetes mellitus type 2 and repeated falls. Functional Capacity Screen dated 10/1/20 recorded resident required physical assistance with bathing, dressing, toileting, transfer, eating and unable to perform management of medications and treatments.	S3101		

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S3101	Continued From page 9 NSA dated 10/1/20 recorded staff to assist resident with bathing, dressing, toileting, transfer, eating and management of medications and treatments. NSA lacked signatures of each individual involved in the development of the NSA. Interview on 11/4/20 at 9:35am with licensed nurse #B confirmed NSA lacked signatures. For residents #1,4,5, the administrator failed to ensure that each individual involved in the development of the negotiated service agreement (NSA) signed the agreement.	S3101		
S3171 SS=G	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 100 residents. The sample included 5 residents and 1 closed review resident. Based on record review and interview for 1 sampled resident (#2) the administrator failed to ensure all health care services were provided to the resident in accordance with acceptable standards of practice.	S3171		

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S3171	Continued From page 10 Findings included: - Facility investigation report CP#5012, revealed certified staff #C found resident on the bathroom floor on 8/6/20 around 5-5:30pm and resident was assisted to the wheelchair by certified staff #D and licensed nurse #E. Resident complained of pain to staff on 8/7/20, 8/8/20 and 8/9/20 and required increased assistance of 2 staff to transfer and recorded this was reported to licensed nurses #E and #F. - Record review for resident #2 recorded admission date of 9/30/14 with diagnoses of: clostridium difficile with enterocolitis and dementia. Functional Capacity Screen dated 5/7/20 recorded resident unable to perform bathing and management of medications and treatments. Resident required physical assistance with dressing, toileting and transfers. Resident at risk for falls/unsteadiness. Negotiated Service Agreement/ health care service plan dated 5/7/20 recorded staff to assist resident with bathing dressing, toileting, transfers and management of medications and treatments Fall interventions included medications for agitation and increased room rounds. Clinical notes dated 8/10/20 at 4:36pm recorded a 9cm by 6cm bruise was discovered on resident's right inner thigh. X-ray results revealed a fracture to resident's right hip. Resident was sent to the hospital.	S3171		

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S3171	Continued From page 11	S3171		

The resident's record lacked a nursing assessment of the resident after a fall, lacked continued assessments after the fall for potential injuries related to the fall, lacked nursing response to certified staff reporting the resident complaints of pain and need for increased assistance with activities of daily living after a fall.

Written statements from staff related to the 8/6/20 fall, recorded the following:

Certified staff #D: resident fell Thursday 8/6/20 around dinner time. Resident had fallen in the bathroom. I called the nurse. On Sunday evening 8/9, I fed her soup and called CMA (certified medication aide) to move her, she said she had pain in right leg, we put her in bed and notified licensed nurse #D.

Certified staff #C: On 8/6/20, saw the aide in the room she said resident fell, nurse was notified immediately, assessment was done and resident was put back in wheelchair. Resident complained of pain in one of her legs at bedtime.

Licensed nurse #E: resident was on bathroom floor, resident denied pain no bruises noted, vital signs within normal limits, assisted to bed by staff.

Licensed nurse #H: outgoing nurse did not report any concerns for resident or a fall.

Certified staff #F: Friday morning transferred to chair. She was in a lot of pain not able to move

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S3171	Continued From page 12	S3171		

her legs. Called CMA [#K] to help. It was the same the next day, CMA #K reported pain to nurse (#F).

Licensed nurse #F: resident did not complain of pain Friday day and evening shift, Saturday day and evening shift or Sunday the 9th, was her usual self, no report of resident fall or injury.

Communication sheet completed by certified staff #K for Saturday 8/8/20 recorded: All medications given, resident complained of leg pain, [licensed nurse #F] notified, also of bruise on arm, [licensed nurse #F] checked arm. 2 staff and gait belt to transfer.

Record lacked entries for resident fall on 8/6/20, nurse assessment after the fall, notification of family and physician of fall and follow-up after the fall including complaints of pain and need for increased assistance.

Facility Fall Management program recorded the following procedure:

3. If resident has an injury the nurse or designee shall notify the Medical Practitioner and follow any orders they provide (i.e.: transfer to hospital, VS q4h, etc.)

4. The nurse or designee shall notify the Responsible Party of the fall and treatment

5. If the resident has a fall with serious injury appropriate reports shall be completed as per state regulations

6. Complete the Post fall SBAR, incident report,

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S3171	Continued From page 13 update the Service Plan and Task Sheets and then document all fall related information in the resident record 7. Place resident's status on the 24- Hour Communication log and document resident status daily in resident record for at least 72 hours 8. Communicate fall to staff and increase supervision of resident as appropriate For resident #2, the licensed nursing staff placed the resident in harm when they failed to provide services according to nursing standards of practice, failed to properly assess the resident for injuries after a fall, failed to reassess the resident when staff reported the resident had pain, failed to document the fall and follow up after the fall, and failed to notify the physician of the resident's pain, after certified staff reported resident complained of pain and required increased staff assistance for transfers after a fall resulting in a hip fracture diagnosis 4 days later	S3171		
S3261 SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11)	S3261		

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S3261	Continued From page 14	S3261		

The facility reported a census of 100 residents. The sample included 5 residents and 1 closed review resident. Based on record review and interview for 3 residents (#2, 4, 5) the administrator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.

Findings included:

- Record review for resident #2 recorded admission date of 9/30/14 with diagnoses of: clostridium difficile with enterocolitis and dementia.

Functional Capacity Screen dated 8/13/20 recorded resident unable to perform bathing dressing, toileting and management of medications and treatments. Resident required physical assistance with walk/mobility and eating. Resident at risk for falls/unsteadiness.

Negotiated Service Agreement/ health care service plan dated 8/13/20 recorded staff to assist resident with bathing dressing, toileting, management of medications and treatments, walk/mobility, eating. Fall interventions included medications for agitation and increased room rounds.

Clinical notes dated 8/10/20 at 4:36pm recorded 9cm by 6cm bruise discovered on resident's right inner thigh. X-ray results revealed a fracture to resident's right hip. Resident sent to the hospital.

Facility investigation report CP#5012, revealed certified staff #C found resident on the bathroom

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046048	A. BUILDING: _____ B. WING _____	C 11/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE	9201 FOSTER STREET OVERLAND PARK, KS 66212

(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
S3261	Continued From page 15	S3261		

floor on 8/6/20 around 5-5:30pm and resident was assisted to the wheelchair by certified staff #D and licensed nurse #E. Resident complained of pain to staff on 8/7/20, 8/8/20 and 8/9/20 and required increased assistance of 2 staff to transfer and recorded this was reported to licensed nurses #E and #F.

Clinical notes contained the following entries:

8/4/20 at 2:52pm: "Resident is on fall f/u and this morning the CNA (certified nurse aide) reported the resident had fallen, and was laying on the floor....." signed by licensed nurse #G

8/6/2020 at 2:52pm: "Resident is on fall follow up (f/u), she has not voiced any complaints of pain or discomfort." Signed by licensed nurse #G.

Next note: 8/7/20 at 4:48am: "Fall f/u to be completed today, resident calm at the moment, no behaviors/anxiety noted, will continue to monitor." Signed by licensed nurse #H

8/7/20 at 5:46pm: "Resident completed fall f/u, no complaints of pain or discomfort voiced. Resident resting in bed ...." Signed by licensed nurse #H.

Record lacked entries for resident fall on 8/6/20, nurse assessment after the fall, notification of family and physician of fall and follow-up after the fall including complaints of pain and need for increased assistance.

Interview on 11/4/20 at 10:35am with licensed nurse #B confirmed record lacked entries for resident fall and follow-up.

- Record review for resident #4 recorded

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GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE	9201 FOSTER STREET OVERLAND PARK, KS 66212

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S3261	Continued From page 16	S3261		

admission date of 5/26/20 with diagnoses including: chronic kidney disease with anemia, thrombocytopenia, protein calorie malnutrition, hyperlipidemia and depression.

Functional Capacity Screen dated 5/27/20 recorded resident unable to perform bathing, dressing, toileting and management of medications and treatments. Resident required physical assistance with transfers and walk/mobility.

Negotiated Service Agreement/ Health Care Service Plan dated 5/26/20 recorded staff to assist resident with bathing, dressing, toileting, transfers, walk/mobility and management of medications and treatments.

Clinical notes recorded: 10/17/20 at 6:40pm: "Resident is on fall f/u (follow up) [vital signs recorded ...." Signed by licensed nurse #G

Next note dated 10/28/20 at 12:32pm recorded: "Called and spoke with son. Son states resident is at [rehab name] ...." Signed by licensed nurse #J

Interview on 11/4/20 at 9:15am with licensed nurse #J stated resident went to a physician's appointment, was admitted to the hospital for behavioral issues and then to rehab . Licensed nurse #B confirmed record lacked entries for resident physician appointment and admission to the hospital.

Record lacked documentation for physician's appointment and admission to the hospital.

- Record review for resident #5 recorded admission date of 4/28/20 with diagnoses

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GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE	9201 FOSTER STREET OVERLAND PARK, KS 66212

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S3261	Continued From page 17	S3261		

including: intracerebral hemorrhage, hypertension, chronic kidney disease stage 2, diabetes mellitus type 2 and repeated falls.

Functional Capacity Screen dated 10/1/20 recorded resident required physical assistance with bathing, dressing, toileting, transfer, eating and unable to perform management of medications and treatments.

Negotiated Service Agreement/ Health Care Service Plan dated 10/1/20 recorded staff to assist resident with bathing, dressing, toileting, transfer, eating and management of medications and treatments.

Incident report dated 10/30/20 at 8am recorded: "At 3:15pm the med (medication) aide called for me to come to [resident's] room. When I arrive the resident was laying in front of her wheelchair, ROM (range of motion) times 4 done without difficulty, resident was helped back up to her wheelchair, non-injury fall." Signed by licensed nurse #G.

Interview on 11/4/20 at 9:50am with licensed nurse #G stated resident fell on 10/30/20, in the morning, stated time of 3:15pm is an error in charting, that resident screamed upon ROM to her left leg, and she notified the physician and daughte,r and resident was transferred to the hospital. She stated she could not remember if she charted the fall or not.

Interview on 11/4/20 at 9:15am with licensed nurse #J stated she was called the morning of the fall and resident had already left the building by the time she arrived at noon. She confirmed record lacked entries for date and time of the fall, transfer to the hospital and notification of

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S3261	Continued From page 18 physician and family. She confirmed resident was still in the hospital for a hip fracture. Facility Fall Management program recorded the following procedure: 3. If resident has an injury the nurse or designee shall notify the Medical Practitioner and follow any orders they provide (i.e.: transfer to hospital, VS q4h, etc.) 6. Complete the Post fall SBAR, incident report, update the Service Plan and Task Sheets and then document all fall related information in the resident record 7. Place resident's status on the 24 Hour Communication log and document resident status daily in resident record for at least 72 hours Record lacked documentation of resident fall, notification of physician and family and transfer to the hospital for a hip fracture. For residents (#2, 4, 5) the administrator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S3261		