

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/22/2020
NAME OF PROVIDER OR SUPPLIER PARK MEADOWS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5901 WEST 107TH STREET OVERLAND PARK, KS 66207		
(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 a survey for re-licensure with attached complaints 155224, 154856, 153831, 153773, 153624, 153270 and 150942 conducted on 10/20/20, 10/21/20 and 10/22/20 at the above named assisted living facility in Overland Park, KS.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.	S3028		

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

TITLE

(X6) DATE

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S3028	Continued From page 1 This REQUIREMENT is not met as evidenced by: The facility reported a census of 57 residents. The sample included 3 residents and 1 closed record. Based on record review and interviews for 1 closed record, (#123) with an allegation of potential abuse the Operator failed to ensure each allegation of potential abuse, neglect or exploitation was thoroughly investigated and reported to the Department within 24 hours as required. Findings included: - Review of closed record revealed #123 admitted to facility 7/12/18 with diagnoses of coronary artery disease, congestive heart failure, type 2 diabetes, cerebral vascular accident and unspecified dementia. The functional capacity screen (FCS) 4/30/20 assessed #123 as needing assistance with bathing, dressing, toileting, transfers, mobility and medication and medical treatment management. The negotiated service agreement/health service plan (NSA/HSP) dated 4/30/20 recorded #123 to receive staff assistance with bathing, incontinence care, dressing, mobility, medication management and 2 persons assist for transfers. Record review and interview on 10/22/20 confirmed an allegation of an inappropriate photograph of resident #123 with a personal device was reported to facility on 6/5/20. Facility completed an investigation of the allegation on 6/8/20 which resulted in unsubstantiated findings of abuse due to lack of evidence that allegation	S3028		

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S3028	Continued From page 2 occurred. Interview with Nurse #B on 10/22/20 at 10:20am confirmed that allegation was not reported to the department. The Operator failed to ensure the allegation of abuse for #123 was reported to the Department with 24 hours as required.	S3028		
S3155 SS=E	26-41-204 (a) Health Care Services (a) The administrator or operator in each assisted living facility or residential health care facility 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: The facility reported a census of 57 residents. The sample included 3 residents. Based on record review, observation and interview for 2 (#120, #121) sampled residents requiring health care services, 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:	S3155		

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S3155	Continued From page 3 - Record review for resident #120 recorded admission date of 11-11-19 with diagnoses of chronic obstructive pulmonary disease, hyperlipidemia, atrial fibrillation and hypothyroidism. Functional Capacity Screen dated 9/28/20 recorded resident required physical assistance with bathing, management of medications and treatments. Negotiated Service Agreement/ health care service plan (HCSP) dated 9/28/20 recorded staff to provide physical assistance with bathing. CMAs (certified medication aides) and licensed nurses to administer medications. Observation on 10/22/20 at 8:40am in residents room revealed bed with an attached bed cane. HCSP lacked entry for resident use of a bed cane. Interview on 10/22/20 at 10:30am with licensed nurse #B confirmed resident has a bed cane, and HCSP lacked entry for resident use of a bed cane. - Record review for resident #121 recorded admission date of 5/7/19 with diagnoses including Parkinson's, degenerative joint disease and dementia. Functional Capacity screen dated 7/14/20 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility and management of medications and treatments.	S3155		

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S3155	Continued From page 4 Negotiated service agreement/ health care service plan (HCSP) dated 7/14/20 recorded staff assistance with bathing, dressing, toileting, transfers, mobility and medications will be administered by a certified medication aide (CMA) or licensed nurse. Observation on 10/22/20 at 9:40am in residents room revealed bed with attached bed cane and revealed floor to ceiling transfer pole next to bed. HCSP lacked entry for resident use of bed cane and transfer pole. Interview on 10/22/20 at 10:30am with licensed nurse #B confirmed resident has a bed cane, and HCSP lacked entry for resident use of a bed cane and transfer pole. Review of facility policy dated June 2015, revised May 2017 and titled Bedrails and Bed Canes, revealed the following: 1. The Director of Wellness (DOW) will complete an evaluation that the resident can use the bed rail or bed cane safety and will use only for mobility. 2. After the evaluation, the DOW will update the resident assessment and care plan to include that a bed rail or bed cane can be used safely by the resident and describe how the resident will use the device. For residents #120 and #121 residents requiring health care services, 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	S3155		

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S3155	Continued From page 5 and the negotiated service agreement.	S3155			