

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/16/2018
NAME OF PROVIDER OR SUPPLIER PRAIRIE ELDER HOMES-HARMONY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 11865 W 155TH TERRACE OVERLAND PARK, KS 66221		
(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 represents the finding of a resurvey at the above named home plus facility conducted on 8-15-18 and 8-16-18.	S 000		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review and interview for all residents and staff, the operator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the home's emergency management plan with employees and residents. Findings included:	S5215		

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

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/16/2018
NAME OF PROVIDER OR SUPPLIER PRAIRIE ELDER HOMES-HARMONY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 11865 W 155TH TERRACE OVERLAND PARK, KS 66221		
(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
S5215	Continued From page 1 - Review of facility emergency management plan on 8-15-18 at 3:45 pm with operator revealed the plan documented review as follows: Staff review documented on 3-16-18, 9-29-17, 7-6-17. No documentation of review performed on a quarterly basis. Resident review documented on 7-5-17, 9-29-17, 12-6-17. No documentation of review with residents or families in 2018. The plan lacked documentation of a routine quarterly review with residents and staff. Interview on 8-15-18 at 3:45 pm with Administrative Staff A confirmed the plan lacked documentation of quarterly review with residents and staff. Facility policy for "Emergency Procedures" stated: 1. All (facility) staff will be trained on Emergency Procedures on hire and annually. 3. (Facility) will inform resident's responsible parties of the Emergency Procedures and the location of the Emergency Plan in the Nurse's Nook. Our residents will be memory impaired, so they may not be able to retain this information." The policy lacked the requirement for quarterly review of the emergency plan with staff and residents. For all residents and staff, the operator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the home's emergency management plan with employees and residents.	S5215		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents	S5251		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/16/2018
NAME OF PROVIDER OR SUPPLIER PRAIRIE ELDER HOMES-HARMONY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 11865 W 155TH TERRACE OVERLAND PARK, KS 66221		
(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
S5251	Continued From page 2 (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 26-42-105(f)(11) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review and interview for 1 (#100) of 3 sampled residents, the operator failed to ensure 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. Findings included: - Record review for Resident #100 revealed admission on 6-1-18 with diagnosis progressive supranuclear palsy. The Functional Capacity Screen dated 6-1-18 recorded resident required physical assistance with all activities of daily living. The Negotiated Service Agreement/Health Care Service Plan dated 6-1-18 recorded services for assistance with bathing, dressing, toileting, transfers, mobility and eating. Facility staff to administer medications. Resident identified as a fall risk. Nurses Notes: 6-2-18 at 6:00 pm: "Staff called this nurse at 3:11 pm and reported resident rolled out of bed and	S5251		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/16/2018
NAME OF PROVIDER OR SUPPLIER PRAIRIE ELDER HOMES-HARMONY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 11865 W 155TH TERRACE OVERLAND PARK, KS 66221		
(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
S5251	Continued From page 3 was bleeding from eyebrow. (Family member)...came and took resident to (hospital) where he/she got sutures and they found a tear duct tear. (Hospital) is sending resident to (another hospital) for eye surgery. (Family member) met this nurse at the house and took medications ...He/She will call this nurse if (resident) is going to return tonight but doctors anticipate he/she will stay the night. Motion sensor was working and staff responded but he/she had already rolled off bed..." Signed by Licensed Staff B. The record lacked documentation of resident's return to facility including an assessment of condition upon return. Further lacked documentation of any instructions to staff pending removal of sutures. Interview on 8-16-18 at 10:44 am with Administrative Staff A, confirmed the record lacked documentation of date/time of resident's return to facility, assessment of injured eye, location of sutures and presence of any dressing. For Resident #100, the operator failed to ensure documentation of return from hospital including an assessment of condition and staff instructions.	S5251		