

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/14/2017
NAME OF PROVIDER OR SUPPLIER SENIORCARE HOMES HANOVER HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9939 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 citation is the result of a Complaint investigation #103033 at the above named Home Plus Facility in Overland Park, Kansas on 02/14/17.	S 000		
S 200 SS=D	26-39-102 (g) Written Discharge Notice Requirements (g) Each written transfer or discharge notice shall include the following: (1) The reason for the transfer or discharge; (2) the effective date of the transfer or discharge; (3) the address and telephone number of the complaint program of the Kansas department on aging where a complaint related to involuntary transfer or discharge can be registered; (4) the address and telephone number of the state long-term care ombudsman; and (5) for residents who have developmental disabilities or who are mentally ill, the address and telephone number of the Kansas advocacy and protection organization. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(g) The census equalled four current Residents, and three discharged records reviewed. The sample included three discharged Residents. Based on interview and review of record, for one of two sampled who received a written discharge notice (#2), the Operator failed to ensure the written discharge notice included all required information. Findings included:	S 200		

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

TITLE

(X6) DATE

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S 200	Continued From page 1 - Review of record revealed #2 admitted to facility 11/30/15 with diagnoses of Dementia, Parkinsons, Subdural hemorrhage, Constipation, and Abnormal weight loss. Physician's Phone order dated 6/01/16 at 2109 documented: "Send to ER (emergency room) for eval and tx (evaluation and treatment)." Medical Record Narrative Notes dated 6/02/16 documented: "Resident fell 6/01/16... sent to hospital... admitted to hospital for right hip fracture... Durable Power of Attorney called to give update... #2 will be in hospital three to four days... tomorrow will get up to use walker... will be full weight bearing status... then two to three weeks rehabilitation with walker... The record lacked any additional documentation. By interview on 02/14/17 at 1:30pm, Facility Nurse #G stated Resident #2 was a two person transfer and we can't do that here... that's why we had to discharge him/her... don't believe we have any documentation of two person assistance assessment... confirmed discharge notice given to Resident's representative... By interview on 02/14/17 at 1:48pm, Facility Nurse #F confirmed the medical record lacked documentation of dates and times of conversations and assessments completed after #2 sent to hospital... stated we went to rehabilitation facility to assess #2... was a two person transfer... will try to get documentation from the rehabilitation facility... I don't have any assessment notes... confirmed discharge notice given to Resident's representative... On 02/14/17, Facility Nurse #G provided a copy	S 200		

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S 200	Continued From page 2 of the written discharge notice given to #2's representative. By review, the 6/20/17 discharge notice lacked required elements. The notice documented "we feel that a Skilled Nursing facility with 24 hour nursing care will provide the needed assistance for #2 at this time. This letter will serve as the 30-day termination required by our contract" The notice failed to define the need for two person transfer assistance and the unavailability of that service in this facility. The notice failed to include the address and telephone number of the complaint program of the Department on aging where a complaint related to involuntary transfer or discharge could be registered, and The notice failed to include the address and telephone number of the state long-term care ombudsman. The Operator failed to ensure the written discharge notice for #2 included all required information.	S 200		