

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/21/2015
NAME OF PROVIDER OR SUPPLIER SILVERCREST AT DEER CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 13060 METCALF AVE OVERLAND PARK, KS 66213		
(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 represent the findings of a resurvey at the above named assisted living facility conducted on 9-16-15, 9-17-15 and 9-21-15.	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. This REQUIREMENT is not met as evidenced by:	S3028		

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

TITLE

(X6) DATE

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S3028	Continued From page 1 KAR 26-41-101 (f)(3)(A) The facility reported a census of 31 residents. The sample included 3 residents. Based on record review and interview for 1 (#233) of 3 sampled residents, the operator failed to ensure each allegation of abuse, neglect or exploitations shall be reported to the department within 24 hours and an investigation shall be started when the operator or the receives notification of an alleged violation. Findings included: - Record review for resident #233 revealed admission on 10-17-14 with diagnoses Hypertension, Dementia and Arthritis. The Functional Capacity Screen dated 2-11-15 recorded resident required physical assistance with bathing, and dressing; supervision of toileting; independent with transfers, walking/mobility and eating; and unable to perform management of medications and treatments. Frequently incontinent. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems identified included falls. The negotiated Service Agreement/Health Care Service Plan dated 2-11-15 recorded services for 1 person assist with bathing, and dressing; cues/oversight with toileting; 1 person assist with transfers; supervision/cueing with ambulation; staff to administer medications and use of a 1/4 siderail on bed to assist with mobility in bed and safety when standing when getting out of bed. Clinical Notes stated the following: Written on 1-9-15 at 9:07 am: Thursday, 1-8-15	S3028		

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S3028	Continued From page 2 notified by staff that resident was found on bedroom floor at 1 am during a routine check..." "At approximately 12 midnight, 1-9-15, notified by staff that resident was found on bedroom floor in a sitting position. Shortly before he/she was in bed asleep. Has a quarter sized abrasion on right knee..." Signed by Operator/RN (Registered Nurse). Written on 6-26-15 at 11:55 pm: "Notified by staff at approximately 8:10 pm that resident was found lying on bedroom floor next to bed. Could not verbalize pain but winced and appeared to have pain with movement of left arm with attempts to roll to his/her back. Emergency Medical Services called and resident taken to (hospital). Resident brought back from emergency room at 11:30 pm. Discharge papers report a fractured humerus and left arm is in a sling wrapped close to his/her body..." Signed by operator/RN. Interviews on 9-17-15 at 2:00 pm and 3:30 pm with operator/RN confirmed the above falls were not witnessed and the resident was unable to state what had happened or what he/she was trying to do when each fall occurred. Upon review of the facility incident reports, confirmed there were no staff statements attached and the above falls were not further investigated to determine the possible cause of the falls. Further confirmed the falls on 1-8-15, 1-9-15 and 6-26-15 were not reported to the department. For resident #233, the operator/RN failed to ensure each allegation of abuse or neglect was reported to the department within 24 hours and investigated when the cognitively impaired resident was found on the floor on 3 separate occasions and was unable to state what happened each time.	S3028		