

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 08/15/2022
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 represent the findings of the licensure resurvey for the above named facility conducted on 08/10/22 - 08/15/22.	S 000		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 51 residents with three included in the sample. Based on interview and record review the administrator failed to ensure each resident's Negotiated Service Agreement (NSA) named the licensed nurse responsible for implementing and supervising the Healthcare Service Plan (HSP). Findings included: - Record review for Resident (R)810 revealed an admission date of 03/26/21 with the following diagnoses: benign neoplasm of cerebral meninges, dysphagia, and abnormalities of gait and mobility. The 05/06/22 "Functional Capacity Screen" (FCS) identified R810 required physical assistance with bathing, dressing, toileting, and	S3165		

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

TITLE

(X6) DATE

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S3165	Continued From page 1 transfers; was unable to perform walking/mobility; was incontinent of bladder and was marked for falls. The 05/06/22 combined "Negotiated Service Agreement/ Health service plan" (NSA/HSP) directed facility staff to provide R810 physical assistance with bathing, dressing, toileting, and transfers; propel her wheelchair while she was out of her room; she wore briefs for bladder incontinence; and staff were to ensure no trip hazards were in her way, to keep walker nearby, and assist with mobility during long distances to prevent falls. R810's NSA/HSP lacked documentation of the licensed nurse responsible for implementing and supervising her HSP. - Record review for R811 revealed an admission date of 08/18/21 with the following diagnoses: bladder dysfunction, overactive bladder, insomnia, and irritable bowel syndrome. The 05/17/22 "FCS" identified R811 required physical assistance with bathing, dressing, toileting, transfers; supervision for walking/mobility; and was unable to perform management of medications and treatments. The 05/17/22 combined "NSA/HSP" directed facility staff to provide R811 physical assistance with bathing, toileting, and transfers with one staff; set up assistance with dressing; provide encouragement and safety cues with walking/mobility; and facility staff managed medications and treatments.	S3165		

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S3165	Continued From page 2 R811's record lacked documentation of the licensed nurse responsible for implementing and supervising her HSP. - Record review for R812 revealed an admission date of 07/10/21 with the following diagnoses: hypothyroidism and hypertension. The 05/17/22 FCS identified R812 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and management of medications and treatments. She was marked for falls and impaired vision. The 05/17/22 combined "NSA/HSP" directed facility staff to provide R811 physical assistance with bathing, toileting, transfers, and walking/mobility; and facility staff managed medications and treatments. Facility staff were not directed how to prevent falls and help with impaired vision. R812's record lacked documentation of the licensed nurse responsible for implementing and supervising her HSP. On 08/11/22 at approximately 03:25 PM Administrative Staff C confirmed there was not a licensed nurse named on the resident's NSA's as responsible for implementing and supervising the HSP's. The administrator failed to ensure each resident's NSA named the licensed nurse responsible for implementing and supervising the HSP.	S3165		

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S3280	Continued From page 3	S3280		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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 26-41-104(d)(3)(4) The facility reported a census of 51 residents. Based on interview and record review the administrator failed to provide quarterly reviews of the facility's management plan with employees and residents and annual evacuation drills of the residents to a secure location. Findings included: - The facility failed to provide documentation of quarterly reviews of the facility's management	S3280		

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S3280	Continued From page 4 plan with employees and residents and annual evacuation drills of the residents to a secure location. On 08/15/22 at 01:00 PM Administrative Staff A stated the emergency management plan binder was moved during a recent renovation and she could not find it. The administrator failed to provide documentation of quarterly reviews of the facility's management plan with employees and residents.	S3280		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c)	S3310		

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S3310	Continued From page 5 The facility reported a census of 51 residents. Based on interview and record review the administrator failed to ensure the facility remained in compliance for one out of five staff and one out of three residents sampled with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Record review for Resident (R)811 revealed an admission date of 08/18/21 with the following diagnoses: bladder dysfunction, overactive bladder, insomnia, and irritable bowel syndrome. The 05/17/22 "Functional Capacity Screen" (FCS) identified R811 required physical assistance with bathing, dressing, toileting, transfers; supervision for walking/mobility, and was independent with eating. She was unable to perform management of medications and treatments. The 05/17/22 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HSP) directed facility staff to provide R811 physical assistance with bathing, toileting, and transfers with one staff; set up assistance with dressing; provide encouragement and safety cues with walking/mobility; and facility staff managed medications and treatments. R811's record lacked documentation of TB skin testing and a completed symptom questionnaire on admission. - Record review for one employee of five	S3310		

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S3310	Continued From page 6 revealed the following: Certified Nurse Aide (CNA) D's employee record revealed a hire date of 07/01/21. The record lacked documentation of a two-step TB skin test or a completed symptom questionnaire within seven days of hire or after. On 08/11/22 at 01:59 PM Administrative Staff A stated a link was emailed to CNA D on two occasions for her to schedule a T-spot TB blood test, but CNA D did not complete a TB test both times. She confirmed facility lacked record of TB testing results for CNA D. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees.	S3310		