STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N093004	A. BUILDING: _____ B. WING _____	08/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENWOOD PLAZA INC	607 E 1ST AVENUE ST JOHN, KS 67576

(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 findings of a resurvey with complaints (#163319, #161221, #161231, #160851) at the above named facility conducted on 08/15/22 and 08/16/22.	S 000		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (d) The census equaled 26 residents. The sample included 3 residents and 1 closed record review resident. Based on record review and interview for 1 sampled resident (R) 240, Operator/Certified Medication Aide (CMA) A failed to ensure the resident's functional capacity at the time of screening was accurately reflected on the resident's functional capacity screen. Findings included: - Record review for R240 revealed he admitted on 04/07/17 with diagnoses of pulmonary hypertension, asthma, hyperlipidemia, type II diabetes mellitus and chronic kidney disease. R240's "Functional Capacity Screen" (FCS) dated 04/22/22 recorded the resident as independent with bathing, dressing, toileting,	S3082		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3082	Continued From page 1 transfer, walk/mobility, supervision with eating, physical assistance with management of medications and unable to perform management of treatments. The resident's "Negotiated Service Agreement" (NSA)/ Health Care Service Plan (HCSP) dated 04/22/22 recorded R240 required staff assistance for bathing and transfer. Interview on 08/16/22 at 10:00 AM with R240 stated staff assisted with bathing and transferring in and out of dining room chair for meals and exercise bicycle in his room. Interview on 08/16/22 at 10:10 AM with CMA C stated R240 required staff assist with bathing and transferring in and out of dining room chair for meals. Interview on 08/16/22 at 01:45 PM with Licensed Nurse (LN) B confirmed R240's current FCS dated 04/22/22 did not accurately reflect resident's status. LN B stated R240's FCS should reflect physical assistance for bathing and transfer. Operator/CMA A failed to ensure the resident's functional capacity at the time of screening was accurately reflected on the resident's functional capacity screen.	S3082		