

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/21/2022
NAME OF PROVIDER OR SUPPLIER THE COTTAGES AT SHAWNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 13509 W 67TH STREET SHAWNEE, KS 66216		
(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 represent the findings of a resurvey for the above named home plus facility conducted on 09/20/22 and 09/21/22.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a) The facility reported a census of 8 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure Residents (R) 921 and R920's "Negotiated Service Agreements" (NSA) described the services each resident would receive based on their "Functional Capacity Screens" (FCS).	S5105		

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

TITLE

(X6) DATE

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S5105	Continued From page 1 Finding included: - Record review for R921 revealed an admission date of 11/15/21 with the following diagnoses: frontotemporal neurocognitive disorder, personality and behavioral disorder, and hypertension with heart failure. The 11/15/21 admission "FCS" identified R921 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, and management of medications and treatments; he required supervision with eating, was incontinent of bladder; had short-term and long-term memory loss, memory recall and decision-making impairments; was usually understandable and sometimes understood others when communicating; and was marked for falls and impaired decision-making. The 11/15/21 "NSA" identified facility staff would provide R921 total assistance with bathing, dressing, toileting, and bladder incontinence; propel his reclining wheelchair for mobility; provide total assistance with two staff using a mechanical lift for transfers; provide three meals a day and management of medications and treatments; provide frequent checks while he was in bed to prevent falls; and he had a durable power of attorney (DPOA) for impaired decision-making. The 11/15/21 "HCP" instructed facility staff to provide R921 total assistance with bathing, dressing, toileting, and bladder incontinence; propel his reclining wheelchair for mobility; provide total assistance with two staff using a	S5105		

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S5105	Continued From page 2 mechanical lift for transfers; provide three meals a day and management of medications and treatments; provide frequent checks while he was in bed to prevent falls; and he had a durable power of attorney (DPOA) for impaired decision-making. R921's record failed to identify the services he would receive for the management of cognitive impairments and communication. - Record review for R920 revealed an admission date of 12/07/21 with the following diagnoses: neurocognitive disorder with lewy bodies, chronic kidney disease and reduced mobility. The 06/24/22 significant change "FCS" identified R920 required physical assistance with bathing, dressing, toileting, and eating; was unable to perform transfers, walking/mobility, management of medications and treatments; was incontinent of bladder; had short-term and long-term memory loss, memory recall and decision-making impairments; was sometimes understandable and sometimes understood others when communicating; and was marked for falls, impaired decision-making, and inappropriate behavior. The 06/24/22 "NSA" identified facility staff would provide assistance with two staff for bathing, dressing, and toileting; assistance with two staff using a mechanical lift for transfers; propel a high back wheelchair for mobility; provide three meals daily in the dining room; provide management of medications and treatments; keep him clean and dry for bladder incontinence; always explain what they are doing when	S5105		

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S5105	Continued From page 3 providing cares for cognitive impairments; provide assistance with two staff using a mechanical lift for falls; he had durable power of attorney (DPOA) to assist with impaired decision-making; and when inappropriate behavior was exacerbated, staff would figure out the cause. The 06/24/22 "Healthcare Service Plan" (HCP) instructed facility staff to provide assistance with two staff for bathing, dressing, and toileting; assistance with two staff using a mechanical lift for transfers; propel a high back wheelchair for mobility; provide three meals daily in the dining room; provide management of medications and treatments; keep him clean and dry for bladder incontinence; always explain what they are doing when providing cares for cognitive impairments; provide assistance with two staff using a mechanical lift for falls; he had DPOA to assist with impaired decision-making; and when inappropriate behavior was exacerbated, staff would figure out the cause. R920's record failed to identify the services he would receive for the management of communication. On 09/21/22 at approximately 04:03 PM Administrative Staff A confirmed cognition and communication for R921 and communication for R920 were not addressed on their "NSA's." The operator failed to ensure R921 and R920's, "NSA" described the services each resident would receive based on their FCS.	S5105		

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S5251	Continued From page 4	S5251		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (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 eight residents with three included in the sample. Based on observation, interview, and record review the administrator failed to ensure staff provided adequate documentation of symptoms which indicated illness or injury including dates, times, and results of the actions when Resident (R) 921 developed skin redness that progressed to an open sore. Findings included: - Record review for R921 revealed an admission date of 11/15/21 with the following diagnoses: frontotemporal neurocognitive disorder, personality and behavioral disorder, and hypertension with heart failure. The 11/15/21 admission "FCS" identified R921 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, and management of medications and treatments; he required supervision with eating, was incontinent of bladder; had short-term and long-term memory	S5251 S5251		

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S5251	Continued From page 5 loss, memory recall and decision-making impairments; was usually understandable and sometimes understood others when communicating; and was marked for falls and impaired decision-making. The 11/15/21 "NSA" identified facility staff would provide R921 total assistance with bathing, dressing, toileting, and bladder incontinence; propel his reclining wheelchair for mobility; provide total assistance with two staff using a mechanical lift for transfers; provide three meals a day and management of medications and treatments; provide frequent checks while he was in bed to prevent falls; and he had a durable power of attorney (DPOA) for impaired decision-making. The 11/15/21 "HCP" instructed facility staff to provide R921 total assistance with bathing, dressing, toileting, and bladder incontinence; propel his reclining wheelchair for mobility; provide total assistance with two staff using a mechanical lift for transfers; provide three meals a day and management of medications and treatments; provide frequent checks while he was in bed to prevent falls; and he had a durable power of attorney (DPOA) for impaired decision-making. Review of "Skin Assessments" from 07/25/22 to 09/20/22 for R921 revealed the following: 07/25/22 - skin was intact 08/24/22 - coccyx wound measured 0.5 centimeters (cm) x 0.2 cm 09/07/22 - coccyx wound measured 1.8 cm x 1.0 cm	S5251		

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S5251	Continued From page 6 09/15/22 - coccyx wound measured 2.0 cm x 1.0 cm 09/20/22 - coccyx wound measured 1.5 cm x 1.0 cm The 09/07/22 "Progress Note" by nurse practitioner (NP) B documented R921 was seen at the request of nursing for a worsening wound on his coccyx. The 09/09/22 at 03:36 PM "Nurses Progress Note" documented wound care was provided. R921's record lacked evidence of documentation of the time, date, occurrence, action taken, and results of the action regarding the red area on his coccyx area. R921's record also lacked evidence of documentation of the time, date, occurrence, action taken, and results of the action regarding the progression of skin redness to an open sore. Observation on 09/21/22 at 11:52 AM revealed Administrative Staff A provided wound care to coccyx area for R921. On 09/21/22 at 11:52 AM Administrative Staff A stated she measured R921's wound once weekly. She measured it yesterday and the wound was much smaller than before. The hospice nurse was also monitoring the wound. On 09/21/22 at 02:44 PM Administrative Staff A stated staff were monitoring R921's skin on a regular basis. He had a red area on his coccyx that staff applied barrier cream to during brief changes. The aides first noticed and reported an	S5251		

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S5251	Continued From page 7 open wound to Administrative Staff A on 09/07/22. She notified NP B and received new orders. On 09/21/22 at approximately 04:03 PM Administrative Staff A confirmed a lack of documentation in "Nurses Progress Notes" regarding R921's skin redness and wound. The operator failed to ensure staff provided adequate documentation of symptoms which indicated illness or injury including dates, times, and results of the actions when R921 developed skin redness that progressed to an open sore.	S5251		