

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/12/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
(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 an abbreviated survey for complaints # 177429 of the above named facility conducted on 01/12/2023.	S 000		
S3026 SS=J	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-101 (f)(1)(B) The facility reported a census of 35 residents. The sample included one "Resident" (R) 1. Based on observation, interview and record review the operator failed to ensure the safety of R1 when staff failed to secure the door in the back hallway off the kitchen, that opened directly to the outside of the back of the building. This allowed R1 to leave the building between 04:00 AM and 06:00 AM using the back door, walk approximately 0.4 miles to the west to an apartment complex where he left his personal belongings, and then he walked approximately 1 mile to the east on a residential street behind a strip mall down a small embankment into the	S3026		

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

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/12/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
(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
S3026	Continued From page 1 back yard of a residential home, where he was found approximately 9.25 hours after he was last seen in the facility. R1 was found by facility staff member A laying in a patch of mud behind a residential home that was under construction. This placed R1 in immediate jeopardy. Findings included: - Record review on 01/12/23 of the facility provided resident roster identified twelve residents who were cognitively impaired. Five of the twelve cognitively impaired residents resided in a secured memory care unit. Seven of the twelve cognitively impaired residents reside in the assisted living area of the facility. R1 is identified on the resident roster as living in the assisted living area of the facility and marked as having had impaired cognition. Record Review on 01/12/23 for R1 revealed an admission date of 03/07/22 with diagnoses of Alzheimer's, dementia, hypertension, and anxiety. Record Review on 01/12/23 R1's "Functional Capacity Screen" (FCS) dated 04/19/22 identified R1 was independent with bathing, dressing, toileting, transferring, walking, and eating. He lacked the ability to manage his own medications and had impaired long-term memory. He was able to make himself understood and he understood others. Record Review on 01/12/23 R1's combined "Negotiated Service Agreement" (NSA)/ Health Care Service Plan" (HSP) dated 06/29/22, instructed staff to provide "redirection as needed	S3026		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/12/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
(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
S3026	Continued From page 2 to manage wandering and preventing elopement. Community to provide supportive assistance when wandering/elopement tendencies are indicated." Record Review on 01/12/23 of the facility "Progress Notes" revealed the following entry: "Resident was in the hallway knocking on other residents' doors and was trying to go in. Resident was wearing a tank top and boxer briefs. Resident redirected to his room". Record Review on 01/12/23 of "Physicians Report" dated 03/30/22 revealed the following: The physician check marked "the resident should be escorted by staff due to cognitive impairment", and "Dementia: the loss of intellectual functioning "such as thinking, remembering, reasoning, exercising judgement, and making decisions". Record review on 01/12/23 of R1 provider's "Progress Note" dated 04/14/22 revealed R1 had mild dementia, and he was alert and oriented "x2-3" with some forgetfulness. Record review on 01/12/23 of R1 provider "Progress Note" dated 09/23/22 revealed R1 the following: "patient is being seen for anger outburst. Yesterday he called a "Certified Nurse Aide" (CNA) in his room stating he needed something. She came in his room, and he proceeded to lock the door and stand by it. CNA started telling him that she was scared, and he needed to open the door and he started to get angry and yell. Finally, he did open the door, unsure of what he was wanting or needing he then came out and was pacing the halls wanting	S3026		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/12/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
(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
S3026	Continued From page 3 to talk to the administrator telling her he did not do anything". "On exam, patient is in his room, did ask him about the situation, he does have delusions talking about last year she came to his room, and he put his hands on her shoulders." Record review on 01/12/23 of R1 provider "Progress Note" dated 11/17/22 revealed the following, "Patient is having behaviors, and someone cut his watch off in the middle of the night, and his phone and key are missing. Increased paranoia. Has seemed to have gotten worse in the last two months." The resident NSA/HSP lacked any updated healthcare services/interventions to be provided when his cognition was identified to have worsened. The weather report for the day was a high temperature of 37.4 degrees Fahrenheit at 12:10 AM and a low of 24.8 degrees Fahrenheit at 11:50 PM. The wind speed was approximately 12 miles per hour going northwest. Observation on 01/12/23 at 12:30 PM revealed the door from the dining room to the kitchen was propped open and the door from the kitchen to the back hallway was propped opened. Observation of the back door leading to the outside revealed there is a turn style bolt lock above the handle, and it is in the unlocked position, there is a door alarm on the upper left corner of the door that did not sound audibly. Observation after opening the door; there is a small concrete square, and the rest of the area is grass with the landscape sloping down to the paved area below. To the left is the paved	S3026		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/12/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
(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
S3026	Continued From page 4 parking lot and to the right is grass. The paved parking lot goes to the north side of the building around to the front of the facility and out to the street. The area directly north is partially paved and slopes down to an area with children's play equipment and right beyond that is a small pond a sidewalk and the slope behind the strip mall. Observation on 01/12/23 at 02:57 PM of the most direct route west at the apartment complex where the resident left his belongings, was a residential area with paved streets and sidewalks. The route to the strip mall was a paved street. The area behind the strip mall was paved, there was a grassy slope which led down to the sidewalk on the north side of the pond behind the strip mall and another grassy/tree area which led to the muddy backyard of the residential home where the resident was found by staff A. Interview at 11:45 AM with "Certified Medication Aide" (CMA) B revealed she arrived to work at approximately 06:30 AM, she stated CMA C went to administer R1's morning medications and reported to CMA B that R1 was not in his room. She stated that she and CMA C searched the building, called the Operator, and then she called 911. CMA B continued that it was reported to her that R1 was last seen at approximately 04:00 AM by the night shift staff. Interview on 01/12/23 with Operator D revealed the only door not alarmed was the door going from the back hall of the facility to the outside. Operator D revealed the facility door alarms sound to all the pagers that staff wear. She continued that the door alarm reports start at midnight.	S3026		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/12/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
(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
S3026	Continued From page 5 Record review of the facility "Location Event Report's" all dated 01/12/23 revealed the following: Main Room 02 had no events Main South Door at 07:35 AM 1 minute response time. Main Front Entrance had no events Main Activity Room Door had no events Main Side Patio had no events Main Memory Care East Door had no events Main West Door had no events Record review on 01/12/23 of the resident activated pendants revealed R1 did not activate his pendant for assistance on 01/12/23 starting at midnight. Interview on 01/12/23 at approximately noon with dietary staff E, revealed the door from the dining room into the kitchen and the door from the kitchen to the back hall are usually propped open. Interview on 01/12/23 at approximately 01:30 PM with CMA F revealed the following: CMA F stated the door from the dining room to the kitchen is always open, and the door from the kitchen to the back hallway is always open. She stated that she locked the back door, which leads to the outside, at 11:00 PM the night before and unlocked the same door at 05:30 AM that morning. She continued that she spoke to R1 at 04:00 AM on 01/12/23, she stated that he came out of his room with his briefcase and wearing a jacket and stated he was going to church. She stated that she told R1 that it was too early to go to church and to go back to his room. She	S3026		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/12/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
(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
S3026	Continued From page 6 reported that R1 requested that she wake him up and she replied she would. She stated she witnessed the resident going back inside his room. She stated that after this she began passing the 04:00 AM medications. Interview on 01/12/23 at 01:21 PM, CMA C stated she arrived to work around 06:00 AM and counted the medications with the night shift CMA. When the count was completed at approximately 06:30 AM, she began obtaining the ordered blood pressures of certain residents. She stated she knocked on R1's door and he did not answer so she went in R1's room, and observed his bed was made. She continued to look for R1 in his bathroom and called the other staff member to see if R1 was in the common area of the building. When the other staff member did not see R1 they started searching the facility and the grounds, called the operator, 911 and the family. Interview on 01/12/23 at 02:11 with facility staff A revealed he found R1 at 01:24 PM behind a residential home to the northeast of the facility. He stated the resident "Squeezed" his hand and was breathing very shallow. He called "911" and stayed with R1 until help arrived. Interview on 01/12/23 with operator D and facility staff A revealed the door alarm on the door in the back hallway that led to the outside had a dead battery. Facility staff A replaced the battery and operator D confirmed that the door alarm then showed up on the electronic door alarm system. Record review on 01/12/23 of the facility provided "Location Event Report" revealed the door in the back hall leading to the outside is	S3026		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/12/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
(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
S3026	Continued From page 7 linked into the electronic system and is named "Main Kitchen Door". Immediate Jeopardy was called on 01/12/23 at 04:00 PM for the failure of ensuring all entrances/exits were secured when residents with impaired cognition resided in the assisted living portion of the facility. The operator neglected to ensure the safety of R1 when staff failed to secure the door in the back hallway that led directly outside of the facility, and further failed to ensure the batteries were replaced in the alarm and the alarm was in working order. This allowed R1 to leave the building between 04:00 AM and 06:00 AM using the back door, walk approximately 0.4 miles to the west to an apartment complex where he left his personal belongings, and then walk approximately 1 mile to the east on a residential street behind a strip mall down a small embankment into the back yard of a residential home, where he was found approximately 9.25 hours after he was last seen in the facility. Abatement plan 01/12/23 at 04:00 PM provided by operator D, the plan included replacing the batteries in the existing door alarm on the main kitchen door and adding it to the sensors that go directly to staff pagers and adding an additional audible alarm to the door that leads to the back hallway where the ice machine is located.	S3026		