

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/15/2023
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NAME OF PROVIDER OR SUPPLIER MISSION CHATEAU SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 8500 MISSION ROAD PRAIRIE VILLAGE, KS 66206
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(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 with attached complaints #170650 and #164234 at the above named assisted living conducted on 02/14/23 - 02/15/23.	S 000		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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 26-41-202(a) The facility reported a census of 72 residents with six residents included in the sample and one closed record review. Based on interview and record review the administrator failed to ensure the development of a "Negotiated Service	S3085		

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

TITLE

(X6) DATE

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S3085	Continued From page 1 Agreement" (NSA) for Resident (R) 217 based on her "Functional Capacity Screen" (FCS) regarding the services she received for management of medications. Findings included: - Record review for R217 revealed an admission date of 02/03/22 with the following diagnoses: osteoporosis, osteoarthritis, and heart failure. The 02/03/23 "FCS" identified R217 required physical assistance with management of medications. The 02/03/23 "NSA" failed to identify the services R217 received for management of medications. On 02/14/23 at approximately 10:41 AM Administrative Nurse C confirmed R217's "NSA" failed to identify the services she received for management of medications. The operator failed to ensure the development of an "NSA" for R217 based on her "FCS" regarding the services she received for management of medications.	S3085		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires	S3248		

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S3248	Continued From page 2 specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1) The facility reported a census of 72 residents. Based on interview and record review the administrator failed to ensure evidence of certification for three staff was completed upon hire. Findings included: - Record review of three employee records revealed the following: Certified Medication Aide (CMA) E's employee record revealed a hire date of 06/27/22. The	S3248		

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S3248	Continued From page 3 employee record lacked a date the registry was contacted to check certification status. CMA F's employee record revealed a hire date of 07/19/21. The employee record lacked a date the registry was contacted to check certification status. Certified Nurse Aide (CNA) G's employee record revealed a hire date of 09/26/22. The employee record lacked a date the registry was contacted to check certification status. On 02/14/23 at 01:27 PM Administrative Staff H confirmed CMA's E and F and CNA G's employee records lacked registry check dates. The administrator failed to provide evidence of certification checks for three staff was completed upon hire.	S3248		