STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046057	A. BUILDING: _____ B. WING _____	04/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABERDEEN VILLAGE	17500 W 119TH STREET OLATHE, KS 66061

(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 at the above named facility conducted on 04/10/23 and 04/11/23.	S 000		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41 204 (i) The census totaled 31 residents. The sample included 3 residents. Based on observation, interview and record review, Administrator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 2 of 3 sampled residents (R)1 and R2. Findings included: - The "Resident Roster" obtained on 04/10/23 identified five residents as having a bed assist device. R1's "Medical Record" revealed he admitted to the facility on 01/19/20 with diagnoses of hypertension, hyperlipidemia and gastroesophageal reflux disease.	S3171		

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

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S3171	Continued From page 1 The "Resident Functional Capacity Screen" (FCS) dated 01/18/23 recorded the resident as independent with dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments and supervision needed for bathing. R1 used a wheelchair. The "Negotiated Service Agreement (NSA)/ Service Plan" dated 12/17/22 recorded resident as independent with bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments. The NSA/ Service Plan recorded R1 used a walker and wheelchair for ambulation and self-propelled. The NSA/ Service Plan identified a bed assistive device used for mobility and positioning. Record review revealed an annual assessment of the resident to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an annual assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. The assessment was dated 04/04/23. Observation on 04/10/23 at 03:42 PM in R1's room revealed a bed assist device to the right side of his bed. Bed assist device was not secured to the bed. R1 stated he used the bed device to get in and out of bed. R2's "Medical Record" revealed she admitted to the facility on 07/18/17 with diagnoses of hypertension, hyperlipidemia, anemia and major	S3171		

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S3171	Continued From page 2	S3171		

depressive disorder.

The "Resident Functional Capacity Screen" (FCS) dated 05/27/22 recorded the resident as independent with toileting, transfer, walk/mobility and eating, physical assistance needed for bathing, dressing and management of treatments and unable to perform management of medications. R2 had short- and long-term memory impairment, impaired memory/recall and impaired decision making. R2 was usually continent and had impaired vision and hearing. R2 used a walker.

The "Negotiated Service Agreement (NSA)/ Service Plan" dated 10/07/22 recorded resident as independent with transfer, walk/mobility and eating, received physical assistance from staff for bathing and dressing and was unable to self-administer medications. The NSA/ Service Plan recorded R2 used a walker ambulation and identified a bed assistive device used for mobility and positioning.

Record review revealed an annual assessment of the resident to confirm the device was not a restraint, an annual assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an annual assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. The assessment was dated 12/22/22.

Observation on 04/10/23 at 03:53 PM in R2's room revealed a bed assist device to the left side of her bed. Bed assist device was not secured to

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S3171	Continued From page 3 the bed. R2 stated she used the bed device to get in and out of bed. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Administrator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs of R1 and R2 regarding use of a bed assistive device.	S3171		
S3310 SS=D	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	S3310		

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S3310	Continued From page 4 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: K.A.R 26-41-207 (c) The census totaled 31 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 1 staff (Certified Medication Aide (CMA) C, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - Review of CMA C's employee record revealed they hired onto the facility on 11/01/22. CMA C's record lacked evidence of completion of TB testing upon hire. Interview on 02/27/23 at 03:41 PM with Licensed Nurse B confirmed unable to locate TB testing upon hire for CMA C. The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		