

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/25/2023
NAME OF PROVIDER OR SUPPLIER WESTCHESTER VILLAGE OF LENEXA		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 PFLUMM ROAD LENEXA, KS 66215		
(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 the licensure resurvey for the above named facility conducted on 04/24/23 and 04/25/23.	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: K.A.R. 26-41-202 (a) The facility reported a census of 38 residents. The sample included 3 "Residents" ((R's) 1, 2 and 3). Based on observation, interview, and record review the administrator failed to ensure the "Negotiated Service Agreement" (NSA) included R2's preference of sleeping in her	S3085		

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

TITLE

(X6) DATE

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S3085	Continued From page 1 recliner. Findings include: - Record review on 04/25/23 for R2 revealed an admission date of 01/05/22 with diagnoses of periprosthetic fracture around right hip joint, other hypertrophic osteoarthropathy multiple sites, major depressive disorder, psychotic disorder with delusions due to unknown physiological condition, visual hallucinations, chronic kidney disease stage 3, Alzheimer's disease, cognitive communication deficit, difficulty in walking, fracture of unspecified part of neck of right femur initial encounter for closed fracture, long term use of insulin, need for assistance with personal care, muscle weakness, Parkinson's Disease and type 2 diabetes mellitus with diabetic chronic kidney disease. Review of R2's "Functional Capacity Screen" (FCS) dated 01/04/23 identified R2 required physical assistance with bathing and dressing. She was independent with toileting, transferring, walking/mobility, and eating. She lacked the ability to manage her own medications and medical treatments and was usually continent. She had impaired memory recall and impaired decision making. She was able to make herself understood and she understood others. She was marked with falls and impaired decision making and she used a wheelchair mobility device. Review of R2's NSA dated 01/04/23 identified the facility would provide the following services: assistance with dressing, bathing, and management of her medications.	S3085		

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S3085	Continued From page 2 Review of R2's "Service Plan" instructed facility staff to administer her medications per physician orders and dial her insulin pen and hand the insulin pen to R2 for administration. R2 was able to self-propel her wheelchair and dress herself. Staff were to assist with putting on and removing R2's compression stockings. R2 was able to get in and out of bed on her own and was independent with self-transferring and toileting. Staff were to assist R2 with her bathing. Observation on 04/25/23 at 01:47 PM of R2's bed revealed the head of the bed was against the west wall, the bed was made and on the left side of the bed were neatly folded clothes. There was a U-shaped bed assist device that was under the mattress and freely slid out, and the device measured 20 inches in width and 18 inches in height. Interview on 04/25/23 at 01:47 PM with "Licensed Nurse" (LN) B, he stated that he did not know R2 had a bed assist device and that R2 slept in her recliner. Interview on 04/25/23 at 01:50 PM with R2, she confirmed she does not sleep in her bed. She slept in her recliner. The administrator failed to ensure the "Negotiated Service Agreement" (NSA) included R2's preference of sleeping in her recliner.	S3085		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by	S3280		

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S3280	Continued From page 3 ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-104 (d)(3) The facility reported a census of 38 residents. Based on interview and record review the administrator failed to ensure a quarterly review of the facility's emergency management plan was reviewed at least quarterly with all staff and residents. Findings include: - Record review on 04/25/23 of the facility provided document titled "Kansas Assisted Living Education Guide". It revealed the electronic course titled "Emergency & Disaster Preparedness (1.0 hour) & Facility Plan" assigned at the time of orientation and annually.	S3280		

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S3280	Continued From page 4 Review of the facility provided transcript showed course assigned on 04/01/22 and 04/01/23. Review of the facility skills fair packet for 03/23 revealed the disaster and emergency preparedness was a part of the training. Review of the facility policy titled "Disaster and Emergency Preparedness K.A.R. 26-42-104" dated 12/2020 revealed the following statement: "quarterly review of the home's emergency management plan with employees and residents". Interview on 04/25/23 at 10:20 AM with administrator A, she confirmed the facility had not been providing scheduled quarterly training to all staff and residents quarterly. She stated staff are assigned the Emergency Preparedness training in the electronic learning system at the time of hire and annually. She continued the Emergency Preparedness training is reviewed two times a year at the facility's annual skills fair in March and October of each year. She continued to state that they did not perform the training in the year of 2022 due to not having large gatherings. Administrator A stated the residents receive the Emergency Preparedness training at the time they move into the facility, and the plan is available for residents to review if they ask for it. The administrator failed to ensure a quarterly review of the facility's emergency management plan was reviewed at least quarterly with all staff and residents.	S3280		