

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/27/2023  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>175517</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                          |                                                                                                                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><br><b>06/15/2023</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE OVERLAND PARK</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12000 LAMAR</b><br><b>OVERLAND PARK, KS 66209</b> |                                                                                                                          |                                                                        |                            |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |  | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                                        | (X5)<br>COMPLETION<br>DATE |
| F 000                                                              | <p><b>INITIAL COMMENTS</b></p> <p>The following citations represent the findings of complaint investigation #KS00180774.</p> <p>On 06/15/23 04:45 PM the facility received a copy of the "Immediate Jeopardy [IJ] Template" and was informed of the IJ for Resident (R)1.</p> <p>On 01/27/23 Certified Nurse Aid (CNA) M and CNA N assisted R1 to the bathroom. CNA M left the room and CNA N stepped out of the bathroom per R1's request. CNA N then heard a call for help from outside R1's room and left R1's room, leaving R1 unattended in the bathroom. A few minutes later, Licensed Nurse (LN) G heard hollering from R1's room and responded. LN G saw R1 lying on the floor bleeding from his head. Staff alerted emergency services and R1 went to the acute hospital where he was admitted to the Intensive Care Unit (ICU) for subdural hematomas (collection of blood between the covering of the brain (dura) and the surface of the brain) and intercranial bleeding (bleeding inside the skull). R1 passed away in the ICU five days later due to head trauma. The facility's failure to provide adequate supervision and staff assistance to promote safety and prevent accidents placed R1 in immediate jeopardy.</p> <p>The facility implemented corrective actions which included staff education and competencies on fall prevention and management, ADL training, and safe resident transfer training. The facility implemented a performance improvement plan via Quality Assurance and Performance Improvement (QAPI).</p> <p>The corrections were completed on 01/30/23</p> |                                                                            |  | F 000                                                                                         |                                                                                                                          |                                                                        |                            |

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

TITLE

(X6) DATE

06/27/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 000                                                              | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | F 000                                                                      |                                                                                                                          |                            |                                                                        |
| F 689<br>SS=J                                                      | <p>therefore the citation was issued as past noncompliance and remained at the scope and severity of "J."</p> <p>The 2567 was sent electronically on 06/27/23.</p> <p>Free of Accident Hazards/Supervision/Devices<br/>CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents.<br/>The facility must ensure that -<br/>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.<br/>This REQUIREMENT is not met as evidenced by:<br/>The facility reported a census of 77 residents. The sample included three residents identified at risk for falls. Based on record review and interviews, the facility failed to ensure staff provided Resident (R) 1 with adequate supervision and assistance to prevent accidents. R1 was cognitively impaired and required assistance of two staff for transfers and toileting. R1 was at high risk for falls with a previous fall in the facility resulting in a major injury on 12/31/22 and R1 received anticoagulants (blood thinners) daily. On 01/27/23 Certified Nurse Aid (CNA) M and CNA N assisted R1 to the bathroom. CNA M left the room and CNA N stepped out of the bathroom per R1's request. CNA N then heard a call for help from outside R1's room and left R1's room, leaving R1 unattended in the bathroom. A few minutes later, Licensed Nurse (LN) G heard hollering from R1's room and responded. LN G saw R1 lying on the floor bleeding from his head.</p> | F 689                                                                      | Past noncompliance: no plan of correction required.                                                                      |                            |                                                                        |

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| F 689                                                              | <p>Continued From page 2</p> <p>Staff alerted emergency services and R1 went to the acute hospital where he was admitted to the Intensive Care Unit (ICU) for subdural hematomas (collection of blood between the covering of the brain (dura) and the surface of the brain) and intercranial bleeding (bleeding inside the skull). R1 passed away in the ICU five days later due to head trauma. The facility's failure to provide adequate supervision and staff assistance to promote safety and prevent accidents placed R1 in immediate jeopardy.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R1's Electronic Medical Record (EMR), under the "Diagnosis" tab, listed diagnoses of right and left leg artificial hip joint replacement, a healing fracture of the right clavicle (broken shoulder bone), vascular dementia (a general term describing problems with reasoning, planning, judgment, memory and other thought processes caused by brain damage from impaired blood flow to your brain), atrial fibrillation (a disease of the heart characterized by irregular and often faster heartbeat), post hemorrhagic anemia (a condition of a low number of red blood cells or a low amount of hemoglobin (oxygen) in the red blood cells, that develops when a large amount of blood is lost quickly), difficulty with walking, and a need for assistance with personal cares.</li> </ul> <p>R1's "Entry Tracker Minimum Data Set" (MDS) dated 12/28/22 recorded R1 admitted to the facility.</p> <p>R1's "Discharge-Return Anticipated MDS" dated 12/31/22 recorded R1 had an unplanned discharged to an acute hospital. The MDS recorded R1 had a fall with injury prior to</p> | F 689                                                                      |                                                                                                                          |                            |                                                                        |

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| F 689                                                              | <p>Continued From page 3</p> <p>admission. The MDS further noted R1 had one fall since admission which resulted in a major injury.</p> <p>R1's "Admission MDS" dated 01/16/23 recorded R1 had a Brief Interview for Mental Status score of eight which indicated severe cognitive impairment. The MDS documented R1 had no behaviors or rejections of cares. The MDS recorded R1 received an anticoagulant for six of the seven look back days. The MDS recorded R1 required extensive assistance of one staff for personal hygiene and locomotion using a wheelchair. The MDS documented R1 required extensive assistance of two staff for dressing, bed mobility, transfers, and toileting.</p> <p>The "Care Area Assessment" (CAA) dated 01/16/23 recorded R1 required ongoing cueing and redirection to make safe decisions; staff were to anticipate R1's needs and allow time for R1 to process and respond to request. The CAA recorded R1 had decreased function with activities of daily living (ADL), decreased functional mobility, and was transitioned to the facility for a short-term stay. R1 would receive therapy services and return to an apartment on memory care upon discharge from skilled services. The CAA noted staff would assist R1 by placing R1's call light, medical equipment and bedside items within reach and anticipate some of R1's needs to decrease R1's impulsivity.</p> <p>R1's initial "Care Plan" dated 12/28/22 and updated on 01/02/23 documented R1 was at risk for falls. R1's "Care Plan" documented directed staff to provide physical therapy (PT) evaluation and treatment, occupational therapy (OT) evaluation and treatment, and recorded an order</p> | F 689                                                                      |                                                                                                                          |                            |                                                                        |

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| F 689                                                              | <p>Continued From page 4</p> <p>dated 12/31/22 to transfer R1 to the emergency department for evaluation and treatment post fall. This initial "Care Plan" lacked documentation of any specific interventions to prevent fall., The "Care Plan" further lacked documentation to clearly identify the resident's mobility, transfer and, ambulatory status and amount of staff assistance required.</p> <p>The comprehensive "Care Plan" created 01/10/23 and revised 01/29/23 documented R1 sustained a fall with a fracture to his right hip, left hip, and lateral end of right clavicle. R1 was at risk for repeated falls, due to vascular dementia with agitation, atrial fibrillation, tachycardia (abnormally fast heart rate), decreased mobility, incontinence, and self-care deficits. The care plan documented R1 had a score of 20 on his fall assessment which indicated he was at high risk for falls. R1's "Care Plan" directed staff to make sure his call light was in reach, and to provide prompt response to requests for assistance (created 01/10/23 and revised on 02/02/23); ensure R1's bed was in the lowest position when in use (01/10/23). The plan directed staff to place R1 in a room close to the nurses' station for increased observation (01/10/23), and directed staff to provide R1 with ongoing cueing, redirection, reminders, and encouragement (01/10/23). The plan directed OT and PT would evaluate and treat as ordered. The "Care Plan" further recorded a fall with laceration on 01/27/23.</p> <p>R1's "Care Plan" dated 01/10/23, and revised on 01/29/23, directed staff R1 was on anticoagulation therapy and was at risk for increased bleeding and bruising.</p> <p>R1's "Care Plan" dated 01/10/23 directed staff R1</p> | F 689                                                                      |                                                                                                                          |                            |                                                                        |

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| F 689                                                              | <p>Continued From page 5</p> <p>required "One-Two Person Physical Assistance" for both transfers and toilet use.</p> <p>R1's EMR recorded a "Situation Background Assessment Recommendation" (SBAR) report under the "Progress Notes" tab dated 12/31/22 at 06:47 PM which documented staff checked R1 for injuries and assisted R1 to bed after his fall. Staff recommended a Telehealth physician follow up.</p> <p>A "Telehealth Progress Note" dated 12/31/23 at 08:40 PM, R1 had a fall earlier in the day. He had a bruise on the right hip and complained of extreme pain, with any movement of extremity. The note recorded R1 fell and had extreme pain in his right hip/leg and was unable to move the leg. The note documented R1 had a protrusion above a bruise on his right hip. The note directed to send R1 to the emergency room (ER) for evaluation of right hip deformity with pain.</p> <p>The "Hospital Discharge Report" dated 01/10/23 documented R1 was admitted to the hospital after sustaining a fall at the skilled nursing facility and was found to have a right femoral neck (where the thigh bone meets the hip bone) fracture. The report documented R1's post-operative course was complicated by anemia, which was thought to be anemia of chronic disease and blood loss from two hip fractures, back-to-back.</p> <p>R1's EMR listed "Physician Orders" dated 01/10/23 for Plavix (antiplatelet medication which prevents blood from clotting) 75 milligrams (mg) daily and Xarelto (prescription blood thinner) 10 mg daily.</p> <p>Review of a "Telehealth Progress Note" dated</p> | F 689                                                                      |                                                                                                                          |                            |                                                                        |

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| F 689                                                              | <p>Continued From page 6</p> <p>01/27/23 at 07:18 AM documented R1 had an unwitnessed fall in the bathroom and sustained a laceration to the back of the head with bleeding. Staff sent R1 to the hospital.</p> <p>The undated "Facility Investigation" noted on Friday 01/27/23 at 05:50 AM, CNA M and CNA M assisted R1 out of bed. The two CNAs transferred R1 to the toilet so R1 could attempt to void. R1 recently had a Foley catheter (tube inserted directly into the bladder to drain urine) removed and staff were helping retrain with toilet use. After assisting R1 onto the toilet with a two-person assist, CNA M went to assist another patient in the room next to R1's. The second CNA (CNA N) heard a scream and went to check the source. The charge nurse (LN G) heard a noise from R1's room and went to check on him. Upon entering the room, the bathroom door was slightly ajar, and LN G found R1 lying on his back on the bathroom floor. There was a blood visibly coming from R1's head. LN G applied pressure and called for assistance. R1 was alert with clear speech but unable to state how he fell. Staff notified emergency services immediately to transfer R1 to the emergency department for further evaluation and treatment. The investigation recorded the time from when staff transferred R1 on to the toilet to the time of fall was three minutes. The investigation stated interventions in place at time of fall were non-skid footwear. The investigation further noted R1 required two staff assistance for transfers and toileting and the investigation indicated that directives were followed by staff.</p> <p>The "Witness Statement" dated 01/27/23 from CNA M noted on 01/27/23 CNA M assisted R1 to the toilet with the help of CNA N. The statement</p> | F 689                                                                      |                                                                                                                          |                            |                                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE OVERLAND PARK</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12000 LAMAR</b><br><b>OVERLAND PARK, KS 66209</b>                            |                            |                                                                        |
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| F 689                                                              | <p>Continued From page 7</p> <p>recorded R1 did not want the CNA staff in the bathroom, so they handed R1 the call cord, placed it in his hand, and locked R1's wheelchair. The CNAs then went outside the bathroom door. CNA N stayed with R1, but outside the door, and CNA M went to assist another resident. CNA M later heard LN G call for help and went to R1's room and R1 was on the floor in the bathroom and his head was bleeding. LN G applied pressure and called 911.</p> <p>The "Witness Statement" dated 01/27/23 from CNA N recorded on 01/27/23 CNA N transferred R1 to the toilet with CNA M. After the transfer, staff locked R1's wheelchair and handed R1 the call cord. CNA N stayed outside R1's door when CNA M went to another resident's room. CNA N then heard a scream and went to check the source. CNA N then heard LN G call for help from R1's room.</p> <p>The "Witness Statement" dated 01/27/23 from LN G recorded LN G was rounding and doing morning medications. LN G heard a noise coming for R1's room. LN G entered R1's room and observed R1 on the floor, with no bottoms or briefs on. R1's head was partially in the doorway and his legs were extended towards the shower. He was laying on his back. R1 had blood coming from his head so LN G applied pressure and called 911.</p> <p>R1's head scan result dated 01/27/23 at 08:07 AM and signed by Consultant II listed the following findings:<br/>Left paraflacine (area of the brain) subdural hematoma, 7 millimeters (mm) in thickness, left temporal (area of the skull on the side by the ears) subdural hematoma 3 mm in thickness and</p> | F 689                                                                      |                                                                                                                          |                            |                                                                        |

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| F 689                                                              | <p>Continued From page 8</p> <p>left posterior (towards the back) parietal (side of the skull above the temporal area) subdural hematoma 5 mm in thickness.</p> <p>Intraventricular (inside the spaces in the brain that contain the cerebral spinal fluid) hemorrhage within the left lateral (away from the midline of the body) ventricle posterior dura.</p> <p>Mild subarachnoid (the space between the brain and the tissue covering the brain) hemorrhage.</p> <p>At the time of the survey, LN G, CNA M, and CNA N were no longer employed by the facility and were not available for interview.</p> <p>On 06/15/23 at 03:15 PM Consultant HH stated R1 admitted to the facility with a broken hip after a fall in an assisted living. He stated the resident was in the facility for two days and fell and broke his other hip. Consultant HH stated R1 returned to the facility on 01/10/23 following surgery to repair the broken hip from the 12/31/22 fall. Consultant HH stated R1 received two different anticoagulants. Consultant GG reported the resident admitted to the ICU for multiple brain bleed and died five days later. Consultant HH indicated R1's death certificate listed head trauma as the cause of death.</p> <p>Interviewed on 06/15/23 at 03:47 PM CNA O stated staff should stay in the bathroom with the resident during toileting to be safe, especially if the resident required two staff assistance.</p> <p>Interviewed on 06/15/23 at 03:53 PM CNA P stated she worked with R1 a few times. CNA P said she stayed in the bathroom with R1. She said R1 had never asked her to step out.</p> <p>Interviewed on 06/15/23 at 03:59 PM CNA Q</p> | F 689                                                                      |                                                                                                                          |                            |                                                                        |

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| F 689                                                              | <p>Continued From page 9</p> <p>stated she vaguely remembered R1 but knew that R1 required two-person assistance. CNA Q said R1 resisted care sometimes so for R1's safety, she stayed with the resident in the bathroom. She said she would not leave R1 alone in bathroom because he was a fall risk.</p> <p>On 06/15/23 at 03:41 PM Administrative Nurse D explained CNA N left R1's because another resident, who was a high fall risk, fell and the CNA was trying to assist. Administrative Nurse D said only three minutes elapsed from the time staff transferred R1 to the time R1 fell. Administrative Nurse D reported it was unreasonable to expect staff to remain with the resident once the resident asked for privacy. Administrative Nurse D said it was difficult to say that someone should have stayed with the resident, as R1 was not even standing at that point. Administrative Nurse D went on to say not all residents who require a two person assist with toileting were cognitively impaired so a staff member would not remain in the room. Administrative Nurse D stated in R1's fall, it would not have made a difference if staff were present in the room.</p> <p>The facility policy "Falls Prevention" last revised 10/2021 directed that while all falls cannot be prevented, certain interventions may reduce the risk of falling. Early identification of risk for falls and reduction of multiple falls may enable residents to maintain their dignity and maximize their level of independence.</p> <p>The facility's failure to provide adequate supervision and staff assistance to promote safety and prevent accidents placed R1 in immediate jeopardy.</p> | F 689                                                                      |                                                                                                                          |                            |                                                                        |

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| F 689                                                              | <p>Continued From page 10</p> <p>The facility implemented corrective actions which included staff education and competencies on fall prevention and management, ADL training, and safe resident transfer training. The facility implemented a performance improvement plan via Quality Assurance and Performance Improvement (QAPI).</p> <p>The corrections were completed on 01/30/23 therefore the citation was issued as past noncompliance and remained at the scope and severity of "J."</p> | F 689                                                                      |                                                                                                                          |                            |                                                                        |