

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

PRINTED: 08/07/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/27/2023
NAME OF PROVIDER OR SUPPLIER VILLA ST FRANCIS CATHOLIC CARE CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 16600 W. 126TH ST OLATHE, KS 66062		
(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigations #KS00181544 and KS00181564.	F 000			
F 677 SS=D	The 2567 was sent electronically on 08/07/23. ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: The facility identified a census of 118 residents. The sample included one resident reviewed for pressure-related injuries. Based on record review and interviews, the facility failed to ensure staff provided the appropriate level of assistance, as directed by Resident (R) 1's care plan, for bed mobility. This deficient practice placed R1 at risk for unwarranted physical complications. Findings included: - R1 admitted to the facility for respite care (short term health services to the dependent adult) on 07/12/23 and discharged home on 07/17/23. The "Diagnoses" tab of R1's Electronic Medical Record (EMR) documented a diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion) with agitation. The "Activities of Daily Living (ADL) Care Plan",	F 677			

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

TITLE

(X6) DATE

08/07/2023

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 677	Continued From page 1 dated 07/12/23, directed R1 needed assistance of two staff for bed mobility. The "Notes" tab of R1's EMR revealed a "Hospice/Palliative/Terminal Prognosis Note" on 07/17/23 at 01:36 PM that documented a new skin issue was reported to hospice case manager by the nurse. In a "Witness Statement" on 07/19/23, Certified Nurse Aide (CNA) M stated he took care of R1 overnight on 07/16/23 and he was told she required one person for cares but that was not the case. He stated he was not given a care plan on 07/15/23 and 07/16/23. CNA M stated he changed R1 regularly and repositioned her as well. On 07/27/23 at 01:29 PM, CNA N stated R1 required two people for bed mobility and when a resident was moved up in bed, they were lifted up instead of slid up in bed. She stated CNAs were required to carry a Kardex (CNA care plan) on them at all times. On 07/27/23 at 01:39 PM, Licensed Nurse (LN) G stated CNAs carried a Kardex on them at all times and the charge nurse was in charge of giving the CNAs the Kardex at the beginning of the shift. She stated R1 was a two person assist with bed mobility. On 07/27/23 at 02:10 PM, Administrative Nurse D stated R1 was a two person assist for bed mobility including changing and repositioning. He stated when CNAs showed up for work, they received report and any updates were added to the Kardex then the nurse printed the Kardex off for the CNAs. Administrative Nurse D stated	F 677			

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F 677	Continued From page 2 CNAs were expected to follow the Kardex and have it with them at all times. On 07/28/23 at 11:57 AM, CNA M stated he was never informed that R1 was a two person assist with bed mobility. He stated he should have read the care plan and followed the care plan. CNA M stated the nurse usually printed the Kardex off and gave it to him. He stated he did not receive a Kardex on 07/15/23 and 07/16/23. He said he could have asked for it, but he did not think about it. He stated the nurse was with him one or two times for R1's repositioning but he repositioned her by himself about five times. The facility's "Care Plan and Kardex Policy," not dated, directed the Kardex was printed by the charge nurse at the beginning of the shift and given to the CNAs. If a CNA was not given a Kardex, they looked up the Kardex for each individual resident. The facility's "Bed Mobility Policy," not dated, directed staff always followed the resident's interim/comprehensive care plan schedule and positioning instructions. The facility failed to ensure staff provided the adequate level of assistance required by R1 for bed mobility. This deficient practice placed R1 at risk for unwarranted physical complications.	F 677			