

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2023
NAME OF PROVIDER OR SUPPLIER SENIORCARE HOMES VINEYARD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 7611 W 98TH TERRACE OVERLAND PARK, KS 66212		
(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 represent the findings of a resurvey for the above named home plus facility conducted on 08/31/23.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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 26-42-202(a)(1) The facility reported a census of nine residents with three included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSA) for Residents (R) 1, R2, and R3 described the services provided based on their "Functional Capacity Screens" (FCS).	S5105		

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

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2023
NAME OF PROVIDER OR SUPPLIER SENIORCARE HOMES VINEYARD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 7611 W 98TH TERRACE OVERLAND PARK, KS 66212		
(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
S5105	Continued From page 1 Findings included: - Record review for R1 revealed an admission date of 07/13/21 with diagnoses of dementia and Parkinson's disease. The 03/29/23 "FCS" identified R1 was unable to perform management of treatments; had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties; was rarely or never understandable and sometimes understood during communication; and was marked for impaired decision-making. The 08/10/23 "NSA" failed to identify the services provided for management of treatments, cognitive difficulties, communication, and impaired decision-making. - Record review for R2 revealed an admission date of 12/07/22 with diagnoses of dementia and macular degeneration. The 12/07/22 "FCS" identified R2 was unable to perform management of treatments; and was marked for wandering. The 12/09/22 "NSA" failed to identify the services provided for management of treatments and wandering. - Record review for R3 revealed an admission date of 07/13/21 with a diagnosis of dementia. The 03/16/23 "FCS" identified R3 had short-term memory, memory/recall, and decision-making cognitive difficulties and was marked for impaired	S5105		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2023
NAME OF PROVIDER OR SUPPLIER SENIORCARE HOMES VINEYARD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 7611 W 98TH TERRACE OVERLAND PARK, KS 66212		
(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
S5105	Continued From page 2 decision-making. The 03/16/23 "NSA" failed to identify the services provided for cognitive difficulties and impaired decision-making. On 08/31/23 at 12:31 PM Administrative Nurse B confirmed R1, R2, and R3's "NSA's" failed to describe the services provided based on the "FCS's" The operator failed to ensure the "NSA" for R1. R2, and R3 described the services provided based on their "FCS."	S5105		