

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

PRINTED: 11/27/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/20/2023
NAME OF PROVIDER OR SUPPLIER VILLA ST JOSEPH			STREET ADDRESS, CITY, STATE, ZIP CODE 11901 ROSEWOOD OVERLAND PARK, KS 66209		
(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	F 000			
F 689 SS=G	The following citations represent the findings of complaint investigation #KS00183931. The 2567 was sent electronically on 11/27/23 Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility identified a census of 86 residents. The sample included one resident reviewed for accidents. Based on record review, interview, and observations, the facility failed to provide adequate assistance during transfer to prevent injury from avoidable accidents for Resident (R)1, who required assistance of one staff member with the use of a gait belt (belt used to help transfer or stabilize during activity) during transfers. As a result, R1 sustained a medial (towards the middle) and lateral (pertaining to the side, away from the middle) tibial (bone of the lower leg) plateau (an elevated and usually flat area) fracture as well as an associated fibular (one of the two bones of the lower leg) fracture and increased pain. Findings included: - R1's Electronic Medical Record (EMR), under	F 689			

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

TITLE

(X6) DATE

11/27/2023

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 689	Continued From page 1 the "Diagnosis" tab, recorded diagnoses of osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain), morbid obesity, pain in left hip, and hypertension (elevated blood pressure). The "Significant Change Minimum Data Set" (MDS) dated 01/11/23 documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. R1 required set up assistance with transfers and bed mobility. The "Activities of Daily Living (ADL) Care Area Assessment" (CAA) dated 01/11/23 documented R1 needed set up to limited assistance with dressing but needed more help with bed mobility and had a left enabler bar to help her. R1 was non ambulatory and transferred herself most of the time but had a history of falls and was encouraged to ask for help. The "Falls CAA" dated 01/11/23 documented R1 would sometimes ask for help and other times transferred herself and was non-ambulatory. R1 had a history of falls and was encouraged to ask for help. R1's fall risk assessment score was a six on a scale of one to nine, which indicated R1 was a high risk for falls. The "Quarterly MDS" dated 08/30/23 documented a BIMS score of 15 which indicated intact cognition. R1 required partial to moderate assistance from staff for transfers. R1's "Care Plan" for ADLs initiated on 01/24/23 documented R1 had left extremity weakness and needed assistance with daily ADL cares. R1 needed staff assistance with transfers using a gait belt. R1's "Care Plan" for falls directed staff to	F 689			

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F 689	Continued From page 2 the ADL care plan for mobility and transfer assistance directions. R1's "Care Plan" lacked any directives related to refusals to use the gait belt or directions for alternative safe transfers for R1 if she refused the gait belt. The "Fall Risk Faber Fall Risk Assessment" dated 06/19/23 documented R1 scored 25 which indicated moderate risk for falls. The "Nurse's Progress Note" dated 10/30/23 at 07:46 AM, correction/addendum dated 11/06/23 at 06:24 AM, documented R1 had a witnessed fall from the bed to the wheelchair, while being assisted by Certified Nurse Aide (CNA) M. R1 stated she stood too long before moving to the wheelchair and her knees started to buckle. CNA M assisted R1 to sit on the floor. R1 sat on the floor, her right hand holding the wheelchair arm rest, and her left hand on the bed rail. R1's back leaned against the bed. R1 reported that her leg bent when she sat down. R1 stated she had pain in her left knee and requested pain medication. Staff assessed R1 for injuries with none noted; there was no swelling, bruising, lacerations, or skin tears, no limb shortening or abduction (the movement of a limb or other part away from the midline of the body). Active range of motion (AROM) was present with no limitations. The "Physician Communication Note" dated 10/30/23 at 11:43 AM documented a new order for a two-view X-ray to the left knee, related to the fall. R1's "X-ray Report" dated 10/30/23 documented R1 had no fracture or prominent degenerative			F 689			

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F 689	Continued From page 3 changes noted. The "Nurse's Progress Note" dated 10/31/23 at 03:23 AM documented R1 had pain eight out of ten to her left knee two times on the night shift. R1 received her as needed pain medication, which was effective. The "Physician Communication Note" dated 10/31/23 at 11:13 AM documented an order for a venous doppler (a diagnostic test used to check the circulation in the large veins in the legs or arms) to R1's left lower extremity due to pain at the calf area. The "Fall Documentation Note" dated 10/31/23 at 11:14 AM documented R1 was anxious with cares, which was a noted change from R1's baseline. R1 had anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) related to the new onset of pain to her left lower extremity. R1 had full range of motion with no difference noted between both sides of R1's body. R1 made statements of pain with range of motion. The "Follow Up Note" dated 11/01/23 at 05:46 PM documented R1 denied pain with range of motion and continued to have no injuries noted from the previous fall. The fall interventions for R1 included physical therapy and occupational therapy related to R1's fall. The "Nurse's Progress Note" dated 11/02/23 at 05:00 AM documented at 03:30 PM R1 transferred to the hospital due to pain, discoloration, and swelling on her left leg. R1's "Progress Notes" reviewed from 09/01/23 to	F 689			

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F 689	Continued From page 4 11/20/23 lacked documentation indicating staff offered R1 a gait belt, that R1 refused to wear a gait belt, or that staff educated R1 on the risk of not wearing a gait belt or following R1's care plan. Review of the hospital "Readmission Packet" dated 11/03/23 documented multiple views of the left knee demonstrated a medial and lateral tibial plateau fracture as well as an associated fibular neck fracture. R1 also had significant osteoarthritis of the left knee. The "Notarized Witness Statement" dated 11/08/23 signed by Administrative Nurse D documented CNA M's interview on 11/03/23. CNA M stated R1 transferred from the bed to R1's wheelchair. CNA M noted during the transfer, R1's legs buckled, and CNA M assisted R1 to the floor. CNA M then proceeded to get Licensed Nurse (LN) G. The "Notarized Witness Statement" dated 11/08/23 by LN G documented that on 10/30/23 CNA M summoned LN G to R1's room. CNA M stated R1 was assisted to sit on the floor. LN G stated that upon entering the room, R1 sat on the floor with her back against the bed. R1 had her right hand holding her wheelchair arm and her left hand on the bed rail. R1 stated she had stood too long before moving to the wheelchair and her knees buckled. R1 complained of pain on the left knee and stated her leg bent when she sat down. LN G documented R1 had no swelling, bruising, lacerations, or skin tears. Staff assisted R1 to bed using a Hoyer (total body mechanical lift) lift with four staff members. The facility investigation and witness statements lacked documentation that staff offered R1 a gait	F 689			

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F 689	Continued From page 5 belt or that R1 refused to wear a gait belt. On 11/20/23 at 12:43 PM R1 sat in her wheelchair with her left leg raised on the wheelchair pedal; she had a blanket draped on her lap covering her left leg. R1 stated the day that she fell, staff stood behind her wheelchair to hold it in place while R1 pulled herself to a standing position and attempted to pivot into her wheelchair. R1 stated she was not wearing a gait belt and that staff were behind her wheelchair. R1 stated when she attempted to step and then pivot, she stepped too wide and placed too much weight on her left leg, which gave way and buckled. R1 said she sat onto her left leg, and it was underneath her with the right leg out in front of her. R1 revealed that she attempted to lean to her right and straighten her left leg but was unable to and there was a lot of pain when she attempted this. R1 further stated that after the fall happened, she had pain in her left knee constantly. The pain medication helped but the pain never left completely. On 11/20/23 at 01:50 PM CNA N stated prior to the fall, R1 would stand and pivot for transfers. CNA N revealed that R1 allowed her to use a gait belt when she assisted R1 with transfers. CNA N further revealed that CNA N learned of R1's transfer assistance through verbal report at the start of CNA N's shift. CNA N stated that if a resident's level of assistance with transfers was unknown, she would speak to the charge nurse assigned to the hall she was working. On 11/20/23 at 01:58 PM LN H stated prior to the fall with the fracture, R1 transferred with assistance of one staff member with the gait belt. LN H revealed R1, at times, refused to use the gait belt but would also ask that a gait belt be	F 689			

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F 689	Continued From page 6 used. LN H further revealed if there were questions on a resident's level of assistance with transfers, LN H looked in the care plan. LN H stated that if a CNA asked how a resident was cared for, LN H would print out that resident's care plan for the CNA to reference. On 11/20/23 at 02:40 PM Administrative Nurse D stated R1's fall investigation revealed the care plan was not followed. Administrative Nurse D further stated therapy was consulted regarding R1's transfers and the therapy department noted R1 refused to use the gait belt. Administrative Nurse D revealed when a resident chose not to use the gait belt, it made it hard for the nursing staff to do their jobs, but that was the resident's preference. Administrative Nurse D acknowledged the care plan did not indicate R1 refused to use the gait belt, or that R1's care plan included an alternative way to safely transfer R1. The Facility "Falls Prevention Policy" revised 07/2023 documented the purposes of this policy was to provide an environment that is free from accidental hazards, over which there is control, and provide supervision and interventions to residents to prevent avoidable accidents. The facility failed to follow R1's care plan for transfers which resulted in a fall. R1 sustained a fractured tibia and fibula as a result of the deficient practice.	F 689			