

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

PRINTED: 11/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175550	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/20/2023
NAME OF PROVIDER OR SUPPLIER SHAWNEE POST ACUTE REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7600 ANTIOCH ROAD OVERLAND PARK, KS 66204		
(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 585 SS=D	The following citations represent the findings of complaint investigation #KS00184114. The 2567 was sent electronically on 11/28/23. Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the	F 585			

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

TITLE

(X6) DATE

11/28/2023

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 585	Continued From page 1 facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions	F 585			

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F 585	Continued From page 2 include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: The facility reported a census of 79 residents. The sample included three residents reviewed for grievances. Based on record review, observations, and interviews, the facility failed to log grievances received from or about Resident (R) 1 and failed to record actions taken and provide a resolution to the resident and/or representatives regarding the grievances. This deficient practice placed the resident at risk for unresolved grievances and decreased quality of care. Findings include: - R1's Electronic Medical Record (EMR), under the "Diagnosis" tab, listed diagnoses of chronic	F 585			

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F 585	Continued From page 3 congestive heart failure (a progressive heart disease that affects pumping action of the heart muscles. This causes fatigue, shortness of breath); cognitive communication deficit (communication problems that have an underlying cause in a cognitive deficit- like from a stroke); generalized anxiety (a condition with exaggerated tension, worrying, and nervousness about daily life events), and depression (a mental state of low mood and aversion to activity). The "Quarterly Minimum Data Set" (MDS) dated 09/29/23 documented R1 had a Brief Interview for Mental Status score of 15 which indicated R1's cognition was intact. The MDS documented R1's mood score was eight indicating depression. R1 was mostly independent or required only supervision with most activities of daily living (ADL). R1's "Care Plan" revised 11/01/23 recorded R1 was at risk for impaired cognitive function related to confusion at times and directed staff to keep R1's routine consistent and try to provide consistent care givers as much as possible in order to decrease confusion. The plan documented social services provided psychosocial support as needed. The plan recorded R1 had a potential mood problem related to diagnoses of depression and anxiety and medications were used. It directed staff to assist the resident to identify strengths, provide positive coping skills and reinforce these. It further directed to encourage R1 to express feelings, offer support and reassurance, anticipate and meet R1's needs and assist R1 to develop appropriate methods of coping and interacting. The care plan noted R1 would, at times, make threats to call staff, obsess	F 585			

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F 585	Continued From page 4 regarding health concerns, and fixate on past concerns that were resolved. Review of the "Psychology Services Note" dated 11/6/23 and 11/13/23 located in the EMR under the "Misc." tab, recorded R1 had a depressed, angry mood, and documented R1 had a negative interaction with a staff member. Review of the "Psychology Services Note" dated 11/20/23 R1 had a depressed, angry mood, and discussed an issue R1 was having with facility staff but did not feel she was believed (by staff). R1 and psychology services discussed appropriate staff advocacy to conflict resolution. Review of the facility "Grievance Log" for October and November 2023 lacked documentation of any concerns and/or complaints expressed by the resident. On 11/20/23 at 01:07 P.M. R1 sat on the side of her bed. R1 complained of her shower water temperature and pressure being too low and explained there was a staff member that she did not want to assist her. R1 explained there was a previous incident with the same staff member and the former administrative staff knew this; the staff member was reassigned to a different unit. R1 accused the staff member of entering her room in the early morning recently to "empty her commode" and stated the staff member said, "cover yourself, I can see your lady parts." R1 stated she did not want that staff fired, just wanted the staff member not to work in her area. She said she did not want to see that staff again. R1 stated she left some voice messages on Administrative Staff A's office phone but had not received any response.	F 585			

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F 585	Continued From page 5 On 11/20/23, over the course of several interviews which concluded around 02:00 P.M. Administrative Staff A denied having received any complaint, grievance, or concern from R1 regarding a staff member being inappropriate. Administrative Staff A acknowledged he received a letter a couple of weeks ago from R1's case manager regarding R1's concern with the shower water temperature and pressure, and stated the facility began an investigation and provided educations. Administrator A stated the resident recently verbalized grievances regarding being able to display her cat decorations at the nursing station and wanting reimbursed for a bed mattress which she purchased and believed the facility destroyed or discarded. Administrative Staff A stated he was also aware that R1 wanted reimbursed for a cell phone she purchased and her complaints that staff were unable to read. The facilities policy titled 'Resident Rights and Grievances' revised 11/23/2016 documented, It is the policy of this facility to establish a grievance process to address resident concerns without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and other residents; and other concerns regarding their facility stay, Make prompt efforts to resolve grievances the resident may have. The facility failed to log known grievances for R1 and failed to take action to alleviate concerns and provide resolution to R1 and/or her representatives. This deficient practice placed the resident at risk for unresolved grievances and decreased quality of care.	F 585			

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