

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

PRINTED: 12/28/2023
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 R-C 12/27/2023
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}	The following citations represent the findings of a Non-Compliance Revisit conducted on 12/27/23. The 2567 was sent electronically on 12/28/23. 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 with ten reviewed for accidents. Based on observations, record review, and interviews, the facility failed to assess Resident (R)1's ability to safely use an electric lift chair resulting in a fall requiring emergency treatment. This deficient practice placed R1 at risk for preventable falls and injuries. Findings included: - The "Medical Diagnosis" section within R1's Electronic Medical Records (EMR) included diagnoses of encephalopathy (inflammatory condition of the brain), rheumatoid arthritis (chronic inflammatory disease that affected joints and other organ systems), osteoporosis (abnormal loss of bone density and deterioration of bone tissue with an increased fracture risk), congestive heart failure (CHF-a condition with low	{F 689}			

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

TITLE

(X6) DATE

12/28/2023

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 689}	Continued From page 1 heart output and the body becomes congested with fluid), and cardiomyopathy (heart disease). A review of R1's "Quarterly Minimum Data Set (MDS)" completed 12/06/23 noted a Brief Interview for Mental Status (BIMS) score of nine indicating moderate cognitive impairment. The MDS indicated she was dependent on staff for sit to stand, chair/bed, toilet, and shower transfers. The MDS indicated she had no falls. R1's "Cognitive Loss Care Area Assessment" completed 07/07/23 indicated she had a BIMS of six with severe cognitive impairment. R1's "Fall CAA" completed 07/07/23 indicated she was at risk for falls related to her severe cognitive impairment, medications, and medical diagnoses. The CAA indicated she had no falls since her admission. The CAA documented staff encouraged her use her call light for assistance . R1's "Care Plan" dated 06/26/23 noted she had a history of falls related to lower extremity weakness. The plan instructed staff to keep her room free from clutter, provide adequate lighting, and ensure her bed was kept at the appropriate height. The plan noted she had lower extremity weakness and required assistance with her activities of daily living (ADLs). The plan noted she required assistance from two staff for transfers using a Sit-to-stand lift (mechanical lift). The plan noted she preferred to sleep in her recliner. R1's EMR recorded a "Nurse's Progress Note" dated 12/21/23 indicating she was found by staff on the floor of her room at 01:45AM on 12/21/23. The note indicated R1 informed staff she fell out	{F 689}			

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{F 689}	Continued From page 2 of her electric chair and could not reach her call light after she fell. The note indicated the chair was in the upright high position. The note indicated R1 complained of severe back, hip, and pelvic pain. The note indicated she was sent out for acute care facility for treatment and admitted to the acute care facility for fluid overload from her lower extremity edema (swelling). R1's EMR revealed she readmitted to the facility on 12/23/23 with no major injuries from her fall. R1's EMR lacked evidence the facility assessed for safe usage or risks for R1's electric chair in her room. The facility was unable to provide documentation showing R1 was assessed for safe use of the electric lift-chair prior to 12/27/23. R1's EMR revealed an "Interdisciplinary Therapy Note" completed by 12/27/2023 at 02:26PM which indicated a therapy evaluation was completed related to R1's ability to use her electric chair safely. The evaluation noted therapy recommended R1 not use the chair independently due to severe cognitive impairments. The therapy evaluation indicated she had deficits related cause/effect, directional concepts between up/down, and judgements related to her physical abilities. The evaluation indicated use of the mechanically assisted power chair put her at risk for falls and accidents. On 12/27/23 at 01:23PM an inspection was completed of R1's room. R1's grey electric lift chair sat in her room next to her bed. The remote control was still active and functioning. On 12/27/23 at 02:03PM Certified Nurse's Aid (CNA) M stated R1 preferred to sleep in her chair	{F 689}			

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{F 689}	Continued From page 3 and had no previous falls. She stated R1 knew how to use her call light and the controls to the chair. She stated R1 would often call before moving herself out of the chair. She stated R1's call light was always within reach. On 12/27/23 at 02:03PM Licensed Nurse G stated R1 had a history of falls but never from her chair. He stated R1 required the assistance of two staff and a Sit-to-stand lift for transfers but would always call before attempting to move herself. He stated she was always able to use the controls without concerns. He stated the chair was not removed from her room. On 12/27/23 at 02:30PM Administrative Nurse D stated the facility was unable to locate any safety/risk assessment documentation related to R1's electric lift-chair. She stated R1 had the electric lift- chair since her admission (06/26/23) but had not any safety concerns or falls until recently. She stated R1's family brought the electric lift-chair in for her to sleep on. She stated the therapy department completed the devices assessments. The facility "Fall Prevention" policy revised 07/2023 indicated the facility will identify and assess residents at risk for potential falls, accidents, and hazards. The policy noted the facility is to provide an environment that is free from accidents/hazards and prevent potential falls and injuries. The policy noted each resident would be evaluated by licensed staff to provide interdisciplinary treatment and interventions to ensure each residents safety. The facility failed to ensure R1 could safely maneuver the controls of her electric lift chair resulting in a fall requiring evaluation at an	{F 689}			

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{F 689}	Continued From page 4 emergency care facility. This deficient practice placed R1 at risk for preventable fall and injuries.	{F 689}			