

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

PRINTED: 02/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2024
NAME OF PROVIDER OR SUPPLIER ADVANCED HEALTH CARE OF OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 4700 INDIAN CREEK PARKWAY OVERLAND PARK, KS 66207		
(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 602 SS=G	The following citations represent the findings of complaint investigation #KS00185283. The 2567 was sent electronically on 02/13/24. Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: The facility identified a census of 37 residents. The sample included three residents reviewed for misappropriation of property. Based on observations, record review, and interviews, the facility failed to ensure Resident (R) 1 remained free from misappropriation of property when his checks were stolen from his room and then cashed. This deficient practice caused R1 to feel anger and frustration as he blamed himself for the misappropriation of his funds while he was a resident in the facility. This failure further placed R1 at risk for further misappropriation of funds and a continued decline in psychosocial well-being. Findings included: - R1 admitted to the facility on 11/21/23.	F 602			

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

TITLE

(X6) DATE

02/13/2024

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.

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

PRINTED: 02/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2024
NAME OF PROVIDER OR SUPPLIER ADVANCED HEALTH CARE OF OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 4700 INDIAN CREEK PARKWAY OVERLAND PARK, KS 66207		
(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 602	Continued From page 1 R1's Electronic Medical Record (EMR) documented a diagnosis of metabolic encephalopathy (a condition in which brain function is disturbed either temporarily or permanently due to different diseases or toxins in the body). The "Admission Minimum Data Set (MDS)" dated 11/27/23, documented R1 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated intact cognition. The "Cognitive Loss/Dementia Care Area Assessment (CAA)" dated 12/04/23, documented R1 had a BIMS of 13 and had forgetfulness. R1's "Care Plan," dated 12/07/23, documented R1 was identified with an alteration in thought process related to short-term and long-term memory deficits. The care plan directed staff not to re-arrange R1's personal belongings in his room, except for safety, and staff encouraged R1 to express concerns or questions as needed. The facility's investigative report, dated 01/25/24, documented R1's representative reported to Administrative Staff A on 01/17/24 at 03:20 PM that R1 had multiple checks missing from his checkbook. The bank reported a fraudulent check was cashed for approximately \$1,200.00 and a second check was attempted to be cashed but the bank caught it. R1's representative reported a total of eight checks were missing. R1's representative closed the account and took the remaining checks home. Administrative Staff A called the police on 01/17/24 at 03:24 PM. The facility interviewed R1, and he had no leads on who took the checks. The facility interviewed staff and found no leads. The checks were taken	F 602			

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

PRINTED: 02/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2024
NAME OF PROVIDER OR SUPPLIER ADVANCED HEALTH CARE OF OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 4700 INDIAN CREEK PARKWAY OVERLAND PARK, KS 66207		
(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 602	Continued From page 2 within a 17-day period. The facility reviewed agency staff names and none of those names matched the person to whom the check was written out. The facility's corrective actions include making new residents aware of available lock boxes. Administrative Staff A's notarized "Witness Statement" dated 01/24/24 stated he interviewed R1 about who stole the checks. R1 stated that he had no suspects and could not believe any of the staff who cared for him could have done such a thing. Administrative Staff A stated he asked R1 if he had any idea who could have taken the checks and R1 said no. Administrative Staff A first became aware of stolen checks from R1's representative on 01/17/24 when he was told checks were missing and their bank identified that two checks had been attempted to be cashed. Administrative Staff A stated the bank reported that one check was actually cashed for \$1,200.00 and the memo line stated transmission repairs. R1's representative took the checkbook and closed the account. Administrative Staff A stated he spoke with the detective and informed them the facility did not know the person the check was written out to. Upon request, the facility was unable to provide an inventory log of R1's belongings. On 01/31/24 at 12:16 PM, R1 sat in his bed and ate watermelon. He stated he did not write any checks to anyone, and nobody had asked for any checks. R1 stated he left his checkbook on the table in his room. He stated the facility did not complete an inventory of his stuff on admission and he was not offered a lock box. R1 stated the situation bothered him and he said he blamed	F 602			

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

PRINTED: 02/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2024
NAME OF PROVIDER OR SUPPLIER ADVANCED HEALTH CARE OF OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 4700 INDIAN CREEK PARKWAY OVERLAND PARK, KS 66207		
(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 602	Continued From page 3 himself. He stated it made him mad and it sometimes felt like he was on his own in the facility. On 01/31/24 at 12:46 PM, Administrative Nurse D stated R1 did not have an inventory log. On 01/31/24 at 12:47 PM, Certified Nurse Aide (CNA) M stated when a resident was admitted, she readied the room and then helped the resident get situated. She stated she helped the resident unpack and the admissions nurse took it from there. CNA M stated if she found a wallet, checkbook, or money, she gave it to the resident or told them it was in their bag. She stated normally, wallets or money were kept where nobody got into like the top drawer of their bedside table. CNA M stated she was not sure if there was a lock box for residents to use. On 01/31/24 at 12:55 PM, CNA N stated she did not like to dig through a resident's personal items, but she asked if they had any valuables. She stated they had a checklist where she marked down if they had dentures, hearing aids, or a ring. CNA N stated if a resident had a wallet, checkbook, or cash, she told them to put them somewhere safe. She stated sometimes a resident asked for a lock box, but it was not offered unless they asked for one. On 01/31/24 at 01:03 PM, CNA O stated she saw R1's checkbook several times and told him to keep it in his zip-up folder. She stated she saw it on his counter and on his bedside table but would tell him to put it away. CNA O stated the admissions nurse did the inventory, not the CNAs.	F 602			

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

PRINTED: 02/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2024
NAME OF PROVIDER OR SUPPLIER ADVANCED HEALTH CARE OF OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 4700 INDIAN CREEK PARKWAY OVERLAND PARK, KS 66207		
(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 602	Continued From page 4 On 01/31/24 at 01:15 PM, Administrative Nurse E stated if a resident came in with valuables, the facility had cases they could offer to lock the valuables in. She stated the facility did not do a typical inventory unless the resident asked for one, but they did offer to lock up expensive items. On 01/31/24 at 01:17 PM, Licensed Nurse (LN) G stated when a resident was admitted, the CNA put their clothes up and the floor nurse completed their portion of the admission, but the facility had an admissions nurse. She stated if a resident had valuables, they asked the family if they could take them home. LN G stated if there were valuables, the resident was referred to Administrative Staff A for a lockbox. On 01/31/24 at 01:21 PM, LN H stated on admission, there was a printout for the resident's inventory which included clothing and belongings. She stated if the resident had cash or a purse, she asked if the family could take it home or ask Administrative Staff A to lock it up. LN H stated she did not normally ask a resident if they had valuables unless it was listed on the checklist, and she was not sure if the facility had lock boxes. On 01/31/24 at 01:24 PM, Administrative Nurse F stated during a resident's admission to the facility, she went over mealtimes, transportation, therapy times, laundry, and beauty salon. She stated there used to be an inventory in the admissions packet for big items like computers, cell phones, or chargers and she told the resident they could keep it for a running list, or it was placed in the chart. Administrative Nurse F stated the facility did not have enough lockboxes for all the residents. She stated she asked residents on	F 602			

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

PRINTED: 02/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2024
NAME OF PROVIDER OR SUPPLIER ADVANCED HEALTH CARE OF OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 4700 INDIAN CREEK PARKWAY OVERLAND PARK, KS 66207		
(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 602	Continued From page 5 admission if there were any valuables that they wanted to lock up. On 01/31/24 at 01:42 PM, Administrative Nurse D stated Administrative Staff A notified her that R1's representative reported some checks were missing but was not sure when they went missing. She stated R1's representative thought the last time R1 wrote a check was 12/31/23. She stated she never saw any checks in R1's room. Administrative Nurse D stated the facility had security boxes they offered to residents. She stated the facility did not do an inventory when residents were admitted because they were there short-term. Administrative Nurse D stated residents were usually admitted from the hospital and did not have a lot of belongings; the family brought items in. She stated if a resident said they had valuables, the resident was offered a security box. She stated the facility kept residents safe from misappropriation by completing background checks on staff and discussing resident rights with staff. Administrative Nurse D stated R1 was almost always in his room and did not leave his room very often. On 01/31/24 at 01:59 PM, Administrative Staff A stated R1's representative notified him on 01/17/24 that one fraudulent check was cashed, and another had been attempted. He stated he called the police and R1's representative believed there were eight checks missing. He stated the facility had safes the residents could use, and Administrative Staff F made residents aware of the lock boxes on admission. Administrative Staff A stated he expected his staff to report if they saw something that could be unsafe. He stated R1 did not want things locked up or want people to mess with his items. Administrative Staff A stated	F 602			

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

PRINTED: 02/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2024
NAME OF PROVIDER OR SUPPLIER ADVANCED HEALTH CARE OF OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 4700 INDIAN CREEK PARKWAY OVERLAND PARK, KS 66207		
(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 602	Continued From page 6 residents chose if they wanted to do an inventory. The facility's "Abuse Policy and Procedure," not dated, directed all residents had the right to be free from any form of verbal, sexual, physical, and mental abuse, mistreatment, neglect, misappropriation, exploitation, or deprivation of goods and/or services including theft of personal belongings or monies. The policy directed patients were not subjected to abuse by anyone including staff, other patients, consultants or volunteers, contract employees or staff from other agencies, family members or legal guardians, friends, or other individuals. The facility failed to ensure R1 remained free from misappropriation of property when he had checks stolen from his room at the facility which were then cashed for approximately \$1,200.00. This deficient practice caused R1 to feel mad and frustrated as he blamed himself for the misappropriation of his funds while he was a resident. This failure further placed R1 at risk for further misappropriation of funds and a decline in psychosocial well-being.	F 602			