

Kansas Department on Aging

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>B105138</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/18/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>JOHNSONVILLE CARE HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2213 N 22ND ST<br/>KANSAS CITY, KS 66104</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| S 000                                                             | INITIAL COMMENTS<br><br>The following citations represent the findings of a<br>resurvey with a complaint 185156 at the above<br>named Home Plus conducted on 01/17/24 and<br>01/18/24.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S 000                                                                                    |                                                                                                                          |                                                        |
| S5055<br>SS=F                                                     | 26-42-101 (I) Survey Report<br><br>I) Survey report and plan of correction. Each<br>administrator or operator shall ensure that a<br>copy of the most recent survey report and plan of<br>correction is available in a common area to<br>residents and any other individuals wishing to<br>examine survey results.<br><br>This REQUIREMENT is not met as evidenced<br>by:<br>KAR 26-42-101 (I)<br><br>The facility reported a census of four residents.<br>Based on observation and interview the facility<br>failed to ensure a copy of the most recent survey<br>report was made available in a common area for<br>residents and any other individuals to examine.<br><br>Findings included:<br><br>- On 01/17/24 at 01:31 PM during the initial tour<br>the "State Survey Notebook" was not located in a<br>common area.<br><br>On 01/17/24 at 01:31 PM Administrative Staff A<br>provided the state survey notebook for review,<br>but it did not include the most recent survey<br>results. Administrative Staff A stated she would<br>have to check her emails and print a copy. | S5055                                                                                    |                                                                                                                          |                                                        |

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

TITLE

(X6) DATE

Kansas Department on Aging

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| S5055                                                             | Continued From page 1<br><br>The operator failed to ensure a copy of the most recent survey results was available in a common area for residents and any other individuals wishing to examine them.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S5055                                                                                    |                                                                                                                          |                                                        |
| S5105<br>SS=D                                                     | 26-42-202 (a) Negotiated Service Agreement<br><br>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:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-202(a)(1)<br><br>The facility reported a census of nine residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for resident (R)102. | S5105                                                                                    |                                                                                                                          |                                                        |

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| S5105                                                             | Continued From page 2<br><br>Findings included:<br><br>- R102's medical record revealed the resident moved into the facility on 02/05/18 with a diagnosis of cognitive impairment.<br><br>The 02/05/23 FCS identified R102 had difficulty with both short-term and long-term memory, memory recall and decision-making, impaired communication and triggered for falls/unsteadiness.<br><br>The 02/05/23 NSA did not address R102's impaired cognition and speech or falls/unsteadiness.<br><br>On 01/18/24 at 10:25 AM Administrative Staff A stated she expected the NSA to address all that triggered on R102's FCS.<br><br>The operator failed to ensure R102's NSA was fully developed to include all items that triggered in the FCS. | S5105                                                                                    |                                                                                                                          |                                                        |
| S5161<br>SS=E                                                     | 26-42-204 (d) Health Care Services<br><br>(d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-204(d)                                                                                                                                                                                                                                                                                                                                                                                                            | S5161                                                                                    |                                                                                                                          |                                                        |

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| S5161                                                             | <p>Continued From page 3</p> <p>The facility reported a census of four residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the licensed nurse responsible for the implementation and supervision of the health care services plan for resident (R)101 and R102.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R101's medical record revealed she moved into the facility on 10/09/23.</li> </ul> <p>The 10/09/23 "Functional Capacity Screen" (FCS) identified R101 required physical assistance with bathing.</p> <p>The 10/09/23 NSA did not identify the nurse responsible for the implementation and supervision of the health services plan.</p> <p>On 01/18/24 at 10:34 AM Administrative Staff A acknowledged the nurse responsible for the implementation and supervision of the health service plan was not identified on R101's NSA.</p> <p>The operator failed to ensure the NSA was updated to identify the licensed nurse responsible for the implementation and supervision of the health care services plan for R101.</p> <ul style="list-style-type: none"> <li>- R102's medical record revealed she moved into the facility on 02/05/18.</li> </ul> <p>The 02/05/23 FCS identified R102 required</p> | S5161                                                                                    |                                                                                                                          |                                                        |

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| S5161                                                             | <p>Continued From page 4</p> <p>health services.</p> <p>The 02/05/23 NSA identified Licensed Nurse (LN) B as the nurse responsible for the implementation and supervision of the health care services plan. The NSA was not updated to show that LN C was the new nurse responsible for the implementation and supervision of the health care services plan.</p> <p>On 01/18/24 at 10:25 AM Administrative Staff A stated R102's NSA was not updated to show the new nurse responsible for the implementation and supervision of the health care services plan.</p> <p>The operator failed to ensure the NSA was updated to identify the new licensed nurse responsible for the implementation and supervision of the health care services plan for R102.</p> | S5161                                                                                    |                                                                                                                          |                                                        |