

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER THE COTTAGES AT SHAWNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 13509 W 67TH STREET SHAWNEE, KS 66216		
(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) COMPLETE DATE
S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named home plus conducted on 02/12/24 and 02/13/24.	S 000		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) The facility reported a census of 11 residents with three residents included in the sample. Based on interview and record review the administrator failed to obtain signatures of each individual involved in the development of the "Negotiated Service Agreements" (NSA) for Resident (R) 3. Findings included: - Record review for R3 revealed an admission date of 12/01/21 with a diagnosis of neurocognitive disorder with Lewy bodies. The 10/01/23 "Functional Capacity Screen" (FCS) identified R3 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, eating, and management of	S5126		

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

TITLE

(X6) DATE

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S5126	Continued From page 1 medications and treatments; was incontinent of bladder; had short-term and long term memory, memory/recall, and decision making cognitive difficulties; was rarely or never understandable and rarely or never understood others during communication; and was marked for impaired vision. The 10/01/23 "NSA" directed facility staff to provide R3 total assistance of two staff with bathing, dressing, toileting, and transfers; staff assist with walking and mobility with a wheelchair; staff assist with eating; staff provide management of medications and treatments; staff assist with peri care for bladder incontinence; he lived in a secured facility for cognitive difficulties; staff were to observe for facial expressions and body movements for communication. Impaired vision was not addressed on the "NSA." R3's "NSA" lacked evidence of documentation of each individual's signature involved in the development of the "NSA." On 02/13/24 at 11:42 AM Administrative Nurse A confirmed R3's record lacked evidence of documentation of each individual's signature involved in the development of the "NSA." The facility's undated "Negotiated Service Agreement" documented the agreement would be signed by each individual participating in the formulation of the agreement. The operator failed to obtain signatures of each individual involved in the development of the "NSAs" for R3.	S5126		