

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/12/2024
NAME OF PROVIDER OR SUPPLIER HILLSIDE VILLAGE OF DE SOTO		STREET ADDRESS, CITY, STATE, ZIP CODE 33600 WEST 85TH STREET DE SOTO, KS 66018		
(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 citations represent the findings of a resurvey with a complaint #181601 at the above named Assisted Living conducted on 03/12/24.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: 3085 KAR 26-41-202(a)(1) The facility reported a census of 22 residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully	S3085		

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

TITLE

(X6) DATE

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S3085	Continued From page 1 developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences for resident (R)101, R102 and R103. Findings included: - R101's medical record revealed she moved into the facility on 03/24/21. The 03/21/23 FCS identified R101 required assistance with management of treatments. The 08/15/23 NSA did not address how staff assisted R101 with management of treatments. On 03/12/24 at 03:53 PM Administrative Nurse A confirmed R101's NSA did not address management of treatments. The administrator failed to ensure R101's NSA was fully developed to include all items that triggered on the FCS, his service needs, and preferences. - R102's medical record revealed she moved into the facility on 05/04/23. The 05/04/23 FCS identified R102 required assistance with management of treatments. The 05/04/23 NSA did not address how staff assisted R102 with management of treatments. On 03/12/24 at 03:34 PM Administrative Nurse A confirmed R102's NSA did not address management of medical treatments.	S3085		

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S3085	Continued From page 2 The administrator failed to ensure R102's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences. - R103's medical record revealed she moved into the facility on 04/27/17. The 12/01/23 FCS identified R103 required assistance with management of treatments. The 12/01/23 NSA did not address how staff assisted R103 with management of treatments. On 03/12/24 at 03:34 PM Administrative Nurse A confirmed R103's NSA did not address management of medical treatments. The administrator failed to ensure R103's NSA was fully developed to include all items that triggered on the FCS, her service needs, and preferences.	S3085		