

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER MAGGIE'S PLACE AT COLONIAL VILLAGE BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 12640 W 137TH ST OVERLAND PARK, KS 66221		
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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 189327, 187950, and 173139 for the above named facility conducted on 07/24/24 and 07/25/24.	S 000		
S5026 SS=F	26-42-101 (f) (1) Staff Treatment of residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-101 (f)(1) (B) The facility reported a census of 10 residents. The sample included 11 residents who were in the home on 05/18/24. Based on interview and record review the Operator failed to ensure the 11 residents were not subjected to neglect when "Certified Medication Aide" (CMA) G went on a break and the "Certified Nurse Aide" (CNA) knowingly left the facility leaving the residents without a caregiver in the home for approximately 15 minutes on 05/18/24. Findings included:	S5026		

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

TITLE

(X6) DATE

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S5026	Continued From page 1 Review of the facility provided resident roster for 05/18/24 revealed there were 11 residents in the home with one resident who was on hospice services. Review of the facility provided report to the department revealed the following timeline for 05/18/24: At 05:55 PM CMA G exited the home to go on break. At 06:19 PM CNA F exited the home. At 06:21 PM CNA F texted CMA H /facility scheduler "I quit" At 06:23 PM CMA H/facility scheduler texted Operator A stating that CNA "walked out". At 06:34 CMA G entered the home Interview with Operator A and CMA H/facility scheduler on 07/24/at 01:30 PM revealed the following: CMA H/ facility scheduler stated she received the text from CNA F at 06:21 PM and did not see the text message on her phone until 06:30PM. CMA H/facility scheduler responded to CNA F at 06:31 to leave her door access device with the evening concierge on her way out. CMA H/Facility scheduler continued that she was unaware that CNA F had left the home at the time of the text message at 06:21 PM. CMA H/facility scheduler stated the first time she was aware that CNA F had left the facility was when CNA F texted her at 06:46 PM that CNA F would "bring it back".	S5026		

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S5026	Continued From page 2 CMA H/facility scheduler stated she knew that CNA F wanted to leave and that she was calling agency staff and trying to find a replacement for CNA F so that CNA F could leave the home. Review of the facility provided signed and notarized witness statement dated 05/20/24 from CMA G revealed that CNA F told CMA G she would take her break at 07:00 PM. CMA G wrote he decided to take his break first and that he notified CNA F that he was leaving the facility. CMA G continued that when he came back from break, he started passing the evening medications and "in the process" he realized that CNA F was not in the home when he wanted assistance with one of the residents. Record review of the facility provided employee handbook revised on 10/2022 revealed on page 54 under the section titled "Workplace Rules, Team Member Conduct, and Compliance" the following: "All team members must abide by certain rules of conduct based on honesty, common sense and fair play." "Unacceptable conduct may subject the offender to disciplinary action, up to and including termination, in the community's sol discretion." "The following are examples of some behaviors or misconduct which can be considered unacceptable in the workplace: resident abuse, neglect, mistreatment, or exploitation, insubordination, and failing to follow safe working practices or failing to notify a leader of an unsafe working condition." Review of the facility provided document titled "Assisted Living Contract Memory Care" revealed on page 4 under the section titled "Items included in monthly rent" letter (b) "specially trained dementia-care specialists available on site	S5026		

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S5026	Continued From page 3 twenty-four (24) hours a day seven (7) days a week." The Operator failed to ensure the 11 residents were not subjected to neglect when "Certified Medication Aide" (CMA) G went on a break and the "Certified Nurse Aide" (CNA) knowingly left the facility leaving the residents without a caregiver in the home for approximately 15 minutes on 05/18/24.	S5026		
S5161 SS=E	26-42-204 (d) Health Care Services (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. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-204 (d) The facility reported a census of 7 residents. The sample included 3 "Residents" (R)'s 1, 2, and 3. Based on interview and record the Operator failed to ensure the "Negotiated Service Agreements" (NSA's) contained the name of the licensed nurse responsible for the supervision and implementation of the "Health Service Plan" for R1, R2, and R3. Findings included: - Record review for R1 revealed an admission date of 06/20/23 with diagnoses of dementia, unspecified atrial fibrillation and atrial flutter.	S5161		

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S5161	Continued From page 4 Review of R1's "Functional Capacity Screen" (FCS) dated 04/06/24 revealed R1 required physical assistance with bathing, dressing, and toileting. She required supervision with transferring, walking/mobility and eating. She lacked the ability to manage her own medications. She had impaired short-term memory, memory recall and decision making. She was sometimes able to make herself understood and she usually understood others. She was marked as having impaired decision making and used a walker mobility device. Review of R1's NSA dated 01/19/24 revealed the facility would provide the following health services: reminders with mobility and transferring, and assistance with bathing toileting, dressing and management of her medications and medical treatments. In the section titled "Signatures" "00. Name and Title of the person responsible for implementing and coordinating Plan of Care" lacked the name of the nurse responsible. - Record review for R2 revealed an admission date of 09/16/23 with diagnoses of Dementia, atherosclerotic heart disease, atrial fibrillation and atrial flutter, and major depressive disorder. Review of R2's FCS dated 01/19/24 revealed R2 required physical assistance with bathing, dressing, toileting, and supervision with transferring, and walking/mobility and eating. She lacked the ability to manage her own medications. She had impaired short-term memory, long-term memory, memory recall and decision making. She was occasionally	S5161		

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S5161	Continued From page 5 incontinent, and she was usually able to make herself understood and she usually understood others. She was marked as having impaired vision and impaired decision making. Review of R2's NSA dated 01/20/24 revealed the facility would provide the following health services: reminders with mobility, transferring, and assistance with bathing toileting, dressing and management of her medications and medical treatments. In the section titled "Signatures" "00. Name and Title of the person responsible for implementing and coordinating Plan of Care" lacked the name of the nurse responsible. - Record Review for R3 revealed an admission date of 01/10/23 with diagnoses of dementia, osteoarthritis, muscle weakness, difficulty in walking, dysphagia, unsteadiness on feet and a history of falling. Review of R3's FCS dated 01/19/24 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility. She required supervision with eating and lacked the ability to manage her own medications. She had impaired short-term memory, long-term memory, memory recall and decision making. She was incontinent, and she was able to make herself understood and she understood others. She was marked as being a fall risk and having impaired vision, impaired hearing, impaired decision making, wandering and inappropriate behavior. She used a wheelchair mobility device. Review of R3's NSA dated 05/23/24 revealed the	S5161		

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S5161	Continued From page 6 facility would provide the following health services: assistance with mobility, transferring, bathing toileting, dressing and management of her medications and medical treatments. In the section titled "Signatures" "00. Name and Title of the person responsible for implementing and coordinating Plan of Care" lacked the name of the nurse responsible. Interview on 07/25/24 at approximately 10:30PM with Operator A and RN B confirmed the NSA's for R1, R2 and R3 lacked the name of the nurse responsible for the supervision and implementation of the health service plans. The Operator failed to ensure the NSA's contained the name of the licensed nurse responsible for the supervision and implementation of the "Health Service Plan" for R1, R2, and R3.	S5161		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident 's food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home 's compliance with the department 's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		

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S5230	Continued From page 7 This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-207 (c) The facility reported a census of 10 residents. The sample included 3 residents' and 5 newly hired employees. Based on interview and record review the Operator failed to ensure the home's compliance with the department's "Tuberculosis" (TB) guidelines adopted by reference in K.A.R. 26-39-105 for newly hired "Certified Medication Aide" (CMA) C and "Certified Nurse Aide" (CNA) D. Findings included: - Record review for newly hired CMA C revealed CMA C began employment on 02/26/24. The personnel record lacked documentation of the required two step TB test being administered within 7 days of employment. Record review for newly hired CNA D revealed CNA D began employment on 10/24/23. The personnel record lacked documentation of the required two step TB test being administered within 7 days of employment. Interview on 07/25/24 at approximately 10:30 AM with Operator A confirmed the personnel records for CMA C and CNA D lacked the documentation of the required two step TB test being administered within 7 days of employment. Review of the facility provided policy titled "Tuberculosis, Employee Screening for" revised on 03/2021 revealed the following statements:	S5230		

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S5230	Continued From page 8 "If the baseline test is negative and the individual risk assessment indicates no risk factors for acquiring TB, then no additional screening is indicated." "If the baseline test is positive, but the individual risk assessment is negative and the individual is asymptomatic, a second test is conducted." "The employee health coordinator (or designee) will accept documented verification of tuberculin skin test (TST) results within the preceding 12 months." Review of "Tuberculosis Guidelines for Adult Care Homes" dated 06/13 stated the following: "Each new resident and new employee shall receive a two-step TST for Mycobacterium tuberculosis within 7 days of employment unless one of the following conditions is met: A. The new resident or new employee provide satisfactory documentation of receiving the two-step TST within 6 months prior to residency or employment that read not positive." "If a new employee provides satisfactory documentation of receiving a single TST with 6 months prior to employment that read not positive, the employee shall only be required to have a single TST within 7 days of employment." The Operator failed to ensure the home's compliance with the department's TB guidelines adopted by reference in K.A.R. 26-39-105 for newly hired CMA C and CNA D.	S5230		

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S5258	Continued From page 9	S5258		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-102 (d) (2) The facility reported a census of 10 residents. The sample included 3 residents and 5 newly hired employees. Based on record review and interview the Operator failed to provide supporting documentation for criminal background checks pursuant to K.S.A. 39-970 and amendment there to for newly hired "Certified Nurse Aide" (CNA) E.	S5258		

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S5258	Continued From page 10 Findings included: - Record review for newly hired CNA E revealed she began employment on 08/14/23. The facility provided a background check from the department dated 05/17/22. Interview on 07/25/24 at approximately 10:30 AM with Operator A confirmed that CNA E was a rehire, and the background check was greater than a year old at the time of CNA E's rehire date. The Operator failed to provide supporting documentation for criminal background checks pursuant to K.S.A. 39-970 and amendment there to for newly hired "Certified Nurse Aide" (CNA) E.	S5258		