

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

PRINTED: 09/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/16/2024
NAME OF PROVIDER OR SUPPLIER VILLA ST JOSEPH			STREET ADDRESS, CITY, STATE, ZIP CODE 11901 ROSEWOOD OVERLAND PARK, KS 66209		
(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 689 SS=G	The following citations are the result of a noncompliance revisit and complaint investigation KS00190415 and KS00190347. The 2567 was sent electronically on 09/23/24. Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility identified a census of 93 residents. The sample included five residents reviewed for abuse. Based on record review, interviews, and observations, the facility failed to ensure an environment free from avoidable accidents for Resident (R) 72 when staff failed to apply wheelchair pedals to her chair when propelled by staff and failed to use the required amount of staff assistance for transfers to ensure safety. Subsequently, R72 sustained a comminuted (a type of broken bone that is broken in at least two places and are usually caused by severe trauma) distal (away from the farthest point of origin or attachment) left femur (the thigh bone) fracture. This also placed R72 at risk for increased pain and impaired well-being. Findings included:	F 689			

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

TITLE

(X6) DATE

09/23/2024

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.

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F 689	Continued From page 1 - R72's Electronic Medical Record (EMR), under the "Diagnosis" tab, recorded diagnoses of need for continuous supervision, aphasia (condition with disordered or absent language function) following cerebral infarction (CVA-stroke- sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain), gastroesophageal reflux (GERD-backflow of stomach contents to the esophagus), hypertension (HTN-high blood pressure), hyperlipidemia (HLD-high cholesterol), atrial fibrillation (Afib-condition with disordered or absent language function), malignant neoplasm (tumor) of skin, and anemia (an inadequate number of healthy red blood cells to carry adequate oxygen to body tissues). The "Annual Minimum Data Set" (MDS) dated 06/12/24 documented a Brief Interview for Mental Status (BIMS) score of zero which indicated severely impaired cognition. The MDS documented R72 had no impairment of upper and lower body extremities. R72 used a manual wheelchair and required substantial to maximal assistance where the staff did more than half the effort for lower body dressing, upper body dressing, putting on and taking off footwear, personal hygiene, toileting hygiene, and showering or bathing self. R72 was dependent on staff to assist with all transfers. The "Activities of Daily Living [ADL] Functional/Rehabilitation Potential Care Area Assessment" (CAA) dated 06/12/24 did not trigger. R72's "Care Plan" documented interventions dated 07/17/23 directing staff that R72 could not	F 689			

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F 689	Continued From page 2 walk and needed a wheelchair to help her get around. R72 could propel her wheelchair but might need help with longer distances. An intervention dated 08/01/23 directed staff to ensure R72's bad foot was on the footrest as needed but lacked clarification as to which foot. The intervention dated 08/30/24 directed staff to use a sit-to-stand lift for transfers with the assistance of two staff members. R72's "Care Plan" dated 09/09/24 documented the resident had a diagnosis of CVA and a fracture of the left distal femur. The plan directed staff R72 could not walk and needed a Broda chair (specialized wheelchair with the ability to tilt and recline) to get around; staff were to assist with the Broda chair. The plan directed R72 required the assistance of two staff using a Hoyer (a full-body mechanical lift) for transfers. The undated "Nursing Report A Hall" document described R72's room location, how R72 was transferred, her toileting needs, her route of communication and understanding, and if R72 would use her call light. The document recorded R72 used the sit-to-stand lift for transfers but lacked the number of staff needed to provide this. R72's "History and Physical" dated 10/30/23 documented an assessment of Afib, GERD, anemia, HTN, HLD, major depressive disorder (MDD), and stroke with aphasia. The plan documented to continue the same medications, monitor for changes, infection, and weight, and provide a supportive environment for the resident. The document was electronically signed on 11/30/23 by Consultant GG. R72's "Skin Observation" dated 08/29/24	F 689			

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F 689	Continued From page 3 documented that R72 had a scabbed area on her forehead and no other concerns. R72's "Nurse's Note" dated 08/31/24 at 06:34 PM documented that at approximately 04:45 PM R72's representative arrived and stated that R72 was not lifting her leg to allow the representative to push R72 in her wheelchair. Staff notified Consultant GG who gave orders to send R72 out to the emergency room for evaluation and treatment. R72's "Encounter Summary" from the hospital documented "H&P Notes" dated 08/31/24 at 08:36 PM that recorded R72 admitted with a chief complaint of left leg weakness. The Physical Exam section noted R72 had + [positive] edema of the left knee. The summary listed an X-ray Knee 3-View Left section which documented a complete fracture was identified involving the distal femur. There was mild to moderate comminution. There was moderate needle displacement of the distal fracture fragment. There was displacement of approximately 2.5 centimeters (cm); the fracture extended to the knee arthroplasty (a surgical procedure that repairs or replaces a joint), a joint effusion (presence of increased fluid in the joint), total knee arthroplasty was identified and vascular calcification (a condition where calcium deposits form in the walls of blood vessels). This was electronically signed by Physician II. The encounter documented an X-ray Femur Left section dated 08/31/24 that documented a distal fracture; no comparison was able to be done. The findings recorded an oblique fracture (a complete break in a bone at an angle) was noted in the distal femoral diaphysis (main or midsection of a long bone) above the knee prosthesis. There was	F 689			

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F 689	Continued From page 4 cephalad an anatomical direction that refers to movement towards the head. It is often used in medical terminology to describe the location of body parts) overriding of the distal femur and medial (towards the middle or center) displacement. The section documented a finding of overriding medially displaced oblique fracture of the distal femoral diaphysis above the prosthetic (artificial body part) knee and was signed by Physician JJ. The encounter noted a section CT [computed tomography-a test that uses X-ray technology to make multiple cross-sectional views of organs, bone, soft tissue, and blood vessels] Knee Left without Contrast dated 08/31/24. The section noted the indication for the CT was a fracture. The findings documented there was a complete fracture identified involving the distal femur. The fracture demonstrated mild to moderate comminution. The fracture extended to a knee prosthesis. There was approximately 11 millimeters (mm) overriding of the fracture fragments. There was medial displacement of the distal fracture fragment. A left knee arthroplasty was present. The proximal (nearer to the center or point of attachment) tibia (larger of two bones of the lower leg) and fibula (smaller of two bones of the lower leg) were unremarkable for acute abnormality and there was a joint effusion. This was signed by Physician II. No other issues or abnormalities were documented on the left knee X-ray or CT findings. R72's "Referral/Response Letter" from Consultant GG's office documented an encounter dated 09/04/24. The documents recorded R72 was seen by Consultant Nurse Practitioner (NP) KK. The encounter recorded R72 returned from the hospital with a left femur fracture and a hospice	F 689			

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F 689	Continued From page 5 consult. The assessment noted R72's left leg was in a brace. R72 had no skin tears, ecchymosis (redness), abrasions, hematomas (collection of blood outside of the blood vessels) or evidence of trauma on the knee or left and right lower extremities. The assessment recorded a left leg closed comminuted intra-articular (in the joint) fracture involving the distal femur extending to the knee prosthesis consistent with an osteoporotic fracture (fractures due to weakened bone density). The encounter listed other diagnoses of Afib, GERD, anemia, HTN, HLD, MDD, and stroke with aphasia. The assessment noted that Consultant NP KK discussed with staff R72's fracture was due to osteoporosis (a disease-causing bones to become porous and weak) because there was no history of a fall or trauma, no evidence of trauma on or fall based on the physical assessment and a history of osteoporosis. The plan directed to monitor for pain and reposition for comfort. The document noted the encounter had not yet been electronically signed. Review of additional "Referral/Response Letter" from Consultant GG's office documented encounters dated 09/10/24, 09/13/24, and 09/18/24. The assessment on all three encounters noted a left leg closed comminuted intra-articular fracture involving the distal femur extending to the knee prosthesis consistent with an osteoporotic fracture. The encounter listed other diagnoses of Afib, GERD, anemia, HTN, HLD, MDD, and stroke with aphasia. The assessment noted that Consultant NP KK discussed with staff R72's fracture was due to osteoporosis because there was no history of a fall or trauma, no evidence of trauma on or fall based on the physical assessment, and a history	F 689			

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F 689	Continued From page 6 of osteoporosis. The plan on 09/10/24 directed to continue current care, monitor for swelling in the leg, and encouraged the family not to sit the resident in an upright position due to pressure on the femur. The plan for 09/13/24 directed to continue current care and monitor for swelling in the leg. The plan for 09/18/24 directed to continue to monitor for comfort, pain, and repositioning and continue with the plan of care. All three encounter visits noted the document had not yet been electronically signed. Licensed Nurse (LN) G's "Notarized Witness Statement" dated 09/06/24 documented on 08/31/24 at approximately 04:45 PM R72's representative approached the nurses' station and stated concerns related to R72 not lifting her left leg so she could be pushed in the wheelchair. LN G went to assess R72. R72 was wearing shorts and would not lift her left leg. R72's representative had placed a gait belt on R72's leg to attempt to lift R72's leg while a second family member attempted to push R72 in her wheelchair but was unable to. LN G documented that R72 had no visible injuries at that time as there was no bruising or swelling. Certified Nurse Aide (CNA) M's typed interview via phone call dated 09/09/24 at 12:35 PM documented CNA M assisted R72 out of bed and R72 ate breakfast in the dining room and then she went back to her room. R72 then had lunch in the dining room and R72's representative reported R72's leg was not acting normal. R72 was taken to her room and CNA M assisted in changing her clothes and then R72 was sent out [to the hospital]. The "Facility's Investigation" dated 09/10/24	F 689			

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F 689	Continued From page 7 documented that facility leadership was notified on 09/03/24 by the hospital that R72 had sustained a fracture to her left femur. R72 had no previous falls or incidents reported or noted in the resident's clinical record nor reported by initial staff interviews. The investigation documented the facility concluded the care plan was followed and no abuse had occurred. During an observation on 09/16/24 at 10:10 AM, R72 laid in her bed with her blanket pulled up to her chest. R72 manipulated her blankets but did not respond when her name was called. During an observation on 09/16/24 at 01:10 PM, R72 sat in her Broda chair (specialized wheelchair with the ability to tilt and recline), with her feet raised on the foot pedal, R72's back tilted back and a blanket covered her lap. R72 had her call light pad in her lap within reach. R72 fidgeted during interaction but was not vocal at all. R72 appeared sad and moved her right leg up and down on the foot pedal. During an interview on 09/16/24 at 12:45 PM, CNA N stated when she worked on 08/30/24, R72 appeared to have no concerns with her leg nor had any events that could have caused injury. CNA N stated that if a resident had a concern or if she had noticed R72's leg would not raise and was not acting normally, she would report it to the charge nurse. CNA N stated R72 had no foot pedals for her wheelchair, and when she propelled her on 08/30/24 to the dining room, no foot pedals were used. During an interview on 09/16/24 at 12:54 PM Licenses Nurse (LN) G reported that R72 never had wheelchair pedals for her wheelchair. LN G	F 689			

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F 689	Continued From page 8 stated that R72's family reported a concern with her leg when her family arrived to visit R72. LN G further revealed that she received training in July of this year that directed staff that if a resident was going to be pushed by staff, foot pedals needed to be placed on the resident's wheelchair. During an interview on 09/16/24 at 02:27 PM, R72's representative stated R72 was seated in her wheelchair when she arrived to visit with R72. R72's representative stated foot pedals would have been helpful to move R72 safely, as typically R72 had to be asked to raise her feet when anyone pushed R72 in the wheelchair. R72's representative reported that at times R72 would act like her foot would not work and drop it to the floor. R72's representative stated when R72 did that, she would have to stop and talk to R72, and then R72 would raise her foot again. R72's representative stated on 08/31/24 that R72's foot was "very strange." R72's representative described R72's left foot as "turned in" and "like a limp wet noodle" when she attempted to raise R72's leg. R72's representative revealed that R72's knee was also very swollen and R72's capri pants were not pulled down due to this and it looked like R72 had shorts on. R72's representative stated that R72 never had foot pedals for her wheelchair and R72's family representative had asked for some foot pedal multiple times, but none had ever been found that would fit. R72's representative stated in the past she told the facility when R72 was self-propelling, putting foot pedals on R72's wheelchair would hinder R72 from being mobile she had asked for foot pedals to be used when they visited and would propel R72 on walks outside and in the facility. R72's representative said foot pedals would have been very beneficial for R72.	F 689			

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F 689	Continued From page 9 During an interview on 09/16/24 at 03:08 PM, CNA M stated that she worked on 08/31/24 with R72. CNA M reported that she got R72 up that day with the sit-to-stand lift by herself to go to breakfast. CNA M stated she noticed R72's leg did not work when she used the sit-to-stand lift but said had not received anything in report to know if anything had happened with R72 or if this was normal behavior. CNA M stated that R72 did not use foot pedals when R72 was in her wheelchair. CNA M could not recall R72's feet or legs getting caught up when she propelled R72 and said if that happened, she would have reported it to the nurse. CNA M revealed that 08/31/24 was the first day she worked at the facility and that when she came on duty, she was provided a nursing report sheet that told her who to get up and what care each resident needed. CNA M reported she worked on R72's hall by herself, which is why she did not have a second person with her when transferring R72 with the sit-to-stand lift. During an interview on 09/16/24 at 03:27 PM, LN H stated that the sit-to-stand transfer should be performed with two staff members, and if a second staff member is not present for the transfer, staff are to locate another staff member or get the nurse for the second staff member to safely perform the transfer. During an interview on 09/16/24 at 03:30 PM CNA O stated the sit-to-stand lift required two staff members for use and if he did not have someone present, CNA O would locate a second staff member to safely transfer the resident. During an interview on 09/16/24 at 03:35 PM	F 689			

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F 689	Continued From page 10 Administrative Staff A stated if the resident's care plan called for two staff members for R72's transfer with the sit-to-stand lift, the transfer via lift should have been conducted with two staff members. Administrative Staff A stated CNA M should have had a second staff member present. Administrative Staff A stated if staff pushed a resident and the resident could hold up his or her legs, no foot pedals were needed. Administrative Staff A confirmed the facility had conducted recent audits as part of the corrective actions for the deficiency cited on the annual survey for the lack of foot pedals for R72. The facility's policy "Incidents - Accidents" dated November 18 documented all staff would be trained upon hire on proper usage of facility equipment. The policy directed that the facility would monitor the effectiveness of the interventions including adequate supervision consistent with the resident's needs, goals, plan of care, and current standards of practice to reduce the risk of an accident. The facility failed to ensure an environment free from avoidable accidents for R72 when staff failed to apply wheelchair pedals to her chair when propelled by staff and failed to use the required amount of staff assistance for transfers to ensure safety. Subsequently, R72 sustained a comminuted distal left femur fracture. This also placed R72 at risk for increased pain and impaired well-being.			F 689			