STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N063011	A. BUILDING: _____ B. WING _____	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE ESTATES, INC	1354 TAYLOR ROAD INDEPENDENCE, KS 67301

(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 the licensure resurvey for the above named facility conducted on 09/11/24 and 09/12/24.	S 000		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-105 (f)(11) The facility reported a census of 36 residents. The sample included 3 "Residents'" (R)'s 1, 2, and 3. Based on interview and record review the Operator failed to ensure the resident record for R3 contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action. Findings included: - Record review for R3 revealed an admission date of 12/13/22 with diagnoses of hypertension, insomnia, anxiety, dementia, psychosis, weakness, physical debility, cardiomegaly, depression, and chronic obstructive pulmonary disease with Emphysema. Review of R3's "Functional Capacity Screen"	S3261		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3261	Continued From page 1	S3261		

(FCS) dated 06/21/24 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, mobility, and eating. She lacked the ability to manage her own medications/medical treatments and was incontinent. She had impaired short term memory and impaired memory recall. She was usually able to make herself understood and she sometimes understood others. She was identified to have impaired hearing and used a wheelchair mobility device.

Review of R3's "Negotiated Service Agreement" (NSA) dated 06/21/24 identified the facility would provide physical assistance with bathing, dressing, toileting, transferring, and mobility. The facility would cut R3's meat for meals and provide cuing and reminders for her memory. The facility would manage R3's medication/medical treatments. The NSA identified R3 had a outside hospice provider.

Review of R3's "Health Service Plan" (HSP) instructed facility staff to provide physical assistance with "all" activities of daily living with hospice assistance.

Review of R3's medical record in the section titled "Notes" revealed the following notes dated 02/09/24 to 08/29/24:

On 02/09/24 the entry lacked a time; Staff had checked on R3 and then heard a noise and found R3 on the floor. R3 stated she had lost her balance.

On 02/09/24 the entry lacked a time; R3 was sent to the local emergency room due to "bleeding from back of head from fall." The family was notified and R3 returned with staples behind head

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S3261	Continued From page 2	S3261		

to be taken out in 7 to 10 days.

The notes lacked the time of the occurrence and the results of the actions taken.

On 07/08/24 the entry lacked a time; R3 reported that she was tired and was not wanting to lay down and refused to wear her supplemental oxygen.

The notes lacked the time of the occurrence and the action taken and results of the action when R3 refused to wear her supplemental oxygen.

On 07/26/24 the entry lacked a time; R3 was reported to be awake all night talking.

The notes lacked the time of the occurrence and actions taken and results of actions taken when R3 was awake all night.

On 08/29/24 the entry lacked a time; R3 was reported to be coughing off and on without complaint.

The notes lacked the time of the occurrence and actions taken and results of actions taken when R3 had coughing.

Interview on 09/11/24 at approximately 10:30 AM with Operator/"Registered Nurse" A confirmed R3's notes lacked the time of occurrence and further lacked the results of actions taken.

The Operator failed to ensure the resident record for R3 contained documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action.