

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER SHAWNEE POST ACUTE REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7600 ANTIOCH ROAD OVERLAND PARK, KS 66204		
(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 represents the findings of a resurvey with attached complaints #190398 and #182835 at the above named assisted living conducted on 09/10/24 and 09/11/24.	S 000		
S3085 SS=F	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: KAR 26-41-202(a)(1)(3) The facility reported a census of 24 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the development of a written "Negotiated Service Agreement" (NSA) for each resident; the "NSA" for Resident (R)1 the administrator failed to ensure the development of	S3085		

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

TITLE

(X6) DATE

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S3085	Continued From page 1 a written "NSA"; the "NSA" for Resident (R)2 failed to describe the services she received based on her "Functional Capacity Screen" (FCS) for management of medications; and the "NSA" for R3 failed to identify the party responsible for payment for outside services. Findings included: - Record review for R1 revealed an admission date of 07/27/23 with diagnoses of type two diabetes mellitus and cerebral infarction. The 07/27/24 "FCS" identified R1 required physical assistance with bathing, management of medications, and management of treatments. The 08/27/24 untitled document identified facility staff would provide stand-by assistance with bathing twice weekly; facility staff would administer medications and assist with insulin administration for management of medications; and facility staff provided routine vital signs monitoring and skin checks for management of treatments. The administrator failed to ensure the development of a written "NSA" for R1. - Record review for R2 revealed an admission date of 07/18/23 with a diagnosis of adult failure to thrive. The 04/28/24 "FCS" identified R2 required physical assistance with toileting, management of medications, and management of treatments. The 05/31/24 untitled document identified facility staff provided assistance with ostomy for toileting and routine vital signs monitoring and skin checks	S3085		

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S3085	Continued From page 2 for management of treatments. The document failed to describe the services provided for management of medications. - Record review for R3 revealed an admission date of 08/03/19 with diagnoses of muscle weakness and rheumatoid arthritis. The 07/03/24 "FCS" identified R3 required physical assistance with bathing, management of medications and treatments, and was marked at risk for falls. The 08/29/24 untitled document identified facility staff provided physical assistance with bathing, facility staff administered medications and R3 stored and administered his prescription skin creams for management of medications, and and outside home health provider managed treatments for skin wounds for management of treatments. The document failed to identify the party responsible for payment for home health services. On 09/011/24 at approximately 04:14 PM Administrative Nurse B stated the untitled documents were the residents' "NSA's" and the healthcare service plans combined. She confirmed the documents were not labeled "Negotiated Service Agreement." Administrative Nurse B confirmed the "NSA" for R2 failed to describe the services provide management of medications and the "NSA" for R3 failed to name the party responsible for payment for home health services. The revised 07/2022 facility's "Function Capacity Screens and Negotiated Service Agreements/Care Plans and Additional Assessments" policy documented the service	S3085		

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S3085	Continued From page 3 plan would identify the services provided, who would provide the services, and who was responsible for payment for services from an outside provider. The administrator failed to ensure the development of a written "NSA" for each resident; the "NSA" for Resident (R)1 failed to ensure the development of a written "NSA" ; for R2 failed to describe the services she received based on her "FCS" for management of medications; and the "NSA" for R3 failed to identify the party responsible for payment for outside services.	S3085		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 24 residents.	S3211		

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S3211	Continued From page 4 Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of three over-the-counter (OTC) medications in the assisted living. Findings included: - Observation on 09/10/24 at 03:23 PM revealed Certified Medication Aide (CMA) C unlocked and opened medication cart. The following OTC medications were not labeled with residents' full names: One bottle of probiotic gummies, 60 gummies One bottle of iron 65 milligrams (mg), 150 tablets One bottle of vitamin D3 1000 international units (iu), 180 softgels On 07/22/24 at approximately 03:23 PM CMA C confirmed three OTC medications in the medication cart were not labeled with residents' full names. The facility's undated "Policy for Over the Counter and Sample Medications" documented a licensed nurse label each over the counter medication that included the resident's full name. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of three OTC medications.	S3211		