

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER THE ATRIUMS SENIOR LIVING COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 W 107 STREET OVERLAND PARK, KS 66212		
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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints #184521, #181980, #180865 at the above named assisted living conducted on 10/01/24 and 10/02/24.	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: KAR 26-41-202(a)(1) The facility reported a census of 19 residents with three included in the sample and four closed record reviews. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreements" (NSA) for Resident (R)1, R2, and R3 described the services they received based on their "Functional	S3085		

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

TITLE

(X6) DATE

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S3085	Continued From page 1 Capacity Screens" (FCS). Findings included: - Record review for R1 revealed an admission date of 10/09/23 with a diagnosis of heart failure. The 05/22/24 "Functional Capacity Screen" (FCS) identified R1 was at risk for falls and impaired vision. The 05/22/24 "Negotiated Service Agreement" NSA failed to describe services R1 received to prevent injury from falls and for impaired vision. - Record review for R2 revealed an admission date of 06/21/24 with a diagnosis of dementia. The 07/22/24 "FCS" identified R2 was at risk for falls. The 07/22/24 "NSA" failed to describe services R2 received to prevent injury from falls. - Record review for R3 revealed an admission date of 04/21/24 with diagnoses of hypertension and osteoarthritis. The 08/06/24 "FCS" identified R3 was identified at risk for impaired vision and impaired hearing. The 08/06/24 "NSA" failed to describe services provided R3 for impaired vision and impaired hearing. On 10/02/24 at approximately 01:38 PM Administrative Nurse B confirmed R1, R2, and R3's "NSAs" failed to describe the services they received based on their "FCSs."	S3085		

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S3085	Continued From page 2 The 05/2024 facility's "Assisted Living General Policy" documented the facility would provide the residents with a written agreement that included the services provided. The operator failed to ensure the "NSAs" for R1, R2, and R3 described the services they received based on their "FCS."	S3085		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 19 residents with three residents included in the sample and four closed record reviews. Based on interview and record review the operator failed to ensure that each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for Resident (R) 1, R2, and R3. Findings included: - Record review for R1 revealed an admission date of 10/09/23 with a diagnosis of heart failure. The 05/22/24 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with	S3101		

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S3101	Continued From page 3 bathing and toileting; was unable to perform management of medications and treatments; and was identified at risk for falls and impaired vision. The 05/22/24 "Negotiated Service Agreement" NSA identified facility staff provided R1 assistance with bathing and toileting, and management of medications and treatments. Services provided for falls and impaired vision were not described on R1's "NSA." The 05/22/24 "NSA" for R1 lacked signatures. - Record review for R2 revealed an admission date of 06/21/24 with a diagnosis of dementia. The 07/22/24 "FCS" identified R2 required physical assistance with bathing, dressing, toileting, and transfers; was unable to perform management of medications and treatments; and was identified at risk for falls. The 07/22/24 "NSA" identified facility staff provided R2 assistance with bathing and toileting, and management of medications and treatments. Services provided for falls were not described on R2's "NSA." The 07/22/24 "NSA" for R2 lacked signatures. - Record review for R3 revealed an admission date of 04/21/24 with diagnoses of hypertension and osteoarthritis. The 08/06/24 "FCS" identified R3 was identified at risk for impaired vision and impaired hearing. The 08/06/24 "NSA" failed to describe services provided R3 for impaired vision and impaired hearing.	S3101		

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S3101	Continued From page 4 The 08/06/24 "NSA" for R3 lacked signatures. On 10/02/24 at approximately 01:38 PM Administrative Nurse B confirmed R1, R2, and R3's "NSAs" lacked signatures. The facility's 05/2024 "Assisted Living General Policy" documented a written admission agreement would be provided for each resident. The policy failed to address signing of the agreement. The operator failed to ensure that each individual involved in the development of the "NSAs" for R1, R2, and R3 signed the agreements.	S3101		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.	S3175		

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S3175	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 19 residents with three included in the sample and four closed record reviews. Based on interview and record review the operator failed to ensure a licensed nurse performed an assessment to determine if Resident (R) 3 could self-administer medications safely. Findings included: - Record review for R3 revealed an admission date of 04/21/24 with diagnoses of hypertension and osteoarthritis. The 08/06/24 "Functional Capacity Screen" (FCS) identified R3 was independent with management of medications. The 08/06/24 "Negotiated Service Agreement" (NSA) identified R3 self-administered his medications. R3's record lacked evidence of documentation a medication self-administration assessment to administer medications was completed. On 10/02/24 at approximately 01:38 PM Administrative Nurse B confirmed R3's record lacked evidence of documentation designated facility staff completed a medication self-administration assessment. The facility's 07/01/21 "Medication Administration Policy" documented self-administered medications were administered safely and	S3175		

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S3175	Continued From page 6 accurately per the "Self-Administration Policy and Procedure." The facility failed to provide this policy. The operator failed to ensure a licensed nurse performed an assessment to determine if R3 could self-administer medications safely.	S3175		
S3250 SS=D	26-41-105 (a) Resident Records a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices. (1) Designated staff shall maintain the record of each discharged resident who is 18 years of age or older for at least five years after the discharge of the resident. (2) Designated staff shall maintain the record of each discharged resident who is less than 18 years of age for at least five years after the resident reaches 18 years of age or at least five years after the date of discharge, whichever time period is longer. This REQUIREMENT is not met as evidenced by: KAR 26-41-105(a)(1) The facility reported a census of 19 residents with three residents included in the sample and four closed record reviews. Based on record review and interview the operator failed to ensure maintenance of records for Resident (R) 6 for at least five years after his discharge.	S3250		

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S3250	Continued From page 7 Findings included: - Record review for R6 revealed an admission date of 10/20/23 with a diagnosis of dementia. The 10/01/24 "List of Discharged Residents" provided by the facility during the survey revealed R6 had discharged on 01/26/24. Review of R6's medical records revealed a lack of lab results, advanced directives, tuberculosis screening questionnaires and testing, functional capacity screens, and negotiated service agreements. On 10/02/24 at 09:25 AM Administrative Staff A confirmed facility staff failed to maintain records for R6. The 06/2016 facility's "Record Retention Policy" documented residents' records would be kept according to state regulations which in Kansas was five years. The operator failed to maintain R6's records for at least five years after his discharge.	S3250		
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	S3261		

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S3261	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 19 residents with three residents included in the sample and four closed record reviews. Based on interview and record review the operator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action for Resident (R)1 when she returned from an inpatient rehabilitation facility with a pressure ulcer. Findings included: - Record review for R1 revealed an admission date of 10/09/23 with a diagnosis of heart failure. The 05/22/24 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with bathing and toileting; was unable to perform management of medications and treatments; and was identified at risk for falls and impaired vision. The 05/22/24 "Negotiated Service Agreement" NSA identified facility staff provided R1 assistance with bathing and toileting, and management of medications and treatments. Services provided for falls and impaired vision were not described on R1's "NSA." The 09/26/24 "Nurses Note" documented R1 returned from an inpatient rehabilitation facility with clean and dry skin.	S3261		

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S3261	Continued From page 9 R1's record lacked evidence of documentation of symptoms or other indications of illness or injury including a pressure wound after she returned from an inpatient rehabilitation facility including wound sizes (length, width, and depth), odor, tissue characteristics (including drainage, granulation), any signs of infection, and a plan for treatment. On 10/02/24 at approximately 12:36 PM R1 stated during interview she had a "bed sore on her tailbone" that occurred when she was at another facility for inpatient rehabilitation. On 10/02/24 at approximately 01:38 PM Administrative Nurse B confirmed R1's record lacked evidence of documentation of symptoms or other indications of illness or injury including a pressure wound after she returned from an inpatient rehabilitation facility including wound sizes (length, width, and depth), odor, tissue characteristics (including drainage, granulation), any signs of infection, and a plan for treatment. On 06/2016 facility's "Documentation Policy" documented documentation would be completed on an exception basis and would include specific care details with response to care provided. The operator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date and time of occurrence, action taken, and results of the action for R1 when she returned from an inpatient rehabilitation facility with a pressure ulcer.	S3261		

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S3280	Continued From page 10	S3280		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 19 residents. Based on interview and record review the operator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with residents and staff. Findings included: - Review of the facility's emergency management plan records revealed designated staff discussed the emergency management plan with residents during a resident council meeting on 06/28/24.	S3280		

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S3280	Continued From page 11 Facility records lacked evidence of documentation designated staff completed quarterly reviews of the emergency management plan with residents during the third and fourth quarters of 2023 and for the first and third quarters of 2024. The records lacked evidence of documentation designated facility staff completed quarterly reviews with staff the third and fourth quarters of 2023 and the first, second, and third quarters of 2024. On 10/01/24 at 11:25 AM Administrative Staff A confirmed the facility's record lacked evidence of documentation reviews of the emergency management plan were completed quarterly with residents and staff. The 04/2022 facility's "Associate Training Emergency Preparedness" policy documented associates would receive emergency preparedness training during orientation and on an ongoing basis. The operator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with residents and staff.	S3280		
S3310 SS=F	26-41-207 (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	S3310		

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S3310	Continued From page 12 on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 19 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Record review for Resident (R) 1 revealed an admission date of 10/09/23 with a diagnosis of heart failure. R1's record lacked evidence of documentation of TB skin testing and a symptom screen questionnaire at admission and an annual TB symptom screen questionnaire. Record review for R2 revealed an admission date of 06/21/24 with a diagnosis of dementia. R2's record lacked evidence of documentation of TB skin testing and a symptom screen questionnaire at admission.	S3310		

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S3310	Continued From page 13 Record review for R3 revealed an admission date of 04/21/24 with diagnoses of hypertension and osteoarthritis. R3's record lacked evidence of documentation of TB skin testing and a symptom screen questionnaire at admission. On 10/02/24 at 10:06 AM Licensed Nurse B confirmed R1, R2, and R3's records lacked evidence of documentation of TB skin testing and a symptom screen questionnaires. - Review of Certified Nurse Aide (CNA) C's employee record revealed a hire date of 06/12/24. Her record lacked evidence of documentation of TB skin testing and a symptom screen questionnaire upon hire. On 10/01/24 at approximately 02:32 PM Administrative Nurse B confirmed CNA C's record lacked evidence of documentation of TB skin testing and a symptom screen questionnaire. The 06/2016 facility's "Tuberculosis Screening/Testing Policy. . ." Documented TB testing would be performed per state guidelines. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee and each new resident shall receive a two-step TB skin test and symptom screen questionnaire within seven days of employment or admission and each resident and employee shall have an annual TB symptom screen. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes	S3310		

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S3310	Continued From page 14 adopted by reference in KAR 26-39-105.	S3310		