

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER THE PRAIRIE FARMSTEAD WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 12481 W 151ST STREET OVERLAND, KS 66221		
(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 represent the findings of a resurvey for the above named home plus facility conducted on 02/19/25.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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 26-42-202(a)(1) The facility reported a census of 10 residents with three residents included in the sample. Based on interview, observation, and record review the operator failed to ensure the Negotiated Service Agreement (NSA) was fully developed based on the resident's Functional Capacity Screen (FCS), service needs, and preferences for resident (R)1, R2 and R3	S5105		

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

TITLE

(X6) DATE

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S5105	Continued From page 1 including a description of the services the resident received. Findings included: - Record review for R1 revealed an admission date of 12/16/21 with diagnoses including Alzheimer's dementia with behaviors and anxiety. The 04/02/24 Functional Capacity Screen (FCS) identified R1 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, management of medications and treatments. R1 had difficulty with short-term memory, long-term memory, memory/recall, and decision-making. She was sometimes understandable and understood others during communication; was incontinent of bladder; and was at risk of falls. The 04/01/24 "Negotiated Service Agreement with Plan of Care" is the facilities combined NSA/HSP which acknowledged facility staff provided assistance of one staff with bathing, dressing, transfers, toileting, and mobility. Facility staff provided management of medications and treatments. The NSA/HSP failed to describe services provided for impaired-decision making difficulties, communication needs, and prevention of falls. Observation on 02/19/25 at 03:47 PM Certified Medication Aide (CMA) C talked close to R1's ear, held hand, and spoke slow and clear for R1 to understand. CMA C asked R1 where she wanted to be placed in room. Observation on 02/19/25 at approximately 03:49	S5105		

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S5105	Continued From page 2 PM R1 was wearing non-skid footwear. On 02/19/25 at approximately 01:36 PM Administrative Staff A confirmed R1's NSA failed to describe the services provided for impaired decision making, communication needs, and prevention of falls. The operator failed to ensure R1's NSA described the services she received based on her FCS, preferences, and needs. - Record review for R2 revealed an admission date of 03/01/24 with diagnoses including Alzheimer's disease, anxiety, stress urinary incontinence, trigeminal neuralgia, and glaucoma. The 03/01/24 FCS identified R2 needed supervision with transfers; was independent with eating; required assistance with bathing, dressing, toileting, mobility, management of medications and management of treatments; was identified as having impaired vision; was at risk for falls due to unsteadiness; and had impaired decision-making. R2 had occasional bladder incontinence, short term memory and decision-making difficulties, and no communication difficulties. The 03/01/24 combined NSA/HSP identified R2 had assistance or supervision of one staff member for bathing, dressing, toileting, transfers, mobility, management of medications and treatments, and bladder incontinence. The NSA/HSP documented R2 has macular degeneration. The NSA/HSP failed to describe services provided for short term memory	S5105		

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S5105	Continued From page 3 difficulty, decision making difficulty, impaired vision, or prevention of falls. Review of "charting note" dated 01/20/25 at 09:31 AM revealed the resident was going to sit on toilet when feet slipped and caused back pain and redness. Non-skid strips were placed in front of toilet. On 02/19/25 at approximately 04:08 PM R2 stated she falls "a lot" and that nine out of ten of them are in the bathroom, the last one caused a broken skull and brain bleed. She stated that she received eye injections for her impaired vision and had her own television in room because facility television was not positioned well to see. On 02/19/25 at approximately 01:36 PM Administrative Staff A confirmed R2's NSA failed to describe the services provided for short term memory difficulty, decision making difficulty, impaired vision, or prevention of falls. The operator failed to ensure R2's NSA described the services she received based on her FCS, preferences, and needs. - Record review for R3 revealed an admission date of 06/03/24 with diagnoses including vascular dementia, cerebrovascular accident affecting right side, trigeminal neuralgia, angina, and anxiety. The 06/03/24 FCS identified R3 required physical assistance with bathing, dressing, toileting, management of medications, and management of treatments; required supervision with transfers and walking/mobility; was	S5105		

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S5105	Continued From page 4 occasionally incontinent of urine; had short-term memory, memory/recall, and decision-making difficulties; and usually understood others when communicating. R3 was identified at risk of falls, had impaired vision, was at risk of wandering, and had impaired decision making. The 06/03/24 combined NSA/HSP identified R3 was provided assistance or supervision of one staff member for bathing, dressing, toileting, mobility, management of medications and treatments, and bladder incontinence. The NSA/HSP documented assist of one with ambulation and transfers but also noted R3 was usually independent with transfers and ambulates with no device. The NSA/HSP failed to describe services provided for decision making difficulty, impaired vision, or prevention of falls. Review of "charting note" dated 12/18/24 at 12:51 PM revealed the resident was dancing to music and then found on floor. The note lacked an intervention to prevent future falls. Review of "charting note" dated 01/08/25 at 02:57 PM revealed the resident was ambulating without assistance of staff or a device when "legs appeared to give out." The note lacked an intervention to prevent future falls. Review of "charting note" dated 01/09/25 at 03:48 PM revealed the resident's daughter brought walker and desired staff to encourage R3 to use it for safety. Observation on 02/19/25 at 03:50 PM CMA C provided R3 with choices of places to sit in living	S5105		

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S5105	Continued From page 5 room area. On 02/19/25 at approximately 01:36 PM Administrative Staff A confirmed an addendum has not been completed since admission and R3's NSA failed to describe the services provided for impaired decision making, impaired vision, and prevention of falls. The operator failed to ensure R3's NSA described the services she received based on her FCS, preferences, and needs.	S5105		