Kansas Department on Aging

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046033 | A. BUILDING: _____ B. WING _____ | C 02/24/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE FORUM AT OVERLAND PARK | 3501 W 95TH ST OVERLAND PARK, KS 66206 |

| (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<br><br>The following citations represent the findings of a Health Licensure Resurvey. | S 000 | | |
| S1166 SS=E | 26-40-303 (b)(i)(ii)(iii)(iv)(c) P E - Nursing facility support system<br><br>(B) Each nursing facility shall have an emergency call button or pull cord located next to each resident-use toilet, shower, and bathtub that, if activated, will initiate all of the following:<br><br>(i) Produce a repeating audible signal at the nurses ' workroom or area or activate the portable electronic device worn by each required staff member with an audible tone or vibration;<br><br>(ii) register a visual signal on an enunciator panel or monitor screen at the nurses ' workroom or area, indicating the location or room number of the toilet, shower, or bathtub;<br><br>(iii) produce a rapidly flashing light adjacent to the corridor door at the site of the emergency or activate an electronic portable device worn by each required staff member, identifying the specific resident or room from which the call has been placed; and (iv) produce a rapidly flashing light and a repeating audible signal in the nurses ' workroom or area, clean workroom, soiled workroom, and medication preparation rooms or activate the portable electronic device worn by each required staff member with an audible tone or vibration.<br><br>(C) The administrator shall implement a policy to ensure that all calls activated from an emergency location receive a high-priority response from staff. | S1166 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 03/02/21

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| S1166 | Continued From page 1<br><br>This REQUIREMENT is not met as evidenced by:<br>The facility census totaled 24 residents residing in two halls. Each hall had a a bath/shower room which contained a shower and a seperate tub area. Based on observation, interview, and record review, the facility failed to have emergency pull cords located next to each resident use shower and bathtub to alert facility staff if a resident required assistance.<br><br>Findings included:<br><br>- On 02/22/21 at 10:00 AM during an initial environmental tour revealed the shower rooms on both halls lacked call lights that were accessible to residents in the bathtub or shower. The rooms had one call light located in the room's main area, though not reachable by a resident who would be in the bathtub or shower.<br><br>During an interview on 02/24/21 at 02:30 PM with Maintenance Staff H, he reported he did not know the requirement to have accessible call lights by the bathtub or shower.<br><br>The facility did not provide a policy regarding call lights as requested on 02/24/21 at 02:00 PM.<br><br>The facility failed to have an emergency pull cords located next to each resident-use shower and bathtub that, if pulled, would alert staff of the need for assistance. | S1166 | | |