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	N046033A	A. BUILDING: _____ B. WING _____	04/04/2023

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THE FORUM AT OVERLAND PARK	3501 W 95TH ST OVERLAND PARK, KS 66206

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint number 171562 for the above named facility conducted on 04/03/23 and 04/04/23.	S 000		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (d) The facility reported a census of 28 residents. The sample included 3 "Residents'" ((R's)1, 2, and 3), and 1 closed record review (R4). Based on record review and interview the administrator failed to ensure the "Negotiated Service Agreement" (NSA) contained the name of the "Licensed Nurse" (LN) responsible for the implementation and supervision of the health service plan for R1, R2, R3. Findings include: - Record review for R1 on 04/03/23 revealed an admission date of 12/06/22 with diagnoses of multiple myeloma not having achieved remission, secondary malignant neoplasm of the bone, anemia in chronic kidney, disease, neoplasm	S3165		

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

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S3165	Continued From page 1	S3165		

related pain, retention of urine, insomnia related to medical condition, major depressive disorder, colostomy status, and type 2 diabetes mellitus.

Record review of R1 "Functional Capacity Screen" (FCS) dated 12/06/22 identified R1 required physical assistance with bathing, he was independent with dressing, toileting, transferring, walking, and eating. He lacked the ability to manage his own medications, his cognition was intact, he was continent, and he was able to make himself understood and he understood others. He was marked with falls, and he used a walker/cane mobility device.

Review of R1 combined "Negotiated Service Agreement" (NSA) and "Health Service Plan" (HSP) identified and instructed facility staff to provide the following health care services: R1 will self-administer my own medications, he used no assistive device, frequent monitoring to reduce risk of falls, there is a "U" shaped bar on the bed for assistance with easier transferring and and independent with bathing.

R1 NSA/HSP lacked identification of the LN responsible for the implementation and supervision of the health service plan.

- Record review on 04/03/23 for R2 revealed an admission date of 03/02/23 with diagnoses of need for assistance with personal care, amnesia, repeated falls, chronic venous hypertension with inflammation of unspecified lower extremity, hypertension, and presence of cardiac pacemaker.

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S3165	Continued From page 2 Review of R2 FCS identified R2 required physical assistance with bathing, dressing, and toileting. She required supervision with toileting, and walking/mobility. she lacked the ability to manager her own medications, and had impaired short-term memory, impaired memory recall and impaired decision making. She was usually incontinent and was able to make herself understood and she understood others. She was marked with falls, impaired vision, and impaired hearing, and she used a walker/wheelchair for mobility. Review of R2 combined NSA/HSP identified and instructed facility staff to provide the following health care services: frequent monitoring for falls, stand by supervision for ambulation on a regular basis, physical assistance with bathing, verbal cues/reminders for toileting activities and the facility will manage medications. R2 NSA/HSP lacked identification of the LN responsible for the implementation and supervision of the health service plan. - Record review for R3 on 04/03/23 revealed a re-admission date of 08/19/23 with diagnoses of vascular dementia, type 2 diabetes, long term use of insulin, atherosclerotic heart disease, peripheral vascular disease, arthritis, lumbago with sciatica, chronic kidney disease state 3, major depressive disorder, and unspecified dementia. Review of R3 FCS dated 08/19/23 identified R3 required physical assistance with bathing, and supervision with dressing, she was independent	S3165		

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S3165	Continued From page 3 with toileting, transferring walking, and eating. She lacked the ability to manager her own medications, had impaired long - term memory, impaired decision making, and impaired decision making. She was able to make herself understood and she understood others. She was marked with falls and used a walker and wheelchair mobility devices. Review of R3 combined NSA and HSP identified and instructed facility staff to provide the following health care services: Provide physical assistance with bathing, verbal cues with dressing, provide stand by assistance with ambulation, and cueing with toileting. Salon Pas cream at bedside to self-administer, and R3 insulin "would be administered by a licensed nurse or "Certified Medication Aide would prepare and dial the resident insulin pen to the proper dosage and resident would self-inject". R3 NSA/HSP lacked identification of the LN responsible for the implementation and supervision of the health service plan. Interview on 04/04/23 at 11:35 AM with administrator A and LN B confirmed the combined NSA/HSP lacked the name of the LN responsible for the implementation and supervision of the health service plan for R's 1, 2, and 3.	S3165		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with	S3171		

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S3171	Continued From page 4 acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (i) The facility reported a census of 28 residents. The sample included 3 "Residents'" ((R's)1, 2, and 3), and 1 closed record review (R4). Based on record review and interview the administrator failed to ensure qualified personnel performed an assessment for R's 1, 2 and 3 confirming the bed assist devices attached to their beds were not a restraint, showed the purpose of the device and their ability to safely use the device, ensure that the bed assist device was securely attached to the bed's, list the devices on the "Functional Capacity Screenings" (FCS's) under the comments section, include a description of the device in the resident's "Negotiated Service Agreement" (NSA) and document periodic reassessments of the R's 1, 2, and 3 ability to use the device safely in the resident record in accordance with acceptable standards of practice. Findings include: - Record review for R1 on 04/03/23 revealed an admission date of 12/06/22 with diagnoses of multiple myeloma not having achieved remission, secondary malignant neoplasm of the bone, anemia in chronic kidney, disease, neoplasm related pain, retention of urine, insomnia related to medical condition, major depressive disorder,	S3171		

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S3171	Continued From page 5	S3171		

colostomy status, and type 2 diabetes mellitus.

Record review of R1 "Functional Capacity Screen" (FCS) dated 12/06/22 identified R1 required physical assistance with bathing, he was independent with dressing, toileting, transferring, walking, and eating. He lacked the ability to manage his own medications, his cognition was intact, he was continent, and he was able to make himself understood and he understood others. He was marked with falls, and he used a walker/cane mobility device. The comment section lacked the note of the bed assist device located on the resident bed.

Review of R1 combined "Negotiated Service Agreement" (NSA) and "Health Service Plan" (HSP) identified and instructed facility staff to provide the following health care services: R1 will self-administer own medications, he used no assistive device, frequent monitoring to reduce risk of falls, there is a "U" shaped bar on the bed for assistance with easier transferring and was independent with bathing.

R1 record lacked an assessment for R1 confirming the bed assist devices attached to his bed was not a restraint, showed the purpose of the device and R1's ability to safely use the device, and ensure that the bed assist device was securely attached to the bed.

- Record review on 04/03/23 for R2 revealed an admission date of 03/02/23 with diagnoses of need for assistance with personal care, amnesia, repeated falls, chronic venous hypertension with inflammation of unspecified lower extremity,

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S3171	Continued From page 6	S3171		

hypertension, and presence of cardiac pacemaker.

Review of R2 FCS identified R2 required physical assistance with bathing, dressing, and toileting. She required supervision with toileting, and walking/mobility. she lacked the ability to manager her own medications, and had impaired short-term memory, impaired memory recall and impaired decision making. She was usually incontinent and was able to make herself understood and she understood others. She was marked with falls, impaired vision, and impaired hearing, and she used a walker/wheelchair for mobility. The comment section lacked the note of the bed assist device located on the resident bed.

Review of R2 combined NSA/HSP identified and instructed facility staff to provide the following health care services: frequent monitoring for falls, stand by supervision for ambulation on a regular basis, physical assistance with bathing, verbal cues/reminders for toileting activities and the facility will manage medications, and she was independent with transfers. The NSA lacked a description of the bed assist device attached to the left side of her bed.

Observation on 04/04/23 at approximately 03:30 PM revealed R2 sitting in her recliner. Her bed was observed on the east side of the room with the head of the twin sized bed against the wall. The area to either side of the bed was open space. On the left side of the bed attached to the upper portion of the bed on the frame was a bed assist device that measured 9.5 inches high, 15 inches wide and had a space of 4.5 inched

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S3171	Continued From page 7	S3171		

in-between the upper and lower bars.

R2 record lacked an assessment for R2 confirming the bed assist devices attached to his bed was not a restraint, showed the purpose of the device and R2's ability to safely use the device, and ensure that the bed assist device was securely attached to the bed.

- Record review for R3 on 04/03/23 revealed a re-admission date of 08/19/23 with diagnoses of vascular dementia, type 2 diabetes, long term use of insulin, atherosclerotic heart disease, peripheral vascular disease, arthritis, lumbago with sciatica, chronic kidney disease state 3, major depressive disorder, and unspecified dementia.

Review of R3 FCS dated 08/19/23 identified R3 required physical assistance with bathing, and supervision with dressing, she was independent with toileting, transferring walking, and eating. She lacked the ability to manager her own medications, had impaired long - term memory, impaired decision making, and impaired decision making. She was able to make herself understood and she understood others. She was marked with falls and used a walker and wheelchair mobility devices. The comment section lacked the note of the bed assist device located on the resident bed.

Review of R3 combined NSA and HSP identified and instructed facility staff to provide the following health care services: Provide physical assistance with bathing, verbal cues with

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S3171	Continued From page 8	S3171		

dressing, provide stand by assistance with ambulation, and cueing with toileting. Salon Pas cream at bedside to self-administer, and R3 insulin "would be administered by a licensed nurse or "Certified Medication Aide would prepare and dial the resident insulin pen to the proper dosage and resident would self-inject". Staff to provide stand by supervision for ambulation on a regular basis and R3 will "use the toilet raiser and the "U" bar for easier transfers. R3 NSA lacked a full description of the bed assist device.

R3 record lacked an assessment for R3 confirming the bed assist devices attached to his bed was not a restraint, showed the purpose of the device and R2's ability to safely use the device, and ensure that the bed assist device was securely attached to the bed.

Observation on 04/04/23 at approximately 03:35 PM revealed R3 laying cross ways in the middle of her bed with her head on the left-hand side of the bed. The head of the full-sized bed was against the west wall of the room with the right side of the bed close to the wall. On the left side of the bed slid under the mattress was a bed assist device that measured 29 inches high, 18 inches wide and, 4.5 inches between the 2 bars between the upper and lower bars of the device.

Interview on 04/04/23 at 04:00 PM with administrator A and LN B, they confirmed R's 1, 2, and 3 records lacked an assessment 3 confirming the bed assist devices attached to their beds were not a restraint, showed the purpose of the device and their ability to safely use the device, and ensured that the bed assist

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S3171	Continued From page 9 device was securely attached to their bed's. The administrator failed to ensure qualified personnel performed an assessment for R's 1, 2 and 3 confirming the bed assist devices attached to their beds were not a restraint, showed the purpose of the device and their ability to safely use the device, ensure that the bed assist device was securely attached to the bed's, list the devices on their FCS's under the comments section, include a description of the device in their NSA's and document periodic reassessments of the R's 1, 2, and 3 ability to use the devices safely in the resident record in accordance with acceptable standards of practice.	S3171		
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 10	S3175		

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-205 (a) (1)

The facility reported a census of 28 residents. The sample included 3 "Residents'" ((R's)1, 2, and 3), and 1 closed record review (R4). Based on record review and interview the administrator failed to ensure the licensed nurse performed a self-administration assessment for R3 determining she could safely and accurately self-administer her insulin and Salon Pas cream (pain medication) without staff assistance.

Findings include:

- Record review for R3 on 04/03/23 revealed a re-admission date of 08/19/23 with diagnoses of vascular dementia, type 2 diabetes, long term use of insulin, atherosclerotic heart disease, peripheral vascular disease, arthritis, lumbago with sciatica, chronic kidney disease state 3, major depressive disorder, and unspecified dementia.

Review of R3 "Functional Capacity Screen" (FCS) dated 08/19/23 identified R3 required physical assistance with bathing, and supervision with dressing, she was independent with toileting, transferring walking, and eating. She lacked the ability to manager her own medications, had impaired long - term memory, impaired decision making, and impaired decision making. She was able to make herself understood and she understood others. She was marked with falls and used a walker and

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S3175	Continued From page 11 wheelchair mobility devices. Review of R3 combined "Negotiated Service Agreement" (NSA) and "Health Service Plan" (HSP) identified and instructed facility staff to provide the following health care services: Provide physical assistance with bathing, verbal cues with dressing, provide stand by assistance with ambulation, and cueing with toileting. Salon Pas cream at bedside to self-administer, and R3 insulin "would be administered by a licensed nurse or "Certified Medication Aide would prepare and dial the resident insulin pen to the proper dosage and resident would self-inject". R3 records lacked a self-administration assessment performed by a" Licensed Nurse" (LN) determining she could safely and accurately self-administer her insulin and Salon Pas cream without staff assistance. Interview on 04/04/23 at 11:35 AM with LN B, she confirmed the R3 record lacked a self-administration assessment performed by a" Licensed Nurse" (LN) determining she could safely and accurately self-administer her insulin and Salon Pas cream without staff assistance. The administrator failed to ensure the licensed nurse performed a self-administration assessment for R3 determining she could safely and accurately self-administer her insulin and Salon Pas cream without staff assistance.	S3175		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure	S3280		

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S3280	Continued From page 12 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: K.A.R. 26-41-104 (d) (3) The facility reported a census of 28 residents. The sample included 3 "Residents'" ((R's)1, 2, and 3), and 1 closed record review (R4). Based on record review and interview the administrator failed to ensure the facility's emergency management plan that included all the following topics: fire, flood, severe weather, tornado, explosions, natural gas leaks, lack of electricity or water service, missing residents, and any other potential emergency situations was reviewed quarterly with facility staff and residents. Findings include:	S3280		

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- Record review of the facility provided document titled "Assisted Living Chats Agenda" dated 03/15/23 revealed the emergency preparedness that included all the following topics: fire, flood, severe weather, tornado, explosions, natural gas leaks, lack of electricity or water service, missing residents, and any other potential emergency situations was reviewed quarterly with staff and residents.
was discussed with 7 residents who attended the meeting.

The record lacked the documentation of training provided to residents who did not attend the meeting.

Record review of the facility provided document titled "Assisted Living Chats Agenda" dated 01/18/23
item #6 under new business; identified "winter weather" as the only emergency preparedness topic addressed with 8 residents who attended the meeting. The record lacked the names of the residents who received the required quarterly training.

Record review of the facility provided document titled "Assisted Living Chats Agenda" dated 12/28/22 item #2 under new business identified "power outage during winter storm" as the only emergency preparedness topic addressed. The record lacked the names of the residents who received the required quarterly training.

Record review of the facility provided document titled "Assisted Living Chats Agenda" dated 11/16/22 item #3 under new business identified "active shooter" as the only emergency

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S3280	Continued From page 14	S3280		

preparedness topic addressed. The record lacked the names of the residents who received the required quarterly training.

Record review of the facility provided document titled "Assisted Living Chats Agenda" dated 10/19/22 item #3 under new business identified "emergency preparedness". The record lacked the names of the residents who received the required quarterly training.

Record review of the facility provided document titled "Assisted Living Chats Agenda" dated 09/14/22 item #5 under new business identified "emergency preparedness". The record lacked the names of the residents who received the required quarterly training.

Record review of the facility provided document titled "Assisted Living Chats Agenda" dated 08/07/22 item #6 under new business identified "tornado warning" as the only emergency preparedness topic addressed. The record lacked the names of the residents who received the required quarterly training.

Interview on 04/04/23 at 04:00 PM with administrator A, she confirmed she lacked the required documentation for all facility staff and residents required quarterly emergency preparedness training.

The administrator failed to ensure the facility's emergency management plan that included all the following topics: fire, flood, severe weather, tornado, explosions, natural gas leaks, lack of electricity or water service, missing residents, and any other potential emergency situations

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046033A	A. BUILDING: _____ B. WING _____	04/04/2023

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
S3280	Continued From page 15 was reviewed quarterly with facility staff and residents.	S3280		