STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046049	A. BUILDING: _____ B. WING _____	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT MISSION	7105 MISSION ROAD PRAIRIE VILLAGE, KS 66208

(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 and complaints #190940, #190740, #189089, #187726, #186897, #186015, #184434, #184122, #182431, and #181750 at the above named assisted living conducted on 10/08/24 and 10/09/24.	S 000		
S3101 SS=D	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 65 residents with six residents included in the sample and six 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) 6 and R9. Findings included: - Record review for R6 revealed an admission date of 01/04/24 with a diagnosis of Huntington's Disease. The 07/05/24 "Functional Capacity Screen" (FCS) identified R6 required physical assistance with bathing and management of medications and treatments; had short-term and long-term	S3101		

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

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S3101	Continued From page 1	S3101		

memory, memory/recall, and decision-making cognitive difficulties; and was identified at risk for impaired decision-making.

The 07/03/24 "NSA" identified facility staff provided R6 assistance with bathing and administered all his medications. They offered him foods and beverages of his choice or watching TV for cognitive difficulties. He was provided a durable power of attorney (DPOA) for impaired decision-making. R6's "NSA" failed to describe the services provided for management of treatments.

The 07/03/24 "NSA" for R6 had a signature by his DPOA only and lacked signatures of the others who participated in its development.

- Record review for R9 revealed an admission date of 08/23/24 with a diagnosis of Alzheimer's Disease and Parkinsonism.

The 08/20/24 "FCS" identified R9 required physical assistance with bathing, dressing, toileting, and transfers; was unable to perform walking/mobility; was occasionally incontinent of bladder; and had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties.

The 08/20/24 "NSA" identified facility staff provided R9 assistance with bathing, dressing, toileting, and transfers; and kept her routine consistent and tried to provide consistent caregivers as much as possible for cognitive difficulties. Services provided for walking/mobility and bladder incontinence were not described on R9's "NSA."

The 08/20/24 "NSA" for R9 had a signature by his

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	N046049	A. BUILDING: _____ B. WING _____	10/09/2024

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S3101	Continued From page 2 DPOA only and lacked signatures of the others who participated in its development. On 10/09/24 at approximately 12:18 PM Administrative Nurse C confirmed R6, and R9's "NSAs" lacked signatures of all involved in the development of them. The administrator failed to ensure that each individual involved in the development of the "NSAs" for R6 and R9 signed the agreements.	S3101		
S3186 SS=D	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The facility reported a census of 65 residents with six residents included in the sample and six closed record reviews. Based on interview and record review the administrator failed to ensure Resident (R) 12's "Negotiated Service Agreement" (NSA) identified who was responsible	S3186		

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S3186	Continued From page 3 for the administration and management of select medications. Findings included: - Record review for R12 revealed an admission date of 01/15/24 with diagnoses of mixed hyperlipidemia and dizziness and giddiness. The 07/03/24 "Functional Capacity Screen" (FCS) identified R12 was unable to perform management of medications. The 07/15/24 "Negotiated Service Agreement" (NSA) identified facility staff administered R12 her medications. R12's "NSA" failed to identify R12 was responsible for the administration of select medications. On 10/09/24 at approximately 12:18 PM Administrative Nurse C stated R12 administered her own creams and ointments and confirmed select medications were not identified on R12's "NSA." The administrator failed to ensure R12's "NSA" identified who was responsible for the administration and management of select medications.	S3186		