STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046075	A. BUILDING: _____ B. WING _____	01/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PLAZA HEALTH SERVICES AT SANTA MARTA	13875 W 115TH TERRACE OLATHE, KS 66062

(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 citations represent the findings of the licensure resurvey with attached complaint numbers 172618 and 162540, for the above named facility conducted on 01/10/22 and 01/11/22.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-201 (c) (1) The facility reported a census of 62 residents. The sample included 6 "Residents'" (R). Based on record review and interview the administrator failed to ensure designated staff conducted a screening to determine the functional capacity for R3 at least once every 365 days. Findings included: - Record review on 01/11/23 for R3 revealed an admission date of 02/09/18 with diagnoses of paralysis of vocal cords and larynx, anxiety	S3081		

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

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S3081	Continued From page 1 disorder, seasonal allergic rhinitis, heart failure, dysphagia, oropharyngeal phase, chronic atrial fibrillation, cerebral infarction, depression. Record review on 01/11/23 of R3 "Functional Capacity Screen" (FCS) dated 07/02/21 identified the resident required physical assistance with bathing and dressing. She was independent with toileting and transferring and required supervision with walking and mobility. She lacked the ability to manage her own medications and had impaired short-term memory, impaired memory recall and impaired decision making. She was able to make herself understood and she understood others. She was marked with falls, impaired hearing and impaired decision making. She used a walker and wheelchair mobility devices. Interview on 01/11/23 at 03:54 PM with licensed nurse B, she confirmed R3 did not have a FCS conducted at least every 365 days to determine her functional capacity. The administrator failed to ensure designated staff conducted a screening to determine the functional capacity for R3 at least once every 365 days.	S3081		
S3085 SS=D	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	S3085		

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S3085	Continued From page 2 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: K.A.R. 26-41-202 (a) The facility reported a census of 62 residents. The sample included 6 "Residents'" (R). Based on record review and interview the administrator failed to develop a "Negotiated Service Agreement" (NSA) for R3 that was based on R3 "Functional Capacity Screen" (FCS), The most current FCS for R3 was dated 07/02/21 and the NSA was dated 03/17/22. Findings included: - Record review on 01/11/23 for R3 revealed an admission date of 02/09/18 with diagnoses of paralysis of vocal cords and larynx, anxiety disorder, seasonal allergic rhinitis, heart failure, dysphagia, oropharyngeal phase, chronic atrial fibrillation, cerebral infarction, depression. Record review on 01/11/23 of R3 FCS dated 07/02/21 identified the resident required physical	S3085		

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S3085	Continued From page 3 assistance with bathing and dressing. She was independent with toileting and transferring and required supervision with walking and mobility. She lacked the ability to manage her own medications and had impaired short-term memory, impaired memory recall and impaired decision making. She was able to make herself understood and she understood others. She was marked with falls, impaired hearing and impaired decision making. She used a walker and wheelchair mobility devices. Record review on 01/11/23 of R3 combined NSA / "Health Care Service Plan" (HSP) dated 03/17/22 identified/instructed facility staff to provide the following health care services: bathing to be provided by the private duty caregiver, resident required physical assistance with dressing, she was independent with toileting, she required a one person stand by assist for transfers, and she required one person assist with mobility. The NSA identified the resident was receiving physical and speech therapy. Interview with Licensed Nurse B on 01/11/23 at 03:54, she confirmed R3's NSA was not based on R3 FCS. The administrator failed to develop a "Negotiated Service Agreement" (NSA) for R3 that was based on R3 "Functional Capacity Screen" (FCS), The most current FCS for R3 was dated 07/02/21 and the NSA was dated 03/17/22.	S3085		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice	S3171		

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S3171	Continued From page 4 (i) All health care services shall be provided to residents by qualified staff in accordance with 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 62 residents. The sample included 6 "Residents'" (R). Based on observation, interview and record review the administrator failed to ensure the licensed nurse performed an assessment on bed assist devices to ensure the device was not a restraint, determine the purpose of the bed assist device, make sure the device was securely attached to the bed and posed no risk for entrapment, and documented periodic reassessments of the bed assist device and the resident ability to use the device, in accordance with best practice for R4, R5, and R6. Findings included: - Record review on 01/11/23 for R4 revealed and admission date of 03/15/22 with diagnoses of Alzheimer's disease, dementia in other diseases, hypertension, rheumatoid arthritis, osteoporosis, and insomnia. Record review on 01/11/23 of R4 "Functional Capacity Screen" (FCS) identified R4 required physical assistance with bathing and dressing, she required supervision for dressing. She was independent with transferring, walking/mobility and eating. She lacked the ability to manage her	S3171		

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S3171	Continued From page 5	S3171		

own medications, was occasionally incontinent, and could make herself understood, she usually understood others and used a walker assistive device.

Record review on 01/11/23 of R4 combined "Negotiated Service Agreement" (NSA) / "Health Care Service Plan" (HSP) identified /instructed staff to provide the following health care services: Staff to assist with one person with bathing and dressing, staff to provide supervision and cuing with toileting, she was independent with transferring and mobility her walker. Listed under medical equipment it stated, "resident required a bed cane for bed mobility and transferring".

Record review on 01/11/23 revealed a document titled "Side Rail Screening Assessment Form" dated 12/08/21.

The record lacked a current assessment being performed for R4 showing the bed assist device was not a restraint, determined the purpose of the bed assist device, made sure the device was securely attached to the bed and posed no risk for entrapment, and documented periodic reassessments of the bed assist device and the ability of R4 to use the device.

Observation on 01/11/23 of R4 bed revealed a device on the left side of the resident bed, the device measured 17 and ¾ inches in width and 18 ½ inches in height.

Interview on 01/11/23 at 3:54 PM with "Licensed Nurse" B, she confirmed the resident record lacked a current assessment for R4 showing the

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S3171	Continued From page 6 bed assist device was not a restraint, determined the purpose of the bed assist device, made sure the device was securely attached to the bed and posed no risk for entrapment, and documented periodic reassessments of the bed assist device and the ability of R4 to use the device. - Record review on 01/11/23 for R5 revealed an admission date of 05/07/21 with diagnoses of hypertension, anxiety, lipoprotein deficiency, insomnia, osteoporosis, angina, unspecified dementia, acute embolism, and thrombosis of unspecified deep veins of unspecified lower extremity. Record review on 01/11/24 of R5 FCS identified R5 required physical assistance with bathing, dressing, and toileting. She was independent with transferring, walking/mobility, eating and she was occasionally incontinent. She had impaired short -term memory, impaired memory recall, and impaired decision making. She was able to make herself understood and she understood others. She was marked with falls, wandering, and had impaired decision making. She used a walker mobility device. Record review on 01/11/23 of R5 combined "Negotiated Service Agreement" (NSA) / "Health Care Service Plan" (HSP) identified /instructed staff to provide the following health care services: Staff were to physically assist with bathing and toileting, and dressing. R5 was independent with transferring and mobility with her walker. Listed under the medical equipment description was a four wheeled walker, standard wheelchair with a cushion, and a bed cane.	S3171		

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S3171	Continued From page 7 The record lacked an assessment being performed for R5 showing the bed assist device was not a restraint, determined the purpose of the bed assist device, made sure the device was securely attached to the bed and posed no risk for entrapment, and documented periodic reassessments of the bed assist device, and the ability of R5 to use the device. Observation on 01/11/23 of R5 bed revealed an inverted "U" shaped device on the left side of the resident bed that had a longer "U" shaped piece that slid under the top mattress and attached with a nylon strap around the bottom mattress. The device measured 13 inches across in width. Interview on 01/11/23 at 03:54 PM with "Licensed Nurse" B, she confirmed the resident record lacked an assessment for R5 showing the bed assist device was not a restraint, determined the purpose of the bed assist device, made sure the device was securely attached to the bed and posed no risk for entrapment, and documented periodic reassessments of the bed assist device and the ability of R5 to use the device. - Record review for R6 revealed an admission date of 04/24/21 with diagnoses of Hypothyroidism, Sjogren Syndrome low back pain, irritable bowel syndrome, hypertension, history of falling, rheumatoid arthritis, other forms of scoliosis, gastro esophageal reflux disease. Record review on 01/11/23 of R6 FCS identified R6 required physical assistance with shower and dressing. She was independent with toileting, transferring, and walking/mobility. She was continent and her cognition was intact. She was	S3171		

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S3171	Continued From page 8 able to make herself understood and she understood others, she used a walker and wheelchair mobility device. Record review on 01/11/23 of R6 combined "Negotiated Service Agreement" (NSA) / "Health Care Service Plan" (HSP) identified /instructed staff to provide the following health care services: staff to provide stand by assist for showers, and she was usually independent with dressing and would require assistance after showers and occasional other assistance. A hospital bed with bed canes on both sides was listed. The record lacked an assessment being performed for R6 showing the bed assist device was not a restraint, determined the purpose of the bed assist device, made sure the device was securely attached to the bed and posed no risk for entrapment, and documented periodic reassessments of the bed assist device, and the ability of R6 to use the device. Observation on 01/11/23 of R6 bed revealed the bed had a bed assist device on both sides of the head of the resident bed that measured 9 inches at the top of the device and 5 inches across the bottom of the device where it attached to the bed frame. Interview on 01/11/23 at 03:54 PM with "Licensed Nurse" B, she confirmed the resident record lacked an assessment for R6 showing the bed assist device was not a restraint, determined the purpose of the bed assist device, made sure the device was securely attached to the bed and posed no risk for entrapment, and documented	S3171		

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S3171	Continued From page 9 periodic reassessments of the bed assist device and the ability of R6 to use the device. The administrator failed to ensure the licensed nurse performed an assessment on bed assist devices to ensure the device was not a restraint, determine the purpose of the bed assist device, make sure the device was securely attached to the bed and posed no risk for entrapment, and documented periodic reassessments of the bed assist device and the resident ability to use the device, in accordance with best practice for R4, R5, and R6.	S3171		
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	S3280		

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S3280	Continued From page 10 by: K.A.R. 26-41-104 (d)(3) The facility reported a census of 62 residents. The sample included 6 "Residents'"(R). Based on record review interview the administrator failed to ensure quarterly reviews of the facility's emergency management plan was performed with employees and residents every quarter. Findings included: - Record review on 01/11/23 of the electronic training program for employees listed a course titled "Natural Disasters and Workplace Emergencies". Interview on 01/11/23 at 09:00 AM with Administrator A revealed the electronic training program for employees is an annual course not quarterly as required and, Administrator A continued to state the last resident emergency management plan review was during the last full annual evacuation on 09/14/22. The administrator failed to ensure quarterly reviews of the facility's emergency management plan was performed with employees and residents every quarter.	S3280		