STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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 The following citations are the result of a Revisit Correction Order visit #7-13; Notice of Assessment visit #17-14; and Ban on Admission visit #17-3; at the above named Assisted Living Facility in Prairie Village, Kansas on 3/08/17, 3/09/17, 3/13/17, 3/14/17, 3/15/17, and 3/16/17.	{S 000}		
S 195 SS=E	26-39-102 (f) Discharge Notice (f) The administrator or operator, or the designee, shall provide a notice of transfer or discharge in writing to the resident or resident ' s legal representative at least 30 days before the resident is transferred or discharged involuntarily, unless one of the following conditions is met: (1) The safety of other individuals in the adult care home would be endangered. (2) The resident's urgent medical needs require an immediate transfer to another health care facility. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(f) The census included 39 Assisted Living (AL) Residents, 24 Memory Care (MC) Residents and one Adult Day Care (ADC) Resident. Six MC Residents included in the sample. Based on observation, interviews, and reviews of records, for two of six sampled (#1009 and #1011), the Administrator failed to provide a notice of transfer in writing to the Resident or Resident's representative at least 30 days before Resident was transferred.	S 195		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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 195	Continued From page 1 Findings included: - Review of record revealed #1011 admitted to AL 8/01/16 with diagnoses of Chronic renal failure, Osteoarthritis, Spinal stenosis, Hypertension, Hyperlipidemia, and Macular degeneration. Medical Record Nurses' Notes (NN) of 01/10/17 recorded #1011 complained of being sick, asked to see a Dr. or go to the Emergency Room... no further entries in record until 3/02/17. NN dated 3/02/17 at 12:35 pm documented #1011 returned from rehabilitation facility to MC unit of facility. The medical record lacked a physician's order to admit to the MC unit of facility. The medical record lacked evaluations or assessments to indicate #1011 needed the specialized services of the MC unit. The medical record lacked a current negotiated service agreement (NSA), to record needed and agreed upon services, the provider of the services, and the costs. The medical record lacked documentation of a written notice of transfer provided to Resident or Resident's representative prior to transfer to the MC unit. On 3/09/17 at 9:50am and at 10:45am, Direct Care Staff #J stated #1011 was in AL... now in MC because needed a little more physical assistance... no behaviors... needs help with transfers, dressing, bathing... can feed self but	S 195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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 195	Continued From page 2	S 195		

we push wheelchair for him/her at times... he/she is trying to go back to AL... we are trying to get hold of family...

On 3/09/17 at 1:27pm Company QA Nurse #I stated " we don't have NSA in chart... wasn't on my original audit list because he/she was gone... but now is back and on list to do... no other evaluations or assessments for MC available. "

The Administrator failed to provide a notice of transfer in writing to #1011 or #1011's representative at least 30 days before Resident was transferred.

- Review of record revealed #1009 admitted to AL 12/06/14 with diagnoses of Hypertension, Dementia, and Atrial fibrillation.
The most recent 5/31/16 functional capacity screen assessed #1009 in need of physical assistance with bathing, dressing, toileting; unable to perform medication and treatment management; in need of supervision with transfers; with bladder incontinence; with short term memory, memory recall, and decision making impairments; with falls/unsteadiness, hearing and vision impairments; usually understood and usually understands.

The medical record contained NSA/HSP dated 5/13/16. This NSA/HSP recorded assistance with bathing, reminders and assistance with dressing and toileting, medication management, independence with eating and stand by assistance when using walker for mobility, staff reminders for meal times, apartment location, and activities.

The medical record contained an NSA/HSP dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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 195	Continued From page 3	S 195		

02/09/17, completed by facility staff, not signed by Resident or Resident's representative. This NSA/HSP contained the same care services above, and included for orientation "needing frequent redirection due to confusion orientate as needed."

By observation and interview 3/08/17 at 5:15pm in #1009's room, Resident on couch with blanket over lap and knees... calm, quiet... answered questions with a mixture of present and long past answers (I've lived here just a few months now... my children are 8 and 12 years old, my husband works for the railroad, after supper I will do dishes, I go downstairs and out the front door if I want to leave...).

On 3/08/17 at 5:38pm, Surveyor shared observations of #1009 with Administrator #F, Administrator #D, Assistant Executive Director #B, and Company QA Nurse #I. Surveyor described #1009 ' s answers to current questions in long past tense, and Requested any recent notes or assessment of current confusion status. Administrative staff stated no recent notes or assessment ... family member just left after visiting #1009, voiced concern and awareness of a change since last visit few days prior ... stated family is taking to hospital to be evaluated tonight for possible UTI (urinary tract infection) order obtained from nurse practitioner. Due to elopement with confusion on 02/08/17 and NSA/HSP revision not complete, Surveyor requested a plan to keep #1009 safe overnight.

On 3/08/17 at 6:45pm, Administrator #F and Administrator #D provided written statement #1009 going to be evaluated at the Emergency Room and if returned to facility tonight, would

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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 195	Continued From page 4	S 195		

consider transfer to MC unit or providing 1:1 observation by staff, family members, or private duty caregivers.

On 3/09/17 at 9:00am Administrator #D stated #1009 brought over to MC and is in one of our transition rooms. Administrator #D stated it " took a little convincing for the family but they did finally agree... explained the need for safety. "

On 3/09/17 at 9:35am, Administrator #F and Administrator #D confirmed #1009 transferred to MC at approximately midnight... confirmed a family member gave a verbal agreement, no written information, notice, or agreement completed.

On 3/09/17 at 9:58am, family member stated I noticed difference in #1009 when visited last evening compared to 3/06/17 ... I inquired what UA (urinalysis) results of 3/07/17 showed (had complaint of back pain on 3/07/17) ... was told the UA never sent ... I stopped at office on way out told them he/she getting delusional ... they called 10 minutes later ... yes we think he/she is sick ... fastest to go to ER (emergency room) ... when I came to transport, was told it was result of Surveyor visit and follow up to 02/08/17 attempt (elopement) ... not an option and not a choice until can be proven he/she doesn ' t need memory care ... at first I said I will stay with #1009 tonight ... staff stated we don ' t think this is going to be a one night thing ... more attention while recuperating ... will re-orient or re-direct ... NSA/HSP written 3 weeks ago not signed by DPOA (durable power of attorney), DPOA wanted changes ... hasn ' t happened yet ... nothing signed last night ... back here almost midnight ... to MC ... aide didn ' t know what to do ... went and got the nurse ... didn ' t know ... I called Assistant

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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 195	Continued From page 5 Executive Director #B on cell phone to find out what they were supposed to do ... #B talked to staff ... then aide came in and was very helpful ... The Administrator failed to provide a notice of transfer in writing to #1009 or #1009's representative at least 30 days before Resident was transferred.	S 195		
{S3028} SS=E	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.	{S3028}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3028}	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3)(B)(C)(D)(E)(F) The census included 39 Assisted Living (AL) Residents, 24 Memory Care (MC) Residents and one Adult Day Care (ADC) Resident. Six Residents included in the sample. Based on observation, interview and review of record, for one of six sampled with an allegation of potential neglect (#1009), the Administrator failed to: ensure each allegation of potential neglect reported to the Administrator as soon as staff aware of the allegation, and failed to thoroughly investigate allegations of potential neglect. Findings included: - Review of record revealed #1009 admitted to AL 12/06/14 with diagnoses of Hypertension, Dementia, and Atrial fibrillation. The 5/31/16 annual functional capacity screen assessed #1009 in need of physical assistance with bathing, dressing, toileting; unable to perform medication and treatment management; in need of supervision with transfers; with bladder incontinence; with short term memory, memory recall, and decision making impairments; with falls/unsteadiness, hearing and vision impairments; usually understood and usually understands. The medical record contained an annual negotiated service agreement (NSA)/health care service plan (HSP) dated 5/13/16. This NSA recorded assistance with bathing, reminders and	{S3028}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3028}	Continued From page 7	{S3028}		

assistance with dressing and toileting, medication management, independence with eating and stand by assistance when using walker for mobility, staff reminders for meal times, apartment location, and activities.

A revised NSA/HSP dated 02/09/17 contained the same care services above, and included for orientation "needing frequent redirection due to confusion, orientate as needed."

Medical record Nurses' Notes lacked any entries from 01/28/17 to 02/18/17.

Facility investigation notes revealed:
On 02/10/17 Direct Care staff #K reported to Resident Services Director #C that on 02/08/17 #1009 exited 100 hall front door. Direct care staff #K received notification from emergency response (pager) at 12:07am and stated he/she responded at 12:11am. Resident #1009 was found knocking on 100 hall front door. Direct care staff #K opened door and asked #1009 what he/she was doing... #1009 reported looking for spouse (deceased)... #K redirected Resident to apartment and Resident stayed in apartment through the night.

Facility investigation included two staff statements dated 02/10/17:
Direct care staff #K - " on 12/09/17 at around 12:20am found #1009 knocking on 100 door when I responded to a door light..wearing pajamas and jacket... no walker... asked where going... he/she informed me he/she was supposed to go see his/her son... redirected back to room and managed to sleep till morning... "

Direct Care #L - " on 02/08/17 direct care staff #K made no mention that #1009 escaped out of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3028}	Continued From page 8 the building nor did he/she try to get out. " Facility investigation failed to include a determination of the time #1009 last provided care by staff and time last seen inside facility, description of demeanor and behavior prior to elopement, clarification of other door alarm signals to verify the time the resident left the facility, and an assessment of resident #1009 upon return. An assessment of #1009 upon returning inside facility, The NSA/HSP lacked revision to include interventions to address risk for elopement. Interview with Administrator #F on 3/08/17 at 1:25pm, when asked if any recent elopements, stated " I don't think so... there was an AL Resident who had opened one of the doors... " Administrator #F then provided the above reference investigation. By observation and interview 3/08/17 at 5:15pm in #1009's room, Resident on couch with blanket over lap and knees... calm, quiet... answered questions with a mixture of present and long past answers (I've lived here just a few months now... stated my children are 8 and 12 years old, my husband works for the railroad, after supper I will do dishes, I go downstairs and out the front door if I want to leave...). #1009 voiced no recollection of going outside to look for "spouse" or "son". On 3/08/17 at 5:38pm Administrator #F, Administrator #D, and Assistant Executive Director #B stated after finding #1009 outside, he/she was placed on 15 minute checks for three days... confusion cleared as an infection at that time cleared... no other assessments or	{S3028}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3028}	Continued From page 9 documentation available as part of the investigation. The Administrator failed to ensure an allegation of potential neglect for #1009 reported to the Administrator as soon as staff aware of the allegation, and failed to thoroughly investigate the allegations of potential neglect.	{S3028}		
S3080 SS=E	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The census included 39 Assisted Living (AL) Residents, 24 Memory Care (MC) Residents and one Adult Day Care (ADC) Resident. Six Residents included in the sample. Based on interview and reviews of record, for two of six sampled (#1009 and #1010) the Administrator	S3080		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3080	Continued From page 10	S3080		

failed to ensure designated facility staff completed a functional capacity screen (FCS) that that included each element and definition specified by the department

Findings included:

- By interview on 3/08/17 at 1:25pm and at 5:38pm, Administrator #F described the corrective process taking place in facility. He/she stated " I brought in company QA (quality assurance) nurse #I who audited all records,. completed internally risk assessments, functional capacity screens (FCS), and negotiated service agreements (NSA)/health care service plans (HSP) "

- Review of record revealed #1009 admitted to AL 12/06/14 with diagnoses of Hypertension, Dementia, and Atrial fibrillation.

The record included a FCS completed 3/09/17 by Licensed Nurse #H. The cognition section contained a number value of "5". This code failed to correspond with the required numbering system of the form as described in the instruction manual. Section "D. Cognition" consisted of four boxes, each box to be filled with a "1" if applicable, total score to result from zero to four.

The Administrator failed to ensure designated facility staff completed an FCS that accurately reflected #1009's functional capacity.

- Review of record revealed #1010 admitted to Assisted Living (AL) on 11/01/16 with diagnoses of Memory loss, Dementia, Hypertension, Anxiety, and Severe memory loss.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3080	Continued From page 11 Upon review 3/09/17, the medical record lacked an FCS. Interview 3/9/17 at 4:30pm with Company QA Nurse #I confirmed he/she could not locate a FCS for resident #1010 Licensed Nurse #G completed a FCS on 3/13/17. The Cognition section "D" contained a number value of "10". This code failed to correspond with the required numbering system of the form as described in the instruction manual. Section "D. Cognition" consisted of four boxes, each box to be filled with a "1" if applicable, total score to result from zero to four. Section IV - Mobility Appliance/Devices recorded "none of the above" for appliances. Observation on 3/09/17 at 11:13am Resident #1010 was ambulating around MC unit using a wheeled walker with a seat. The Administrator failed to ensure designated facility staff completed an FCS that accurately reflected #1010's functional capacity.	S3080		
S3085 SS=E	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 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	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3085	Continued From page 12 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 26-41-202(a) The census included 39 Assisted Living (AL) Residents, 24 Memory Care (MC) Residents and one Adult Day Care (ADC) Resident. Six MC Residents included in the sample. Based on interview and review of record, for six of six sampled (#1011, #1009, #1003, #1004, #1005, and #1010), the Administrator failed to ensure the development of a written negotiated service agreement/health service plan (NSA/HSP) for each Resident in collaboration with the Resident or the Resident's representative, that included a description of the services the Resident to receive. Findings included: - By interview on 3/08/17 at 1:25pm and at 5:38pm, Administrator #F stated company QA (quality assurance) nurse #I audited all records... completed all internally risk assessments, functional capacity screens (FCS), negotiated service agreements (NSA/HSP)... we put a copy of what we had done in chart and mailed copy out to families... we are making follow up phone calls for meetings...	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3085	Continued From page 13	S3085		

- On 3/09/17 at 4:21pm Administrator #F confirmed NSA/HSP ' s lacked signatures of Resident or family members ... stated we sent a cover letter... and our log says who we have mailed to etc... we wanted to get them all out... then when families/representatives came in have them sign the paperwork... ongoing process to do all NSA/HSP ' s over several weeks.. we are in process of doing and getting them done... that's why you are not seeing a lot signed yet...

- Review of record revealed #1011 admitted to AL 8/01/16 with diagnoses of Chronic renal failure, Osteoarthritis, Spinal stenosis, Hypertension, Hyperlipidemia, and Macular degeneration.

Medical Record Nurses' Notes (NN) dated 3/02/17 at 12:35 pm, documented #1011 returned from rehabilitation facility to MC unit of facility. NN recorded the enrollment of #1011 in home health services but failed to identify which services and when provided.

The current 02/28/17 functional capacity screen (FCS) assessed #1011 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with bladder incontinence, long term and short term, memory recall, and decision making impairments; with falls/unsteadiness, vision and hearing impairments; used a wheelchair.

The medical record lacked a current negotiated service agreement (NSA/HSP).

On 3/09/17 at 1:25pm and 1:27pm, Assistant Executive Director #B and Company QA Nurse #I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3085	Continued From page 14	S3085		

confirmed there was no collaboration with Resident or family for completion of an NSA/HSP... confirmed no NSA/HSP completed

- Review of record revealed #1009 admitted to AL 12/06/14 with diagnoses of Hypertension, Dementia, and Atrial fibrillation.

A 5/31/16 FCS assessed #1009 in need of physical assistance with bathing, dressing, toileting; unable to perform medication and treatment management; in need of supervision with transfers; with bladder incontinence; with short term memory, memory recall, and decision making impairments; with falls/unsteadiness, hearing and vision impairments; usually understood and usually understands.

A 3/09/17 FCS assessed #1009 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; in need of supervision with eating; unable to perform medication and treatment management; incontinent of bladder; usually understandable and understands for communication (1-0); with impaired vision; used walker and wheelchair; with short term memory, long term memory, memory recall, and decision making impairments.

The medical record contained an NSA/HSP dated 02/09/17. The NSA/HSP lacked signatures of the resident or legal representative and the nurses notes lacked documentation the services had been discussed with the resident or legal representative.

A revised NSA/HSP dated 3/09/17 also lacked signatures of the resident or legal representative and the nurses notes lacked documentation the services had been discussed with the resident or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3085	Continued From page 15	S3085		

legal representative.

By observation on 3/09/17 at 9:55am, family member of #1009 declined to sign a document presented to him/her by Licensed Nurse #H... family member stated " I am not the DPOA (durable power of attorney)... I am not able to sign papers. "

By interview on 3/09/17 at 9:58am, family member of #1009 stated the DPOA was here about three weeks ago and met with Assistant Executive Director #B and Resident Service Coordinator #C. DPOA was not in agreement with NSA/HSP and made notes and changes. They (assistant executive director #B and resident service coordinator #C) were going to revise and get back with DPOA but that hasn't happened yet. "

On 3/09/17 the facility provided a log of contacts/completion process for revision of resident records that recorded packet (FCS, NSA/HSP, risk assessment) completed 02/10/17 and mailed 3/06/17. No additional dates or documentation of contact with DPOA.

- Review of record revealed #1003 admitted to facility 3/11/16 with diagnoses of Alzheimer's, Hypothyroidism, Incontinence, and Forgetfulness.

The current functional capacity screen (FCS) of 02/16/17 assessed #1003 in need of physical assistance with bathing, dressing, and toileting; in need of supervision with transfers, mobility, and eating; unable to perform medication and treatment management; with bladder incontinence, unsteadiness, wandering, impaired decisions; used a walker; and with short term and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3085	Continued From page 16	S3085		

long term memory, memory recall, and decision making impairments.

The current NSA/HSP dated 02/16/17 lacked signatures of the resident or legal representative and the nurses notes lacked documentation the services had been discussed with the resident or legal representative.

On 3/13/17 the facility provided an updated log of contacts/completion process for revision of resident records that recorded packet (FCS, NSA/HSP, risk assessment) completed 02/21/17 and mailed " that week of " , RN reviewed via phone - no questions at that time per reporting RN - will return once completed. No additional dates or documentation of contact with signing party.
The log failed to identify the dates of reviews on phone, which RN made the contact, who spoken to, comments, questions, requests, changes made, etc.

- Review of record revealed #1004 admitted to facility 11/18/16 with diagnosis of Anxiety.

The current functional capacity screen (FCS) of 02/19/17 assessed #1004 in need of physical assistance with bathing, dressing, toileting, mobility; supervision with transfers and eating; unable to perform medication and treatment management; sometimes understands and sometimes understood for communication; with short term memory, long term memory, memory recall and decision making impairments; with wandering tendency and used a walker.

The current NSA/HSP dated 02/20/17 lacked signatures of the resident or legal representative

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3085	Continued From page 17	S3085		

and the nurses notes lacked documentation the services had been discussed with the resident or legal representative.

The 3/13/17 log of contacts/completion process recorded packet completed 02/21/17 and mailed " that week " . No additional dates or documentation of contact with signing party.

- Review of record revealed #1005 admitted to facility 12/28/16 with diagnoses of Muscle weakness, History of hip fracture, Cerebrovascular accident, and Atrial fibrillation.

The current 02/06/17 functional capacity screen (FCS) assessed #1005 in need of physical assistance with bathing; in need of supervision with dressing, toileting, and eating; independent with transfers and mobility; unable to perform (3) medication and treatment management; incontinent of bladder, with falls, hearing impairment; with short term memory, memory recall, and decision making impairments; used walker.

Copy obtained on 3/09/17 of the current NSA/HSP dated 02/06/17 lacked signatures of the resident or legal representative and the nurses notes lacked documentation the services had been discussed with the resident or legal representative.

The 3/13/17 log of contacts/completion process recorded: packet completed 02/21/17 and mailed. appropriate party signed all items, packet placed in chart as of March (no date), follow up review per RN (which one).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3085	Continued From page 18 - Review of record revealed #1010 admitted to Assisted Living (AL) on 11/01/16 with diagnoses of Memory loss, Dementia, Hypertension, Anxiety, and Severe memory loss. Upon review 3/09/17, the medical record lacked an FCS. At 4:30pm, Company QA Nurse #I searched offices and file folders, reporting no FCS located for this Resident. The medical record contained an NSA/HSP dated 02/27/17. The NSA/HSP lacked signatures of the resident or legal representative and the nurses notes lacked documentation the services had been discussed with the resident or legal representative. The 3/13/17 log of contacts/completion process recorded packet completed 02/27/17 and mailed end of week, RN placed follow up call week one of March, review pending. The log failed to identify the dates of reviews on phone, which RN made the contact, who spoken to, comments, questions, requests, changes made, etc. For residents #1011, #1009, #1003, #1004, #1005, and #1010, the Administrator failed to ensure the development of a written NSA/HSP for each Resident in collaboration with the Resident or the Resident's legal representative.	S3085		
{S3130} SS=E	26-41-203 (d) Special Care Services (d) Special care. Any administrator or operator of an assisted living facility or residential health care facility may choose to serve residents who do not exceed the facility ' s admission and retention criteria and who have special needs in a special	{S3130}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3130}	Continued From page 19	{S3130}		

care section of the facility or the entire facility, if the administrator or operator ensures that all of the following conditions are met:
(1) Written policies and procedures are developed and are implemented for the operation of the special care section or facility.
(2) Admission and discharge criteria are in effect that identify the diagnosis, behavior, or specific clinical needs of the residents to be served. The medical diagnosis, medical care provider ' s progress notes, or both shall justify admission to the special care section or the facility.
(3) A written order from a medical care provider is obtained for admission.
(4) The functional capacity screening indicates that the resident would benefit from the services and programs offered by the special care section or facility.
(5) Before the resident ' s admission to the special care section or facility, the resident or resident's legal representative is informed, in writing, of the available services and programs that are specific to the needs of the resident.
(6) Direct care staff are present in the special care section or facility at all times.
(7) Before assignment to the special care section or facility, each staff member is provided with a training program related to specific needs of the residents to be served, and evidence of completion of the training is maintained in the employee's personnel records.
(8) Living, dining, activity, and recreational areas are provided within the special care section, except when residents are able to access living, dining, activity, and recreational areas in another section of the facility.
(9) The control of exits in the special care section is the least restrictive possible for the residents in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3130}	Continued From page 20 that section. This REQUIREMENT is not met as evidenced by: KAR 26-41-203(d) The census included 39 Assisted Living (AL) Residents, 24 Memory Care (MC) Residents and one Adult Day Care (ADC) Resident. Six Residents included in the sample. Based on interviews and reviews of records, for two of six sampled (#1009 and #1011), the Administrator failed to: 1) Ensure implementation of policies and procedures with admission criteria that identified diagnoses, behaviors, or specific clinical needs 2) Ensure a written order from a medical care provider was obtained for admission, and 3) Inform in writing the Resident or Resident's representative of the available services and programs specific to the needs of the Resident Findings included: - Review of record revealed #1011 admitted to AL 8/01/16 with diagnoses of Chronic renal failure, Osteoarthritis, Spinal stenosis, Hypertension, Hyperlipidemia, and Macular degeneration. The medical record lacked a physician's order to admit to the MC unit of facility. Medical Record Nurses' Notes (NN) dated 3/02/17 at 1235 documented #1011 returned from rehabilitation facility to MC unit of facility.	{S3130}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3130}	Continued From page 21 The current 02/28/17 functional capacity screen (FCS) assessed #1011 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with bladder incontinence, long term and short term, memory recall, and decision making impairments; with falls/unsteadiness, vision and hearing impairments; used a wheelchair. The medical record lacked a current negotiated service agreement (NSA), to record needed and agreed upon services, the provider of the services, and the costs. By review of Memory Care Policy and Procedure provided by Administrator #D and Operator #F: The diagnoses for #1011 failed to correspond with move in criteria of the MC policies to indicate #1011 would benefit from the dementia care program. The medical record lacked evidence of a comprehensive physician assessment, appropriate cognitive assessments, an interview and meeting with the MC Coordinator according to the MC policy and procedure to integrate Resident into the community. The medical record contained a "Memory Care Disclosure" signed by a family member on 3/01/17. This disclosure also referenced (on page 2) an assessment to be completed to determine appropriateness for the MC neighborhood. The appointment and assessment date was empty and the medical record lacked an assessment. On 3/09/17 at 9:50am and at 10:45am, Direct Care Staff #J stated #1011 was in AL... now in MC because needed a little more assistance... no	{S3130}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3130}	Continued From page 22 behaviors... needs help with transfers, dressing, bathing... can feed self but we push wheelchair for him/her at times. On 3/09/17 at 1:27pm Company QA Nurse #I stated resident #1011 did not have NSA/HSP in the chart. For #1011, the Administrator failed to ensure implementation of policies and procedures related to admission criteria and the admission process and failed to ensure a written order from a medical care provider was obtained for admission. - Review of record revealed #1009 admitted to AL 12/06/14 with diagnoses of Hypertension, Dementia, and Atrial fibrillation. By interview on 3/09/17 at 9:00am, Administrator #D stated #1009 was brought over to MC in one of our transition rooms after returning from ER (emergency room) last evening... took a little convincing for the family but they finally agreed... we explained need for safety... lab at ER confirmed a UTI (urinary tract infection)... started on an antibiotic... The medical record lacked a physician's order to admit #1009 to the MC unit of facility. The most recent 5/31/16 functional capacity screen assessed #1009 in need of physical assistance with bathing, dressing, toileting; unable to perform medication and treatment management; in need of supervision with transfers; with bladder incontinence; with short term memory, memory recall, and decision	{S3130}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3130}	Continued From page 23	{S3130}		

making impairments; with falls/unsteadiness, hearing and vision impairments; usually understood and usually understands.

The medical record contained negotiated service agreement (NSA)/health care service plan (HSP) dated 02/10/17 lacked the signature of the resident or resident ' s legal representative; the record lacked a revised NSA/HSP to reflect change in care or services related to move to memory care.

By review of Memory Care Policy and Procedure provided by Administrator #D and Administrator #F, the medical record lacked evidence of a comprehensive physician assessment, appropriate cognitive assessments, an interview and meeting with the MC Coordinator, according to the MC policy and procedure to integrate Resident into the community.

By observation on 3/09/17 at 9:55am, Licensed Nurse #H entered #1009's room in MC, and requested a family member sign the " memory care disclosure " (an assessment to be completed to determine appropriateness for the MC neighborhood). Family member declined, stated I am not the DPOA (durable power of attorney)... no authority to sign.

The medical record lacked an assessment of #1009's needs that could be met in the specialized unit.

For #1009, the Administrator failed to ensure implementation of policies and procedures related to admission criteria and the admission process and failed to ensure a written order from a medical care provider was obtained for admission.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155} SS=J	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The census included 39 Assisted Living (AL) Residents, 24 Memory Care (MC) Residents and one Adult Day Care (ADC) Resident. Six Residents included in the sample. Based on observations, interviews, and reviews of records, for three of six sampled (#1010, #1009, and #1011), the Administrator failed to ensure a licensed nurse provided or coordinated the provision of health care services to address wandering and risk for elopement of cognitively impaired residents #1009 and #1010 and failed to provide and coordinate health care services for resident #1011. On 02/08/17 at 12:11am, staff discovered cognitively impaired Resident #1009 locked outside in pajamas and jacket, looking for deceased spouse. Facility identified #1009 with cognitive issues, at risk for falls and at risk for elopement and failed to provide or coordinate health care services related to the risk for	{S3155}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155}	Continued From page 25	{S3155}		

elopement. On 3/08/17 at 5:15pm, #1009 unable to differentiate between long past and current events and stated he/she would just go downstairs and out the door if he/she wanted to leave. The failure to provide and coordinate services to address potential elopement placed this Resident in Immediate Jeopardy.

Findings included:

- Review of record revealed #1009 admitted to AL 12/06/14 with diagnoses of Hypertension, Dementia, and Atrial fibrillation.

The functional capacity screen dated 5/31/16 assessed #1009 in need of physical assistance with bathing, dressing, toileting; unable to perform medication and treatment management; in need of supervision with transfers; with bladder incontinence; with short term memory, memory recall, and decision making impairments; with falls/unsteadiness, hearing and vision impairments; usually understood and usually understands.

NSA/HSP dated 5/13/16 recorded assistance with bathing, reminders and assistance with dressing and toileting, medication management, independence with eating and stand by assistance when using walker for mobility, staff reminders for meal times, apartment location, and activities.

On 3/08/17 at 1:25pm, when asked if any recent elopements, Administrator #F stated I don't think so... there was an AL Resident who had opened one of the doors... Administrator #F then provided an investigation that described #1009 being outside in pajamas at midnight on 02/08/17.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155}	Continued From page 26 Facility investigation notes revealed: On 02/10/17 Direct Care staff #K reported to Resident Services Director #C that on 02/08/17 #1009 exited 100 hall front door. Direct care staff #K received notification from emergency response (pager) at 12:07am and stated he/she responded at 12:11am. Resident #1009 was found knocking on 100 hall front door. Direct care staff #K opened door and asked #1009 what he/she was doing... #1009 reported looking for spouse (deceased)... #K redirected Resident to apartment and Resident stayed in apartment through the night. Facility investigation included two staff statements dated 02/10/17: Direct care staff #K - " on 12/09/17 at around 12:20am found #1009 knocking on 100 door when I responded to a door light. He/she was wearing pajamas and jacket and no walker. When asked where going, he/she informed me he/she was supposed to go see his/her child... redirected back to room and managed to sleep till morning... " Direct Care #L - " on 02/08/17 direct care staff #K made no mention that #1009 escaped out of the building. Timeanddate.com recorded the temperature on 2/7/17 at 11 p.m. through 2/8/17 at 1:00 a.m. as 30 degrees Fahrenheit with a 10 mile per hour wind. The facility investigation lacked documentation of an assessment or vital signs of the resident when he/she returned inside. Review of door alarm record revealed activations at 11:09pm, 11:20pm, 12:07am, 12:11am, 12:15am, and 12:16am with response time	{S3155}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155}	Continued From page 27 recorded as 1 minute. Statement from Administrator #F 3/14/17 at 11:21 a.m. stated assisted living doors are not on a delayed egress and do not get reset; they are connected to the paging system which alerts the staff pagers between the hours of 9 p.m. and 7 am if the door has been opened. Administrator #F further stated that resident #1009 exiting through the 100 door was a " reasonable assumption based on the fact that this door was closest to his/her room. We found 3 incidents of the door opening during that period of time at the front entrance and we have 2 incidents of the door opening at the employee entrance " . The facility records lacked an investigation to determine cause of activation for times listed above, except for statement from Direct Care Staff #K who indicated he/she opened the door at approximately 12:20pm. Medical record Nurses' Notes lacked any entries from 01/28/17 to 02/18/17. The revised NSA/HSP dated 02/09/17 contained the same care services as 5/13/16 with the addition of "needing frequent redirection due to confusion orientate as needed." Elopement Risk Tool dated 02/10/17 identified #1009 at higher risk of elopement. This tool scored at "9" and the tool documented scores of 6-15 required additional Negotiated Risk Agreements. Negotiated Risk Agreement dated 02/10/17 (not signed by Resident or Resident representative) recorded: "increased confusion with wandering	{S3155}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155}	Continued From page 28	{S3155}		

behaviors successful elopement attempt 02/08/17"; place on 15 minute checks x 72 hours, update NSA/HSP to reflect significant change, progress physician on increased confusion and successful elopement attempt; consider possibility of transfer to MC unit with continued confusion and exit seeking, possibility of private sitter for overnight hours; follow up with physician in regards to review of medications and urinalysis, continue to monitor wandering behaviors and exit seeking through 15 minute checks, admission to secure MC unit with continued exit seeking; will contact family for 1:1 private duty if exit seeking behaviors persist. "

The NSA/HSP lacked description of these services or other interventions to address elopement risk

By observation and interview 3/08/17 at 5:15pm in #1009's room, Resident on couch with blanket over lap and knees... calm, quiet... answered questions with a mixture of present and long past answers (I've lived here just a few months now... stated my children are 8 and 12 years old, my spouse works for the railroad, after supper I will do dishes, I go downstairs and out the front door if I want to leave.). #1009 voiced no recollection of going outside to look for "spouse" or "child " .

These comments and observation of #1009 shared with Administrator #F, Administrator #D, and Assistant Executive Director #B on 3/08/17 at 5:38pm. #F, #D, and #B stated after finding him/her outside, Resident placed on 15 minute checks for three days and resident #1009 ' s confusion cleared as an infection at that time cleared. Requested written plan of action to keep #1009 safe tonight due to current display of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155}	Continued From page 29 confusion. On 3/08/17 at 6:45pm Administrator #D presented Corrective Action Plan: "#1009 has been sent to a hospital emergency room for evaluation and treatment. Should he/she return to our community this evening: We will ensure the personal safety of #1009 by transferring him/her to our Memory Care unit or providing 1:1 observation utilizing staff, family members, or private duty caregivers." For #1009, the Administrator failed to ensure a licensed nurse provided or coordinated the provision of health care services following an elopement from facility without staff knowledge on 02/07/17 into 02/08/17, remained outside in pajamas with a jacket on for an undetermined amount of time. On 3/08/17 at 5:15pm, #1009 was in his/her room by self, in vicinity of door 100, with increased level of confusion demonstrated by inconsistent answers. The failure to provide or coordinate interventions placed this resident in Immediate Jeopardy. The jeopardy was removed when the resident was sent to the ER on 3/8/17 and transferred to the memory care unit on return. - Review of record revealed #1010 admitted to assisted living section of facility 11/01/16 with diagnoses of Memory loss, Dementia, Hypertension, Anxiety, and Severe memory loss. The medical record lacked an admission functional capacity screen (FCS). The negotiated service agreement (NSA)/health care service plan (HSP) of 11/01/16 recorded bathing assistance, redirection for forgetfulness	{S3155}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155}	Continued From page 30 as needed and lacked the signature of the resident or legal representative. Elopement Risk Tool of 11/01/16 identified #1010 at higher risk of elopement. This tool scored at "9" and the tool documented scores of 6-15 required additional Negotiated Risk Agreements. The NSA/HSP dated 11/01/16 lacked interventions or services to address risk for elopement. Nurses' Notes (NN) #1010 recorded resident moved into the Memory Care (MC) unit on evening of 11/02/16 or morning of 11/03/17. NN lacked documentation of resident #1010 ' s elopement attempt. Physician Visit Notes included: 11/10/16 - Dementia with behaviors - alert asking when can he/she go home, wants to leave, is a continual elopement risk at this time 11/17/16 - Dementia with behaviors - met with family regarding med changes, behaviors, confusion, and concern for elopement The current NSA/HSP dated 02/27/17 recorded staff to manage all aspects of medications and treatments, assist with bathing, provide redirection PRN (as needed). Section titled ' Problematic Expressions to include pacing, obsessing about returning home, physical or verbal aggression, etc. ' recorded "none noted as of this review date." The NSA/HSP lacked the signature of the resident or the legal representative. Elopement Risk Tool of 02/27/17 identified #1010 at higher risk of elopement attempts with noted	{S3155}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155}	Continued From page 31	{S3155}		

"elopement attempt 11/03/16." This tool scored at "13" and the tool documented scores of 6-15 required additional Negotiated Risk Agreements.

Physician visit notes included:
3/07/17 - Increased confusion at night
3/09/17 - Dementia with behaviors, increased behaviors, continue medications

Observation on 3/08/17 at 6:30pm in the MC unit, #1010 highly agitated, going from hall to hall and from person to person stating "I want to get out of here!... I am walking home... it's right around the corner... what door do I use to get out?" #1010 continued to pace and voice anger and frustration... interaction with resident #1004 was, loud and #1010 threatened to be physical. Staff separated the two residents and offered a walk outside in the interior courtyard.. At 6:37pm #1010 continued agitated and on the move... pushed on the MC exit door and attempted to use body weight against it... the delayed egress alarm sounded and Licensed Nurse #G, Assistant Executive Director #B, and Direct Care staff #M responded to the alarm and talked at length to get #1010 away from door.

The medical record Nurse's Notes documented:
3/08/17 - 1930 - at approximately 5:30pm Resident came out of room... restless, anxious... stated need to find the front door, father waiting for him/her... given reassurance, redirection. reorientation... unable to understand... kept going to others for assistance with doors... to point of verbally abusive and inappropriate towards staff... attempt to give scheduled evening and PRN (as needed) medications unsuccessful... contacted DPOA to come in and help... came to visit, had a positive effect... back to room... took medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155}	Continued From page 32 On 3/13/17 the facility provided a FCS dated 3/13/17, assessed #1010 in need of physical assistance (2) with bathing and dressing; unable to perform (3) toileting, medication and treatment management; in need of supervision (1) with transfer, mobility, eating; with bladder incontinence; with impaired short term memory, long term memory, memory recall, and decision making; with impaired communication; Current or recent problems identified as hearing, wandering, socially inappropriate disruptive behavior, and impaired decision making. "Negotiated Risk Agreement" dated 3/13/17 recorded "risk for elopement" and "no attempts to elope within 30 days. " This Risk Agreement signed by Licensed Nurse #G, not signed by Resident or Resident's representative recorded alternatives considered/attempted to reduce risks as "continue to manage and review current medication management and secure a private caretaker." The NSA/HSP continued to lack interventions to address wandering and socially inappropriate, disruptive behavior. For resident #1010, the Administrator failed to ensure a licensed nurse provided or coordinated the provision of health care services to address this resident ongoing elopement risk and socially inappropriate disruptive behavior. Door response plan provided on 1/25/17 during previous survey included: - Ensure egress alerts from memory care send message to all employee ' s pagers	{S3155}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155}	Continued From page 33 - All staff on duty to report to alarming door immediately - Employee to make mental note of time or arrival; If no one visible do a head count of the memory care unit - Minimum of 2 responding staff will document time of initial alarm alert - and time employee arrived at the door - Screamer alarms to be on position from 7p to 7a - Maintenance check alarms daily for proper operation - RN LPN, or med aide check for proper operation and perform a head count of each unit every shift and document on MAR (medication administration record) - Louder alarms to be installed 1-30-17 Revised policy and procedure implemented and staff educated on 2/17/17 included: - All external doors locked by 9:30 p.m. and unlocked at 6:30 a.m. - Memory care door on 15 second delayed egress. When a delayed egress door is activated, a siren will sound and alert all community pagers stating " delayed egress (location) " - Doorbells installed on external entrances to notify staff of persons needing entry when the doors are locked; staff should immediately respond to any doorbell - All assisted living emergency exits doors labeled as emergency exits and have screamer alarms installed. Screamers set to alarm 24/7 whenever a door is opened and will automatically reset when the door shuts. Between 9:00 p.m. and 7:00 a.m. doors will also alert to community pagers. Staff should immediately respond to	{S3155}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155}	Continued From page 34 these alarms. Procedure included: - If an emergency exit door was activated between 9 p.m. and 7 a.m. or if a memory care delayed egress door was activated and the source of activation is unknown or unwitnessed, IMMEDIATELY one staff person will be required to complete a head count to ensure all residents are accounted for; IMMEDIATELY one staff will be required to initiate a search (internally and externally) to ensure no residents left the unit. If a resident is not accounted for, initiate missing resident policy and procedure - Nursing staff should have pagers on them at all times during their shift and follow the pager and Walkie talkie policy - Staff should have at least one walkie-talkie on hand in each memory care neighborhood 24/7. Walkie talkies should be used in emergencies to contact and communicate with other community staff in accordance to the Pager Walkie Talkie policy - Maintenance director will check all doors, alarms and delayed egress doors 3x a week for proper operation On 3/09/17 at 11:48am Assistant Executive Director #B confirmed Lead CMA (certified medication aide) #P verbally trains other staff on what to do with pagers and Walkies. Have a new policy and procedures on pagers and Walkie Talkies. The Pager and Walkie Talkie policy and procedure included: - While on duty staff should carry pager at all time - If unable to respond should use Walkie Talkie to ask for assistance	{S3155}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155}	Continued From page 35	{S3155}		

- If pager or Walkie Talkie is not working, staff to report to supervisor immediately and obtain a working replacement.

By observation and interview on 3/08/17 at 6:10pm in MC unit, Direct Care Staff #M stated I have a Walkie Talkie and a pager... carrying the Walkie... the pager is over there... exit doors make noise if they push the egress bar... I can Walkie for help if I need it... we are to redirect them (Residents) if they try to leave and try to calm them. The activities staff leave at 5:00pm.

By observation and interview on 3/08/17 at 6:30pm in MC unit, Direct Care Staff #N stated I carry a Walkie and a pager... there are four other staff in the building... I am only responsible for the MC doors.

By interview on 3/09/17 at 9:50am, Direct Care Staff #O stated whenever door opens and pager goes off and we can't account for someone after alarm, we do Resident count... we do 30 minute checks back here (MC)

By interview on 3/09/17 at 2:56pm, Direct Care Staff #Q stated when pager goes off for doors, tells the exact door... if it says MC door I automatically go to it... if I hear alarms I go to it...

By observation and interview on 3/09/17 at 3:20pm Direct Care Staff #R stated I don't have Walkie on me... it's at desk... turned up loud... if door egresses pager goes off... if I am busy with someone in bathroom I would use my Walkie and tell them to come check the door.

By interview on 3/09/17 at 3:24pm Direct Care Staff #S stated if Resident goes out door

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155}	Continued From page 36 everybody gets a page of egress... always two on duty... except night... Assisted Living is to come to door when Egress on pager if doesn't get cleared... inservice training by Assistant Executive Director #B and Resident Service Coordinator #C... not familiar with any policy and procedure we have for Pagers and Walkie Talkies... - Review of record revealed #1011 admitted to AL 8/01/16 with diagnoses of Chronic renal failure, Osteoarthritis, Spinal stenosis, Hypertension, Hyperlipidemia, and Macular degeneration. The functional capacity screen (FCS) dated 02/28/17 assessed #1011 in need of physical assistance (2) with bathing, dressing, toileting, transfers, mobility, eating, medication and treatment management; with bladder incontinence, long term and short term, memory recall, and decision making impairments; with falls/unsteadiness, vision and hearing impairments; used a wheelchair. The record lacked negotiated service agreement (NSA), to record needed and agreed upon services, the provider of the services, and the costs. Medical Record Nurses' Notes (NN) dated 3/02/17 at 1235 documented #1011 returned from rehabilitation facility to MC unit of facility. The medical record failed to document the date and time #1011 left facility, where #1011 resided from 01/10/17 to 3/02/17, date and time of return to facility, and status assessment of #1011 upon arrival at facility. The NN documented outside	{S3155}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3155}	Continued From page 37 provider of services involved in the care of Resident, but failed to define which services. On 3/09/17 at 1:25pm and 1:27pm, Assistant Executive Director #B and Company QA Nurse #I confirmed no documentation of #1011's re-admission to facility, no assessment of status at time of return... confirmed no NSA/HSP completed... confirmed Resident receiving home health services stated "believe" it is PT/OT (physical therapy/occupational therapy). The Administrator failed to ensure the licensed nurse provided or coordinated the provision of necessary health care services to #1011.	{S3155}		
{S3200} SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route.	{S3200}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3200}	Continued From page 38 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(1-2) The census included 39 Assisted Living (AL) Residents, 24 Memory Care (MC) Residents and one Adult Day Care (ADC) Resident. Six Residents included in the sample. The facility identified all Residents of Memory Care as receiving medication management. Based on interviews and reviews of record, for two of six sampled (#1011 and #1005), the Administrator failed to ensure all medications administered in accordance with a medical provider's written orders and in accordance with professional standards. Findings included: - Review of record revealed #1011 admitted to MC of facility 3/01/17 with a diagnoses of Chronic renal failure, Osteoarthritis, Spinal stenosis, Hypertension, Hyperlipidemia, and Macular degeneration. The current 02/28/17 functional capacity screen (FCS) assessed #1011 in need of physical assistance (2) with medication and treatment management. The medical record lacked a current negotiated service agreement (NSA)/health care service plan (HSP) The March 2017 medication administration record (MAR) documented facility staff administration of medications. Comparison of the March 2017 MAR with most recent signed POS (physician order sheet) dated	{S3200}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3200}	Continued From page 39 (1/16/17) revealed the following ordered medications not listed on the MAR: Lisinopril (blood pressure) 10mg one tablet every day Meloxicam (anti inflammatory) 15mg one tablet every day Omeprazole (stomach acid reducer) 20mg one capsule every day Oxybutynin (bladder) (5mg one tablet at bedtime Clonazepam (sedative) 0.5mg 1/4 tablet (0.125mg) twice daily Prolia (osteoporosis) 60mg inject subcutaneously every 6 months The following medications documented on the March 2017 MAR as administered lacked supporting signed orders or did not match the signed order: Hydralazine (blood pressure) 100mg 1/2 tab every 8 hours (lacked signed physician order) Aspirin (cardiac prophylactic) 81mg one tablet every morning (lacked signed physician order) Amlodipine (blood pressure) 5mg one tablet every morning (lacked signed physician order) Metoprolol (blood pressure) 100mg ER one tablet every morning (lacked signed physician order) Clonidine (blood pressure) patch 0.03mg/24 hour one patch apply every Saturday (lacked signed physician order) Lactobacillus (probiotic) one tablet twice daily for 15 days (lacked signed physician order) Oyster shell calcium with vitamin D one tablet twice daily (lacked signed physician order) Lasix (diuretic) 20mg one tablet every 2 days (physician order dated 1/16/17 Lasix 20 mg every day; Lasix 20 mg two tablets every day) Miralax (anti constipation) 17 grams every morning (lacked signed physician order)	{S3200}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3200}	Continued From page 40 Milk of Magnesia (laxative) 30ml (milliliters) every day 5pm (lacked signed physician order) Multivitamin one tablet every day (lacked signed physician order) Simvastatin 20mg one tablet every bedtime (physician order dated 1/16/17 Simvastin 80 mg one table every day) Tramadol (pain) 50mg one tablet twice daily (physician order dated 1/16/17 tramadol 50 mg one tablet every(?) as needed for pain) Clonazepam (sedative) 0.25mg one tablet twice daily (physician order dated 1/16/17 Clonazepam 0.5mg 1/4 tablet (0.125mg) twice daily_ Clonazepam 0.25mg every 6 hours PRN anxiety (lacked signed physician order) Acetaminophen (pain and fever reliever) 325mg 2 tablets every 4 hours PRN (as needed) (lacked signed physician order) Albuterol (bronchodilator) 2.5mg/3ml one vial per nebulizer four times daily PRN (lacked signed physician order) Bisacodyl (laxative) suppository 10mg one every day PRN (lacked signed physician order) Cepacol (throat lozenge) lozenge every 2 hours PRN sore throat (lacked signed physician order) By interviews on 3/09/17 at 3:55pm and at 3:58pm, the Company QA (quality assurance) LPN (licensed practical nurse) #I confirmed the list of orders used to complete the MAR lacked a physician's signature... confirmed no signed orders available to match all medications being administered from the March 2017 MAR ... just those on the POS signed 01/16/17 The Administrator failed to ensure all medications administered to #1011 in accordance with a medical provider's written order and in	{S3200}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3200}	Continued From page 41 accordance with professional standards. - Review of record revealed #1005 admitted to facility 12/28/16 with diagnoses of Muscle weakness, History of hip fracture, Cerebrovascular accident, and Atrial fibrillation. The current 02/06/17 functional capacity screen (FCS) assessed #1005 unable to perform (3) medication and treatment management. The medical record contained an incomplete (unsigned) negotiated service agreement (NSA) dated 02/06/17. The NSA recorded staff to manage all aspects of medications and treatments. The March 2017 medication administration record (MAR) documented facility staff administration of medications. Comparison of the March 2017 MAR with most recent physician signed orders revealed discrepancies. Physician Order Sheet (POS) signed by physician 02/05/17 contained an order (added after the signature): "02/22/17 - Immodium 2mg (milligrams) PO (by mouth) BID (twice daily) PRN (as needed) for diarrhea" Telephone Order of 02/22/17 (not signed by physician): "Immodium 2mg PO BID for Diarrhea" Nurses' Note of 02/22/17 - "Per physician (name), give Immodium 2mg PO BID PRN for Diarrhea" The March 2017 MAR documented:	{S3200}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3200}	Continued From page 42 Imodium A-D take one tablet by mouth twice daily. (Dates of twice daily administration include 3/01/17 to 3/09/17) According to www.WebMD.com, this medication used to treat diarrhea as it occurs... if no improvement after two days contact physician... if taking routinely and still having diarrhea after 10 days contact physician. The medical record lacked documentation of order clarification to give medication daily or as needed The Administrator failed to ensure all medications administered to #1005 in accordance with a medical provider's written order and in accordance with professional standards to include clarification of directions, and consideration of manufacturer directions.	{S3200}		
S3210 SS=E	26-41-205 (e) (f) Medication Verbal Orders and Standing Orders (e) Medication orders. Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order. (f) Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident ' s medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications.	S3210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3210	Continued From page 43 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(e) The census included 39 Assisted Living (AL) Residents, 24 Memory Care (MC) Residents and one Adult Day Care (ADC) Resident. Six Residents included in the sample. The facility identified all Residents of Memory Care as receiving medication management. Based on interviews and reviews of record, for three of six sampled (#1003, #1005, and #1010), the licensed nurse failed to ensure all verbal orders were signed by the medical care provider within seven working days of receipt of the verbal order. Findings included: - Review of record revealed #1003 admitted to facility 3/11/16 with diagnoses of Alzheimer's, Hypothyroidism, Incontinence, and Forgetfulness. The current functional capacity screen (FCS) of 02/16/17 assessed #1003 unable to perform (3) medication and treatment management. The current negotiated service agreement (NSA) of 02/16/17 recorded facility staff to manage medications. The medical record contained a 02/18/17 physician's telephone order: Admit Resident to Facility Memory Care Unit under the care of physician (name) order clarification. On 3/09/17 this order lacked a physician's signature.	S3210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3210	Continued From page 44 - Review of record revealed #1005 admitted to facility 12/28/16 with diagnoses of Muscle weakness, History of hip fracture, Cerebrovascular accident, and Atrial fibrillation. The current 02/06/17 functional capacity screen (FCS) assessed #1005 unable to perform (3) medication and treatment management. The current negotiated service agreement (NSA) of 02/06/17 recorded staff to manage all aspects of medications and treatments. The medical record contained the following physician's telephone orders: 02/18/17 - Admit Resident to Facility Memory Care Unit under the care of physician (name) order clarification. 02/22/17 - Immodium 2mg (milligrams) P.O. (by mouth) BID (twice daily) for diarrhea On 3/13/17 these orders lacked a physician's signature. - Review of record revealed #1010 admitted to facility 11/01/16 with diagnoses of Memory loss, Dementia, Hypertension, Anxiety, and Severe memory loss. FCS dated 3/13/17, assessed #1010 unable to perform (3) medication and treatment management. The current negotiated service agreement (NSA) of 02/27/17 recorded staff to manage all aspects of medications and treatments. The medical record contained the following physician's telephone orders:	S3210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3210	Continued From page 45 02/09/17 - UA (urinalysis) with culture and sensitivity; Influenza swab stat 02/22/17 - Tamiflu 75mg (milligrams) BID (twice daily) for 5 days On 3/09/17 these orders lacked a physician's signature. On 3/09/17 at 4:12pm, Company QA (quality assurance) LPN (licensed practical nurse) #I confirmed these orders lacked signatures of the physician (or designated health care provider)... stated some of the doctors are private... some come in here... have been trying to get them signed... now will be having marketing staff take things to the various offices to get signatures... On 3/09/17 at 4:15pm Administrator #F stated we send orders to the pharmacy... they get the physician signatures... then they return them to us... The licensed nurse failed to ensure all verbal orders for #1003, #1005, and #1010 were signed by the medical care provider within seven working days of receipt of the verbal order.	S3210		
S3248 SS=D	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal	S3248		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3248	Continued From page 46 background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d) The census included 39 Assisted Living (AL) Residents, 24 Memory Care (MC) Residents and one Adult Day Care (ADC) Resident. Six Residents included in the sample. Based on observation, interviews and reviews of record, the Administrator failed to ensure the employee record contained evidence of licensure for one Licensed Practical Nurse (#I) practicing in the facility. Findings included: - By interviews on 3/08/17 at 1:25pm and at 5:38pm, Administrator #F described the corrective process taking place in facility. #F stated he/she brought in a company QA (quality assurance) nurse #I who audited all records for	S3248		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
S3248	Continued From page 47 all residents and completed risk assessments, functional capacity screens (FCS), negotiated service agreements (NSA) and health care service plans (HSP) - Review of record revealed #1010 admitted to Assisted Living (AL) on 11/01/16 with diagnoses of Memory loss, Dementia, Hypertension, Anxiety, and Severe memory loss. The 02/27/17 Elopement Risk Evaluation, Skin Breakdown Risk Evaluation Tool, Fall Risk Evaluation Tool, Levels of Care Scoring tool, and Individualized Service Plan (ISP) or Kansas Negotiated Service Agreement (NSA) all signed as completed by Company QA Nurse #I. On 3/14/17 at 11:09am, Administrator #D confirmed Licensed Nurse #I completing nursing functions in facility and #I not licensed in the state of Kansas. The Administrator failed to ensure the employee record contained evidence of licensure for one Licensed Practical Nurse (#I) practicing in the facility.	S3248		
{S3261} SS=E	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action	{S3261}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3261}	Continued From page 48 This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f) The census included 39 Assisted Living (AL) Residents, 24 Memory Care (MC) Residents and one Adult Day Care (ADC) Resident. Six Residents included in the sample. Based on interview and review of record, for three of six sampled (#1004, #1009, and #1011) the Administrator failed to ensure each Resident record contained documentation of all incidents, symptoms and other indications of illness or injury, including the date, time of occurrence, action taken, and results of the action. Findings included: - Review of record revealed #1011 admitted to AL 8/01/16 with diagnoses of Chronic renal failure, Osteoarthritis, Spinal stenosis, Hypertension, Hyperlipidemia, and Macular degeneration. Review of nurses notes documented 01/10/17, #1011 complained of illness on 01/10/17 and asked to go to Dr. or ER (emergency room). 3/02/17 noted he/she "came back from Rehab as reported to writer." Medical Record Nurses' Notes (NN) lacked information of transfer out of facility to another health care setting. Including the date and time #1011 left facility, where #1011 resided from 01/10/17 to 3/02/17; the actual date and time of return to facility; an assessment of #1011's condition upon arrival at facility; and an assessment or evaluation to indicate #1011 in need of Memory Care services upon return to	{S3261}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3261}	Continued From page 49 facility. On 3/09/17 at 1:25pm and 1:27pm, Assistant Executive Director #B and Company QA Nurse #I confirmed no documentation of #1011's re-admission to facility, assessment of status at time of return, or evaluation of the need for memory care services. The Administrator failed to ensure #1011's record contained documentation of all incidents, symptoms and other indications of illness or injury, including the date, time of occurrence, action taken, and results of the action. - Review of record revealed #1009 admitted to AL 12/06/14 with diagnoses of Hypertension, Dementia, and Atrial fibrillation. On 3/08/17 at 1:25pm, when asked if any recent elopements, Administrator #F stated I don't think so... there was an AL Resident who had opened one of the doors... Administrator #F then provided a facility investigation related to #1009 being outside at midnight on 02/08/17, in pajamas, looking for deceased spouse. Medical record Nurses' Notes (NN) for #1009 lacked any entries from 01/28/17 to 02/18/17, lacked documentation the resident left the facility without staff knowledge and lacked documentation of the measures put in place to address the residents risk for elopement. Nurses notes documented: 3/08/17 at 10:49am recorded #1009 sitting in AL room in recliner... staff reminded #1009 to ask for Tylenol if back hurts	{S3261}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3261}	Continued From page 50 3/08/17 at 1915 - family arrived at facility and took #1009 to emergency room of choice for evaluation and treatment as requested by family... 3/09/17 at 12:05am recorded #1009 placed in MC unit... accompanied by family member and new orders for antibiotic treatment of urinary tract infection. Physician visit note of 3/09/17 recorded "increased hallucinations last night sent to emergency department..." The NN lacked an assessment of #1009's symptoms or indications of illness or injury to include "hallucinations" on 3/08/17. The NN lacked an assessment of #1009 to indicate the need for placement in the MC unit. On 3/09/17 at 9:00am, #1009 observed residing in MC unit. By interview on 3/09/17 at 9:35am, Administrator #F and Administrator #D confirmed the NN lacked documentation of these assessments. The Administrator failed to ensure #1009's record contained documentation of all incidents, symptoms and other indications of illness or injury, including the date, time of occurrence, action taken, and results of the action. - Review of record revealed #1004 admitted to facility 11/18/16 with diagnosis of Anxiety. The March 2017 medication administration record (MAR) contained entries of all medications refused 3/01/17, 3/03/17, and 3/07/17.	{S3261}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	R 03/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, 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
{S3261}	Continued From page 51 The medical record Nurses' Notes lacked documentation of interactions related to these refusals, interventions attempted by staff, and results of these attempts. On 3/09/17 at 4:15pm, Administrator #F confirmed NN lacked documentation of dates, times, signs, symptoms, actions, and results of actions.. The Administrator failed to ensure #1004's record contained documentation of all incidents, symptoms and other indications of illness or injury, including the date, time of occurrence, action taken, and results of the action.	{S3261}		