STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046087	A. BUILDING: _____ B. WING _____	10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK MEADOWS MEMORY CARE	5951 W 107TH STREET OVERLAND PARK, KS 66207

(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 licensure re-survey with attached complaint at the above named residential health care facility on 10/13/16, 10/17/16/, 10/18/16 and 10/19/16.	S 000		
S3026 SS=G	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101 (f)(1)(B) The facility reported a census of 35 residents. The sample included 3 residents and one focus review resident. Based on observation, record review and interview for 1 of 3 residents sampled (#114) the operator failed to ensure the resident was not subjected to neglect when facility staff failed to provide services reasonable necessary to ensure this resident ' s safety and well-being and to avoid harm when resident #114 experienced 4 falls and 2 fractures of unknown origin, with no additional individualized interventions put in place to address the resident ' s fall risk. Findings included:	S3026		

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

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S3026	Continued From page 1	S3026		

- Record review for resident #114 recorded admission date of 7/31/13 with diagnoses of: anxiety, constipation, history of myocardial infarction, Hypercholesterolemia, chronic obstructive pulmonary disease and Alzheimer ' s.

Functional Capacity Screen dated 8/31/16 recorded resident required supervision with transfer, walk/mobility, has a history of falls/ unsteadiness. Resident has problems with short term memory, long term memory, memory recall, decision making and has problems with communication (rarely or never understandable, sometimes understands others).

Negotiated service agreement/ Health care service plan (NSA/HCSP) dated 8/31/16 recorded resident is " independent with transfer to and from bed, chair, laying, sitting, standing " . Resident " can walk to dining room and all activities inside and outside of residence independently " . " Resident is a high fall risk: potential for falls. (Resident name) has had 3 non-injury falls in the last 3 months, all 3 in the month of August. Requires observation from staff for safety needs. Staff needs to ensure that (resident) has his/her walker with him/her at all times. Possible use of w/c if (home health) orders in near future. " Make sure (resident) has on proper footwear. Keep (resident) room free of obstacles. "

Resident observation notes for facility stated the following:

9/20/16 8:30am: " At 7:30 this morning (resident) was found on the floor beside his/her bed .... No injuries could be found and ROM (range of motion) was within normal limits for (resident). He/she did have old bruising to his/her right hip

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S3026	Continued From page 2	S3026		

and back rib area. " Signed by licensed nurse #A.

9/22/16 6:15pm: " At approximately 5:55pm staff found (resident) on the floor on his/her left side in dining room. A w/c (wheelchair) was next to him/her. Staff did not witness what happened .... 2 in (inch) long by 3 cm (centimeter) wide open wound present ... " Signed by licensed nurse #A

9/26/16, 6:45pm: " At 6:45pm resident was pushing back with his/her feet while he/she was in a w/c in front room by dining room. He she flipped his/her chair backwards landing on his her back. His/ her legs were bent .....ROM (range of motion) within normal limits. " Signed by licensed nurse #G

10/3/16 5:45pm: " Resident was sitting at dining room when he/she spilled his/her milk. Got out of w/c and lost his/her balance. Resident landing on his/her back. Has skin tear on left hand and abrasion on left elbow ... " Signed by licensed nurse #G.

10/6/16 1:00pm: " This morning at 8:30am staff alerted this nurse that as he/she was trying to help (resident) out of his/her bed, (resident) started yelling in pain and holding his/her left leg (upper thigh) ... verbal order over the phone for X-ray of left hip, pelvis and femur ... " Signed by licensed nurse #A.

10/7/16 8:00am: " X-ray results show that (resident) has an acute left hip fracture as well as a left femur fracture. " Signed by licensed nurse #A

The NSA/HCSP lacked interventions to address the resident ' s use of a wheelchair and his/her

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S3026	Continued From page 3 ongoing risk for falls. Resident ' s record lacked documentation of investigation of falls to determine root cause. Observation on 10/17/16 at 4:35pm in facility dining room: certified staff # E and certified staff #F transfer resident from a high back wheelchair, to a dining room chair. Resident did not bear weight on his/her legs during transfer. Interview on 10/17/16 at 5:35pm with licensed administrative staff #A and facility operator #B, confirmed resident fell on 10/3/16 and X-ray of 10/7/16 showed fracture of left hip and femur, confirmed resident no longer ambulates and requires assistance of two staff to transfer. Confirmed lack of documentation of investigation for root cause for incidents on 9/20/16, 9/22/16, 9/26/16, 10/3/16, 10/7/16 or 10/13/16. Review of facility policy titled " (company name) incident reporting and investigation general " recorded: " it is the policy of this community to investigate any incidents involving residents or visitors to determine the cause of the incident ..... " The facility failed to provide documentation of investigation and root cause analysis to determine cause of resident ' s falls/ injuries and determination of personalized interventions to address the possible causes. The facility failed to implement additional individualized interventions to address the resident ' s fall risk. For resident #114, the operator failed to ensure the resident was not subjected to neglect when	S3026		

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S3026	Continued From page 4 facility staff failed to provide services reasonable necessary to ensure this resident ' s safety and well-being and to avoid harm when resident #114 experienced 4 falls and 2 fractures of unknown origin, with no additional individualized interventions put in place to address the resident ' s fall risk.	S3026		
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		

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S3028	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-41-101 (f) (1) (3) The facility reported a census of 35 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 2 (#113 and #114) sampled residents, the administrator failed to ensure that for allegations of abuse and neglect were reported to the department within 24 hours, an investigation was started of the violation and the department ' s complaint investigation reports were completed and submitted to the department within five working days of the initial report. Findings included: - Record review for resident #113 recorded admission date of 6/13/13 with diagnoses of: Gastroesophogeal reflux disease (GERD), Alzheimer ' s disease, seasonal allergy, hypertension (HTN) and hyperlipidemia. Functional Capacity Screen (FCS) dated 5/12/16 recorded the following: bathing (blank), dressing " 2 " (physical assistance required), toileting " 2 " , transfer " 0 " (independent), walk mobility " 0 " , eating (blank), management of medications and treatments " 3 " (unable to perform), bladder incontinence (blank), falls, unsteadiness (blank), wandering (blank). Negotiated service agreement/ Health care service plan dated 5/18/16 recorded resident required assistance with bathing, dressing, toileting/ incontinence (full assistance), eating	S3028		

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S3028	Continued From page 6	S3028		

(limited assistance), medication management, had a potential for falls " High Fall risk " and " wanders occasionally and requires cueing and redirection " .

Facility observation notes recorded: 9/3/16, 4:45pm, " Staff noticed a bruise on the left side of face. Resident cannot say what happen and denies pain at this time. "

On 10/18/16 at 9:35am requested records for facility investigation, and report to department for unwitnessed resident injury.

Interview on 10/18/16 at 9:35am with facility operator #B stated an investigation was not completed and a report was not filed with the department.

Record review for resident #114 recorded admission date of 7/31/13 with diagnoses of: anxiety, constipation, history of myocardial infarction, Hypercholesterolemia, chronic obstructive pulmonary disease and Alzheimer ' s.

Functional Capacity Screen (FCS) dated 8/31/16 recorded resident required supervision with transfer, walk/mobility and has a history of falls/unsteadiness.

Negotiated service agreement/ Health care service plan (NSA/HCSP) dated 8/31/16 recorded resident is independent with transfers, can walk to dining room and all activities inside and outside of residence independently, and is a high fall risk.

Facility observation notes dated 9/22/16, 6:15pm, recorded " At approximately 5:55pm staff found (resident) on the floor on his/her left side in dining room. A w/c (wheelchair) was next to him/her.

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S3028	Continued From page 7	S3028		

Staff did not witness what happened .... " " there was a puddle of blood on the floor under the left side of his/her head ....golf ball size knot on left side of forehead with an approximate 2 inch long by 3 centimeter wide open wound present (will need stitches). 911 was called "

Interview on 10/18/16 at 9:35am with facility operator #B stated unwitnessed fall with injury was not reported to the department as he/she was on vacation during that time.

Facility observation notes dated 10/3/16, 5:45pm recorded witnessed resident fall in dining room. Injuries of left hand skin tear and left elbow abrasion recorded.

Facility observation notes dated 10/6/16, 1:00pm recorded " This morning at 8:30am staff alerted this nurse that as he/she was trying to help (resident) out of his/her bed, (resident) started yelling in pain and holding his/her left leg (upper thigh). "

Facility observation notes dated 10/7/16, 8:00 am recorded X-ray results showing left hip fracture and left femur fracture.

Interview on 10/18/16 at 9:35am with licensed administrative staff #A stated resident was able to walk during time period between 10/3/16 and 10/6/16.

Interview on 10/18/16 at 9:35am with facility operator #B stated no investigation was completed since the injuries were attributed to the witnessed fall on 10/3/16 (3 days prior). Confirmed no report was sent to the department.

Review of facility policy titled " (company name)

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S3028	Continued From page 8 incident reporting and investigation general " stated: " it is the policy of this community to investigate any incidents involving residents or visitors to determine the cause of the incident. " Facility operator failed to investigate and report a multiple fracture injury of unknown origin that occurred 3 days after a witnessed fall. For residents #113 and #114, the administrator failed to ensure that unwitnessed injuries with the potential of abuse and neglect were reported to the department within 24 hours, an investigation was started of the violation and the department ' s complaint investigation reports were completed and submitted to the department within five working days of the initial report.	S3028		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c)(2) The facility reported a census of 35 residents. The sample included 3 residents and one focus review resident. Based on record review and	S3081		

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S3081	Continued From page 9	S3081		

interview for 1 of 3 residents sampled (#114) the operator failed to ensure designated facility staff conduct a screening following any significant change in condition as defined in K.A. R. 26-39-100.

Findings included:

- Record review for resident #114 recorded admission date of 7/31/13 with diagnoses of: anxiety, constipation, history of myocardial infarction, Hypercholesterolemia, chronic obstructive pulmonary disease and Alzheimer ' s.

Functional Capacity Screen dated 8/31/16 recorded resident required assistance with bathing, dressing and toileting, required supervision with transfer, walk/mobility, was unable to perform management of medications and treatments, was incontinent and has a history of falls/ unsteadiness.

Review of observation notes dated 10/7/16 at 8:00am recorded the following: " X-ray results show that (resident) has an acute left hip fracture as well as a left femur fracture. "

On 10/17/16 at 4:35pm in facility dining room, observed certified staff # E and certified staff #F transfer resident from a high back wheelchair, to a dining room chair.

Interview on 10/17/16 at 5:35pm with licensed administrative staff #A, confirmed resident fell on 10/3/16 and X-ray of 10/7/16 showed fracture of left hip and femur, confirmed resident no longer ambulates and requires assistance of two staff to transfer. Confirmed a new screening was not completed following resident ' s significant

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S3081	Continued From page 10 change in condition. For resident #114 the operator failed to ensure designated facility staff conducted a screening following the significant change in condition as defined in K.A. R. 26-39-100	S3081		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The facility reported a census of 35 residents. The sample included 3 residents and one focus review resident. Based on record review, observation and interview for 1 of 3 residents sampled (#113) the operator failed to ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. Findings included: - Record review for resident #113 recorded admission date of 6/13/13 with diagnoses of: Gastroesophogeal reflux disease (GERD), Alzheimer ' s Disease, seasonal allergy, hypertension (HTN) and hyperlipidemia. Functional Capacity Screen (FCS) dated 5/12/16	S3082		

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S3082	Continued From page 11 recorded the following: bathing (blank), dressing " 2 " (physical assistance required), toileting " 2 " , transfer " 0 " (independent), walk mobility " 0 " , eating (blank), management of medications and treatments " 3 " (unable to perform), bladder incontinence (blank), falls/unsteadiness (blank), wandering (blank). Negotiated service agreement/ Health care service plan dated 5/18/16 recorded resident required assistance with bathing, dressing, toileting/ incontinence (full assistance), eating (limited assistance), medication management, had a potential for falls " High Fall risk " and " wanders occasionally and requires cueing and redirection " . Observation on 10/17/16 at 4:00pm: certified staff # F supervised ambulation with resident to women ' s toilet near great room, cued resident to sit on toilet, physically assisted resident to remove soiled brief, cleansed buttock and perineal area after and cued resident to stand. FCS lacked complete and accurate entries. Interview on 10/17/16 with licensed administrative staff #A confirmed resident is a fall risk and FCS lacked complete and accurate entries. For resident #113, the operator failed to ensure that the resident ' s functional capacity at the time of screening was accurately reflected on that resident ' s screening form.	S3082		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care	S3155		

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S3155	Continued From page 12 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 facility reported a census of 35 residents. The sample included 3 residents and one focus review resident. Based on record review, observation and interview for 2 (#114 and #115) sampled residents, requiring health care services, the operator failed to ensure that a licensed nursed 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. Findings included: - Record review for resident #114 recorded admission date of 7/31/13 with diagnoses of: anxiety, constipation, history of myocardial infarction, Hypercholesterolemia, chronic obstructive pulmonary disease and Alzheimer ' s. Functional Capacity Screen (FCS) dated 8/31/16 recorded resident required supervision with transfer, walk/mobility and has a history of falls/unsteadiness.	S3155		

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S3155	Continued From page 13 Negotiated service agreement/ Health care service plan (NSA/HCSP) dated 8/31/16 recorded resident is independent with transfers, can walk to dining room and all activities inside and outside of residence independently, and is a high fall risk. Review of facility observation notes dated 10/7/16 at 8:00am recorded the following: " X-ray results show that (resident) has an acute left hip fracture as well as a left femur fracture. " On 10/17/16 at 2:00pm in resident ' s room observed a winged air mattress on resident bed. On 10/17/16 at 4:35pm in facility dining room, observed certified staff # E and certified staff #F transfer resident from a high back wheelchair, to a dining room chair. NSA/HCSP lacked entries for staff assistance with transfer and mobility, use of a high backed wheelchair and use of a winged air mattress. Interview on 10/17/16 at 5:25 pm with licensed administrative staff # A confirmed NSA/HCSP lacked entries for resident use of a winged air mattress and high backed wheelchair. Confirmed resident is a two person assist to transfer and no longer ambulates, confirmed NSA/HCSP lacked entries for assisted mobility and transfers. Record review for resident #115 recorded admission date of 9/15/16 with diagnoses of: Gastroesophogeal reflux disease, hemorrhoids, pacemaker, dementia, confusion and sleep apnea. FCS dated 9/14/16 recorded resident required assistance with bathing and management of medications and treatments and has a history/at	S3155		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046087	A. BUILDING: _____ B. WING _____	10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK MEADOWS MEMORY CARE	5951 W 107TH STREET OVERLAND PARK, KS 66207

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S3155	Continued From page 14 risk for wandering. NSA/HCSP dated 9/14/16 recorded resident to receive limited staff assistance with bathing, required oral medication management with 4 passes per day, " resident requires the use of a breathing machine for sleep apnea,(staff to cue placement and cue to turn it on) " and " resident is independent and has no purposeless wandering " . Interview on 10/17/16 at 3:10pm with licensed administrative staff #A confirmed NSA/HCSP lacked party responsible for medication management, confirmed resident no longer uses breathing machine,(believes family has removed it), and resident is at risk for wandering. NSA/HCSP lacked entries for party responsible for medication management, discontinued use of a breathing machine and interventions for wandering. For residents #114 and #115, who required health care services, the operator failed to ensure that a licensed nursed 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.	S3155		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious;	S3310		

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S3310	Continued From page 15 (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 35 residents. The sample included 3 residents and one focus review resident. Based on record review, and interview, for all residents of the facility, the operator failed to ensure compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - On 10/13/16 at 2:55pm, during personnel review with facility operator #B facility records lacked documentation for tuberculosis (TB) symptom screen questionnaires and 2nd step TB skin test for the following recent staff hired: Licensed administrative staff #A, hire date 7/28/16. Certified staff #C, hire date 8/23/16. Facility records also lacked a 2nd step TB skin	S3310		

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S3310	Continued From page 16 test for the following staff hired: Licensed certified staff # D, hire date 10/1/15. Review of resident records on 10/13/16 for resident #115, admission date of 9/15/16, recorded TB skin test administered by (outside contract agency), record lacked result of TB test. Symptom screen questionnaire for resident #115, dated 9/16/16, recorded resident had symptoms of chills and excessive fatigue. Recorded he/she is always cold and wears out easily. Record lacked follow up documentation/investigation for positive symptoms of tuberculosis. Interview on 10/17/16 at 2:00pm with licensed administrative staff #A confirmed 2nd step TB skin test results were not recorded for licensed staff #A and certified staff #D, and could not be located in facility files. Interview on 10/17/16 at 2:50pm with licensed administrative staff #A confirmed record lacked admission TB skin test results for resident #115. For all residents, the operator failed to ensure compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		