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 _____	12/10/2014

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 represent the findings of a resurvey with complaint investigation 81929 conducted at the above named residential health care facility on 12-8-14, 12-9-14 and 12-10-14.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c) The facility reported a census of 38 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 1 (#151) of 3 sampled residents, the administrator failed to ensure designated facility staff conducted a screening to determine the resident's functional capacity following a significant change in condition as defined in K.A.R. 26-39-100. Findings included: - Record review for resident #151 revealed admission on 2-3-13 with diagnoses Vascular Dementia, Hypertension, Osteoporosis,	S3081		

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

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S3081	Continued From page 1 Osteoarthritis, Atrial Fibrillation, Dysphagia, Shortness of Air and Hyperlipidemia. The functional capacity screen (FCS) dated 3-10-14 recorded resident required physical assistance with bathing, dressing, toileting, transfers and management of medications/treatments; unable to perform walking/mobility; and supervision with eating. Frequently incontinent of bladder. Cognition: problems with short term memory, long term memory; memory/recall and decision-making. Current problems/risks included falls/unsteadiness and impaired decision-making. The FCS lacked documentation that resident required physical assistance with eating. The negotiated service agreement (NSA) dated 10-14-14 recorded services for full assistance with dining: "Required assistance with meals. If resident is able to come to dining room, Certified Medication Aide (CMA) will assist with feeding meals and assist with drinking as needed. Family may also assist. If resident wants to stay in bed, room tray will be sent - either CMA or family to assist." Interview on 12-9-14 at 11:38 am with licensed staff A stated resident can feed self "a little", requires assistance from staff to eat. Stated resident was declining on hospice. Further confirmed the FCS should have been revised when the NSA was reviewed and revised on 10-14-14. For resident #151, the administrator failed to ensure designated facility staff conducted a screening to determine the resident's functional capacity following a significant change in condition as defined in K.A.R. 26-39-100.	S3081		

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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 38 residents. The sample included 3 residents and 2 focus review residents. Based on observation, record review and interview for 1 (#152) of 3 sampled residents, the administrator failed to ensure designated staff ensured each resident's functional capacity at the time of the screening was accurately reflected on the resident's screening form. Findings included: - Record review for resident #152 revealed admission on 7-10-14 with diagnoses End Stage Dementia, Hypertension, Hyperlipidemia, Coronary Artery Disease, Anxiety, Esophageal Reflux, Gait Imbalance, Elevated Bilirubin and Delusions. The functional capacity screen (FCS) dated 7-10-14 recorded resident required supervision with bathing and dressing; independent with toileting, transfer, walking/mobility and eating; and physical assistance with management of medications/treatments. Continent of bladder. Cognition: problems with short term memory, memory/recall and decision-making. Current	S3082		

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S3082	Continued From page 3	S3082		

problems included impaired decision-making. The FCS lacked documentation of Wandering as a current problem/risk.

The negotiated service agreement (NSA) dated 8-20-14 recorded services for bathing, dressing scheduled courtesy checks, dining and medication management.
Wandering/supervision: wanders frequently and indiscriminately. May wander at night, has the potential to wander out of the building. When resident is wandering during the day and evening, remind of meals and activities. If not in an activity, sit and visit with resident. When wanders at night, remind that it is still night time and redirect to room. Offer drink or snack when he/she is wandering. Staff to redirect resident to room and show resident his/her bathroom.

Amendments to the NSA included the following to address resident wandering:
9-23-14: Resident in another resident's room. Resident was hit in face by the other resident, head to toe assessment. New order for lab and urinalysis. Staff to redirect resident to his/her room and show resident his/her bathroom.

Observations on 12-8-14 and 12-9-14 revealed resident wandering in common areas of the facility and hallways. Ambulatory without assistive devices. Stable gait.

Interview on 12-9-14 at 11:30 am with licensed staff A confirmed the resident wanders and the FCS lacked documentation of the wandering as a problem/risk.

For resident #152, the administrator failed to ensure designated staff ensured the resident's functional capacity at the time of the screening

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S3082	Continued From page 4 was accurately reflected on the resident's screening form.	S3082		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement 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; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d) The facility reported a census of 38 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 1 (#200) of 2 focus review residents, the administrator failed to ensure the review and revision of the negotiated service agreement following a significant change in condition. Findings included: - Record review for resident #200 revealed admission on 3-29-13 with diagnoses Alzheimer's	S3092		

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S3092	Continued From page 5 Dementia, Dementia with Delusion, Gastroesophageal Reflux Disorder, Hypertension and Hyperlipidemia. The functional capacity screen (FCS) dated 10-7-14 recorded resident independent with bathing, dressing, toileting, transfers, walking/mobility and eating; and physical assistance with medication/treatment management. Continent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks identified included falls/unsteadiness and impaired decision-making. The negotiated service agreement (NSA) dated 10-7-14 recorded the following services: Bathing reminders twice a week. Dressing - reminders and cueing. Dining - reminders mealtimes, Regular diet. Oral Medication Management - certified medication aide to provide medications. Scheduled courtesy checks - resident prefers not to be awakened. Fall Risk: high fall risk - ensure wearing proper footwear, room free of obstacles. Severe Behaviors: (staff) to observe and follow behavior plan, report to nurse if plan is not effective. Staff will keep resident's door locked. Resident has a key, but when he/she loses it, staff are able to let resident into room. Resident is able to open door from the inside. Staff will talk to resident in a calm supportive voice when he/she is hallucinating. Remind resident he/she is safe. Amendments to NSA included the following: 10-20-14: non injury fall in hallway, increased confusion and unsteady gait, urinalysis with culture and sensitivity, home health for physical	S3092		

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S3092	Continued From page 6	S3092		

therapy (PT) and occupational therapy (OT).
10-22-14: Home Health for PT lower extremity strengthening and balance training.
10-25-14: non injury fall in hallway, medication review with medication changes.
11-10-14: OT - dressing and activities of daily living.
11-22-14: lost balance and fell, abrasion to forehead, skin tear left arm. continue PT/OT, orthostatic blood pressures twice a day for 3 days.
12-3-14: Witnessed fall. Got up from chair, walked backward and fell. Skin tear right lateral wrist. Escorted to room to lay down. Monitor orthostatic blood pressures. Continue PT.
12-3-14: encourage head and upper extremity movement, transfer training.

The NSA lacked documentation of staff interventions to address resident's behaviors.

Nurse's Notes revealed the following:
10-6-14 at 7:00 pm: "Resident very confused and hallucinating. walking the hallways and rearranging dining room tables. Attempted to redirect resident times 3 without success." Signed by licensed staff B.
11-16-14 at 9:30 pm: "Resident has presented with very aggressive behavior towards staff and verbally abusive as well." Signed by licensed staff B.
11-25-14 at 4:00 pm: "Resident started moving things around. Wandering in hallway. Given 3 pm PRN (as needed) Seroquel. Exit seeking." Signed by certified staff D.
11-25-14 at 7:00 pm: Resident still having behaviors. Moving tables in dining room. Screaming and yelling." Signed by certified staff D.
11-26-14 at 1:00 pm: "Resident having increased

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S3092	Continued From page 7	S3092		

confusion." No signature.
11-27-14 at 9:20 pm: "Resident having behaviors, moving stuff around, yelling." Signed by certified staff E.
11-27-14 at 9:40 pm: "Resident was having behaviors, walking around, cursing and moving stuff in his/her room." Signed by certified staff D.
11-29-14 at 10:00 am: "Resident very agitated at this time, walking the hallways and claiming there are people in his/her room." Signed by licensed staff B.
11-30-14 at 9:15 pm: "Resident was agitated and threw newspapers, books and dropped chairs. Resident being combative and seeking out too." Signed by certified staff F.
11-30-14 at 10:45 pm: "Resident demonstrating very aggressive and abusive behavior towards staff and disturbing other residents." Signed by licensed staff B.
12-2-14 at 4:00 pm: "Resident restless and aggressive...screaming 'help! help!' Refused vital signs to be taken. Resident exit seeking." Signed by certified staff D.
12-3-14 at 9:45 pm: "Resident very aggressive and agitated. Screaming and yelling at staff. Fell in his/her room and found lying on his/her back. Resident cursing staff. /resident wandering into other's rooms. Given PRN Seroquel but didn't seem to work. Resident still continued to yell and bang doors and chairs...resident very uncooperative." Signed by certified staff D.
12-4-14 at 11:00 am (late entry): "On 12-1-14 this resident was present with aggressive behaviors towards the staff and being very disruptive to other residents sleeping. Staff reported to this nurse resident was throwing chairs and banging on doors and yelling. CMA gave PRN medication at 9:45 pm that was non-effective." Signed by licensed staff B.
12-5-14 at 8:00 am: "Certified medication aide

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S3092	Continued From page 8 reported this morning that resident was in front area yelling and cursing at staff." Signed by licensed staff A. Interview on 12-8-14 at 10:40 am during entrance tour with administrator and licensed staff A stated resident experienced escalating behaviors and increased combativeness with staff, even chasing staff down the hall. Stated behaviors would start every night around 6 or 7 pm and were "sudden with no in-between". Resident was hitting, kicking staff, going in other resident's rooms, and yelling/screaming loudly. Further stated staff help come up with interventions to manage behaviors. When they discover something that works, they write it down in a notebook. Interview on 12-8-14 around 3:35 pm with licensed staff A confirmed the NSA lacked documentation of additional staff interventions to address resident's behaviors. For resident #200, the administrator failed to ensure the review and revision of the negotiated service agreement when the resident began experiencing an increase in behaviors.	S3092		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced	S3101		

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S3101	Continued From page 9 by: KAR 26-41-202(h) The facility reported a census of 38 residents. The sample included 3 residents and 2 focus review residents. Based on record review and interview for 2 (#150, #152) of 3 sampled residents and 1 (#200) of 2 focus review residents, the administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement and provided a copy of the subsequent revisions to the resident or the resident's legal representative. Findings included: - Record review for resident #200 revealed admission on 3-29-13 with diagnoses Alzheimer's Dementia, Dementia with Delusion, Gastroesophageal Reflux Disorder, Hypertension and Hyperlipidemia. The functional capacity screen (FCS) dated 10-7-14 recorded resident independent with bathing, dressing, toileting, transfers, walking/mobility and eating; and physical assistance with medication/treatment management. Continent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks identified included falls/unsteadiness and impaired decision-making. The negotiated service agreement (NSA) dated 10-7-14 recorded the following services: Bathing reminders twice a week. Dressing - reminders and cueing. Dining - reminders mealtimes, Regular diet. Oral Medication Management - certified	S3101		

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S3101	Continued From page 10	S3101		

medication aide to provide medications.
Scheduled courtesy checks - resident prefers not to be awakened.
Fall Risk: high fall risk - ensure wearing proper footwear, room free of obstacles.
Severe Behaviors: (staff) to observe and follow behavior plan, report to nurse if plan is not effective. Staff will keep resident's door locked. Resident has a key, but when he/she loses it, staff are able to let resident into room. Resident is able to open door from the inside. Staff will talk to resident in a calm supportive voice when he/she is hallucinating. Remind resident he/she is safe.

Amendments to NSA included the following:
10-20-14: non injury fall in hallway, increased confusion and unsteady gait, urinalysis with culture and sensitivity, home health for physical therapy (PT) and occupational therapy (OT).
10-22-14: Home Health for PT lower extremity strengthening and balance training.
10-25-14: non injury fall in hallway, medication review with medication changes.
11-10-14: OT - dressing and activities of daily living.
11-22-14: lost balance and fell, abrasion to forehead, skin tear left arm. continue PT/OT, orthostatic blood pressures twice a day for 3 days.
12-3-14: Witnessed fall. Got up from chair, walked backward and fell. Skin tear right lateral wrist. Escorted to room to lay down. Monitor orthostatic blood pressures. Continue PT.
12-3-14: encourage head and upper extremity movement, transfer training.

The NSA lacked documentation of signatures of the resident or legal representative on the amendments to the NSA.

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S3101	Continued From page 11 Interview on 12-10-14 at 12:23 pm with licensed staff A confirmed he/she did not have resident or his/her legal representative sign the amended NSA and further confirmed the legal representative did not receive a copy of the NSA. For resident #200, the administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement and provided a copy of the subsequent revisions to the resident or the resident's legal representative. - Record review for resident #150 revealed admission on 3-11-14 with diagnoses Vascular Dementia, Dysphagia, Hypertension, Hyperlipidemia, Depression, Anxiety, Hypothyroidism, Osteoporosis. The functional capacity screen dated 8-5-14 recorded resident required physical assistance with bathing, dressing, toileting, transfers and management of medications/treatments; unable to perform walking/mobility; and independent with eating. Continent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks included falls/unsteadiness and impaired decision-making. The negotiated service agreement (NSA) dated 11-14-14 recorded services for Bathing, Dressing, and Transfers Ability, Time/Place Orientation, Medication Management and Incontinence Care. Amendments to the NSA included the following: Courtesy Checks and Fall Risk: take resident to the bathroom at 4:30 am. (no date)	S3101		

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S3101	Continued From page 12	S3101		

11-11-14 Resident reported fall. Right wrist swollen - ice applied. x-ray ordered - fracture. Occupational Therapy to fit for splint.
11-15-14: Resident reported fall taken to great room for observation.
11-20-14: Occupational Therapy to fit resident for splint.
11-24-14: Resident reported fall. Staff to toilet at 4:30 am.
12-3-14: New soft splint on right wrist.

The NSA lacked documentation of signatures of the resident or legal representative on the amendments to the NSA.

Interview on 12-10-14 at 1:00 pm with licensed staff A confirmed he/she did not have resident or his/her legal representative sign the amended NSA and further confirmed the legal representative did not receive a copy of the NSA.

For resident #150, the administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement and provided a copy of the subsequent revisions to the resident or the resident's legal representative.

- Record review for resident #152 revealed admission on 7-10-14 with diagnoses End Stage Dementia, Hypertension, Hyperlipidemia, Coronary Artery Disease, Anxiety, Esophageal Reflux, Gait Imbalance, Elevated Bilirubin and Delusions.

The functional capacity screen dated 7-10-14 recorded resident required supervision with bathing and dressing; independent with toileting, transfer, walking/mobility and eating; and physical

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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
S3101	Continued From page 13 assistance with management of medications/treatments. Continent of bladder. Cognition: problems with short term memory, memory/recall and decision-making. Current problems included impaired decision-making. The negotiated service agreement (NSA) dated 8-20-14 recorded services for bathing, dressing scheduled courtesy checks, dining and medication management. Amendments to the NSA included the following: 9-23-14: Resident in another resident's room. Resident was hit in face by the other resident, head to toe assessment. New order for lab and urinalysis. Staff to redirect resident to his/her room and show resident his/her bathroom. 11-3-14 Home Health Physical Therapy evaluation only.. 11-4-14 Home Health Occupational Therapy evaluation for cognition Insurance and family financially responsible. The NSA lacked documentation of signatures of the resident or legal representative on the amendments to the NSA. Interview on 12-10-14 at 1:00 pm with licensed staff A confirmed he/she did not have resident or his/her legal representative sign the amended NSA and further confirmed the legal representative did not receive a copy of the NSA. For resident #152, the administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement and provided a copy of the subsequent revisions to the resident or the resident's legal representative.	S3101		