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 _____	04/12/2023

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 represents the findings of a resurvey with attached complaints #179069, #175475, #173529, and #168064 at the above named assisted living facility conducted on 04/11/23 and 04/12/23.	S 000		
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 13 residents with three residents included in the sample and three closed record reviews. Based on observation, interview, and record review the administrator failed to ensure designated facility staff ensured the "Functional Capacity Screen" (FCS) for Resident (R) 412 accurately reflected her functional capacity for cognition at the time of screening. Findings included: - Record review for R412 revealed an admission date of 06/23/22 with the following diagnoses: dementia and Alzheimer's disease. The 03/28/23 "FCS" identified R412 scored zero on the cognition section indicating there were no	S3082		

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

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S3082	Continued From page 1 short-term or long-term memory loss, memory/recall, or decision-making impairments. The 03/28/23 combined "Negotiated Service Agreement/ Healthcare Service Plan " (NSA/HCP) failed to identify the services provided to R412 for cognitive impairments. The 06/26/22 nursing "Progress Note" documented R412 arrived from independent living with records from last doctor's visit indicating history of wandering and long-term and short-term impairments. Observation on 04/11/23 at 02:54 PM revealed R412 wandered the hallway and repeatedly said "She's not here, where is she?" A Certified Medication Aide (CMA) offered R412 a snack, took her by the hand and led her to the common area where other residents were eating ice cream. On 04/11/23 at 12:19 PM Administrative Staff C stated the "NSA" and "HCP" were combined in one document. On 04/12/23 at 11:40 AM Administrative Staff C confirmed R412's cognition score on the "FCS" was not accurate. The administrator failed to ensure designated facility staff ensured the "FCS" for R412 accurately reflected her functional capacity at the time of screening.	S3082		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each	S3085		

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S3085	Continued From page 2 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 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)(1) The facility reported a census of 13 residents with three residents included in the sample and three closed record reviews. Based on interview and record review the administrator failed to ensure Residents (R) R411, R412, R413, R414, R415, and R416's "Negotiated Service Agreements" (NSA) described the services they would receive based on their "Functional Capacity Screens" (FCS). Findings included: - Record review for Resident (R) 411 revealed an admission date 04/26/21 with the following	S3085		

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S3085	Continued From page 3	S3085		

diagnoses: Alzheimer's disease, diabetes mellitus, and panic disorder.

The 05/20/22 "Functional Capacity Screen" (FCS) identified R411 was unable to perform management of medications; had short-term and long-term memory loss, memory/recall, and decision-making impairments; and was marked for impaired decision-making.

The 05/20/22 combined "NSA/Healthcare Service Plan" (HCP) identified R411 required "daily assistance or cueing, must be reminded to take medication" for management of medications but did not identify the services facility staff would provide for his inability to manage his medications. The "NSA" also failed to identify the services facility staff would provide for cognitive impairments and impaired decision-making.

- Record review for R412 revealed an admission date of 06/23/22 with the following diagnoses: dementia and Alzheimer's disease.

The 03/28/23 "FCS" identified R412 required physical assistance for management of medications; was sometimes understandable and sometimes understood others during communication; and was marked for falls, impaired decision-making, wandering and inappropriate behavior.

The 03/28/23 combined "NSA/HCP" identified R412 required "daily assistance or cueing, must be reminded to take medication" for management of medications but did not identify the services facility staff would provide for management of her medications. The "NSA" also failed to identify the

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services facility staff would provide for communication to prevent falls, and for impaired decision-making, wandering, and inappropriate behavior.

- Record review for R413 revealed an admission date of 11/17/20 with the following diagnoses: Alzheimer's disease and hypertension.

The 05/03/22 "FCS" identified R413 was unable to perform management of medications; had short-term memory loss, memory/recall, and decision-making cognitive impairments; and was marked for impaired decision-making.

The 05/03/22 combined "NSA/HCP" identified R413 required "daily assistance or cueing, must be reminded to take medication" for management of medications but did not identify the services facility staff would provide for her inability to manage her medications. The "NSA" also failed to identify the services facility staff would provide for cognitive impairments and impaired decision-making.

- Record review for R414 revealed an admission date of 05/26/21 with a diagnosis of dementia.

The 05/09/22 "FCS" identified R414 was unable to perform management of medications; had short-term memory loss, memory/recall, and decision-making impairments; and was marked for impaired decision-making.

The 05/09/22 combined "NSA/HCP" identified R414 required "daily assistance or cueing, must be reminded to take medication" for management of medications but did not identify the services

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S3085	Continued From page 5	S3085		

facility staff would provide for her inability to manage her medications. The "NSA" also failed to identify the services facility staff would provide for cognitive impairments and impaired decision-making.

- Record review for R415 revealed an admission date of 09/07/21 with a diagnosis of dementia.

The 12/24/21 "FCS" identified R415 was unable to perform management of medications; and had short-term memory loss, memory/recall, and decision-making impairments.

The 12/24/21 combined "NSA/HCP" identified R415 required "daily assistance or cueing, must be reminded to take medication" for management of medications but did not identify the services facility staff would provide for her inability to manage her medications. The "NSA" also failed to identify the services facility staff would provide for cognitive impairments and impaired decision-making.

- Record review for R416 revealed an admission date of 08/08/21 with a diagnosis of dementia.

The 10/14/21 "FCS" identified R416 was unable to perform management of medications; was frequently incontinent; had short-term memory loss, memory/recall, and decision-making impairments; and was marked for impaired decision-making.

The 10/14/21 combined "NSA/HCP" identified R416 required "daily assistance or cueing, must be reminded to take medication" for management of medications but did not identify the services

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S3085	Continued From page 6 facility staff would provide for his inability to manage his medications. The "NSA" also failed to identify the services facility staff would provide for bladder incontinence, cognitive impairments, and impaired decision-making. On 04/11/23 at 12:19 PM Administrative Staff C stated the "NSA" and "HCP" were combined in one document. On 04/12/23 at 10:52 AM Administrative Staff C confirmed the residents' "NSAs" did not describe the services they would receive based on their "FCSs." The administrator failed to ensure R411, R412, R413, R414, R415, and R416's "NSAs" described the services they would receive based on their "FCSs."	S3085		
S3165 SS=E	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The facility reported a census of 13 residents with three residents included in the sample and three closed record reviews. Based on interview and record review the administrator failed to	S3165		

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ensure Residents (R) 411, R412, R413, R414, R415, and R416's "Negotiated Service Agreements" (NSA) named the licensed nurse responsible for implementing and supervising the "Healthcare Service Plans" (HSP).

Findings included:

- Record review for R411 revealed an admission date 04/26/21 with the following diagnoses: Alzheimer's disease, diabetes mellitus, and panic disorder.

The 05/20/22 "Functional Capacity Screen" (FCS) identified R411 required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; supervision for eating; was unable to perform management of medications and treatments; had short-term and long-term memory loss, memory/recall, and decision making impairments; and was marked for falls and impaired decision-making.

The 05/20/22 combined "NSA/Healthcare Service Plan" (HCP) identified facility staff would provide R411 physical or stand-by assistance for bathing, dressing, and toileting; occasional assistance by one person for transfers; physical assistance for walking/mobility; reminders for eating; diabetic monitoring for treatments; and he wore non-slip socks in bed, had non-slip material placed in wheelchair to prevent sliding out, and increased toilet times to prevent falls. Cognition and impaired decision-making were not addressed on R411's NSA.

R411's "NSA" failed to name the licensed nurse responsible for implementing and supervising the

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S3165	Continued From page 8	S3165		

"HCP."

- Record review for R412 revealed an admission date of 06/23/22 with the following diagnoses: dementia and Alzheimer's disease.

The 03/28/23 "FCS" identified R412 required physical assistance with bathing, dressing, toileting, eating, management of medications and treatments; was incontinent of bladder; was sometimes understandable and sometimes understood others during communication; and was marked for falls, impaired decision-making, wandering, and inappropriate behavior.

The 03/28/23 combined "NSA/HCP" identified facility staff would provide R412 physical or stand-by assistance for bathing, dressing, toileting; cueing to maintain adequate intake for eating; and incontinence supplies were supplied by the facility. Cognition, communication, falls, impaired decision-making, wandering, and inappropriate behavior were not addressed on R412's "NSA."

R412's "NSA" failed to name the licensed nurse responsible for implementing and supervising the "HCP."

- Record review for R413 revealed an admission date of 11/17/20 with the following diagnoses: Alzheimer's disease and hypertension.

The 05/03/22 "FCS" identified R413 required physical assistance with bathing, dressing, toileting, and transfers; was unable to perform walking/mobility, and management of medications and treatments; was occasionally

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S3165	Continued From page 9	S3165		

incontinent of bladder; had short-term memory loss, memory/recall, and decision-making cognitive impairments; and was marked for falls and impaired decision-making.

The 05/03/22 combined "NSA/HCP" identified facility staff would provide physical or stand-by assistance with bathing, dressing, and toileting; physical assistance with one person for transfers; physical assistance with wheelchair for walking/mobility; staff to sign off each shift to indicate understanding of side effects of anticoagulant medications and report issues to the nurse for management of treatments; incontinence supplies were provided by hospice; and staff would ensure there were no trip hazards in her room, pathways were free of clutter, and anticipated toileting needs to prevent falls. Cognition and impaired decision-making were not addressed on R413's NSA.

R413's "NSA" failed to name the licensed nurse responsible for implementing and supervising the "HCP."

- Record review for R414 revealed an admission date of 05/26/21 with a diagnosis of dementia. The 05/09/22 "FCS" identified R414 required physical assistance with bathing; supervision with dressing and toileting; was unable to perform management of medications and treatments; had short-term memory loss, memory/recall, and decision-making impairments; and was marked for falls, impaired hearing, and impaired decision-making.

The 05/09/22 combined "NSA/HCP" identified facility staff would provide R414 physical

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assistance or stand-by assistance with bathing; reminders or supervision with bathing; verbal reminders for toileting; she had no applicable treatments; staff would ensure her bed was made in the morning, ensure there were no trip hazards in her room, and keep her walker with her to prevent falls; and she used a white board for communication for impaired hearing. Cognition and impaired decision-making were not addressed on R414's "NSA."

R414's "NSA" failed to name the licensed nurse responsible for implementing and supervising the "HCP."

- Record review for R415 revealed an admission date of 09/07/21 with a diagnosis of dementia.

The 12/24/21 "FCS" identified R415 required supervision for bathing; was unable to perform management of medications and treatments; and had short-term memory loss, memory/recall, and decision-making impairments.

The 12/24/21 combined "NSA/HCP" identified facility staff would provide R415 reminders for bathing; she had no applicable treatments. Cognition was not addressed on R415's "NSA."

R415's "NSA" failed to name the licensed nurse responsible for implementing and supervising the "HCP."

- Record review for R416 revealed an admission date of 08/08/21 with a diagnosis of dementia.

The 10/14/21 "FCS" identified R416 required physical assistance with bathing, dressing,

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S3165	Continued From page 11 toileting, and eating; was unable to perform management of medications and treatments; was frequently incontinent; had short-term memory loss, memory/recall, and decision-making impairments; and was marked for falls and impaired decision-making. The 10/14/21 combined "NSA/HCP" identified facility would provide R416 physical or stand-by assistance with bathing, dressing, and toileting; reminders or cueing to ensure adequate intake with eating; he had no applicable treatments; and staff would ensure trip hazards in room were removed and the pathway was clear to prevent falls. Incontinence, cognition, and impaired decision making were not addressed on R416's "NSA." R416's "NSA" failed to name the licensed nurse responsible for implementing and supervising the "HCP." On 04/11/23 at 12:19 PM Administrative Staff C stated the "NSA" and "HCP" were combined in one document. On 04/12/23 at 11:20 AM Administrative Staff C confirmed the nurse responsible was not named on the residents' "NSAs." The administrator failed to ensure the residents' "NSAs" named the licensed nurse responsible for implementing and supervising their "HCPs."	S3165		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure	S3280		

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S3280	Continued From page 12 disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 13 residents. Based on interview and record review the administrator failed to provide quarterly reviews of the facility's emergency management plan with staff and residents. Findings included: - Review of the facility's emergency plan notebook revealed the most quarterly review of the emergency management plan was documented on 06/01/22. The facility's record lacked evidence of documentation of quarterly emergency	S3280		

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S3280	Continued From page 13 management plan reviews with residents and staff since 06/01/22. On 04/11/23 at 12:38 PM Administrative Staff A confirmed the facility's record lacked documentation of quarterly reviews of the emergency management plan with staff and residents. The administrator failed to provide quarterly reviews of the facility's emergency management plan with staff and residents.	S3280		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by:	S3298		

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PARK MEADOWS MEMORY CARE	5951 W 107TH STREET OVERLAND PARK, KS 66207

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S3298	Continued From page 14 KAR 26-41-206(d) The facility reported a census of 13 residents. The facility had a kitchen in the main building where food was stored and prepared and transported to a satellite kitchen in a separate memory care building where food was stored and served. Based on interview and record review, the administrator failed to ensure food was served at the proper temperature. Findings included: - Review of the memory care satellite kitchen food temperature logbook revealed the most recent temperature was documented on 11/22/22, which was 140 days or 420 meals that no food temperatures were obtained/recorded. On 04/11/23 at approximately 12:50 PM Dietary Staff D stated food items were temped in the main kitchen before transporting to the memory care building and were not temped again before serving to the residents. On 04/12/23 at 10:58 AM Administrative Staff A confirmed the most recent food temperature was documented on 11/22/22. The administrator failed to ensure food was served at the proper temperature.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas	S3299		

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 _____	04/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3299	Continued From page 15 used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 13 residents. The facility had a satellite kitchen where food was stored and served. Based on observation and interview the administrator failed to ensure food was stored under safe conditions. Findings included: - Observation on 04/11/23 at approximately 12:50 PM in the memory care satellite kitchen revealed a refrigerator and freezer that contained food items. Refrigerator and freezer temperature logs were not present to ensure food items were stored at the proper temperature. On 04/11/23 at approximately 12:50 PM Dietary Staff D confirmed there were no refrigerator or freezer temperature logs. The administrator failed to ensure food was stored under safe conditions.	S3299		