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 _____	11/21/2024

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 complaint 185189 at the above named assisted living facility conducted on 11/20/24 and 11/21/24.	S 000		
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 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)(2) The facility reported a census of 20 residents with three residents included in the sample. Based on interview, observation, and record review the administrator failed to ensure the Negotiated Service Agreement (NSA) was fully developed based on the resident's Functional Capacity	S3085		

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

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S3085	Continued From page 1 Screen (FCS), service needs, and preferences for resident (R)1, and R2 including a description of the services the resident received and the provider of each service. Findings included: - Record review for R1 revealed an admission date of 07/21/23 with diagnoses of sleep disorder, hypertension, and dementia. The 05/23/24 FCS identified R1 required physical assistance with bathing, dressing, toileting, and walking/mobility. She was unable to perform transfers, management of medications, and management of treatments; was understandable and understood others during communication; was incontinent of bladder, at risk of falls, and had impaired vision and decision-making; and had difficulty with short-term memory, long-term memory, memory/recall and decision making. The 05/23/24 NSA acknowledged facility staff or outside agency provided assistance with bathing, dressing, toileting, and mobility. Two person staff assistance was provided with transfers. Facility staff managed and administered medications and treatments and checked for clutter, appropriate lighting, and spills to prevent falls. The NSA failed to describe services provided for cognition difficulties. Review of nursing progress note dated 07/31/24 at 01:47 PM documented the resident was unable to recall recent event. During interview of R1 on 11/21/24 at 11:42 AM questions were repeated and time given before resident would formulate an answer.	S3085		

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S3085	Continued From page 2 On 11/21/24 at 10:32 AM Administrative Nurse B confirmed R1's NSA failed to describe services provided or provider of service for cognition. The administrator failed to ensure R1's NSA described the services she received, and the provider of the service based on her FCS. - Record review for R2 revealed an admission date of 09/27/24 with diagnoses of dementia, depression, and falls. The 09/27/24 FCS identified R2 needed supervision with bathing and dressing; was independent with transferring, mobility, toileting, and eating; required assistance with management of medications and treatments; had difficulty with short-term memory and memory/recall; and was at risk for falls. R2 had no communication difficulties. The 09/27/24 NSA identified R2 transferred self, toileted self, used walker for mobility, did not receive assistance with eating, and received cueing for bathing and dressing. Facility staff ordered, stored, and administered medications and checked for clutter, appropriate lighting, and spills to prevent falls. The NSA/HSP failed to describe services provided for cognition difficulties. Review of nursing progress note dated 09/30/24 at 05:53 AM revealed the resident required redirection from staff. During an interview on 11/21/24 at 10:13 AM Speech Therapist E confirmed she was working with R2 on cognition. She stated R2 was given choices and external cues for cognition interventions.	S3085		

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S3085	Continued From page 3 On 11/21/24 at approximately 10:40 PM Administrative Nurse B confirmed R2's NSA failed to describe the services provided for cognition difficulties. The administrator failed to ensure R2's NSA described the services he received, and the provider of the service based on his FCS.	S3085		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 20 residents. Based on interview and record review the	S3280		

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S3280	Continued From page 4 administrator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with residents. Findings included: - Review of the facility's emergency plan records lacked evidence of documentation quarterly reviews were completed with residents since the last survey. On 11/20/24 at 11:34 AM Administrative Staff A confirmed the facility's record lacked documentation reviews of the emergency management plan were completed quarterly with residents. On 11/21/24 at 01:22 PM an Emergency Management Plan quarterly reviews policy was requested which the facility failed to provide. The administrator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with 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,	S3298		

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S3298	Continued From page 5	S3298		

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:
KAR 26-41-206(d)

The facility reported a census of 20 residents. The facility had a kitchen where food was served. Based on interview and record review, the administrator failed to ensure food was served at the proper temperature.

Findings included:

- Review of the food temperature log for October of 2024 revealed food temperatures were not recorded for breakfast meals on 10/19/24 and 10/26/24.

Review of the food temperature log for November of 2024 revealed different forms and food temperatures were not recorded for 12 of 20 breakfast meals, 12 of 19 lunch meals, and 17 of 19 dinner meals.

On 11/20/24 at approximately 10:43 AM Administrative Staff C confirmed the food temperature logs were not completed.

The Kansas Department of Agriculture's "Focus on Food Safety" booklet page 14 documented

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S3298	Continued From page 6 "minimum hot holding temperature is 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F." A policy for taking food temperatures was requested on 11/21/24 at 01:22 PM which the facility failed to provide. 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 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 20 residents. The facility had a kitchen where food was stored and served to all residents. Based on observation and interview the administrator failed to ensure food items were stored under safe conditions. Findings included: - Observation on 11/20/24 at 10:22 AM in the kitchen revealed an upper cabinet which contained the following food items for the residents:	S3299		

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S3299	Continued From page 7 One container of cookies with no date of preparation One five-pound container of creamy peanut butter undated when opened, "best by" date 10/07/24 The lower cabinet contained the following: One flat of cans of chicken noodle soup with best by date of 05/08/24 One flat of cans of chicken noodle soup with best by date of 06/20/24 One almost empty gallon container of barbeque sauce undated on opening with label that read "refrigerate after opening" One opened and undated container of mustard with label that read "refrigerate after opening" On 11/20/24 at approximately 10:30 AM Administrative Nurse B confirmed the food items lacked a date the food was opened or prepared, and/or expired. The Kansas Department of Agriculture's "Focus on Food Safety" booklet Page 20 explains that commercially prepared foods must be date marked after the original container was opened and held under refrigeration. Foods prepared on site must be labeled and date marked for consumption or discarded within 24 hours. The administrator failed to ensure foods were stored under safe conditions.	S3299		