STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046095	A. BUILDING: _____ B. WING _____	07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERADO OVERLAND PARK	12701 PFLUMM ROAD OVERLAND PARK, KS 66213

(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 attached complaints (#1767158, #175262, #175165, #175100, #173073) at the above named facility conducted on 07/24/23 and 07/25/23.	S 000		
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 equaled 29 residents. The sample included 3 residents. Based on record review and interview for 2 of 3 sampled Residents (R)2 and R3, the facility failed to ensure designated facility staff conducted a screening on or before admission to the assisted living facility to determine the resident's functional capacity.	S3080		

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

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S3080	Continued From page 1 Findings included: - Review of the "Resident Roster" obtained on 07/24/23 included R2 and R3. The roster indicated R2 required physical assistance with activities of daily living, had impaired cognition, was at risk for wandering, had a fall in the last 180 days and had a wound/ pressure ulcer. The roster identified R3 required physical assistance with activities of daily living, had impaired cognition, had a fall in the last 180 days, utilized an outside provider and had a bed assistive device. - R2's "Medical Record" revealed he admitted to the facility on 07/14/23 with a diagnosis of Alzheimer's Disease. Record lacked completion of a functional capacity screen (FCS). Review of resident's "Service Plan" (combined negotiated service agreement and health care service plan) dated 07/18/23 recorded facility staff assisted R2 with bathing, toileting and walk/mobility but failed to identify party responsible for dressing, transfer, eating and management of medications and treatments. - R3's "Medical Record" revealed he admitted to the facility on 06/22/23 with diagnoses of Dementia, hypertension and adult failure to thrive. Record lacked completion of a functional capacity screen (FCS).	S3080		

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S3080	Continued From page 2 Review of resident's "Service Plan" (combined negotiated service agreement and health care service plan) dated 07/07/23 recorded facility staff assisted R3 with bathing, dressing, toileting, transfer, walk/mobility and medication administration. The "Service Plan" further recorded facility staff prompted/ cued resident while eating and allowed additional time for R3 to communicate with staff. Interview on 07/25/23 at 10:37 AM with Administrator A confirmed FCS not completed upon admission for R2 and R3 and further confirmed no FCS in place currently as of 07/25/23. Facility failed to provide a policy on functional capacity screening. The facility failed to ensure designated facility staff conducted a screening on or before admission to the assisted living facility to determine the resident's functional capacity for R2 and R3.	S3080		
S3101 SS=D	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 3 by: KAR 26-41-202 (h) The census equaled 29 residents. The sample included 3 residents. Based on record review and interview for 1 sampled Resident (R)2, Administrator A failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. Findings included: - Record review for R2 revealed an admission date of 07/14/23 with diagnosis of Alzheimer's Disease. Resident record lacked completion of a functional capacity screen (FCS) upon admission. Review of resident's "Service Plan" (combined negotiated service agreement and health care service plan) dated 07/18/23 recorded facility staff assisted R2 with bathing, toileting and walk/mobility but failed to identify party responsible for dressing, transfer, eating and management of medications and treatments. NSA lacked signatures of the individuals involved at the time of development of the agreement including a licensed nurse, administrator and R2's legal representatives or family members. Interview on 07/25/23 at 12:25 PM with Administrator A confirmed R2's current combined negotiated service agreement/ health care service plan titled "Service Plan" dated 07/18/23 was not signed by a licensed nurse,	S3101		

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S3101	Continued From page 4 administrator and R2's legal representatives or family members. Facility failed to provide a policy on negotiated service agreements. Administrator A failed to ensure each individual involved in the development of the NSA signed the agreement.	S3101		
S3165 SS=F	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 29 residents. The sample included 3 residents. Based on record review and interview for 3 Residents (R)1, R2 and R3, with the potential to affect all residents, Administrator A failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. Findings included: - R1's "Medical Record" revealed she admitted to the facility on 09/22/20 with diagnoses of	S3165		

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S3165	Continued From page 5	S3165		

Parkinson's Disease and unspecified dementia.

The "Resident Functional Capacity Screen" (FCS) dated 01/05/23 recorded the resident required supervision with eating, physical assistance required for bathing, dressing, toileting, transfer, walk/mobility and unable to perform management of medications and treatments. R1 was incontinent and had short- and long-term memory impairment, impaired memory/recall and impaired decision making.

Review of resident's "Service Plan" (combined negotiated service agreement and health care service plan) dated 04/25/23 recorded facility staff assisted R1 with bathing, dressing, toileting, transfer, walk/mobility and medication administration.

The "Service Plan" lacked the name of the licensed nurse responsible for the implementation of the health care service plan.

- R2's "Medical Record" revealed he admitted to the facility on 07/14/23 with a diagnosis of Alzheimer's Disease.

Record lacked completion of a functional capacity screen (FCS).

Review of resident's "Service Plan" (combined negotiated service agreement and health care service plan) dated 07/18/23 recorded facility staff assisted R2 with bathing, toileting and walk/mobility but failed to identify party responsible for dressing, transfer, eating and management of medications and treatments.

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S3165	Continued From page 6 The "Service Plan" lacked the name of the licensed nurse responsible for the implementation of the health care service plan. - R3's "Medical Record" revealed he admitted to the facility on 06/22/23 with diagnoses of Dementia, hypertension and adult failure to thrive. Record lacked completion of a functional capacity screen (FCS). Review of resident's "Service Plan" (combined negotiated service agreement and health care service plan) dated 07/07/23 recorded facility staff assisted R3 with bathing, dressing, toileting, transfer, walk/mobility and medication administration. The "Service Plan" further recorded facility staff prompted/ cued resident while eating and allowed additional time for R3 to communicate with staff. The "Service Plan" lacked the name of the licensed nurse responsible for the implementation of the health care service plan. Interview on 07/25/23 at 12:26 PM with Administrator A confirmed the "Service Plan" lacked the name of the licensed nurse responsible for the implementation of the health care service plan on all residents in the facility. Administrator A failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan, which had the potential to affect all residents.	S3165		

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S3248 SS=E	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 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) (2) The facility census equaled 29 residents. The sample included 3 residents and record review of 5 newly hired employees. Based on interview and personnel record review for 4 (Certified	S3248		

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S3248	Continued From page 8 Medication Aide (CMA)/ Certified Nurse Aide (CNA) C, CMA/CNA D, CNA E and Maintenance Staff F) of 5 staff sampled, Administrator A failed to obtain evidence of supporting documentation for criminal background checks when the background checks were not conducted through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d). Findings included: - On 07/25/23, personnel record review for 3 certified staff and 1 non-certified staff revealed the following: Certified staff C hire date 03/31/23, no evidence of criminal background check completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d). Certified staff D hire date 10/17/22, no evidence of criminal background check completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d). Certified staff E hire date 07/10/23, no evidence of criminal background check completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d). Non-Certified staff F hire date 06/19/23, no evidence of criminal background check completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d). Interview on 07/25/23 at 09:55 AM with Administrator A confirmed criminal background	S3248		

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S3248	Continued From page 9 checks were not completed through the Kansas Department for Aging and Disability Services according to K.S.A 39-970 (d) on newly hired sampled staff. For all residents, Administrator A failed to obtain evidence of supporting documentation for criminal background checks of facility staff, pursuant to K.S.A. 39-970 and amendments thereto.	S3248		
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) (4)	S3280		

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S3280	Continued From page 10 The census equaled 29 residents. The sample included 3 residents and review of 5 employee records. Based on record review and interview, Administrator A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with residents and staff and an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location. Findings included: - Review of the facility "Emergency Management Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, lack of electrical, or water service, and missing residents. The plan failed to contain procedures to manage potential emergencies and disasters including natural gas leak. Facility failed to provide quarterly reviews of the emergency management plan with residents for the second, third and fourth quarters of 2022 and the first and second quarters of 2023. Facility failed to provide quarterly reviews of the emergency management plan with staff for the second, third and fourth quarters of 2022 and the first and second quarters of 2023. Facility failed to perform an annual emergency drill since last survey conducted with all residents and the minimum number of staff on duty at one time that included an evacuation of all residents to a secure location.	S3280		

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S3280	Continued From page 11 Interview on 07/25/23 at 09:01 AM with Administrator A confirmed unable to locate reviews completed with residents and staff for the second, third and fourth quarters of 2022 and the first and second quarters of 2023. Interview on 07/25/23 at 12:23 PM with Administrator A confirmed unable to locate a full evacuation completed with all residents and the minimum number of staff on duty at one time. Administrator A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire "Emergency Management Plan" with residents and staff and an annual emergency drill with staff and residents to include an evacuation of the residents to a secure location.	S3280		
S3310 SS=F	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; (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	S3310		

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S3310	Continued From page 12 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207 (c) The census totaled 29 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 2 of 3 sampled residents (R)2 and R3 and 3 sampled staff (Certified Medication Aide (CMA)/ Certified Nurse Aide (CNA) D, CNA E and Maintenance Staff F, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R2's "Health Record" revealed he admitted to the facility on 07/14/23 and the record lacked completion of TB testing and a TB questionnaire upon admission. R3's "Health Record" revealed he admitted to the facility on 06/22/23 and the record lacked completion of TB testing and a TB questionnaire upon admission. - Review of CMA/CNA D employee record revealed they hired onto the facility on 10/17/22. CMA/CNA D's record lacked evidence of completion of a TB questionnaire upon hire. Review of CNA E employee record revealed they hired onto the facility on 07/10/23. CNA E's record lacked evidence of completion of TB testing and a TB questionnaire upon hire.	S3310		

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S3310	Continued From page 13 Review of Maintenance Staff F employee record revealed they hired onto the facility on 06/19/23. Maintenance Staff F's record lacked evidence of completion of the second step of TB testing and a TB questionnaire upon hire. Interview on 07/25/23 at 10:24 AM with Administrator A confirmed unable to locate a TB questionnaire completed upon hire for CMA/CNA D, CNA E and Maintenance Staff F and further confirmed unable to locate TB testing for CNA E and the second step of TB testing for Maintenance Staff F completed upon hire. Interview on 07/25/23 at 12:23 PM with Administrator A confirmed unable to locate TB testing and a TB questionnaire completed upon admission for R2 and R3. Facility's "Prevention of the Transmission of Tuberculosis" policy dated 01/12/22 recorded, "1. All associates, residents and volunteers will be screened for active Tuberculosis per Federal, State, and local regulations. Some states require only a screening for symptoms of Tuberculosis, other states require a Tuberculin Skin Test (TST), and some states require a two-step Mantoux Tuberculin Skin Test (TST) (Follow State regulations)." The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		