STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046098	A. BUILDING: _____ B. WING _____	C 10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF LENEXA	22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220

(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 an abbreviated complaint survey for complaints #166129 and #166417 for the above named assisted living facility conducted on 10-28-2021 and 11-1-2021.	S 000		
S3026 SS=J	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 61 residents. The sample included 3 residents the operator identified as an elopement risk on the resident roster. Based on observation, interview, and record review for 1 (#3) of 3 sampled residents, the operator failed to ensure the resident was not subjected to neglect by the failure to provide adequate supervision and staff failure to respond to 2 different silent door alarms triggered at 2:11 AM and 2:12 AM on 10-5-21. According to resident #3's medical record a licensed nurse assessment identified the resident was forgetful and needed reminders and occasional reassurance, had current elopement concerns and would benefit from a key pad protected	S3026		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 11/28/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046098	A. BUILDING: _____ B. WING _____	C 10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF LENEXA	22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220

(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
S3026	Continued From page 1	S3026		

neighborhood. The resident's observation notes included documentation of the resident banging on doors and wanting to leave the facility. Review of the facilities door sensor alarms revealed the 100-hall side door which leads to where the police found the resident silent alarmed at 2:11 AM. The Beacon front door, which leads out of the memory care unit to a back laundry/hall alarmed at 2:12 AM. At 4:35 AM local police were called to check the welfare of someone reported to be sitting on the concrete outside of the facility. The police found resident #3 lying on the concrete, with wet clothing on in the sprinklers. Emergency medical services then took the resident to a local hospital for evaluation. Based on review of the door sensor alarms the resident was outside in 60-degree temperatures, with wet clothing on for approximately 2 hours. The residents record revealed the she returned to the facility on 10-5-21 at 12:23 PM however, the record failed to include a licensed nurse assessment of the resident status upon return from the hospital. The failure to provide adequate supervision and the staff failure to respond to the silent door alarms placed resident #3 in immediate jeopardy for harm, injury, or death.

Findings included:

- Review of resident #3's medical record revealed the resident moved into the facility on 9-14-21 with diagnoses of dementia, anxiety, insomnia, type 2 diabetes, and hypertension.

Review of the resident's Electronic Medical Record (EMR) included a functional capacity screen (FCS) with a creation dated of 9-21-21, 7 days after the resident moved into the facility. It identified the resident scored a 4 on cognition

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046098	A. BUILDING: _____ B. WING _____	C 10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF LENEXA	22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220

(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
S3026	Continued From page 2	S3026		

which indicated the resident had cognitive impairment. The resident also needed assistance with bathing and usually could make self-understood and understood others. The facility staff failed to complete the FCS's which included the section that would have identified if the residents was at risk for falls, wandered, has inappropriate behaviors and/or impaired decision-making.

Review of the resident's Negotiated Service Agreement/Health Care Service plan dated 9-21-21 failed to include that the resident ambulated with a front wheeled walker, was an elopement risk and any interventions for staff to prevent the resident from leaving the facility without staff being aware.

Review of the resident's Observation Notes revealed the following:
On 9-16-21 at 8:36 PM, Licensed Nurse C noted the resident was banging on the doors trying to exit the facility.

On 9-21-21 at 9:49 PM, Licensed Nurse C noted the resident was exit seeking, pushing on doors, wanting her car, saying she is going to go to church. Staff eventually was able to redirect her back to bed.

On 9-22-21 Certified Medication Aide (CMA) D noted at 8:00 AM the resident came out of her room and was very unhappy, wanting to leave the facility and yelling at staff.

The residents notes lacked documentation that the resident was found outside of the facility by the local police, went to the emergency room, and assessment completed by a licensed nurse as to the resident's condition upon return to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046098	A. BUILDING: _____ B. WING _____	C 10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF LENEXA	22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220

(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
S3026	Continued From page 3	S3026		

facility.

Review of the Door Sensor Report on 10-5-21 at 2:11 AM, revealed the 100-hall side door which leads to where the resident was found silent alarmed to staff pagers.

On 10-28-21 at 9:17 AM, Maintenance Staff D reported all the exit doors are supposed to silent alarm and come across the staff pagers. He also stated he checked the exit doors daily but did not have any type of log to show if the doors were alarming correctly or not.

On 10-28-21 at 10:35 AM, Certified Nursing Assistant (CNA) H , reported the resident did not exit seek on her shift and staff needed to do rounds at least every 2 hours on all residents. Staff H stated she worked the evening before the incident and at 11:00 she did rounds with Licensed Nurse G on all residents in both memory care units and resident # 3 was in her room at that time.

On 10-28-21 at 11:10 AM, Operator A reported the care staff should check on residents at least every 2 hours during their shift, including nights.

On 10-28-21 at 12:27 PM, Operator A reported on 10-5-21 the staff who worked in AL had a pager and Memory Care did not have pagers. There is an aide in each house at night and that night we only had 2 staf. The nurse worked in both memory units that night. She also stated she spoke to the staff who worked overnight to see if determination of how the resident left could be made. She contacted the company who manages their exit door alarms to come and check all the exit doors and pagers to ensure all were working properly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046098	A. BUILDING: _____ B. WING _____	C 10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF LENEXA	22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220

(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
S3026	Continued From page 4 Per Wonderground.com revealed the following weather conditions between 2:00 AM and 5:00 AM on 10-5-21: At 1:53 AM it was 59 degrees Fahrenheit (F) At 2:53 AM it was 53 degrees F with winds out of the north at 6 miles per hour (mph) At 3:53 it was 56 degrees F with winds at 5 mph out of the north At 4:53 it was 54 degrees F with winds out of the north at 5 mph Review of the incident report provided by Operator A revealed that on 10-5-21 at approximately 4:30 AM resident #3 was found outside of the building by local police. Resident #4 went out to walk her dog and saw resident #3 and called the police department. It included that the police report noted the resident was wet and was found in the sprinkler system. Review of Licensed Nurse G's statement of incident on 10-5-21 revealed she did resident rounds between 1:34 AM and 2:34 AM for 2 residents on orchard memory care area and 3 residents in Beacon (Groves). She noted a different resident in Groves came out of their room a few times but went back without any problems. Staff G's statement included that she did not hear any alarms go off and she did not hear anyone calling the facility. Review of Certified nursing assistant F's statement on 10-5-21 that Operator A provided, revealed she worked on the assisted living side of the facility. Her statement only mentioned that she heard a man yelling "hello" and he reported to her that a resident was found on the backside of the building. Staff F went to identify the resident and she did not recognize her and so	S3026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046098	A. BUILDING: _____ B. WING _____	C 10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF LENEXA	22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220

(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
S3026	Continued From page 5	S3026		

she went inside and saw the resident's name on the roster. The fireman and police then stated were taking the resident to the hospital.

On 11-1-21 at 8:20 AM, Licensed Nurse G confirmed the above statement. She also stated there were only 2 staff working that night and it is normal to have 3 staff. LN G stated she had to work in both memory care units. Licensed Nurse G reported she did not have a pager that night and stated the only alarms that went off were the ones when she went between the two memory care units to do rounds.

During an interview on 11-1-21 at 11:13 AM certified staff F confirmed her written statement. Staff F also stated that there are usually 3 staff that work the night shift and that night they only had 2 staff. She also reported that when she first started working at the facility she would go to all the doors to see if someone went out the door but there was never anyone there. Staff F stated she had not worked the memory unit before and when the fireman asked her to identify the resident she had to come back into the facility to check and see if her name was on the roster. Staff F also reported when she saw the resident outside, the resident was wrapped in a blanket and her hair was wet.

The Operator failed to ensure a resident identified as an elopement risk was provided adequate supervision when staff failed to respond to 2 different silent door alarms triggered at 2:11 AM and 2:12 AM on 10-5-21. Based on the time the door alarms triggered the resident was potentially outside, wet and in temperatures between 53 degrees F and 59 degrees F for approximately 2 hours.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046098	A. BUILDING: _____ B. WING _____	C 10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF LENEXA	22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220

(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
S3026	Continued From page 6 The immediate jeopardy was removed on 10-5-21 at 9:00 AM when Operator A implemented a plan to check functioning of all the exit doors and implement measures to prevent an elopement for occurring again. The plan included the following. 1.Preventative maintenance immediately (10/05/21) on Memory Care door 2.Checking all doors to assure they are alarming on a pager and or audible alarms are going off when indicated monthly and when a problem is reported. 3.Educate staff on performing rounds every 2 hours in memory care and to respond to all alarms weather inside the unit or an outside door silent alarm. (Completed by 10/30/21). 4.Implement a training section in orientation to assure new staff understand the silent alarms and audible alarm system. (Ongoing) 5.All staff will be educated on only using the 100-hall memory care exit door for emergencies only (completed by 10/31). 6.Staff to be educated on announcing via walkie talkie when they leave the building (completed by 10/31/2021).	S3026		
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	S3080		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046098	A. BUILDING: _____ B. WING _____	C 10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF LENEXA	22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220

(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
S3080	Continued From page 7	S3080		

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 facility reported a census of 61 residents. The sample included 3 residents. Based on interview and record review the operator failed to ensure 2 (#3 and #5) of 3 sampled residents had a functional capacity screen completed by designated staff on or before admission to the assisted living facility in order to determined the residents functional capacity.

Findings included:

- Review of resident #3's medical record revealed the resident moved into the facility on 9-14-21 with diagnoses of dementia, anxiety, insomnia, type 2 diabetes, and hypertension.

Review of the residents electronic medical record included a functional capacity (FCS) with a creation dated of 9-21-21, 7 days after the resident moved into the facility. The facility staff failed to complete the FCS sections for assistive mobility device used, current risks/problems, rehabilitation potential, ordered therapies and treatments, support, and who participated in the FCS. It also was not signed by a nurse or appropriate facility staff member.

On 10-28-21 at 2:11 PM administrative staff B

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046098	A. BUILDING: _____ B. WING _____	C 10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF LENEXA	22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220

(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
S3080	Continued From page 8 confirmed the resident's FCS had not been completed on or before admission to the facility. - Review of resident #5's medical record revealed she moved into the facility on 4-19-21 with diagnoses of dementia with behavioral disturbance and agitation. Review of the residents admission functional capacity screen dated 4-2-21 failed to be completed appropriately by licensed nursing staff I. Staff I failed to screen the resdient for dressing, toileting, transfers, walk/mobility and eating. Staff I also failed to screen the residents cognition status, medications, support, and who particiatpated in the screen. On 11-1-21 at 2:10 PM administrative staff B confirmed the resident's admission FCS was not fully completed when licensed nurse I did it. Based on interview and record review the operator failed to ensure designated staff completed a functional capacity screen with each element and definition as specified by the state department on or before admission to the assisted living facility.	S3080		
S3090 SS=D	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission.	S3090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046098	A. BUILDING: _____ B. WING _____	C 10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF LENEXA	22000 PRAIRIE STAR PARKWAY LENEXA, KS 66220

(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
S3090	Continued From page 9 This REQUIREMENT is not met as evidenced by: KAR 26-41-202(c) The facility reported a census of 61 residents. The sample included 3 residents. Based on interview and record review the operator failed to ensure 1 (#3) of 3 sampled residents had an initial negotiated service agreement developed at admission to the facility. Findings included: - Review of resident #3's medical record revealed the resident moved into the facility on 9-14-21 with diagnoses of dementia, anxiety, insomnia, type 2 diabetes, and hypertension. Review of the residents electronic medical record included a functional capacity (FCS) with a creation dated of 9-21-21, 7 days after the resident moved into the facility. The functional capacity screen was not fully completed but did identify the resident required supervision with bathing and dressing, needed physical assistance with management of her medications and medical treatments, had impaired cognition, and usually understood others and usually made herself understood. Review of the residents initial negotiated service agreement dated 9-21-21, 7 days after admission to the facility. In an email dated 11-1-21 at 1:34 PM administrative staff B confirmed the residents negotiated service agreement should have been completed on 9-14-21 when the resident moved into the facility.	S3090		