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 _____	05/11/2023

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

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint #'s 179887, 179405, and 177527, for the above named facility conducted on 05/08/23, 05/09/23, 05/10/23, and 05/11/23.	S 000		
S3028 SS=E	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.	S3028		

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

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S3028	Continued From page 1	S3028		

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-101 (f) (3)

The facility reported a census of 63 residents. The sample included 6 "Residents'" ((R's)1 ,2 ,3 ,4, 5, and 6). Based on record review and interview the administrator failed to ensure facility staff reported all allegations of abuse and neglect to the administrator as soon as staff were aware of the allegations. This effected R1 when staff charted a resident-to-resident altercation on 04/22/23 and failed to report to the administrator, and R4 when she had an unwitnessed fall and was unable to state how the fall occurred. This resulted in R4 being transported to the emergency room for possible head injury on 01/04/23.

Findings include:

- Record review on 05/09/23 for R1, revealed an admission date of 05/10/22 with diagnoses of dementia and Type 2 diabetes.

Record review of R1 "Functional Capacity Screen" (FCS) dated 06/28/22 identified R1 required supervision with bathing, dressing and toileting. He was independent with transferring, walking, and eating. He lacked the ability to manage his own medications and was continent of bladder. He was marked with impaired short-term memory, impaired memory recall and impaired decision making.
He was able to make himself understood and he

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S3028	Continued From page 2	S3028		

understood others. He used no mobility devices.

Record review of R1 NSA dated 05/06/23 identified the facility/facility staff would provide the following health care services: one staff to assist with applying shampoo and verbal cueing throughout the bathing process, one staff to assist with laying out fresh clothes and encouraging resident to dress himself, one staff to assist with directing to the bathroom, and provide cueing and reminders throughout the day with frequent redirection.

Record review of R1 electronic "Observation" notes dated 04/22/23 revealed the following entry:

04/22/23 at 08:02 PM "Daily Communication Log: R1 and another resident were getting into an argument and this writer and another "Certified Medication Aide" (CMA) noticed this argument getting more elevated. R1 then put his hands on the other resident's shoulder and pushed her up against the basketball goal in the living room. Staff immediately ran over to the residents and separated the two. R1 raised his voice at staff and the other resident, but staff wasn't able to understand what the resident was trying to say. R1 was asked to cool down in his room, which he did with no resistance. Staff checked the other resident's arms and back and saw no bruising or marks.

The document lacked the required information of who was notified of the incident.

Interview on 05/09/23 at approximately 11:15 AM with administrator B, she confirmed staff failed to

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S3028	Continued From page 3	S3028		

report the resident-to-resident altercation.

- Record review for R4 revealed an admission date of 06/23/21 with diagnoses of Parkinson's disease and osteoarthritis.

Record review of R4 FCS dated 09/06/22 identified R2 required physical assistance with bathing and dressing. She was independent with toileting, transferring, walking/mobility and eating. She had the ability to manage her own medications and was usually continent of bladder. She was cognitively intact, able to make herself understood and she understood others. She was not marked with any current or recent problems/risk and used a walker mobility device.

Record review of R4 NSA dated 05/06/23 identified the facility/facility staff would provide the following health care services: one staff would assist R4 with stand- by assistance when getting into and out of the shower, one staff to assist with washing and drying resident back and lower extremities, and one staff to assist with dressing lower extremities. Resident to self-administer her medications. She is independent with mobility and transferring, and care staff to educate to keep the hallways clear of clutter for safety.

Review of R4 electronic "Observation" Notes dated 12/22/22 to 05/08/23 revealed the following entries:

01/04/23 at 01:32 PM "Reported to this nurse that resident had a fall at 02:00 AM and hit the back of her head. Resident was taken to the emergency room for evaluation. Durable Power

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3028	Continued From page 4	S3028		

of Attorney was in with an update and stated the resident has some small brain bleed. They are transferring her to another facility. They will determine if she will need surgery. Durable Power of Attorney to keep us updated".

01/05/23 at 01:00 PM "resident returned to facility by way of durable power of attorney. Ambulating with walker. Stated she's happy to be back." ..."She is post fall, sent to the emergency room early yesterday morning as she hit the back of her head. Reported that she did have a very small brain bleed, but the physicians are not concerned."

Record review of the discharge paperwork from the hospital dated 01/04/23 gave the following discharge patient education materials:

Fall prevention, high blood pressure, and head trauma (Traumatic Brain Injury).

Review of the facility policy Titled "Handling and Reporting Incidents" and dated 06/26/2009 revealed the following statements:

"In addition to the Red Cross criteria above, contact 911 if person is behaving erratically, a threat to themselves or others, in severe pain or if you have any other concern about the health and well being of the person".

B. "Resident Service Director: Notify the Resident Services Director if a resident, guest or team member: requires 911 emergency tranport, for any reason listed under Executive-Director Below. (Call both resident service director and executive director)"

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	N046098	A. BUILDING: _____ B. WING _____	05/11/2023

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S3028	Continued From page 5 C. "Executive Director: Notify the Executive Director if a resident, guest or tema member is: missing, abused, violent or abusive..." D. "Responsible Party: Notify the resonsible party by phone whenever an incident occures..." E. "Resident Physician: notify the resident's primary physician whenever an incident occures." "Reporting of incidents: a. A "Universal Incident/Occurance Report" is completed immediately following the incident and asssitance. The report is completed for each and every incident. Interview on 05/10/23 with R4 revealed she did not remember the fall when she hit her head. She stated she remembers "waking up on the floor". She stated there was not a small brain bleed. She continued to state while at the hospital the testing performed showed that it was a bruise. Interview on 05/10/23 with Licensed Nurse A, she stated she was not aware the family had reported that R4 had a small brain bleed, and further confirmed she did not open an investigation to rule out neglect. The administrator failed to ensure facility staff reported all allegations of abuse and neglect to the administrator as soon as staff were aware of the allegations. This effected R1 when staff charted a resident-to-resident altercation on 04/22/23 and failed to report the incident to the	S3028		

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S3028	Continued From page 6 administrator, and R4 when she had an unwitnessed fall and was unable to state how the fall occurred. This resulted in R4 being transported to the emergency room for possible head injury on 01/04/23.	S3028		
S3080 SS=D	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: K.A.R. 26-41-201 (a) The facility reported a census of 63 residents. The sample included 6 "Residents'" ((Rs') 1, 2, 3, 4, 5, and 6). Based on record review and interview the administrator failed conduct a "Functional Capacity Screening" (FCS) prior to or at the time of admission for R6. Findings include:	S3080		

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S3080	Continued From page 7 - Record review for R6 revealed an admission date to the facility's Adult Day Program was 04/24/23, with diagnoses of vascular dementia. The record lacked a document titled Functional Capacity Screen. Interview on 05/10/23 at 04:10 PM with Licensed Nurse A, she confirmed R6 records lacked a FCS being performed prior to or at the time of admission to the facility's Adult Day Program. The administrator failed conduct a "Functional Capacity Screening" (FCS) prior to or at the time of admission for R6.	S3080		
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: K.A.R. 26-41-201 (c)(2) The facility reported a census of 63 residents. The sample included 6 "Residents'" ((Rs') 1, 2, 3,	S3081		

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S3081	Continued From page 8 4, 5, and 6). Based on record review and interview the administrator failed to ensure the "Functional Capacity Screen" (FCS) for R4 was performed for a change of condition when she began having falls. R4 Observation notes revealed she had 5 unwitnessed falls from 12/22/23 to 04/11/23. R4 was sent to the hospital for treatment after the fall on 01/04/23 when she hit her head. Findings include: - Record review for R4 revealed an admission date of 06/23/21 with diagnoses of Parkinson's disease and osteoarthritis. Record review of R4 FCS dated 09/06/22 identified R2 required physical assistance with bathing and dressing. She was independent with toileting, transferring, walking/mobility and eating. She had the ability to manage her own medications and was usually continent of bladder. She was cognitively intact, able to make herself understood and she understood others. She was not marked with any current or recent problems/risk and used a walker mobility device. Record review of R4 NSA dated 05/06/23 identified the facility/facility staff would provide the following health care services: one staff would assist R4 with stand- by assistance when getting into and out of the shower, one staff to assist with washing and drying resident back and lower extremities, and one staff to assist with dressing lower extremities. Resident to self-administer her medications. She is independent with mobility and transferring, and care staff to educate to keep the hallways clear	S3081		

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S3081	Continued From page 9 of clutter for safety. Review of R4 electronic "Observation" Notes dated 12/22/22 to 05/08/23 revealed the following entries: 12/22/2022 at 10:35 PM Unwitnessed fall. "Resident had rolled out of bed. Upon entering the room, it was noted that resident was laying on the floor. This resident stated she slid out of bed when she was rolling over". 01/04/23 at 01:32 PM "Reported to this nurse that resident had a fall at 02:00 AM and hit the back of her head. Resident was taken to the emergency room for evaluation. Durable Power of Attorney was in with an update and stated the resident has some small brain bleed. They are transferring her to another facility. They will determine if she will need surgery. Durable Power of Attorney to keep us updated". 01/05/23 at 01:00 PM "resident returned to facility by way of durable power of attorney. Ambulating with walker. Stated she's happy to be back." ..."She is post fall, sent to the emergency room early yesterday morning as she hit the back of her head. Reported that she did have a very small brain bleed but the physicians are not concerned." 03/08/23 at 10:33 PM "Monthly Summary: Resident resides in assisted living; her main diagnosis is Parkinson's disease. She alert and oriented times 3, and she manages her own medications. She has not been on an antibiotic this past month. She has had 2 falls this past month. She ambulates with a walker	S3081		

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S3081	Continued From page 10	S3081		

independently. She needs assistance with activities of daily living cares with one staff. She comes to the dining room for meals and has a good appetite and enjoys coming to activities".

The observation notes lacked documentation in the month of February of 2 falls.

04/07/23 at 11:27 PM "Incident type: unwitnessed fall". "Resident slid from her bed to the floor when she was trying to get up to go to the bathroom. She was sitting with her back to the bed and legs out in from of her, her walker was in front of her legs. She is in bare feet and the lights were on.

04/09/23 at 03:18 PM "communication log: Resident slipped out of bed this morning and was on the floor. I was not there to witness by another staff and myself were able to get her transferred to the bathroom where the other staff was able to shower and dress the resident."

04/11/23 at 10:30 PM "Incident type: unwitnessed fall called to resident's room by CNA to find resident laying on her floor on her left side, with her legs outstretched and her walker in front of her, her blanket on the floor in between her walker. She had bare feet, and the lights were on.

Record review of the discharge paperwork from the hospital dated 01/04/23 gave the following discharge patient education materials:
Fall prevention, high blood pressure, and head trauma (Traumatic Brain Injury).

Interview on 05/10/23 with Licensed Nurse A,

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	N046098	A. BUILDING: _____ B. WING _____	05/11/2023

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S3081	Continued From page 11 she stated she was not aware the family had reported that R4 had a small brain bleed, she continued to state that she did not do a new FCS. Interview on 05/10/23 with R4 revealed she did not remember the fall when she hit her head. She stated she remembers "waking up on the floor". She stated there was not a small brain bleed. She continued to state while at the hospital the testing performed showed that it was a bruise. The administrator failed to ensure the FCS for R4 was performed for a change of condition when she began having falls and was sent out to the hospital on 01/04/23 for evaluation after an unobserved fall which resulted in R4 hitting her head.	S3081		
S3085 SS=D	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	S3085		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3085	Continued From page 12 (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (a) The facility reported a census of 63 residents. The sample included 6 "Residents'" ((Rs') 1, 2, 3, 4, 5, and 6). Based on record review and interview the administrator failed to develop a "Negotiated Service Agreement" (NSA) based on a "Functional Capacity Screening" (FCS) that gave a description of the services R6 would receive and identification of the provider of each service. Findings include: - Record review for R6 revealed an admission date to the facility's Adult Day Program was 04/24/23, with diagnoses of vascular dementia. The record lacked a document titled "Negotiated Service Agreement". Interview on 05/10/23 at 04:10 PM with Licensed Nurse A, she confirmed R6 records lacked an NSA identifying a description of services to be provided and the provider of those services to R6. The administrator failed to develop an NSA based on a FCS, that gave a description of the services R6 would receive, and identification of the provider of each service.	S3085		

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S3101 SS=F	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 by: K.A.R. 26-41-202 (h) The facility reported a census of 63 residents. The sample included 6 "Residents'" ((Rs') 1, 2, 3, 4, 5, and 6). Based on record review and interview the administrator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the NSA's for R1, R2, R3, R4, and R5. Findings include: - Record review on 05/09/23 for R1, revealed an admission date of 05/10/22 with diagnoses of dementia and Type 2 diabetes. Record review of R1 "Functional Capacity Screen" (FCS) dated 06/28/22 identified R1 required supervision with bathing, dressing and toileting. He was independent with transferring, walking, and eating. He lacked the ability to manage his own medications and was continent of bladder. He was marked with impaired short-term memory, impaired memory recall and impaired decision making.	S3101		

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 _____	05/11/2023

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
S3101	Continued From page 14 He was able to make him self understood and he understood others. He used no mobility devices. Record review of R1 NSA dated 05/06/23 identified the facility/facility staff would provide the following health care services: one staff to assist with applying shampoo and verbal cueing throughout the bathing process, one staff to assist with laying out fresh clothes and encouraging resident to dress himself, one staff to assist with directing to the bathroom, and provide cueing and reminders throughout the day with frequent redirection. The NSA lacked signatures for each individual involved in the development of R1 NSA. - Record review on 05/09/23 for R2 revealed an admission date of 11/15/21, with diagnoses of cognitive decline, chronic atrial schemic stroke, controlled Type 2 diabetes, hearing loss and chronic kidney disease. Record review of R2 FCS dated 10/24/22 identified R2 required physical assistance with bathing, dressing, and toileting. She was independent with transferring, walking, and eating. She lacked the ability to manage her own medications, was usually incontinent of bladder and had impaired short-term memory, memory recall and decision making. She was able to make herself understood and she usually understood others. She was marked with falls and impaired decision making. She used a walker mobility device. Record review of R2 NSA dated 05/06/23	S3101		

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 _____	05/11/2023

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

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S3101	Continued From page 15 identified the facility/facility staff would provide the following health care services: one staff to assist with bathing, she will require reminders and stand by assist for safety, one staff to assist with dressing, and one staff to assist with toileting. The NSA lacked signatures for each individual involved in the development of R2 NSA. - Record review on 05/09/23 for R3 revealed an admission date of 05/24/2018, with diagnoses of diabetes, anxiety, liver cirrhosis and hypertension. Record review of R3 FCS dated 10/11/22 identified R3 was independent with bathing, dressing, toileting, transferring, walking/mobility, and eating. She had the ability to manage her own medications, was continent of bladder and had intact cognition. She was able to make herself understood and she understood others. She was marked as a fall risk and used a walker mobility device. Record review of R3 NSA dated 05/06/23 identified the facility/facility staff would provide the following health care services: R3 was independent with mobility and would require verbal cueing in the event of evacuation or drill. Medications were to be managed by facility staff and worked with physical therapy due to falls. The NSA lacked signatures for each individual involved in the development of R3 NSA.	S3101		

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	N046098	A. BUILDING: _____ B. WING _____	05/11/2023

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

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S3101	Continued From page 16 - Record review for R4 revealed an admission date of 06/23/21 with diagnoses of Parkinson's disease and osteoarthritis. Record review on 05/09/23 of R4 FCS dated 09/06/22 identified R2 required physical assistance with bathing and dressing. She was independent with toileting, transferring, walking/mobility and eating. She had the ability to manage her own medications and was usually continent of bladder. She was cognitively intact, able to make herself understood and she understood others. She was not marked with any current or recent problems/risk and used a walker mobility device. Record review of R4 NSA dated 05/06/23 identified the facility/facility staff would provide the following health care services: one staff would assist R4 with stand- by assistance when getting into and out of the shower, one staff to assist with washing and drying resident back and lower extremities, and one staff to assist with dressing lower extremities. Resident to self-administer her medications. The NSA lacked signatures for each individual involved in the development of R4 NSA. - Record review on 05/09/23 for R5 revealed an admission date of 07/08/22 with diagnoses of Rhabdomyolysis, Type 2 diabetes, hypertension, dysphasia oropharyngeal phase, and difficulty in walking. Record review of R5 FCS dated 10/11/22 identified R5 required supervision with bathing	S3101		

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 _____	05/11/2023

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

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S3101	Continued From page 17 and physical assistance with dressing. She was independent with toileting, transferring, walking, and eating. She lacked the ability to manage her own medication, was occasionally incontinent of bladder. She was cognitively intact and was able to make herself understood and she understood others. She was not marked as having any current/recent problems or risk, and she used a walker mobility device. Record Review of R5 NSA listed the following health services to be provided by the facility staff: one facility staff to provide R5 assistance getting in and out of the shower, and one facility staff to provide physical assistance in dressing her upper and lower extremities. Resident was marked as "currently needs no assistance with ambulation or transfers". The NSA stated R5 was independent with mobility and used a walker with ambulation. The NSA lacked signatures for each individual involved in the development of R5 NSA. Interview on 05/09/23 at approximately 04:00 PM with Licensed Nurse A, she confirmed the NSA's lacked signatures for all who participated in the developement of the NSA's. The administrator failed to ensure each individual involved in the development of the NSA signed the NSA's for R1, R2, R3, R4, and R5.	S3101		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care	S3155		

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 _____	05/11/2023

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

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S3155	Continued From page 18 facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204(a) The facility reported a census of 63 residents. The sample included 6 "Resident's" ((R's)1, 2, 3, 4, 5, and 6). Based on observation, interview and record review, the administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services (HCS) to meet the needs for R5 in accordance with the "Functional Capacity Screening" (FCS), and the "Negotiated Service Agreement" (NSA), regarding the use of a bed assistive device. The admnistrator further failed to ensure a licensed nurse coordinated/provided the provision of necessary health care services that met the needs of R6 and were in accordance with a "Functional Capacity Screening" (FCS) and a "Negotiated Service Agreement" (NSA) for R6 upon admission to the Adult Day Service program. Findings include: - Record review on 05/08/23 of the facility	S3155		

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 _____	05/11/2023

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

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S3155	Continued From page 19 provided resident roster revealed R5 was marked as having a bed assist device. Record review for R5 revealed an admission date of 07/08/22 with diagnoses of Rhabdomyolysis, Type 2 diabetes, hypertension, dysphagia oropharyngeal phase, and difficulty in walking. Record review of R5 FCS dated 10/11/22 identified R5 required supervision with bathing and physical assistance with dressing. She was independent with toileting, transferring, walking, and eating. She lacked the ability to manage her own medication, was occasionally incontinent of bladder. She was cognitively intact and was able to make herself understood and she understood others. She was not marked as having any current/recent problems or risk, and she used a walker mobility device. The comments section of the FCS lacked the identification of a bed assist device for transferring. Record Review of R5 NSA listed the following health services to be provided by the facility staff: one facility staff to provide R5 assistance getting in and out of the shower, and one facility staff to provide physical assistance in dressing her upper and lower extremities. Resident was marked as "currently needs no assistance with ambulation or transfers". The NSA stated R5 was independent with mobility and used a walker with ambulation. The NSA lacked a description of the device, its purpose and any special instructions on use and	S3155		

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 _____	05/11/2023

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

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S3155	Continued From page 20 monitoring of the device. Observation on 05/11/23 at 08:50 AM of R5 bed revealed a U-shaped device that measured 16.5 inches by 30.5 inches. The open are of the U of the bedrail was open. The leg closest to the head of the bed was made to pivot to allow for the pole to be at a lower portion of the bed, and it was not locked and freely moved. The portion of the device that slid under the mattress was configured in the shape of an H, with rubber on the ends of the poles. The device freely slid from under the mattress and was not secured to the bed. Interview with R5 on 05/11/23 at 08:50 AM revealed the resident sleeps in her bed and she does use the device to get in and out of bed. The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following: Complete an assessment of the resident to confirm that the device is not a restraint. Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record. Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record.	S3155		

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	N046098	A. BUILDING: _____ B. WING _____	05/11/2023

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

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S3155	Continued From page 21 If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the comments section. Include a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA. Document periodic reassessments of the resident's use of the device and their ability to use it safely and reassessment of the safety of the device in the resident's record. Interview on 05/11/23 at 09:00 AM with Licensed Nurse (LN), she confirmed R5's record lacked and assessment to confirm the device was not a restraint, the resident ability to safely use the device, ensure the device was securely attached to the bed/bedframe, include the device on the FCS and the NSA, and further confirmed the record laced periodic reassessments of R5 ability to safely use the device. Record review of the facility policy titled "Use of Bed Side Rails Guidelines" and dated 08/22/2009 revealed the following statements: " A copy of the completed bed side rail assessment is completed and signed by the reviewer and the responsible party." "Care plans are updated to reflect use of half bed side rails in the "Ambulation" section of the care plan. "Continued use of half bed side rails is confirmed	S3155		

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 _____	05/11/2023

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

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S3155	Continued From page 22	S3155		

during regular assessments or as needs change. Confirmed continued use is documented in the care plan"

- Record review for R6 revealed an admission date to the facility's Adult Day Program was 04/24/23, with diagnoses of vascular dementia.

Record review of facility document titled "Resident Profile Addendum" revealed the following information for R6 care:
He wore dentures, he liked to be clean shaven, liked "7 UP Zero" carbonated beverage, and preferred ketchup, mustard, and mayo.

Record review of the facility document titled "Living Life to the Fullest Hobbies and Interests" revealed the resident enjoyed walking clubs, group exercise, discussion groups, volunteer projects, singing hymns, coffee and games.

Record review of the facility document titled "Food and Dining" revealed the resident liked all breakfast options listed, milk, orange juice, water and decaffeinated coffee for breakfast, baked potato, hamburger plate, soup sandwich combinations, grilled chicken, or a hot dog plate for lunch.

The record lacked a documentation of any services to be provided to R6 while at the Adult Day Service Program.

Interview on 05/10/23 at 04:10 PM with Licensed Nurse A, she confirmed R6 records lacked a health service plan the provision of necessary health care services to be provide to R6 to meet

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 _____	05/11/2023

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

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S3155	Continued From page 23 his needs. Interview on 05/10/23 with CNA H, she confirmed the information on how to take care of facility residents is found in the facility's electronic record system and a care sheet provided to them. The administrator failed to ensure a licensed nurse coordinated/provided the provision of necessary health care services that met the needs of R6 and were in accordance with a FCS and a NSA for R6. The administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services HCS to meet the needs for R5 in accordance with the FCS, and the NSA, regarding the use of a bed assistive device.The admnistrator further failed to ensure a licensed nurse coordinated/provided the provision of necessary health care services that met the needs of R6 and were in accordance with a FCS and an NSA for R6 upon admission to the Adult Day Service porgram.	S3155		
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	S3165		

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 _____	05/11/2023

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

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S3165	Continued From page 24 by: K.A.R. 26-41-204 (d) The facility reported a census of 63 residents. The sample included 6 "Residents'" ((Rs') 1, 2, 3, 4, 5, and 6). Based on record review and interview the administrator failed to ensure the name of the licensed nurse responsible for the implementation and supervision of the "Health Service Plan" (HSP) was identified on the NSA's for R1, R2, R3, R4, and R5. Findings include: - Record review on 05/09/23 for R1, revealed an admission date of 05/10/22 with diagnoses of dementia and Type 2 diabetes. Record review of R1 "Functional Capacity Screen" (FCS) dated 06/28/22 identified R1 required supervision with bathing, dressing and toileting. He was independent with transferring, walking, and eating. He lacked the ability to manage his own medications and was continent of bladder. He was marked with impaired short-term memory, impaired memory recall and impaired decision making. He was able to make him self understood and he understood others. He used no mobility devices. Record review of R1 NSA dated 05/06/23 identified the facility/facility staff would provide the following health care services: one staff to assist with applying shampoo and verbal cueing throughout the bathing process, one staff to assist with laying out fresh clothes and encouraging resident to dress himself, one staff to assist with directing to the bathroom, and	S3165		

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 _____	05/11/2023

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

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S3165	Continued From page 25	S3165		

provide cueing and reminders throughout the day with frequent redirection.

On page 8 of the NSA, it stated "28. The person responsible for the implementation of this agreement is:" and there is a check mark in a box next to the following statement: "The Resident services Director (RSD).

The NSA lacked the name of the licensed nurse responsible for the supervision and implementation of the health service plan.

- Record review for R2 revealed an admission date of 11/15/21, with diagnoses of cognitive decline, chronic atrial schemic stroke, controlled Type 2 diabetes, hearing loss and chronic kidney disease.

Record review of R2 FCS dated 10/24/22 identified R2 required physical assistance with bathing, dressing, and toileting. She was independent with transferring, walking, and eating. She lacked the ability to manage her own medications, was usually incontinent of bladder and had impaired short-term memory, memory recall and decision making. She was able to make herself understood and she usually understood others. She was marked with falls and impaired decision making. She used a walker mobility device.

Record review of R2 NSA dated 05/06/23 identified the facility/facility staff would provide the following health care services: one staff to assist with bathing, she will require reminders and stand by assist for safety, one staff to assist

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 _____	05/11/2023

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
S3165	Continued From page 26	S3165		

with dressing, and one staff to assist with toileting.

On page 7 of the NSA, it stated "28. The person responsible for the implementation of this agreement is:" and there is a check mark in a box next to the following statement: "The Resident services Director (RSD).

The NSA lacked the name of the licensed nurse responsible for the supervision and implementation of the health service plan.

- Record review for R3 revealed an admission date of 05/24/2018, with diagnoses of diabetes, anxiety, liver cirrhosis and hypertension.

Record review of R3 FCS dated 10/11/22 identified R3 was independent with bathing, dressing, toileting, transferring, walking/mobility, and eating. She had the ability to manage her own medications, was continent of bladder and had intact cognition. She was able to make herself understood and she understood others. She was marked as a fall risk and used a walker mobility device.

Record review of R3 NSA dated 05/06/23 identified the facility/facility staff would provide the following health care services: R3 was independent with mobility and would require verbal cueing in the event of evacuation or drill. Medications were to be managed by facility staff and worked with physical therapy due to falls.

On page 7 of the NSA, it stated "28. The person responsible for the implementation of this

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 _____	05/11/2023

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
S3165	Continued From page 27	S3165		

agreement is:" and there is a check mark in a box next to the following statement: "The Resident services Director (RSD).

The NSA lacked the name of the licensed nurse responsible for the supervision and implementation of the health service plan.

- Record review for R4 revealed an admission date of 06/23/21 with diagnoses of Parkinson's disease and osteoarthritis.

Record review of R4 FCS dated 09/06/22 identified R2 required physical assistance with bathing and dressing. She was independent with toileting, transferring, walking/mobility and eating. She had the ability to manage her own medications and was usually continent of bladder. She was cognitively intact, able to make herself understood and she understood others. She was not marked with any current or recent problems/risk and used a walker mobility device.

Record review of R4 NSA dated 05/06/23 identified the facility/facility staff would provide the following health care services: one staff would assist R4 with stand- by assistance when getting into and out of the shower, one staff to assist with washing and drying resident back and lower extremities, and one staff to assist with dressing lower extremities. Resident to self-administer her medications.

On page 7 of the NSA, it stated "28. The person responsible for the implementation of this agreement is:" and there is a check mark in a box next to the following statement: "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 _____	05/11/2023

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
S3165	Continued From page 28	S3165		

Resident services Director (RSD).

The NSA lacked the name of the licensed nurse responsible for the supervision and implementation of the health service plan.

- Record review for R5 revealed an admission date of 07/08/22 with diagnoses of Rhabdomyolysis, Type 2 diabetes, hypertension, dysphagia oropharyngeal phase, and difficulty in walking.

Record review of R5 FCS dated 10/11/22 identified R5 required supervision with bathing and physical assistance with dressing. She was independent with toileting, transferring, walking, and eating. She lacked the ability to manage her own medication, was occasionally incontinent of bladder. She was cognitively intact and was able to make herself understood and she understood others. She was not marked as having any current/recent problems or risk, and she used a walker mobility device.

Record Review of R5 NSA listed the following health services to be provided by the facility staff: one facility staff to provide R5 assistance getting in and out of the shower, and one facility staff to provide physical assistance in dressing her upper and lower extremities. Resident was marked as "currently needs no assistance with ambulation or transfers". The NSA stated R5 was independent with mobility and used a walker with ambulation.

On page 8 of the NSA, it stated "28. The person responsible for the implementation of this

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 _____	05/11/2023

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

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S3165	Continued From page 29 agreement is:" and there is a check mark in a box next to the following statement: "The Resident services Director (RSD). The NSA lacked the name of the licensed nurse responsible for the supervision and implementation of the health service plan. Interview on 05/09/23 at approximately 04:00 PM the NSA does not have the name of the nurse responsible, and does state the RSD as the person responsible for the health service plan. The administrator failed to ensure the name of the licensed nurse responsible for the implementation and supervision of the HSP was identified on the NSA's for R1, R2, R3, R4, and R5.	S3165		
S3201 SS=F	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication	S3201		

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 _____	05/11/2023

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

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S3201	Continued From page 30 aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (d)(3)(C) The facility reported a census of 63 residents. Based on observation, interview, and record review, the administrator failed to ensure the "Certified Medication Aide" (CMA) remained with the resident until the medication was ingested in the dining room of the assisted living residents. Findings include: - Record review on 05/09/23 of the facility provided resident roster revealed 3 of the facility residents self-administered their own medications. Observation on 05/09/23 at 09:05 AM of CMA J placing small, unmarked plastic medication cups on the table where there were 3 resident's sitting and eating their breakfast. CMA J sat the cup on the table and told the resident those were her medications. CMA J then turned and walked away from the table and did not observe the resident taking her medications. Observation on 05/09/23 at 09:10 AM of the dining room tables, there were 6 residents total who had unmarked medication cups next to their plates. One table had 3 residents at the table, one table had 2 residents at their table and one resident was sitting by themselves.	S3201		

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	N046098	A. BUILDING: _____ B. WING _____	05/11/2023

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

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S3201	Continued From page 31 Interview on 05/09/23 at 09:11 AM with CMA J she stated that she "usually pops the resident medications and places them on the table". She continued to state that this is how she passes her medications and "she keeps an eye on them" to ensure the medications are taken. Review of the facility policy titled "Medication Management General Guidelines" and dated 03/14/2012 revealed the following statement under the section titled "Providing Assistance with Medication Management": "6. The residents "Medication Administration Record" (MAR) is initialed by the supervisor who observes the resident taking the medication or who assists." The administrator failed to ensure the "Certified Medication Aide" (CMA) remained with the resident until the medication was ingested in the dining room of the assisted living residents.	S3201		
S3248 SS=F	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;	S3248		

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	N046098	A. BUILDING: _____ B. WING _____	05/11/2023

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

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S3248	Continued From page 32 (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: K.A.R. 26-41-102 (d) (2) (4) The facility reported a census of 63 residents. The sample included 6 residents and 5 newly hired employees. Based on record review and interview the administrator failed to ensure the facility had supporting documentation of a background check pursuant to K.S.A. 39-970 and amendments there to for ("Certified Medication Aide" (CMA) D, and "Certified Nurse Aide's" (CNA's) E, F, and G. The administrator further failed to have supported documentation that CNA F did not have a finding of 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 CNA. Findings include: - Record review for newly hired CMA D revealed	S3248		

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	N046098	A. BUILDING: _____ B. WING _____	05/11/2023

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

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S3248	Continued From page 33 she began employment on 07/13/20. The employee record lacked a background check from the "Kansas Department for Aging and Disability Services" (KDADS) pursuant to K.S.A. 39-970 and amendments there to. Record review for newly hired CNA E revealed she began employment on 07/25/22. The employee filed contained an out of state driver's license. The employee record lacked a background check from the "Kansas Department for Aging and Disability Services" (KDADS) pursuant to K.S.A. 39-970 and amendments there to, and further lacked a registry check from the state she moved from. Record review for newly hired CNA F revealed she began employment on. The employee record lacked a background check from the "Kansas Department for Aging and Disability Services" (KDADS) pursuant to K.S.A. 39-970 and amendments there to. Record review for newly hired CNA G revealed she began employment on 12/19/22. The employee record lacked a background check from the "Kansas Department for Aging and Disability Services" (KDADS) pursuant to K.S.A. 39-970 and amendments there to. Interview on 05/10/23 at 5:45 PM with administrator B, she confirmed the personnel files lacked the appropriate background checks from the department, and she failed to perform an out of state registry check on newly hired CNA F. The administrator failed to ensure the facility had	S3248		

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	N046098	A. BUILDING: _____ B. WING _____	05/11/2023

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

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S3248	Continued From page 34 supporting documentation of a background check pursuant to K.S.A. 39-970 and amendments there to for CMA D, and CNA's E, F, and G. The administrator further failed to have supported documentation that CNA F did not have a finding of 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 CNA.	S3248		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-105 (f)(11) The facility reported a census of 63 residents. The sample included 6 "Residents'" ((Rs') 1, 2, 3, 4, 5, and 6). Based on record review and interview the administrator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and the results of the actions in the electronic notes for R1 and R2. Findings include: - Record review on 05/09/23 for R1, revealed an	S3261		

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	N046098	A. BUILDING: _____ B. WING _____	05/11/2023

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

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S3261	Continued From page 35	S3261		

admission date of 05/10/22 with diagnoses of dementia and Type 2 diabetes.

Record review of R1 "Functional Capacity Screen" (FCS) dated 06/28/22 identified R1 required supervision with bathing, dressing and toileting. He was independent with transferring, walking, and eating. He lacked the ability to manage his own medications and was continent of bladder. He was marked with impaired short-term memory, impaired memory recall and impaired decision making.
He was able to make himself understood and he understood others. He used no mobility devices.

Record review of R1 NSA dated 05/06/23 identified the facility/facility staff would provide the following health care services: one staff to assist with applying shampoo and verbal cueing throughout the bathing process, one staff to assist with laying out fresh clothes and encouraging resident to dress himself, one staff to assist with directing to the bathroom, and provide cueing and reminders throughout the day with frequent redirection.

Record review of R1 electronic "Observation" notes dated 01/01/23 revealed the following entries:

01/02/23 at 06:53 PM "daily communication log: Resident got extremely aggressive and was pushing charge nurse trying to elope. Resident was trying to elope with a female resident before this and made it out of the door through the hall before found. Resident was given medications and is still very agitated.

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 _____	05/11/2023

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

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S3261	Continued From page 36 01/02/23 at 08:56 PM "nurse notes: Resident was found by this nurse in the hallway with another resident off of the Orchards unit this shift. This nurse called for help; resident was yelling at this nurse saying, "I am leaving, and she is coming with me." CNA staff came running and staff were finally able to redirect the two resident's back to Orchards. Resident was administered a PRN Xanax, but he continued to be very agitated stating. " I have got to get out of here, I am leaving." Staff tried to redirect him but he would just yell at the staff. He then got into a yelling match with another resident who tried to stop him from yelling at the CNA and tried to stop him from going into his room. The CNA was able to get between them and separate them. This resident then went into a female resident's room and got her up out of bed saying, "I am leaving and she is coming with me." Staff tried to get this resident to leave the female resident's room but he would not, and he said, " I am going to hit you in the face." Staff helped the female resident up and out of her room because it is the only way that staff could get this resident to leave her room. Resident is still pacing around Orchard's unit at this time The next entry is dated 01/07/23. The document lacked documentation of the results of actions taken by staff to calm R1 and protect the other residents. 01/07/23 at 10:40 PM "daily communication log: resident is waking up about an hour and half after going to bed and does not realize where is and then is redirected into bed. Overnight shift has informed me that he is not sleeping through the night sometimes and is waking up. Also, at	S3261		

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	N046098	A. BUILDING: _____ B. WING _____	05/11/2023

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

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S3261	Continued From page 37	S3261		

times resident does not want to go back to his room and want to stay on the couch to sleep.

The next entry is dated 01/16/23. The document lacked any actions taken and results of the actions taken to address R1 not sleeping through the night, and what staff are doing for R1 when he does not want to go back to his room.

01/23/23 at 06:42 AM "daily communication log: resident has been more confused at night than usual. Refused to go to bed to sleep". R1 slept in a chair in the common area.

The document lacked an entry for actions taken and results of actions taken for R1 not wanting to sleep in his bed.

02/09/23 at 09:24 PM "daily communication log: Resident is not sleeping very much at all; he constantly wakes up on my shift and I am informed he does not get much sleep during overnight shift. He will get about an hour or two on my shift and does not want to go back to bed and is constantly going into other resident's rooms as well.

The document lacked an entry for actions taken and results of the actions taken for R1 not getting any rest and further lacked actions taken to prevent R1 from disturbing other residents.

02/23/23 at 06:56 AM "daily communication log: Resident was up wandering commons until 03:00 AM, he was exit seeking looking for his wife. he refused to get into his pajamas and slept fully clothed. No aggression noted. "

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 _____	05/11/2023

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

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S3261	Continued From page 38 The document lacked any entry for actions taken and results in those actions to address R1 wandering and exit seeking. 03/03/23 at 07:31 PM "Daily communication log: Resident did not eat dinner or dessert. Resident complained of stomach being unsettled and went to bed in the middle of dinner. The document lacked an entry for actions taken to address R1's upset stomach, and further lacked any follow up of R1 not feeling well. The next entry was on 03/08/23. 03/28/23 at 09:23 PM "daily communication log: resident sleeping in his bed this evening and would not take his evening medications" The document lacked any follow up on adverse reaction to R1 not taking his ordered medications. 04/05/23 at 10:04 PM "nurse note: resident was up and ate his dinner this shift. He was exit seeking looking for his wife and becoming very agitated. An as needed Xanax was administered with effective results, helping resident to calm down. The document lacked any follow up on the as needed administered medication. 04/06/23 at 09:51 PM "daily communication log: Resident has been asleep this writer's whole shift, even when asked if he wanted to get up, resident did not eat dinner." 04/06/23 at 09:57 PM "nurse note: resident slept	S3261		

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 _____	05/11/2023

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

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S3261	Continued From page 39 this shift. He took his medications and was encouraged to get up for dinner, and he said that "I just really am not hungry", when asked if he felt alright he said, "I feel fine, I'm just tired". The document lacked any follow up until 04/07/23 at 02:44 PM where it stated the "wife will pick up resident at 08:30 AM on 04/12/23 for a doctor's appointment. Please have him ready to go". - Record review for R2 revealed an admission date of 11/15/21, with diagnoses of cognitive decline, chronic atrial schemic stroke, controlled Type 2 diabetes, hearing loss and chronic kidney disease. Record review of R2 FCS dated 10/24/22 identified R2 required physical assistance with bathing, dressing, and toileting. She was independent with transferring, walking, and eating. She lacked the ability to manage her own medications, was usually incontinent of bladder and had impaired short-term memory, memory recall and decision making. She was able to make herself understood and she usually understood others. She was marked with falls and impaired decision making. She used a walker mobility device. Record review of R2 NSA dated 05/06/23 identified the facility/facility staff would provide the following health care services: one staff to assist with bathing, she will require reminders and stand by assist for safety, one staff to assist with dressing, and one staff to assist with toileting.	S3261		

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 _____	05/11/2023

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

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S3261	Continued From page 40 Record review of R2 electronic "Observation" notes dated 12/16/22 to 5/8/23 revealed the following entries: 12/16/23 at 05:45 PM "daily communication log note: resident has not woken up for breakfast, lunch or dinner. Resident refused to get out of bed. The document lacked actions taken for each meal missed, and an assessment of why the resident may have refused to eat. 01/06/23 at 03:37 PM "daily communication log note: resident continues to have loose stools and was given Imodium. Buttocks are getting slightly reddened. Hospice nurse notified." The document lacked actions taken for reddened buttocks and further lacked follow up on medication administered for loose stools. 01/23/23 at 03:02 PM "nurse note: resident up and out of bed before lunch. Went to dining room with a good appetite. Resident does have 2 open areas to coccyx area. Redness has decreased. Area cleansed, dried and barrier applied. Hospice nurse notified." 02/03/23 at 10:19 PM "daily communication log: resident has been sleeping thru this writer shift only waking up to use the bathroom. Resident did not eat dinner." The document lacked any actions taken to address the resident not eating dinner, the record further lacked any follow up on why the	S3261		

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	N046098	A. BUILDING: _____ B. WING _____	05/11/2023

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
S3261	Continued From page 41	S3261		

resident was sleeping and not getting up.

The next entry was dated 02/05/23 at 08:15 AM, stating the resident was coughing hard at breakfast.

Interview on 05/11/23 at 10:30 AM with administrator B and licensed nurse A, they confirmed the resident records lacked the follow up documentation of actions taken.

Review of the facility policy Titled "Handling and Reporting Incidents" and dated 06/26/2009 revealed the following statements:

"In addition to the Red Cross criteria above, contact 911 if person is behaving erratically, a threat to themselves or others, in severe pain or if you have any other concern about the health and well being of the person".

B. "Resident Service Director: Notify the Resident Services Director if a resident, guest or team member: requires 911 emergency tranport, for any reason listed under Executive-Director Below. (Call both resident service director and executive director)"

C. "Executive Director: Notify the Executive Director if a resident, guest or team member is: missing, abused, violent or abusive..."

D. "Responsible Party: Notify the resonsible party by phone whenever an incident occures..."

E. "Resident Physician: notify the resident's primary physician whenever an incident occures."

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 _____	05/11/2023

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
S3261	Continued From page 42 "Reporting of incidents: a. A "Universal Incident/Occurance Report" is completed immediately following the incident and asssitance. The report is completed for each and every incident. The administrator failed to ensure the documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and the results of the actions in the electronic notes for R1 and R2.	S3261		
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	S3280		

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S3280	Continued From page 43 by: K.A.R. 26-41-104 (d) (3) The facility reported 63 residents. Based on record review and interview the administrator failed to ensure that all residents received a quarterly review of the facility's emergency management plan. Findings include: - Record review on 05/08/23 of the facility provided "Resident Council" notes revealed the quarterly training is reviewed with the residents who attend the "Resident Council" meetings. Under the section titled "Maintenance" is the following statement: "Please go over disaster plans/preparedness each resident council. Attach policy to meeting notes each month as evidence that it has been reviewed with the residents monthly". Interview on 05/10/23 at 08:20 AM with activities staff C, she confirmed that she sends the meeting notes to those who do not attend the Resident Council meetings, she confirmed she does not send the specific quarterly training, or the facility policy attached to the notes, and she further confirmed that she does not provide training to the residents who reside in the separate secured memory care units. Record review of the undated facility policy titled "Disaster Plan" lacked the identification of review of the plan on a scheduled basis with staff and residents. The administrator failed to ensure that all	S3280		

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 _____	05/11/2023

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S3280	Continued From page 44 residents received a quarterly review of the facility's emergency management plan.	S3280		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-254 (a) The facility reported a census of 63 residents. 23 of the 63 residents reside in the facility's key padded memory care units, Orchard unit and	S3320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3320	Continued From page 45 Grove unit. Based on observation and interview the administrator failed to ensure the residents in the memory care units were maintained to protect the health and safety of the residents who reside in the units when unsecured cleaning chemicals and an unlocked housekeeping cart, were found in the bathroom located in the television room in the Grove unit. Findings Included: - Observation on 05/08/23 at 01:33 PM during the initial facility tour, the door to the bathroom located on the northeast section of the television room freely opened. There was a house keeping cart that was unlocked and the top freely opened and contained the following chemicals containers: Cleancide, Pledge, Brody chemical. On top of the plastic 3 drawer storage container in the corner of the bathroom in the corner in front of the toilet were the following chemical containers: Prospray wipes, disinfectant cleaner, ultra-professional cleaner, cleaner with bleach and citrus oxy spray. Interview with administrator B at 01:33PM, she confirmed that all chemicals are to be locked and were not. The administrator failed to ensure the residents in the memory care units were maintained to protect the health and safety of the residents who reside in the units when unsecured cleaning chemicals and an unlocked housekeeping cart, were found in the bathroom located in the television room in the Grove unit.	S3320		