Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046103	A. BUILDING: _____ B. WING _____	08/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL VILLAGE	12500 W 137TH ST OVERLAND PARK, KS 66221

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaint #174369 at the above named assisted living facility conducted on 08/21/23.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1) The facility reported a census of 39 residents with three residents included in the sample. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreements" (NSA) for Residents (R) 1,	S3085		

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

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S3085	Continued From page 1	S3085		

R2, and R3 described the services they would receive based on their "Functional Capacity Screens" (FCS).

Findings included:

- Record review for R1 revealed an admission date of 02/03/22 with diagnoses of nonrheumatic aortic valve stenosis and hypertension.

The 06/16/23 "FCS" identified R1 was unable to perform management of treatments; and had short-term and long-term memory, memory/recall, and decision-making cognitive difficulties.

The 06/16/23 "NSA/Healthcare Service Plan" (HSP) failed to identity the services provided for management of treatments and cognitive difficulties.

- Record review for R2 revealed an admission date of 11/04/19 with diagnoses of atrial fibrillation and diabetes mellitus type two.

The 04/12/23 "FCS" identified R2 required physical assistance with management of treatments and was marked for falls.

The 04/12/23 "NSA/HSP" failed to identify the services staff provided R2 for management of treatments and to prevent injury from falls.

- Record review for R3 revealed an admission date of 09/7/22 with diagnoses of repeated falls and cognitive communication deficit.

The 04/07/23 "FCS" identified R3 was unable to

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S3085	Continued From page 2 perform management of medications, and was marked for falls, impaired vision, and impaired hearing. The 04/07/23 "NSA/HSP" failed to identify the services provided for management of medications, to prevent injury from falls, and for impaired vision and hearing. On 08/21/23 at 02:04 PM Administrative Nurse B stated the "HSP" was discussed at care plan meetings, was signed by all parties involved, and was considered part of the "NSA." On 08/21/23 at approximately 04:25 AM Administrative Nurse B confirmed the residents' "NSAs" lacked a description of the all the services provided. The administrator failed to ensure the "NSAs" for R1, R2, and R3 described the services they would receive based on their "FCS".	S3085		