

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/07/2024
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NAME OF PROVIDER OR SUPPLIER CHAPTERS ANTIOCH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 12700 ANTIOCH ROAD OVERLAND PARK, KS 66213
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S 000	INITIAL COMMENTS The following citations represent the findings of an abbreviated survey for complaints #187358, #187289, #187291, #187292, #187923, #187189, and #186222 at the above named facility conducted on 05/06/24 and 05/07/24.	S 000		
S3082 SS=D	<p>26-41-201 (d) Functional Capacity Screen Accurate</p> <p>d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d)</p> <p>The facility reported a census of 83 residents with six residents included in the sample and two closed record reviews. Based on observation, interview, and record review the administrator failed to ensure designated facility staff ensured the "Functional Capacity Screen" (FCS) for Resident (R) 1 accurately reflected her functional capacity for impaired vision.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for R1 revealed an admission date of 11/20/16 with a diagnosis of legal blindness. <p>The 03/07/24 "FCS" failed to identify R1 had impaired vision.</p> <p>The 01/04/24 "NSA" failed to identify services R1 received for impaired vision.</p>	S3082		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3082	<p>Continued From page 1</p> <p>The 04/18/24 "Intake Information" reported an unidentified care coordinator for R1 found her upset in the facility because she could not find the way back to her apartment. R1 reported to the care coordinator that no one would help her. The care coordinator walked R1 back to her apartment. An unidentified facility staff reported R1 became frequently lost.</p> <p>On 05/07/24 at 10:37 AM R1 stated she had difficulty with vision. Facility staff helped her find her way to her apartment or her way to meals.</p> <p>On 05/07/24 at approximately 10:51 AM Administrative Nurse B confirmed R1's "FCS" failed to identify she had impaired vision which was not accurate.</p> <p>On 05/07/24 at 11:07 AM Licensed Nurse C stated R1 had difficulty seeing but was confused as well. She often asked if her apartment was a certain direction. She had lived in four to five different rooms since admission to the facility. Therapy was working with R1 on how to locate her apartment.</p> <p>The facility's undated "Personal Service Plan Policy" documented designated community staff would ensure that a resident's functional capacity at the time of the screening was accurately reflected on the form.</p> <p>The administrator failed to ensure designated facility staff ensured the "FCS" for R1 accurately reflected her functional capacity for impaired vision.</p>	S3082		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement	S3085		

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S3085	<p>Continued From page 2</p> <p>(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:</p> <p>(1) A description of the services the resident will receive;</p> <p>(2) identification of the provider of each service; and</p> <p>(3) identification of each party responsible for payment if outside resources provide a service.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1)</p> <p>The facility reported a census of 83 residents with six residents included in the sample and two closed record review. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) for Residents (R) 1 described the services she received based on her "Functional Capacity Screens" (FCS) and service needs for impaired vision.</p> <p>Findings included:</p> <p>- Record review for R1 revealed an admission date of 11/20/16 with a diagnosis of legal blindness.</p>	S3085		

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S3085	<p>Continued From page 3</p> <p>The 03/07/24 "FCS" failed to identify R1 had impaired vision.</p> <p>The 01/04/24 "NSA" failed to identify services R1 received for impaired vision.</p> <p>The 04/18/24 "Intake Information" reported an unidentified care coordinator for R1 found her upset in the facility because she could not find the way back to her apartment. R1 reported to the care coordinator that no one would help her. The care coordinator walked R1 back to her apartment. An unidentified facility staff reported R1 became frequently lost.</p> <p>On 05/07/24 at 10:37 AM R1 stated she had difficulty with vision. Facility staff helped her find her way to her apartment or her way to meals.</p> <p>On 05/07/24 at approximately 10:51 AM Administrative Nurse B confirmed R1's "NSA" failed to describe the services she received for impaired vision.</p> <p>On 05/07/24 at 11:07 AM Licensed Nurse C stated R1 had difficulty seeing but was confused as well. She often asked if her apartment was a certain direction. She had lived in four to five different rooms since admission to the facility. Therapy was working with R1 on how to locate her apartment.</p> <p>The facility's undated "Personal Service Plan Policy" documented the "Personal Service Plan" would provide a description of the services the resident would receive.</p> <p>The administrator failed to ensure R1's "NSA" described the services she received based on her</p>	S3085		

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S3085	Continued From page 4 "FCS" and service needs.	S3085		