

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>N046107</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVENUE 81</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8055 METCALF AVE OVERLAND PARK, KS 66204</b>		
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S 000	INITIAL COMMENTS  The following citations represent the findings of an abbreviated survey for complaint #186866 of the above named facility conducted on 04/15/24 and 04/16/24.	S 000		
S3101 SS=D	26-41-202 (h) NSA Signatures  (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.  This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (h)  The facility reported a census of 42 residents. The sample included 1 "Resident" (R). Based on interview and record review the administrator failed to ensure any subsequent revisions on R1's "Negotiated Service Agreement" (NSA) were provided to the R1's legal representative acknowledging the removal of the elopement device from the services provided due to R1's refusal to wear the device on her person.  Findings included:  - Record review on 04/15/24 for R1 revealed an admission date of 05/05/21 and diagnoses of Frontotemporal dementia, osteoarthritis, cardiac	S3101		

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

TITLE

(X6) DATE

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S3101	<p>Continued From page 1</p> <p>murmur, and chest pain on breathing.</p> <p>Review of R1's "Functional Capacity Screen" (FCS) dated 01/21/24 revealed R1 required physical assistance with bathing, and supervision with dressing. She was independent with her toileting, transferring, walking/mobility, and eating. She required supervision with her medication management, was continent of her bladder, and she had impaired short-term memory, impaired-long term memory, impaired memory recall and impaired decision making. She was able to make herself understood and she usually understood others. She was marked with socially inappropriate disruptive behavior and impaired decision making. She used no mobility device.</p> <p>The FCS did not indicate R1 was a risk for wandering.</p> <p>Review of R1's combined NSA/" Health Service Plan" (HSP) dated 01/21/24 instructed the facility staff to provide the following health services: physically assist with washing, rinsing, and drying the areas R1 could not reach, and provide supervision with dressing in the morning and evening. Under the section titled "Elopement/Wandering" the facility staff were instructed to keep R1 busy with activities to "Decrease the chance of wandering", make sure all staff members were aware of R1's safety risks, "Make sure an elopement bracelet is on and is functioning properly every shift." R1 preferred not to wear the elopement device, and it had been attached to a facility name badge. Staff were instructed to ensure R1 was wearing the badge daily. Staff were to take R1 outside for</p>	S3101		

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S3101	<p>Continued From page 2</p> <p>walks when the weather was nice, and if staff noticed her by the doors to "Get her interested in something else" to prevent her from trying to exit the door. Facility staff were instructed to use the facility's safety system to alert everyone in case R1 tries to leave and monitor that it is functioning properly.</p> <p>There is a revision on the NSA in the "Elopement/Wandering" section dated 02/06/24 cancelled the service for the elopement bracelet.</p> <p>Review of R1 "Electronic Medical Record" Under the forms tab revealed a document titled "Assisted Living Elopement Risk" and was dated 01/31/24. In the notes section it was typed " ...high risk for wandering/elopement. Staff is aware of risk and attempt to redirect ...All doors are alarmed and will alarm when opened without the code."</p> <p>Review of R1 "Electronic Medical Record" under the "Progress Notes" tab revealed the following:</p> <p>The notes for 01/14/24 to 02/13/24 revealed the following three entries:</p> <p>On 01/19/24 R1 Received the COVID 19 vaccine.</p> <p>On 02/02/24 the pharmacist reviewed R1's medical record and medications.</p> <p>On 02/13/24 R1 refused to have her blood drawn by the local laboratory provider.</p> <p>R1's "electronic Progress Notes lacked documentation of R1's legal representative</p>	S3101		

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S3101	Continued From page 3  having acknowledged the removal of the elopement device from R1's NSA.  Interview on 04/15/24 at approximately 12:45 PM with Executive Director B confirmed R1 refused to leave the elopement device on her person and would remove it constantly.  Interview on 04/15/24 at approximately 04:00PM with R1's DPOA confirmed R1 would refuse to wear the elopement device and would remove it from her person, and she was aware of the device being removed from R1, and she further confirmed she did not receive an updated NSA showing the removal of the elopement device service.  The administrator failed to ensure any subsequent revisions on R1's NSA were provided to the R1's legal representative acknowledging the removal of the elopement device from the services provided due to R1's refusal to wear the device on her person.	S3101		
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:	S3261		

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S3261	<p>Continued From page 4</p> <p>K.A.R. 26-41-105 (f) (11)</p> <p>The facility reported a census of 42 residents. The sample included 1 "Resident" (R). Based on interview and record review the administrator failed to ensure the resident record for R1 contained documentation of all incidents, and other indications of illness or injury including the date, time, actions taken and results of actions taken when the decision was made to remove the elopement device from R1's "Negotiated Service Agreement" (NSA), due to staff observation of R1 not leaving the elopement device on her person.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Record review on 04/15/24 for R1 revealed an admission date of 05/05/21 and diagnoses of Frontotemporal dementia, osteoarthritis, cardiac murmur, and chest pain on breathing.</li> </ul> <p>Review of R1's "Functional Capacity Screen" (FCS) dated 01/21/24 revealed R1 required physical assistance with bathing, and supervision with dressing. She was independent with her toileting, transferring, walking/mobility, and eating. She required supervision with her medication management, was continent of her bladder, and she had impaired short-term memory, impaired-long term memory, impaired memory recall and impaired decision making. She was able to make herself understood and she usually understood others. She was marked with socially inappropriate disruptive behavior and impaired decision making. She used no mobility device.</p>	S3261		

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S3261	<p>Continued From page 5</p> <p>The FCS did not indicate R1 was a risk for wandering.</p> <p>Review of R1's combined NSA/" Health Service Plan" (HSP) dated 01/21/24 instructed the facility staff to provide the following health services: physically assist with washing, rinsing, and drying the areas R1 could not reach, and provide supervision with dressing in the morning and evening. Under the section titled "Elopement/Wandering" the facility staff were instructed to keep R1 busy with activities to "Decrease the chance of wandering", make sure all staff members were aware of R1's safety risks, "Make sure an elopement bracelet is on and is functioning properly every shift." R1 preferred not to wear the elopement device, and it had been attached to a facility name badge. Staff were instructed to ensure R1 was wearing the badge daily. Staff were to take R1 outside for walks when the weather was nice, and if staff noticed her by the doors to "Get her interested in something else" to prevent her from trying to exit the door. Facility staff were instructed to use the facility's safety system to alert everyone in case R1 tries to leave and monitor that it is functioning properly.</p> <p>There is a revision on the NSA in the "Elopement/Wandering" section dated 02/06/24 cancelled the service for the elopement bracelet.</p> <p>Review of R1 "Electronic Medical Record" Under the forms tab revealed a document titled "Assisted Living Elopement Risk" and was dated 01/31/24. In the notes section it was typed " ...high risk for wandering/elopement. Staff is</p>	S3261		

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S3261	<p>Continued From page 6</p> <p>aware of risk and attempt to redirect ...All doors are alarmed and will alarm when opened without the code."</p> <p>Review of R1 "Electronic Medical Record" under the "Progress Notes" tab revealed the following:</p> <p>The notes for 01/14/24 to 02/13/24 revealed the following three entries:</p> <p>On 01/19/24 R1 Received the COVID 19 vaccine.</p> <p>On 02/02/24 the pharmacist reviewed R1's medical record and medications.</p> <p>On 02/13/24 R1 refused to have her blood drawn by the local laboratory provider.</p> <p>R1's "electronic Progress Notes lacked documentation of R1 refusing to leave the elopement device on her person.</p> <p>Interview on 04/15/24 at approximately 12:45 PM with Executive Director B confirmed R1 refused to leave the elopement device on her person and would remove it constantly.</p> <p>Interview on 04/15/24 at approximately 04:00PM with R1's DPOA confirmed R1 would refuse to wear the elopement device and would remove it from her person.</p> <p>The administrator failed to ensure the resident record for R1 contained documentation of all incidents of R1 removing her elopement device in her medical record.</p>	S3261		