STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046095	A. BUILDING: _____ B. WING _____	C 06/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST CREEK MEMORY CARE AT OVERLAND PAR	12701 PFLUMM ROAD OVERLAND PARK, KS 66213

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a survey for re-licensure with attached complaints 62488; 59811; 57950; 57930; 56591; 51767; 51632; 51631 conducted on 5/18/21, 5/19/21, 5/20/21 and 5/27/21 at the above-named assisted living facility in Overland Park, KS.	S 000		
S3160 SS=D	26-41-204 (c) HEALTH CARE SERVICES (c) The health care services provided by or coordinated by a licensed nurse may include the following: (1) Personal care provided by direct care staff or by certified or licensed nursing staff employed by a home health agency or a hospice; (2) personal care provided gratuitously by friends or family members; and (3) supervised nursing care provided by, or under the guidance of, a licensed nurse. This REQUIREMENT is not met as evidenced by: KAR-26-41-204(c)(2) The facility reported a census of 32 residents. The sample included 3 residents and 1 closed record. Based on record review, observation and interview for 1 sampled resident (#120) requiring health care services, the operator failed to ensure that a licensed nurse coordinated the provision of personal care provided gratuitously by family members. Findings included:	S3160		

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

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S3160	Continued From page 1 - Record review for resident #120 recorded admission date of 12/30/2020 with diagnoses of dementia, depression, hypertension, syncope, osteopenia, hyperlipidemia and anxiety. Functional Capacity Screen (FCS) lacked date of assessment on form. Form contained signature of licensed nurse #B with signature date of 12-30-2020. FCS recorded resident required physical assistance with bathing, dressing, toileting, transfers and mobility and unable to perform management of medications and treatments. The negotiated service agreement (NSA) form, titled Seasons Living Evaluation-MC, dated 12-30-2021 recorded staff to provide physical assistance with bathing, dressing, toileting, mobility, administer medications and perform medical treatments. NSA lacked entry for family administration of medications. Interview on 05/20/2021 at 11:20am with licensed nurse #B confirmed resident is reluctant to take medications at times, and family will administer medications to resident when resident refuses medications to be administered by facility staff. Licensed nurse #B confirmed the NSA lacked entry of the service provided gratuitously by family. For resident #120 requiring health care services, the operator failed to ensure that a licensed nurse coordinated the provision of personal care provided gratuitously by family members in accordance with functional the negotiated service agreement.	S3160		

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S3240	Continued From page 2	S3240		
S3240 SS=F	26-41-103 (c) Staff Development on Dementia (c) If the facility admits residents with dementia, the administrator or operator shall ensure the provision of staff orientation and in-service education on the treatment and appropriate response to persons who exhibit behaviors associated with dementia. This REQUIREMENT is not met as evidenced by: KAR 26-41-103 (c) The facility reported a census of 32 residents. The resident roster identified all residents with dementia/cognitive impairment. Based on interview and record review the operator failed to ensure the provision of staff orientation/education on the treatment and appropriate responses to persons who exhibit behaviors associated with dementia. Findings included: - On 05-18-21 licensed nurse B provided the resident roster which identified 32 residents with dementia/cognitive impairment. On 05-18-21 Administrator A provided a list of personnel hired since the last survey. The list included 26 current direct care staff who were hired after the last survey date of 07-25-2019. On 05-18-2021 at 3:20pm interview with licensed nurse #B confirmed some of the residents had behaviors of yelling out, wandering, resisting care or being physically aggressive.	S3240		

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S3240	Continued From page 3 Interview with operator A on 05-27-2021 at 1:10pm confirmed that all direct care staff, at time of hire are assigned training-based computer courses with the expectation that courses are to be completed within 30 days of hire. Review of course enrollments included the following: #1 "A Day in the Life of Henry: A Dementia Experience" #2 "Challenging Behaviors in Dementia Care" #3 "Caring for the person with dementia: Behaviors and Communication". Review of the personnel files on 05-27-2021 and 06-01-2021 for licensed nurse #C, Certified medication aide (CMA) #E, Certified nursing assistant (CNA) #F and CNA #G revealed the following: Licensed nurse C: hire date of 04-06-2021. Course #1 documented as "not started" CMA#E: hire date of 04-20-2021. Course #1 documented as "not started" and Course #2 documented as "not started" CNA #G: hire date of 07-27-2020. Course #1 documented as "not started" and Course #2 documented as completed with date of 04-07-2021. Review of facility in-service sign in sheet dated 4/22/2021 included a topic titled "Challenging behavior in Dementia (video)" Review of sign in sheet confirmed lack of signature of attendance by CNAs #D and #G. The operator failed to ensure the provision of staff orientation/education on the treatment and appropriate responses to persons who exhibit behaviors associated with dementia.	S3240		

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S3310	Continued From page 4	S3310		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 32 residents. The sample included 3 Residents, 1 closed record and 5 employees. Based on interview and review of records, for 3 of 5 employees reviewed (#D, #E and #F), the Operator failed to ensure the facility's compliance with the Departments' tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of employee records on 05/19/2021 revealed the following:	S3310		

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S3310	Continued From page 5 CMA (certified medication aide) #D, hired 11/18/2020. TB screen completed 11/19/2020. Record revealed documentation of 1 step TB test on 10/27/2021. No documentation of completion of 2nd TB test completion. CNA (certified nursing assistant) #E, hired 04/20/2021. TB screen completed on 04/20/2021. TB tests were not completed as required. CNA #F, hired 05/06/2021 - TB screen completed 05/06/2021. No TB tests were completed as required. On 05/18/2021 at 2:30pm Operator #A confirmed the TB testing was not completed as required. The Operator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for employees #D, #E and #F.	S3310		