| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175542 | A. Building<br>B. Wing | 09/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Advanced Health Care of Overland Park | 4700 Indian Creek Parkway<br>Overland Park, KS 66207 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Reasonably accommodate the needs and preferences of each resident.<br><br>45668<br><br>The facility identified a census of 35 residents. The sample included 12 residents with one reviewed for accommodation of needs. Based on record review, interviews, and observations, the facility failed to ensure Resident (R) 75 had her call light to communicate her needs or call for help. This deficient practice placed the resident at risk for unmet care needs.<br><br>Findings Including:<br><br>- The Medical Diagnosis section within R75's Electronic Medical Records (EMR) included diagnoses of fracture of her sacrum (bone break of the large triangular bone/area between the two hip bones), fracture of the lumber vertebra (spinal fracture of the lower back), insomnia (difficulty sleeping), and history of repeated falls.<br><br>R75's Admission Minimum Data Set (MDS) completed 09/20/24 noted a Brief Interview for Mental Status (BIMS) score of 11 indicating mild cognitive impairment. The MDS indicated she required supervision with bed mobility, toileting, transfers, personal hygiene, dressing, and personal hygiene. The MDS noted no falls since her admission.<br><br>R75's Functional Abilities Care Area Assessment (CAA) completed 09/23/24 indicated she required limited stand-by assistance from staff for her mobility and activities of daily living (ADLs).<br><br>R75's Falls CAA completed 09/23/24 indicated she was at risk for falls related to weakness, limited mobility, and forgetfulness.<br><br>R75's Care Plan initiated 09/10/24 indicated she required stand-by assistance with all her ADLs. The plan indicated she was at risk for falls related to her limited mobility, weak gait, urinary catheter, and cognitive impairment. The plan instructed staff to ensure her call light remained within reach.<br><br>On 9/23/24 at 08:15 AM R75 slept in her bed. R75's bed was in the lowest position and her urinary catheter collection bag rested directly on the floor to the right of her bed. R75's call light rested on the floor on the left side of her bed out of her reach. R75 stated she wasn't sure how her call light or urinary catheter bag got on the floor. She stated she could not safely reach her call light. At 08:20 AM Certified Nurse's Aid (CNA) M entered the room, reattached the catheter bag, and placed the call button back on her bed. CNA M stated the items should never be on the floor. CNA M stated R75's call light should always be within reach.<br><br>(continued on next page) |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175542 | A. Building<br>B. Wing | 09/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Advanced Health Care of Overland Park | 4700 Indian Creek Parkway<br>Overland Park, KS 66207 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 09/25/24 at 01:45 PM Licensed Nurse (LN) G stated call lights should either be clipped onto the resident's clothing or on the bed within reach.<br><br>On 09/26/24 at 03:34 PM Administrative Nurse D stated staff were to ensure call light remained within reach after each encounter.<br><br>The facility's Call System policy 07/2023 indicated the facility will ensure a working call system. The policy noted the call lights will be placed in a manner to ensure accessibility.<br><br>The facility failed to ensure R75 had her call light to communicate her needs. This deficient practice placed the residents at risk for unmet care needs. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175542 | A. Building<br>B. Wing | 09/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Advanced Health Care of Overland Park | 4700 Indian Creek Parkway<br>Overland Park, KS 66207 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0582<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.<br><br>45668<br><br>The facility identified a census of 35 residents. The sample included 12 residents with three residents reviewed for beneficiary notices review. Based on record review, and interviews, the facility failed to provide Resident (R)82 with a Centers for Medicare and Medicaid Services (CMS) Notice of Medicare Non-Coverage (NOMNC) CMS -10095 Form upon discharge from Medicare A services. This deficient practice placed the resident at risk for uninformed decisions and inability to exercise her rights.<br><br>Findings Included:<br><br>- R82's Discharge Minimum Data Set (MDS) completed 08/30/24 noted a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS indicated she was discharged home and was not anticipated to return to the facility.<br><br>A review of R82's Beneficiary Protection Notification Review completed on 09/24/24 indicated she started Medicare Part A skilled services on 07/08/24. The form designated her last covered day (LCD) as 08/29/24. The form indicated the facility initiated her discharge from skilled with benefit days remaining and she left the facility upon her discharge from services.<br><br>The facility was unable to provide a completed NOMNC for R82 requested on 09/24/24.<br><br>On 09/24/24 at 01:23 PM Administrative Nurse D stated the facility did not have the NOMNC for R82. She stated the facility recently identified missing NOMNC documentation and was working to correct the issue.<br><br>The facility's Notice of Medicare Non-Coverage (NOMNC) policy revised 09/2022 indicated the facility will provide Form 10095 at least two days prior to termination of services.<br><br>The facility failed to provide R82 with a NOMNC upon discharge from Medicare A services. This deficient practice placed the resident at risk for uninformed decisions and inability to exercise her rights. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/25/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Advanced Health Care of Overland Park | | STREET ADDRESS, CITY, STATE, ZIP CODE: 4700 Indian Creek Parkway Overland Park, KS 66207 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0607<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Develop and implement policies and procedures to prevent abuse, neglect, and theft.<br><br>47834<br><br>The facility identified a census of 35 residents. The sample included 12 residents. Based on interview and record review, the facility failed to develop and implement a policy that prohibited and prevented the facility from employing or engaging staff with criminal backgrounds when the facility failed to conduct a background check as required for one employee and the facility policy allowed for 10 days of employment prior to the check. The deficient practice placed all residents at risk for abuse, neglect, misappropriation, or mistreatment.<br><br>Findings included:<br><br>- Employee review of Licensed Nurse (LN) H revealed a hire date of 07/03/19. The facility was unable to provide evidence a criminal background check had been completed by the facility for LN H upon request.<br><br>On 09/25/24 at 11:55 AM Administrative Staff A stated the facility did not have a criminal background check on file for LN H. Administrative Staff A stated he was unable to find LN H's background check after searching through the older files in storage. Administrative Staff A stated LN H was originally hired for home health and hospice when it was owned by the same company as the facility and the background check was done on the home health and hospice end; however, the facility did not complete a background check for LN H when she hired on the work weekends at the facility. Administrative Staff A stated the home health and hospice was no longer owned by the same company as the facility, but he was able to obtain a copy of the background check home health and hospice had completed. Administrative Staff A stated the facility should have completed its own hiring documentation and background checks for employees who worked in their facility. Administrative Staff A stated he placed an order for a new background check to be completed for LN H.<br><br>The facility's undated Abuse Policy and Procedure policy documented The facility will not knowingly employ any individual who has been found guilty of abuse, neglect, misappropriation of property, or mistreatment in a court of law; has had a finding entered into the State Nurse Aide Registry concerning abuse, neglect, mistreatment of a patient or misappropriation of patient property; or has had a disciplinary action against a professional license issued by a State licensure body as a result of a finding of abuse, neglect, mistreatment of a patient, misappropriation of patient property, exploitation of a patient or deprivation of goods and/or services. The facility will submit criminal background checks, which include sex offender checks within 10 days of employment or per state regulations.<br><br>The facility failed to develop and implement a policy that prohibited and prevented the facility from employing or engaging staff with criminal backgrounds when the facility failed to conduct a background check as required for one employee and the facility policy allowed for 10 days of employment prior to the check. The deficient practice placed all residents at risk for abuse, neglect, misappropriation, or mistreatment. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/25/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Overland Park | | STREET ADDRESS, CITY, STATE, ZIP CODE 4700 Indian Creek Parkway Overland Park, KS 66207 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45668<br><br>The facility identified a census of 35 residents. The sample included 12 residents with three reviewed for activities of daily living (ADLs). Based on observation, record review, and interviews, the facility failed to provide consistent bathing opportunities for Residents (R)18. This deficient practice placed R16 at risk for decreased psychosocial well-being and other complications.<br><br>Findings Including:<br><br>- The Medical Diagnosis section within R18's Electronic Medical Records (EMR) included diagnoses of malignant neoplasm of the pancreas (pancreatic cancer), nausea with vomiting, and gastroesophageal reflux disease (GERD-backflow of stomach contents to the esophagus).<br><br>R18's Admission Minimum Data Set (MDS) completed 09/08/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS indicated she required supervision and/or touch assistance from staff for bathing, toileting, dressing, personal hygiene, bed mobility, and transfers. The MDS indicated she admitted with no pressure ulcers (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction) or wounds, but the MDS indicated she was at risk. The MDS indicated she had nonsurgical dressings and ointments to prevent skin breakdown.<br><br>R18's Pressure Ulcer Care Area Assessment (CAA) completed 09/13/24 indicated she was at risk for pressure injuries and skin breakdown due to her immobility. The CAA indicated her skin was intact upon assessment. The assessment indicated she required staff assistance to move sufficiently to relieve pressure. The CAA noted she had incontinence and poor nutrition. The CAA indicated a care plan will be implemented to address her risks.<br><br>R18's Care Plan initiated on 09/06/24 indicated she was at risk for deficits in her ADL and skin breakdown related to her immobility, urinary incontinence, and biliary (bile) drain. The plan instructed staff to assess her skin weekly, flush her drain as ordered, and always keep her skin clean. The plan indicated staff will need to assist as needed with all her ADLs. The plan indicated staff will assist with showers twice weekly and as needed per patient preference.<br><br>R18's EMR under Treatment Administration Report (TAR) indicated bathing was signed off as completed on 09/06/23 and 09/11/24. The TAR indicated bathing was not administered on 09/10/24, 09/14/24, 09/18/24, and 09/20/24. The TAR indicated the resident refused bathing on 09/14/24. The TAR noted on 09/20/24 that staff would bathe her the following morning, but this task was not completed.<br><br>R18's EMR under Progress Notes indicated she was transferred to an acute care facility for emergency treatment related to her worsening cancer symptoms on 09/23/24 at 04:23 PM.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/25/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Advanced Health Care of Overland Park | 4700 Indian Creek Parkway<br>Overland Park, KS 66207 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 09/23/24 at 09:01 AM R18 slept in her bed. Her biliary drain collection bag and tubing rested on the floor to the right of her bed. R18 awoke and reported she had felt ill all week. She reported her drainage bag had no specific place to secure it and it often fell on the floor. She stated she only had one bath since her admission to the facility on [DATE]. She stated she refused one shower offered due to her illness, but she was not offered other opportunities. R18's room smelled heavily of urine and body odor. Her hair was greasy and unwashed. Her fingernails were untrimmed and dirty. R18 stated she was supposed to receive a bath on the previous Saturday, 09/21/24, but never received one.<br><br>On 09/25/24 at 09:45 AM Consultant GG stated when R18 arrived at the hospital from the facility, she had a pressure injury. She stated R18 smelled heavily of urine, feces, and body and R18's hair was unwashed and greasy.<br><br>On 09/25/24 at 01:51 PM, Certified Nurse's Aide (CNA) M stated the facility followed a bathing schedule and each resident would get a minimum of two baths each week. He stated the bathing documentation would be turned in to nursing for review. He stated any skin impairments or refusals would also be reported to the nurses. He stated that repeated refusals would be reported to the interdisciplinary team to address.<br><br>On 09/25/24 at 02:07 PM, Licensed Nurse (LN) G stated resident's bathing would be documented in the TAR section of the EMR. She stated that missed bathing or refusals should have been noted in progress notes.<br><br>On 09/25/24 at 03:34 PM Administrative Nurse D stated staff were expected to document refusals or missed bathing. She stated that R18's bathing would have been noted in the TAR.<br><br>The facility's Shower/Bath policy revised 07/2023 indicated the residents will be scheduled for bathing twice weekly. The policy indicated staff will ensure appropriate monitoring and documentation for completed, missed, or refused bathing opportunities.<br><br>The facility failed to provide consistent bathing opportunities for R18. This deficient practice placed her at risk for decreased psychosocial well-being and other complications. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/25/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Advanced Health Care of Overland Park | 4700 Indian Creek Parkway<br>Overland Park, KS 66207 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>45668<br><br>The facility had a census of 35 residents. The sample included 12 residents with three reviewed for accidents. Based on observation, record review, and interview, the facility failed to ensure a safe environment free from hazardous chemicals and materials for eight cognitively impaired independently mobile residents. This deficient practice placed the residents at risk for preventable accidents and injuries.<br><br>Findings Included:<br><br>- On 09/23/24 at 07:30 AM a walkthrough of the facility's Two Hall revealed an unlocked wound treatment cart. The cart contained multiple bottles of medicated diclofenac (used to treat pain) and nystatin (used to treat fungal infections) ointments with the warning of Keep medication out of reach of children. The cart also contained three purple containers of Sani-Cloth bleach wipes with the Keep out of reach from children warning label. CNA M stated the cart belonged to the nurse but secured it.<br><br>On 09/24/24 at 07:10 AM an inspection of the facility's One Hall revealed the wound cart was unsecured. The cart contained five bottles of diclofenac, a box of disposable medical scalpels, and five containers of Sani-Cloth bleach wipes. At 07:15 AM Administrative Staff A stated carts should be locked with the items listed and secured the cart. He stated the residents should not have access to the items in the cart.<br><br>On 09/24/24 at 07:15 AM a Sani-cloth bleach wipes container was on the railing outside Resident (R)76's room.<br><br>On 09/25/24 at 01:51 PM, Certified Nurse's Aide (CNA) M stated the treatment carts should be always secured. He stated the chemical wipes should be locked up away from the resident.<br><br>On 09/25/24 at 02:07 PM Licensed Nurse G stated the wound treatment cart should be locked when not in use by the nurses.<br><br>On 09/23/24 at 03:30 PM Administrative Nurse D stated the treatment cart was to be locked when not in use. She stated that chemical cleaning products should always be locked up.<br><br>The facility's Accident and Incident policy revised 06/2024 indicated the facility will provide an environment free from potential hazards related to falls, unsafe equipment, chemicals, behaviors, and other assessed or identified factors. The policy indicated the facility will provide ongoing evaluation and supervision to ensure resident safety.<br><br>The facility failed to ensure a safe environment free from hazardous chemicals and materials for eight cognitively impaired independently mobile residents. This deficient practice placed the residents at risk for preventable accidents and injuries. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/25/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Advanced Health Care of Overland Park | 4700 Indian Creek Parkway Overland Park, KS 66207 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|

F 0690

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.

45668

The facility identified a census of 35 residents. The sample included 12 residents with three reviewed for bowel and bladder management. Based on observation, record review, and interviews, the facility failed to ensure appropriate Foley catheter (a tube inserted into the bladder to drain urine into a collection bag) care for Resident (R)16 when staff failed to maintain the urine collection bag below R16's bladder to encourage dependent drainage. This deficient practice placed R16 at risk for catheter-related complications including urinary tract infections (UTI).

Findings Including:

- The Medical Diagnosis section within R16's Electronic Medical Records (EMR) included diagnoses of chronic kidney disease, spinal stenosis (degenerative condition of the spine that could cause weakness and loss of use of extremities), hemiplegia and hemiparesis (weakness and paralysis on one side of the body), and anxiety disorder (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear).

R16's Admission Minimum Data Set (MDS) completed 08/23/24 noted a Brief Interview for Mental Status (BIMS) score of 14 indicating intact cognition. The MDS indicated he was dependent on staff assistance for dressing, transfers, personal hygiene, toileting, bed mobility, and bathing. The MDS indicated he had an indwelling urinary catheter.

R16's Urinary Incontinence Care Area Assessment (CAA) completed 08/30/24 indicated he had a urinary catheter and was at risk for skin breakdown. The CAA instructed staff to provide peri and catheter care each shift. The CAA indicated a care plan will be created to minimize the risk related to his urinary catheter use.

R16's Care Plan initiated on 08/20/24 indicated he was at risk for self-care deficits, skin breakdown, and pressure injuries related to his medical diagnoses. The plan indicated he had an indwelling urinary catheter. The plan instructed staff to provide catheter care each shift and ensure the urine collection bag remained below the level of his bladder. The plan indicated R16 required staff assistance with dressing, personal hygiene, toileting, repositioning, transfers, and bathing.

On 09/24/24 at 10:58 AM an inspection of R16's room revealed he was on enhanced barrier precautions (EBP) related to his urinary catheter. EBP signage was posted on the sink close to his bed. R16's bed had a low air-loss mattress set to his weight at 250 pounds (lbs.). R16's urinary catheter collection bag was positioned on the center of his footboard. The collection bag was positioned higher than his bladder due to the bag placement and a large amount of foamy yellow urine pooled in the drainage tubing towards his body.

On 09/25/24 at 01:51 PM, Certified Nurse's Aide (CNA) M stated all urinary catheters and medical drains should be positioned below the level of the bladder to allow urine to drain. He stated catheters should be securely placed on the beds and never allowed to make contact with contaminated surfaces.

(continued on next page)

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/25/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Advanced Health Care of Overland Park | 4700 Indian Creek Parkway<br>Overland Park, KS 66207 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 09/25/24 at 02:07 PM Licensed Nurse (LN) G stated staff was to check the catheter's placement and positioning each time they entered the room. She stated urinary catheters should be positioned in a privacy bag below the level of the resident's bladder.<br><br>On 09/25/24 at 03:34 PM Administrative Nurse D stated staff were expected to check the placements of the urinary catheter bags during each interaction with the residents. She stated the catheter tubing and collection bags should be placed below the level of the bladder to allow sufficient drainage.<br><br>The facility's Indwelling Urinary Catheter Site Care policy revised 07/2023 indicated staff will ensure sanitary placement and storage of the urinary drainage bags. The policy indicated the facility would ensure the drainage bag remained below the level of the resident's bladder, off the floor, and had a privacy bag at all times.<br><br>The facility failed to ensure appropriate Foley catheter care for R16 when staff failed to maintain the urine collection bag below R16's bladder to encourage dependent drainage. This deficient practice placed R16 at risk for catheter-related complications including UTI. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/25/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Overland Park | | STREET ADDRESS, CITY, STATE, ZIP CODE 4700 Indian Creek Parkway Overland Park, KS 66207 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.<br><br>45668<br><br>The facility identified a census of 35 residents. The sample included 12 residents with two reviewed for nutritive diets. Based on observation, record review, and interviews, the facility failed to ensure meals were served at a palatable, safe, and appetizing temperature for Residents (R)75 and R76. This deficient practice placed the residents at risk for impaired nutrition and decreased quality of life.<br><br>Findings included:<br><br>- On 09/23/24 at 07:45 AM R75 stated the facility would often serve the food cold in the mornings. She stated staff were available to warm up the food in the microwaves if asked.<br><br>On 09/23/24 at 08:00 AM R76 stated breakfast often was served cold by the time it reached her room.<br><br>On 09/23/24 at 12:51 PM, R18 stated the meals were often cold by the time the food was delivered to the rooms. She stated she was told by staff she would have to eat in the cafeteria if she wanted her meals to be served hot. (R18 was sent out to an acute care facility at 04:30 PM on 09/23/24)<br><br>On 09/24/24 at 08:20 AM R75 received her breakfast tray. A temperature test was completed on her breakfast. The test revealed her scrambled eggs were 90 degrees Fahrenheit, oatmeal was 98 degrees Fahrenheit, and the cherry crumble was 94 degrees. R75 reported the food was cold but she did not want it to be reheated.<br><br>On 09/23/24 at 08:26 AM R76 received her breakfast tray. A temperature test was completed on her breakfast. The test revealed her scrambled eggs were 92 degrees Fahrenheit, oatmeal was 95 degrees Fahrenheit, and the cherry crumble was 90 degrees.<br><br>On 09/25/24 at 01:30 PM, Certified Nurse's Aide (CNA) M stated the residents often had concerns with the food being delivered to the room. He stated staff should often test the food temperatures before serving it to the rooms. He stated staff should offer to warm the food up for the residents. He said it sometimes takes longer for the food to be delivered from the kitchen to the rooms which may be why the meals arrived cold.<br><br>On 09/25/24 at 03:00 PM Dietary Staff BB stated the facility recently had a mock survey and identified concerns with meal service. He stated the facility should be using heaters to keep the food cold and temping test trays to ensure food temperatures were being held. He stated the meal trays would hold temperatures for 15 minutes before they cool down.<br><br>The facility's Food Service policy 01/2024 indicated the facility would ensure all meals served were safe, nutritious, palatable, and within appropriate temperature ranges. The policy indicated the facility will ensure safe transport of meals between the dining rooms and rooms.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/25/2024 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Advanced Health Care of Overland Park | 4700 Indian Creek Parkway<br>Overland Park, KS 66207 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The facility failed to ensure meals were served at a palatable, safe, and appetizing temperature for R75 and R76. This deficient practice placed the residents at risk for impaired nutrition and decreased quality of life. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/25/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Overland Park | | STREET ADDRESS, CITY, STATE, ZIP CODE 4700 Indian Creek Parkway Overland Park, KS 66207 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>47834<br><br>The facility identified a census of 35 residents with one kitchen. Based on observation, record review, and interviews, the facility failed to maintain sanitary dietary standards related to food storage. This deficient practice placed the residents who received food from the facility kitchen at risk related to food-borne illnesses and food safety concerns.<br><br>Findings included:<br><br>- On 09/23/24 at 07:27 AM, an observation in the kitchen's dry food storage room revealed one container of pistachios. The container was not labeled and lacked a date.<br><br>On 09/23/24 at 07:31 AM, an observation in the kitchen's dry food storage room revealed one opened box of puree pasta mix. The box had an opened bag inside that contained the pasta mix. The box and bag lacked a date.<br><br>On 09/23/24 at 07:33 AM, an observation in the kitchen's dry food storage room revealed one opened box of honey wheat flavoring. The box had an opened bag inside that contained the honey wheat flavoring. The box and bag lacked a date.<br><br>On 09/23/24 at 07:35 AM, an observation in the kitchen's dry food storage room revealed one opened package of potato pearls mashed potatoes. The package was open to air and lacked a date.<br><br>On 09/23/24 at 07:37 AM, an observation in the kitchen's dry food storage room revealed two containers of white rice. The container was unlabeled and lacked a date.<br><br>On 09/23/24 at 07:38 AM, an observation in the kitchen's dry food storage room revealed one opened bottle of browning and seasoning sauce. The bottle lacked a date.<br><br>On 09/23/24 at 07:39 AM, an observation in the kitchen's dry food storage room revealed one opened package of bran flakes. The package lacked a date.<br><br>On 09/23/24 at 07:44 AM, an observation on a shelf in the main kitchen area revealed a plastic container of brown powder. The container was not labeled and lacked a date.<br><br>On 09/23/24 at 07:45 AM, an observation on a shelf in the main kitchen area revealed two opened bags of pie filling mix. The bags lacked a date.<br><br>On 09/23/24 at 07:46 AM, an observation on a shelf in the main kitchen area revealed three opened bags of yellow cake mix. The bags lacked a date.<br><br>On 09/23/24 at 07:47 AM, an observation on a shelf in the main kitchen area revealed two opened bags of pretzels. The bags lacked a date.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/25/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Overland Park | | STREET ADDRESS, CITY, STATE, ZIP CODE 4700 Indian Creek Parkway Overland Park, KS 66207 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | On 09/23/24 at 07:53 AM, an observation in the kitchen's walk-in freezer revealed one opened bag of carrots. The bag lacked a date.<br><br>On 09/23/24 at 07:54 AM, an observation in the kitchen's walk-in freezer revealed one opened bag of green beans. The bag lacked a date.<br><br>On 09/23/24 at 07:56 AM, an observation in the kitchen's walk-in freezer revealed one opened bag of hashbrowns. The bag lacked a date.<br><br>On 09/23/24 at 07:57 AM, an observation in the kitchen's walk-in freezer revealed one resealable bag of steaks. The bag was unlabeled and lacked a date.<br><br>On 09/25/24 at 02:43 PM, Dietary BB stated food packaging needed to be labeled and dated when opened. Dietary BB stated if something was opened that day, it should be dated with that day's date on it. Dietary BB further stated any bins or containers that contained food should have been labeled and dated accordingly. Dietary BB he was in the process of implementing some of the changes that were recommended during the mock survey; however, he stated he did not have everything ready.<br><br>The facility's Food Storage policy, with a created date of 01/19/21, documented that food should be dated as it is placed on the shelves if required by state regulation. Date marking will be visible on all high-risk food to indicate the date by which a ready-to-eat Time/Temperature Control for Safety (TCS) food should be consumed, sold, or discarded. Plastic containers with tight-fitting covers must be used for storing grain products, sugar, dried vegetables, and lots of bulk foods. All containers must be legible and accurately labeled and dated. Frozen Foods: all foods should be covered, labeled, and dated. All foods will be checked to assure that foods will be consumed by their safe use by dates or discarded.<br><br>The facility failed to maintain sanitary dietary standards related to food storage. This deficient practice placed the residents who received food from the facility kitchen at risk related to food-borne illnesses and food safety concerns. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175542 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/25/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Overland Park | | STREET ADDRESS, CITY, STATE, ZIP CODE 4700 Indian Creek Parkway Overland Park, KS 66207 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>45668<br><br>The facility identified a census of 35 residents. Based on record reviews, observations, and interviews, the facility failed to follow sanitary infection control standards related to maintaining biliary drains (catheter drain inserted in the liver) and Foley catheters (a tube inserted into the bladder to drain urine into a collection bag). These deficient practices placed the residents at risk for infectious diseases.<br><br>Findings Included:<br><br>- On 9/23/24 at 08:15 AM Resident(R)75 slept in her bed. R75's bed was in the lowest position and her urinary catheter collection bag rested flat on the floor to the right of her bed.<br><br>On 09/23/24 at 10:18 AM R18 slept in her bed. R18's bed was in the lowest position. R18's tubing for her biliary drain ran over her covers to the right side of her bed. Her drainage collection bag rested on the floor to the right of her bed.<br><br>On 09/25/24 at 01:51 PM Certified Nurse's Aide (CNA) M stated the medical drains and catheter bags should never touch the floor. He stated they should be positioned below the level of the bladder to ensure proper drainage and prevent urine from flowing back into the resident's body.<br><br>On 09/25/24 at 02:07 PM Licensed Nurse G stated staff was to check the catheter's placement and positioning each time they entered the room. She stated urinary catheters should be positioned in a privacy bag below the level of the resident's bladder.<br><br>On 09/25/24 at 03:34 PM Administrative Nurse D stated staff was expected to check the placements of the urinary catheter bags during each interaction with the residents. She stated the catheter tubing and collection bags should be placed below the level of the bladder to allow sufficient drainage and never touch contaminated surfaces.<br><br>The facility's Indwelling Urinary Catheter Site Care policy revised 07/2023 indicated staff will ensure sanitary placement and storage of the urinary drainage bags. The policy indicated the facility will ensure the drainage bag remained below the level of the resident's bladder, off the floor, and have a privacy bag.<br><br>The facility failed to follow sanitary infection control standards related to maintaining medical drains and Foley catheters. These deficient practices placed the residents at risk for infectious diseases. |