

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265532	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/01/2024
NAME OF PROVIDER OR SUPPLIER  Parkway Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2323 Swope Parkway Kansas City, MO 64130	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37841</p> <p>Based on interview and record review, the facility failed to ensure the facility doors were secure on the locked unit for one sampled resident (Resident #2) out of three sampled residents. The facility census was 87 residents.</p> <p>On 2/1/24, the facility Administration was notified of the past noncompliance which occurred on 1/23/24. Facility staff were educated on 1/23/24 and maintenance to the door was completed on 1/23/24. The deficiency was corrected on 1/23/24.</p> <p>Review of the facility policy titled, Elopement Protocol, dated 1/19/22 showed:</p> <ul style="list-style-type: none"> <li>-An elopement will be defined as any time a resident is missing from the facility or there is a possibility that a resident has left the facility without appropriate supervision and their whereabouts are unknown.</li> <li>-The first person aware of an elopement will call a Code [NAME] to the area of the believed elopement, if known.</li> </ul> <p>1. Review of Resident #2's Pre-Admission Screening and Resident Review (PASSR), dated 3/19/19, showed the following information:</p> <ul style="list-style-type: none"> <li>-Paranoid Schizophrenia (often characterized by delusions that others are persecuting, tracking, or otherwise monitoring a person).</li> <li>-Psychotic Disorder (a mental disorder characterized by a disconnection from reality).</li> <li>-Poor concentration.</li> <li>-Poor judgement.</li> <li>-Blocking (Thought blocking occurs when someone is talking and suddenly stops for no clear reason).</li> <li>-Auditory/Visual hallucinations.</li> <li>-Psychiatric treatments and supports.</li> </ul> <p>(continued on next page)</p>

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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Group therapy/psychotherapy/support group.</p> <p>-Skills training.</p> <p>-Social work services.</p> <p>-Physician services for follow up cardiac care.</p> <p>-Supportive counseling.</p> <p>Review of the resident's facility face sheet showed he/she was admitted to the facility on [DATE], with delusions (a false belief or judgement about external reality, held despite evidence to the contrary, occurring especially in mental conditions).</p> <p>Review of the resident's quarterly Minimum Data Set (MDS-a federally mandated assessment tool used by facilities for care planning) dated 12/13/23, showed:</p> <p>-He/she was cognitively intact.</p> <p>-No wandering behavior exhibited during the assessment period.</p> <p>Review of the resident's care plan dated 7/3/21 showed:</p> <p>-He/she had a legal Guardian.</p> <p>-The resident would have input into his/her care as much as possible.</p> <p>-Provide daily living skills training, physician services, provisions of structured environment, drug therapy and monitoring and implementation of an Activities of Daily Living (ADL-those activities that persons perform everyday, such as dressing, toileting, bathing).</p> <p>-Resident had displayed physical aggression and confusion.</p> <p>-Monitor/document/report any signs or symptoms of the resident posing danger to him/herself and others.</p> <p>-The resident smoked cigarettes six times a day at supervised smoke breaks.</p> <p>Review of the resident's Elopement Evaluation dated 6/13/23 showed he/she was assessed at not being at risk for elopement.</p> <p>Review of the facility Registered Nurse Investigation (RNI), dated 1/23/24 showed:</p> <p>-The resident eloped from the facility on 1/23/24.</p> <p>-At 10:48 A.M., on 1/23/24 the resident left the facility through the smoke porch door.</p> <p>-At about 11:00 A.M., the resident was located by staff down the street from the facility.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-At 11:20 A.M., facility transportation was able to pick up the resident and by 11:25 A.M., he/she was back in the facility.</p> <p>-The resident was evaluated to confirm that he/she was in good health and no issues were found.</p> <p>-the resident was interviewed and asked how he/she left through the door and what he/she was trying to do.</p> <p>-The resident stated that he/she pushed on the door during the smoke break and found that the door was not locked, so he/she went back to his/her room and got dressed to go out.</p> <p>-He/she then went back to the unlocked door and just went out of it.</p> <p>-He/she said that his/her Aunt passed away about two weeks ago and he/she was going to visit his/her family.</p> <p>-He/she stated that he/she did not think his/her Guardian would care or look for him/her, because he/she never talks to him/her.</p> <p>-When the door in question was inspected it was found that toilet paper had been put between the two locking mechanisms of the door to keep the door from locking.</p> <p>-It was determined that the unused outside door malfunctioned and the resident identified that it was not locking before the staff were aware.</p> <p>-The resident put toilet paper in the locking mechanism to stop the door from locking correctly.</p> <p>-The resident then made a plan for where he/she was going to go and he/she went to his/her room to put on appropriate attire for leaving the facility.</p> <p>-The door in question has been repaired and is scheduled to have a new siren installed.</p> <p>-The inside porch door has been locked.</p> <p>During an interview on 2/1/24 at 10:00 A.M., the Administrator said:</p> <p>-The resident left through the smoke porch door on Memory Lane, on 1/24/24 at 10:48 A.M.</p> <p>-Around 11:00 A.M., the resident was located by staff down the street from the facility, and was back at the facility at 11:25 A.M.</p> <p>-The resident was dressed in layers of clothing with a sweat shirt hooded and a stocking cap.</p> <p>-He/she had correct shoes and clothing for the weather.</p> <p>-He/she was outside in the weather, which was no rain or wind, calm with cloud coverage, for about 30 minutes.</p> <p>(continued on next page)</p>

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