

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 05/07/2024
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42984</p> <p>Based on interview and record review, the facility failed to prevent one sampled resident (Resident #1) out of three sampled residents from leaving his/her locked unit, going through the locked outer door and exiting the facility on 4/30/24. The facility census was 86 residents.</p> <p>On 5/7/24, the Administrator was notified of the past noncompliance which occurred on 4/30/24. The facility administration was notified on the same day of the incident and the investigation was started. The facility implemented immediate safeguards to prevent any further elopement from the locked unit. The residents' Care Plans were updated. All staff were in-serviced and visitors notices were placed. The deficiency was corrected on 5/1/24.</p> <p>Review of the facility's Elopement Protocol dated 4/3/24 showed an elopement would be defined as any time a resident was missing from the facility or there was a possibility that a resident had left the facility without appropriate supervision and their whereabouts were unknown.</p> <p>1. Review of Resident #1's Admission Record face sheet showed he/she was admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> -Alzheimer's disease (a progressive neurological disorder that affects memory, thinking skills and behavior). -Diffuse traumatic brain injury (damage across multiple areas of the brain caused by a sudden impact or jolt to the head). -Schizophrenia (a chronic and severe mental disorder characterized by disruptions in thinking, emotions, perceptions and behavior). -Anxiety disorder (a mental health condition characterized by excessive worry, fear or apprehension that is persistent and difficult to control). -Dementia (a term used to describe a group of symptoms affecting memory, thinking and social abilities severely enough to interfere with daily functioning). -History of falling. <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>Review of the resident's Minimum Data Set (MDS- a standardized assessment tool which collects essential information about a resident's health, functional status and psychosocial well-being), dated 4/10/24, showed he/she was severely cognitive impairment.</p> <p>Review of the resident's Care Plan dated 3/31/23 showed:</p> <ul style="list-style-type: none"> -He/She was at risk for elopement due to a history of elopement from a prior secure facility and/or expressed a desire to elope from the facility and had the physical capability to do so. -He/she had history of walking away from home and getting lost. <p>Review of the resident's Elopement Evaluation dated 4/7/24 showed:</p> <ul style="list-style-type: none"> -The resident had a history of wandering. -The wandering did not have a pattern and was not goal directed. -The resident's wandering was not likely to affect the safety or well-being of him/her self or others. -A score value of 1 or higher indicated a risk for elopement. -A reside for wandering/elopement had been identified. <p>Observation of the facility security videos on 4/30/24 showed:</p> <ul style="list-style-type: none"> -At 5:55:24 P.M., Housekeeper A came through the memory unit door dragging a large bag. The door did not shut tightly and Resident #1 followed him/her out. The housekeeper was unaware the resident had followed him/her. -At 5:55:30 P.M. the resident was visible in the lower right corner of the video, in the lobby. The resident walked into view, eating a snack. Receptionist B talked to a visitor at the front door, then walked away. - At 5:55:36 P.M., the visitor held the outside door open for the resident. The resident followed the visitor out the door. The receptionist was not visible. -At 5:55:50 P.M., the resident reached the parking lot. He/She was dressed appropriately for the weather. -At 5:56:45 P.M., the resident was focused on his/her pudding and walked up the parking lot. -At 5:57:13 P.M., the resident was visible on the grass at the parking lot. -At 5:57:28 P.M., the resident reached the kitchen door. He/she knocked on the door but was looking at his/her pudding. Busy street was visible in the background. <p>(continued on next page)</p>		

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