

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/26/2024
NAME OF PROVIDER OR SUPPLIER  Seasons Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  15600 Woods Chapel Road Kansas City, MO 64139	

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> 39469</p> <p>Based on interview, and record review, the facility failed to assess a resident who had fallen before moving him/her and did not call Emergency Medical Services (EMS) in a timely manner for one sampled resident (Resident #1) out of four sampled residents. The facility census was 77 residents.</p> <p>The Administrator was notified on 8/26/24 of Past Non-Compliance (PNC) which occurred on 8/20/24. On 8/20/24 facility administration identified the resident was moved after a fall prior to being assessed by a licensed nurse and the delay in emergency services being notified to transfer the resident to the hospital. The facility completed the investigation, and the facility staff were in-serviced by 8/21/24.</p> <p>Review of the facility's policy, Response to Falls, dated October 24, 2022 showed:</p> <ul style="list-style-type: none"> <li>-Residents who have experienced a fall would have been promptly assessed and treated for injuries.</li> <li>-After each fall, a Licensed Nurse would have completed a Post-Fall Assessment and Investigation.</li> <li>-Immediate Post Fall Response: <ul style="list-style-type: none"> <li>-Upon finding a resident in a position indicating a fall, stay with the resident and send another staff member to notify a Licensed Nurse if the first responder was not licensed personnel.</li> <li>-Do not move the resident initially until after an assessment was completed.</li> <li>-Call for assistance.</li> <li>-The Licensed Nurse should have assessed the resident and taken the resident's vitals.</li> <li>-Assess the resident's level of consciousness, position, possible injuries, head injuries, pain, tenderness, swelling, bruising, alignment and range of motion.</li> <li>-If the Licensed Nurse suspects a fractured hip, back or other injury, the Licensed Nurse should have made the resident comfortable until emergency medical services arrived.</li> </ul> </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>-The Licensed Nurse would have also completed the Neurological Flow Sheet for any un-witnessed fall, or witnessed fall with known head injury for 72 hours following the fall.</p> <p>1. Review of Resident #1's face sheet showed he/she was admitted to the facility on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> <li>-Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions).</li> <li>-Dementia (a group of thinking and social symptoms that interferes with daily functioning).</li> <li>-Spinal Stenosis (when the spaces inside the bones of the spine get too small).</li> <li>-Lumbago with Sciatica, left side (anything that causes narrowing of the spinal canal has the potential to compress nerve roots and cause a bulging disc).</li> <li>-Muscle weakness.</li> <li>-Lack of coordination.</li> <li>-Cognitive communication deficit (having trouble reasoning and making decisions while communicating).</li> </ul> <p>Review of the resident's Quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by the facility for care planning), dated 6/21/24 showed:</p> <ul style="list-style-type: none"> <li>-He/She was moderately cognitively impaired.</li> <li>-He/She did not have any impairment to lower extremities (hip, knee, leg, or foot).</li> <li>-He/She used a walker.</li> <li>-He/She used a cane or crutch.</li> <li>-He/She had prior falls with no major injury.</li> </ul> <p>Review of the resident's undated Care Plan showed:</p> <ul style="list-style-type: none"> <li>-He/She had a self-care performance deficit, required supervision to limited assistance by staff for transfer as necessary.</li> <li>-He/She had impaired cognitive function.</li> <li>-He/She has had actual falls related to poor balance and unsteady gaits; 6/5/24, 6/10/24, 8/5/24, and 8/20/24 (fall with hip fracture).</li> <li>-He/She was at risk for falls and staff needed to follow facility fall protocol.</li> </ul> <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>During an interview on 8/26/24 at 9:10 A.M. CNA B said:</p> <ul style="list-style-type: none"> <li>-He/She would notify the nurse if he/she had found a resident on the floor.</li> <li>-He/She would not move the resident.</li> <li>-The Nurse would have done an assessment then he/she would do a set of vital signs.</li> <li>-The Administrator and DON have done education on not moving a resident until they were assessed by a Nurse in the last 30 days.</li> </ul> <p>During an interview on 8/26/24 at 9:20 A.M. LPN B said:</p> <ul style="list-style-type: none"> <li>-If a resident was on the floor staff should have contacted a nurse.</li> <li>-The nurse would have done a head to toe assessment and neuro checks on the resident.</li> <li>-If a resident was in pain he/she would have notified the physician.</li> <li>-The physician would have given an order for an X-ray or to have sent the resident to the hospital.</li> <li>-He/She was scheduled to work the day shift on 8/20/24.</li> <li>-The night shift CNA told him/her that the resident had fallen.</li> <li>-The night shift nurse called him/her and gave report.</li> <li>-The night shift nurse had called the physician and had received orders for a portable X-ray.</li> <li>-The family member had called him/her and requested that the resident to go to the hospital.</li> <li>-The family member called him/her and requested the resident go to the hospital.</li> <li>-He/She went to see the resident.</li> <li>-The resident was sitting in a chair.</li> <li>-The resident had a flat affect, (no emotion) on his/her face.</li> <li>-The resident appeared to be in pain.</li> <li>-He/She did a range of motion evaluation on the resident's left shoulder, which was painful (resident verbalized).</li> <li>-He/She was unable to extend the resident's left leg out straight.</li> <li>-The resident said it hurt to move his/her leg.</li> </ul> <p>(continued on next page)</p>		

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