Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	N046049		05/23/2016

NAME OF PROVIDER OR SUPPLIER
BRIGHTON GARDENS OF PRAIRIE VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE
7105 MISSION ROAD
PRAIRIE VILLAGE, KS 66208

(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 an Assisted Living/Residential Healthcare Licensure resurvey and Complaint investigation #85634, #91322, and #92826.	S 000		
S3248 SS=D	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents.	S3248		

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

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S3248	Continued From page 1 Based on record review and interview, the facility failed to provide evidence of licensure for 1 of 2 licensed staff and certification for 2 of 3 direct care staff prior to allowing the staff to work in the facility. Findings included: - Review of licensed nursing staff H's personnel file revealed the facility hired him/her on 8/31/15. The facility lacked documentation of license verification for licensed nursing staff H. Review of direct care staff P's personnel file revealed the facility hired him/her on 3/21/16. The facility lacked documentation of registry verification for direct care staff P. Review of direct care staff O's personnel file revealed the facility hired him/her on 3/28/16. The facility lacked documentation of registry verification for direct care staff O. Interview on 5/17/16 at 2:30 P.M. with administrative nursing staff D verified the personnel files lacked documentation of license and registry verification and stated it should be checked prior to hiring an employee. Interview on 5/17/16 at 3:00 P.M. with administrative staff B verified the personnel files lacked documentation of license and registry verification and stated he/she was responsible for maintaining personnel files and the facility's human resources position was currently vacant. Interview on 5/17/16 at 4:00 P.M. with administrative staff A stated the personnel files should contain license and registry verification.	S3248		

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S3248	Continued From page 2 The facility provided policy Employment Verifications and Background Checks revised 2/7/14 directed staff to confirm the applicant's claimed certifications and licenses and to maintain the information in the personnel file. The facility failed to ensure three employees had a valid license, registration, and/or certification.	S3248		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents who resided on three floors and three units. Based on record review and interview, the facility failed to provide a documented annual emergency drill which included evacuation of the residents to a secure location.	S3280		

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S3280	Continued From page 3 Findings included: - Review of a fire drill evacuation checklist dated 5/4/16 documented a fire drill was conducted on the Healthcare unit on evening shift. The facility lacked documentation of a fire drill for the Assisted Living Facility. The facility lacked documentation of an annual emergency drill for January 2015 through May 2016. Interview on 5/17/16 at 9:49 A.M. with maintenance staff X and supervisor Y stated the monthly fire drill was conducted on 5/4/16 and disaster drills were completed quarterly but he/she did not know the date of the last disaster preparedness drill. Interview on 5/17/16 at 1:20 P.M. with maintenance staff X stated the previous maintenance supervisor did not save any logs prior to February 2016. Interview on 5/17/16 at 1:27 P.M. with administrative nursing staff D stated the facility completes a fire drill with the fire department annually which included an evacuation of all residents and stated the maintenance department should maintain a log of all disaster and fire drills. The facility failed to provide a documented annual emergency drill which included the evacuation of residents to a secure location.	S3280		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food	S3299		

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S3299	Continued From page 4 under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. Based on observation, record review, and interview, the facility failed to store food under safe and sanitary conditions on 3 of 3 units. Findings included: - Observation on 5/16/16 at 4:19 P.M. of the refrigerator between the dining room and main kitchen revealed an open and undated bottle of salad dressing, an open and undated container of nectar thick orange juice, and an open and undated gallon of milk. Observation on 5/16/16 at 4:36 P.M. of the second floor kitchenette revealed several strands of hair stuck to the bottom of the freezer, a cabinet drawer contained a package of open and undated crackers, an undated and unlabeled cereal dispenser with three different types of cereal, two open and undated loaves of bread, an open and undated gallon of milk in the refrigerator, a bottle of Kraft Thousand Island Dressing expired 5/6/2014 and a bottle of Kraft Balsamic Vinaigrette Dressing expired 7/5/2014. Observation on 5/16/16 at 5:08 P.M. of first floor memory care unit activity kitchenette revealed a cabinet that contained an open bag of tortilla chips labeled "use by 3/31/16."	S3299		

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S3299	Continued From page 5 Observation on 5/16/16 at 5:45 P.M. of the third floor kitchenette revealed trash stored in the upper and lower cabinets on the left side of the sink, an undated and unlabeled cereal dispenser with three different types of cereal, an open and undated gallon of milk in the refrigerator, and a bowl of unidentifiable food that was not labeled or dated in the bottom drawer of the refrigerator. Interview on 5/16/16 at 4:36 P.M. with administrative staff C stated all open foods should be dated and labeled and he/she disposed of all expired and undated/unlabeled foods from the second floor kitchenette. Interview on 5/17/16 at 8:22 A.M. with dietary staff DD stated all open milk and juice should be dated and used within 7 days. The facility provided policy Food Storage, Preparation and Service revised 7/16/13 directed staff to maintain food storage areas in a neat and orderly manner and all food items must be labeled and dated. The facility failed to store food under safe and sanitary conditions.	S3299		