

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/12/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 12000 LAMAR OVERLAND PARK, KS 66209		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 64 residents and 3 residents were sampled. Based on interview and record review the facility failed to assess and treat reported pain for 1 of 3 resident's reviewed for pain management. (#1)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #1's signed physician order sheet dated 3/9/2016 documented the following diagnoses: chronic pain syndrome and right ankle/foot ruptured tendon (torn tissue). <p>Review of the annual MDS (Minimum Data Set) dated 1/8/2016 documented a BIMS (Brief Interview for Mental Status) score of 15, which indicated intact cognition. The resident needed staff assistance with ADLs (activities of daily living). He/she had occasional pain, rated a 5 on a scale of 0-10 (0 was no pain and 10 was the</p>	F 309			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 309	<p>Continued From page 1</p> <p>worst pain imagined), which interfered with his/her day to day activities. The resident received scheduled and as needed pain medications.</p> <p>Review of the 60 Day MDS dated 2/26/2016 documented a BIMS score of 15, which indicated intact cognition. The resident needed supervised to extensive assistance with ADLs. He/she had occasional pain, rated a 10, which limited his/her day to day activities. The resident received scheduled and as needed pain medications.</p> <p>Review of the Pain CAA (Care Area Assessment) dated 1/12/2016 documented the resident had pain from a recent surgery for a ruptured tendon, received scheduled and as needed pain medications, which controlled his/her discomfort, and staff assessed his/her pain each shift and reported uncontrolled pain to his/her doctor.</p> <p>Review of the care plan dated 1/12/2016 documented the resident had acute and chronic pain due to a right Achilles (area of the back lower leg, which connected the calf muscle to the heel bone) repair. The care plan directed staff to encourage the resident to report pain, monitor and record pain characteristics to include quality using a 0-10 pain scale; onset, duration, aggravating factors, and relieving factors.</p> <p>Review of physician orders dated 2/19/2016 documented Vimovo (a medication used to treat pain) 500/20 mg (milligrams) by mouth every 48 hours for pain discontinued and Vimovo 375/25 mg by mouth every 12 hours for pain.</p> <p>Review of the MAR (medication administration record) dated 2/2016 documented staff</p>	F 309			

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F 309	<p>Continued From page 2</p> <p>administered Vimovo 375/20 mg to the resident twice on 2/20/16. Documentation recorded the resident refused the Vimovo 375/20 mg twice on 2/21/16 and in the mornings on 2/22, 2/23, and 2/24/16. Documentation recorded the medication was not available in the evening on 2/22, 2/23, and 2/24/16, twice on 2/25/2016 and in the morning on 2/26/16.</p> <p>Review of a pharmacy action required worksheet dated 2/22/2016 at 12:53 P.M. documented the pharmacy rejected the order to fill Vimovo 375/20 mg due to required prior authorization.</p> <p>Review of the MAR dated 2/2016 documented the following:</p> <p>On 2/20/2016 the resident rated his/her pain a 5 on the day and evening shift. The record failed to documented a pain rating for night shift.</p> <p>On 2/21/2016 the resident rated his/her pain a 4 on the day and evening shift.</p> <p>On 2/22/2016 the resident rated his/her pain a zero on day shift and a 6 on evening shift.</p> <p>On 2/23/2016 the resident rated his/her pain an 8 on day shift and a 10 on evening shift.</p> <p>On 2/24/2016 the resident rated his/her pain a 4 on day shift and an 8 on evening shift.</p> <p>On 2/25/2016 the resident rated his/her pain a zero on day shift and a 5 on evening shift.</p> <p>On 2/26/2016 the resident rated his/her pain a 2 on day shift.</p>	F 309			

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F 309	<p>Continued From page 3</p> <p>The resident left the facility on 3/2/2016.</p> <p>During an interview on 4/5/2016 at 1:15 P.M. direct care staff O said if a resident reported pain he/she asked the resident the location of pain, offered to assist with position changes, offered a warm blanket, and told the nurse. Staff O did not recall this resident.</p> <p>During an interview on 4/5/2016 at 2:21 P.M. direct care staff P said he/she reported resident pain to the nurse and he/she did not recall this resident.</p> <p>During an interview on 4/5/2016 at 1:22 P.M. licensed nursing staff H said he/she asked residents to rate pain using a 0-10 scale and documented the acceptable level of pain on the MAR, progress notes, or a daily skilled note. Staff H stated he/she recalled the resident, was not aware of the resident's acceptable level of pain, and confirmed the medical record lacked documented pain characteristics for the reviewed dates of 2/20/2016 through 2/26/2016. Staff H said if a medication was not received from the pharmacy staff should document the medication was not available and not document refused or administered.</p> <p>During an interview on 4/5/2016 at 12:04 P.M. administrative nursing staff E said the pharmacy did not send the physician ordered Vimovo 375/25 mg to the facility and staff should not have documented the medication was administered or refused.</p> <p>Review of the facility's revised Pain Management policy dated 7/2015 documented the facility identified, treated, and managed the resident's</p>	F 309			

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F 309	Continued From page 4 pain levels. The facility failed to manage the resident's pain and provide physician ordered pain medication.	F 309		