

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/18/2021
NAME OF PROVIDER OR SUPPLIER GOSHEN HOME CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 9939 FOSTER STREET OVERLAND PARK, KS 66212		
(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 a resurvey for the above named home plus facility conducted on 5/12,13,17,18/2021.	S 000		
S5115 SS=D	26-42-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (c) The facility reported a census of 6 residents. Based on record review and interview the operator failed to ensure the development of an initial negotiated service agreement upon admission to the facility for 1 (#514) of 3 sampled residents. Findings included: - Review of resident #514's medical record revealed he moved in to the facility on 4-18-20 with diagnoses of insomnia and urinary retention. Review of the resident's current functional capacity screen (FCS) dated 4-1-21 revealed the resident required physical assist with bathing, dressing, toileting, transfers, and mobility. He was unable to manage his medications and medical treatments, had bladder incontinence and impaired cognition. Review of the residents admission negotiated	S5115		

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

TITLE

(X6) DATE

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S5115	Continued From page 1 service agreement/admission agreement was signed and dated on 4-19-20, the day after admission. On 5-17-21 at 1:55 PM operator/RN A stated the resident's DPOA contacted her the evening of 4-18-20 for an emergency admission and he moved in that evening and the paperwork was done the next day. The operator failed to ensure an initial negotiated service agreement (admission agreement) was completed on admission for resident #514.	S5115		
S5116 SS=E	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (d)(2) The facility reported a census of 6 residents. The sample included 3 residents and 1 focused	S5116		

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S5116	Continued From page 2 record review. Based on record review and interview for 2 (#512 and #514) of 3 sampled residents the operator failed to ensure the review and if necessary the revision of each negotiated service agreement following any significant change in condition, as defined in KAR 26-39-100. Findings included: - Review of resident # 512's medical record revealed the resident moved into the facility on 9-18-21 with diagnoses of bipolar disorder, delusions, and hallucinations. Review of the residents functional capacity screen dated 4-17-21 revealed the resident required physical assistance with all activities of daily living except for eating. Review of the negotiated service agreement dated 9-18-20 revealed staff provided physical assistance with activities of daily living and had implemented fall interventions due to the resident at risk for falls. The negotiated service agreement had hand written on 11-18-20 a local home health agency would provide physical therapy/occupational therapy services. The Negotiated service agreement failed to include an addendum of when the services were discontinued. Review of the residents progress notes identified on 12-2-20 therapy saw the resident in the facility but did not identify when therapy started or stopped.	S5116		

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S5116	Continued From page 3 On 5-17-12 at 1:49 AM the operator spoke with the therapy company and stated the resident received services from 11-23-20 to 12-17-20. Operator/RN A stated she normally wrote in the nurses notes when therapy started and stopped but had not done a revision of the negotiated service agreement with the resident's DPOA. - Review of resident #514's medical record revealed he moved in to the facility on 4-18-20 with diagnoses of insomnia and urinary retention. Review of the resident's current functional capacity screen (FCS) dated 4-1-21 revealed the resident required physical assist with bathing, dressing, toileting, transfers, and mobility. He was unable to manage his medications and medical treatments, had bladder incontinence and impaired cognition. Review of the residents negotiated service agreement dated 9-9-20 lacked revision for the residents therapy services. Review of the residents record included on his HCSP 2-26-21 the resident would receive therapy services from local therapy company. The resident record also included therapy notes for speech from 9-9-20 to 9-16-20 and for physical therapy from 9-9-20 to 9-22-20. Per email operator A reported the resident received therapy services from 9-1-20 to 9-24-20 and then again from 3-12-21 to 4-7-21. On 5-17-12 at 1:49 AM operator/RN A reported she normally wrote in the nurses notes when	S5116		

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S5116	Continued From page 4 therapy started and stopped but had not done a revision of the negotiated service agreement with the resident's DPOA. Based on record review and interview for 2 (#512 and #514) of 3 sampled residents the operator failed to ensure the review and if necessary the revision of each negotiated service agreement following any significant change in condition, as defined in KAR 26-39-100.	S5116		
S5161 SS=F	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (d) The facility reported a census of 6 residents. The sample included 3 residents and 1 focused record review. Based on interview for all residents and record review the operator failed to ensure all residents including 3 (#512, #513, #514) of 3 sampled residents negotiated service agreements included the name of the licensed nurse responsible for the implementation and supervision of the service plan. Findings included: - Review of resident #512's medical record revealed she moved into the facility on 9-18-20 with diagnoses of bipolar disorder, delusions, and	S5161		

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S5161	Continued From page 5 hallucinations. Review of the resident's current functional capacity screen (FCS) dated 4-27-21 revealed the resident required physical assistance with bathing, dressing, toileting, transfers, and mobility. The resident also was unable to manage her medications and medical treatments and had impaired cognition. Review of the resident's current negotiated service agreement (NSA) dated 9-18-20 lacked the name of the nurse responsible for the implementation and supervision of the health care service plan. -- Review of resident #513's medical record revealed the resident moved into the facility on 5-1-21 with diagnoses of dementia, constipation, and hyperthyroidism. Review of the resident's current functional capacity screen (FCS) dated 4-16-21 revealed the resident required physical assistance with bathing, dressing, toileting, transfers, and mobility. The resident was also unable to manage her medications and medical treatments, had impaired cognition and at risk for falls/unsteadiness. Review of the residents current negotiated service agreement signed 4-19-21 lacked the name of the licensed nurse responsible for implementation and supervision of the health care service plan. - Review of resident #514's medical record revealed the resident moved into the facility on	S5161		

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S5161	Continued From page 6 4-18-20 with diagnoses of insomnia, and urinary retention. Review of the resident's current functional capacity screen (FCS) dated 4-1-21 revealed the resident required physical assist with bathing, dressing, toileting, transfers, and mobility. He was unable to manage his medications and medical treatments, had bladder incontinence and impaired cognition. Review of the residents negotiated service agreement dated 9-9-20 lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. On 5-17-21 at 3:10 PM operator/RN A confirmed all resident's negotiated service agreements that were completed prior to this survey did not include the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. The operator failed to ensure all resident's negotiated service agreements included the name of the current licensed nurse responsible for the implementation and supervision of the service plan.	S5161		
S5230 SS=E	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident 's food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least	S5230		

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S5230	Continued From page 7 annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home 's compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c) The facility reported a census of 6 residents. The sample included 3 residents and 1 focused record review and review of 5 newly hired employee files. Based on interview and record review for 3 of 3 sampled residents and 4 of 5 newly hired employees, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure had the potential to affect all residents in the assisted living facility. Findings included: - Review of resident #512's medical record revealed she moved into the facility on 9-18-21 and her record included a TB symptom screen dated 10-14-20, 26 days after admission. - Review of resident #513's medical record revealed she moved into the facility on 5-1-21 and did not receive an admission TB symptom screen. - Review of resident #514's medical record revealed he moved into the facility on 4-18-20	S5230		

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S5230	Continued From page 8 and did not receive an admission TB symptom screen. The operator failed to ensure residents received a TB symptom screen within 7 days of admission to the facility. - Review of 5 newly hired employees files on 1-13-21 revealed the following: Certified staff D had a hire date of 9-20-19 and did not have a TB symptom screen in her employee file. Certified staff E had a hire date of 1-23-20 and did not have a TB symptom screen in her employee file. Licensed nurse C had a hire date of 9-1-19 and did not have a TB symptom screen completed until 2-11-21. Certified staff F had a hire date of 4-27-20 and did not have a TB symptom screen in her employee file. Employee record review revealed 4 of 5 newly hired employees did not have the TB questionnaire completed upon hire and did not receive their first TB skin test within 7 days of hire date. During an interview on 5-17-21 at 3:00 PM operator/RN A reported they only did a TB symptom screen annually and not on admission or upon hire to the facility. For 3 or 3 sampled residents and 4 of 5 newly hired employees the operator failed to ensure the	S5230		

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S5230	Continued From page 9 facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5301 SS=F	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d)((3)(D) The facility reported a census of 6 residents. Based on record review and interview for 2 (#512, #514) of 3 sampled residents the operator failed to ensure a licensed nurse or medication aide documented the administration of each resident's medication in the resident's medication administration record following completion of the	S5301		

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S5301	Continued From page 10 task. This failure affected all residents in the facility who received bed time (HS) medications. Findings included: - Review of resident #512's medical record revealed she moved into the facility on 9-18-20 with diagnoses of bipolar disorder, delusions, and hallucinations. Review of the resident's current functional capacity screen (FCS) dated 4-27-21 revealed the resident required physical assistance with bathing, dressing, toileting, transfers, and mobility. The resident also was unable to manage her medications and medical treatments and had impaired cognition. Review of the resident's current negotiated service agreement (NSA) dated 9-18-20 identified licensed nursing staff administered the resident her medications. -- Review of resident #514's medical record revealed he moved in to the facility on 4-18-20 with diagnoses of insomnia and urinary retention. Review of the resident's current functional capacity screen (FCS) dated 4-1-21 revealed the resident required physical assist with bathing, dressing, toileting, transfers, and mobility. He was unable to manage his medications and medical treatments, had bladder incontinence and impaired cognition. Review of the residents negotiated service agreement dated 9-9-20 identified licensed nursing staff administered the resident his medications.	S5301		

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S5301	Continued From page 11 Review of resident #512, #514's progress notes included the following entered by operator/RN A: 3-22-21 - system down last night, bed time (HS) medications were administered. 4-3-21 - system down last night HS medications given. On 5-13-21 at 11:17 AM operator/RN A reported she did not have a paper medication administration record for a back up when the system went down. Staff A stated she just documented in the nurses notes that the medications were given. The operator failed to ensure a licensed nurse or medication aide documented the administration of each resident's medication in the resident's medication administration record following completion of the task. This failure affected all residents in the facility who received HS medications.	S5301		
S5315 SS=E	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart.	S5315		

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S5315	Continued From page 12 Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (h)(1) The facility reported a census of 6 residents. Based on observation and interview the operator failed to ensure medicated treatments were stored securely and properly in accordance with federal and state laws and regulations. This includes the storage of medicated treatments in a locked medication room, cabinet, or medication cart. Findings included: - Observation during initial tour on 5-12-21 at 12:33 PM revealed the following medicated treatments on a shelf in the bathroom: 2 bottles of Nystop powder,a tube of hydrocortisone cream, and a tube of freeze pain.	S5315		

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S5315	Continued From page 13 On 5-13-21 at 8:20 AM operator A reported the resident used the Nystop powder three times a day and it is easier to keep in the bathroom. Operator removed the medicated treatments and put them in the medication cart. The operator failed to ensure medications treatments were stored securely.	S5315		
S5325 SS=E	26-42-205 (I) Medication Regimen Review Frequency (I) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (I) The facility reported a census of 6 residents. The sample included 3 sample residents and 1 focused record review. Based on interview and record review for 2 (#512 and #514) of 3 sampled residents, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regiment at least quarterly for each resident whose medication the facility managed. Findings included:	S5325		

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S5325	Continued From page 14 - Review of resident #512's medical record revealed she moved into the facility on 9-18-20 with diagnoses of bipolar disorder, delusions, and hallucinations. Review of the resident's current functional capacity screen (FCS) dated 4-27-21 revealed the resident required physical assistance with bathing, dressing, toileting, transfers, and mobility. The resident also was unable to manage her medications and medical treatments and had impaired cognition. Review of the resident's current negotiated service agreement (NSA) dated 9-18-20 identified licensed nursing staff administered the resident her medications. -- Review of resident #514's medical record revealed he moved in to the facility on 4-18-20 with diagnoses of insomnia and urinary retention. Review of the resident's current functional capacity screen (FCS) dated 4-1-21 revealed the resident required physical assist with bathing, dressing, toileting, transfers, and mobility. He was unable to manage his medications and medical treatments, had bladder incontinence and impaired cognition. Review of the residents negotiated service agreement dated 9-9-20 identified licensed nursing staff administered the resident his medications. Review of the pharmacy medication reviews provided by operator/RN A on 5-13-21 revealed the pharmacist came on 12-9-2019 but did not include residents #512 or #514 in the medication regimen review.	S5325		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/18/2021
NAME OF PROVIDER OR SUPPLIER GOSHEN HOME CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 9939 FOSTER STREET OVERLAND PARK, KS 66212		
(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
S5325	Continued From page 15 During an interview on 5-13-21 at 11:12 AM operator/RN A looked at the pharmacy reviews and confirmed resident #512 and #514 were not a part of the list of resident's reviewed for that quarter. The operator failed to ensure each residents medication regimen was reviewed at least quarterly by a licensed pharmacist or licensed nurse.	S5325		
S5380 SS=K	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (i) (2) The facility reported a census of 6 residents. Based on observation and interview the operator failed to provide safety for 3 of 6 residents and 1-day care resident through the failure to ensure temperature of hot water ranged between 98 degrees Fahrenheit (F) and 120 degrees F at sinks that were accessible to residents. During the tour on 5-13-21 surveyor observed 3 sinks, (2 that were in resident bathrooms and the kitchen sink) had	S5380		

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NAME OF PROVIDER OR SUPPLIER GOSHEN HOME CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 9939 FOSTER STREET OVERLAND PARK, KS 66212		
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S5380	Continued From page 16 hot water temperatures that read greater than 140 degrees F. The facility also failed to have records of routinely monitoring the temperature of hot water in areas accessible to residents to ensure the provision of safety for all residents. This failure put 4 residents at risk for immediate jeopardy. Findings included: - On 5-13-21 surveyor obtained the following hot water temperatures: 8:23 AM - kitchen sink read 145.4 degrees Fahrenheit (F) and operator A checked it with her thermometer which read 144.8 degrees F. 8:29 AM - unlocked bathroom sink for resident #516 read 143.4 F and operator A checked it and read 142.5 F. 8:31 AM - the unlocked main shared resident restroom sink read 141.2 and operator A got a reading of 140.3 F. 8:33 AM - resident #517's bathroom sink read 137.7 and operator A got a reading of 137.4 F. On 5-13-21 at 8:33 AM operator A reported that she took the temperatures of the water but did not write them down anywhere. On 5-13-21 at 8:35 AM operator A reported she had contacted administrative staff B to come and fix the hot water heater. On 5-13-21 at 8:45 AM Surveyor explained to Operator that the hot water was too high and has caused the facility to be in Immediate Jeopardy due to the severity of the risk for residents to get burned. The immediate Jeopardy was removed on 5-13-21 at 9:43 AM when operator A provided the	S5380		

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NAME OF PROVIDER OR SUPPLIER GOSHEN HOME CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 9939 FOSTER STREET OVERLAND PARK, KS 66212		
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S5380	Continued From page 17 plan to correct the hot water temperatures and administrative staff B was in the facility adjusting the hot water. 1. The plan included immediate fixing of the water to be between 98 and 120 degrees 2. Staff will check hot water temperatures in all bathrooms and kitchen sink daily and will document the reading. If the temperature is above 120 degrees F the staff will inform the operator and adjustments will be made. 3. Staff will be provided weekly education on water temperatures for 4 and then ongoing during monthly in-services. The operator failed to provide safety for 4 residents through the failure to ensure temperature of hot water ranged between 96 degrees Fahrenheit (F) and 120 degrees F at sinks accessible to residents. During tour on 5-13-2, three sinks that were accessible to residents had a temperature greater than 140 degrees F which put 4 residents at risk for severe burns.	S5380		