

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/31/2022
NAME OF PROVIDER OR SUPPLIER ANTHOLOGY OF OVERLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 10300 INDIAN CREEK PARKWAY OVERLAND PARK, KS 66210		
(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 the licensure resurvey with the attached complaint #'s 170483, 169014, 168947, 168648, 167898, 166958, 166896 and 165760 for the above named facility conducted on 3/28/2021, 3/29/2021, 3/30/2021 and 3/31/2021.	S 000		
S3026 SS=D	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-101 (f) (1) (B) The facility reported a census of 103 residents. The sample included 6 residents. Based on record review and interview the administrator failed to ensure resident #153 was not subjected to neglect after the negotiated service agreement was not updated to include interventions for the newly obtained skin tears to the left arm resulting in an evaluation and treatment by an emergency room physician. Findings Included; - Record review for resident #153 revealed an admission date of 6/15/2018 with diagnoses of	S3026		

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

TITLE

(X6) DATE

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S3026	Continued From page 1 anxiety disorder, bilateral hearing loss, dementia, depression, major depressive disorder, history of falls and insomnia. The functional capacity screening dated 8/27/2021 revealed the resident was unable to perform bathing, dressing and toileting. She required physical assistance with transferring, walking and eating. She had impaired short- and long-term memory, memory recall, and decision making. She was unable to manage her own medications, marked as a fall risk and used a wheelchair mobility device. The negotiated service agreement identified/instructed staff to provide oversight and supervision for safety by sharing the resident's location when asked. She was identified as a high potential for falls and required assistance with transfers and mobility. Resident was dependent on staff for all escort needs and requires the use of a manual wheelchair. The record lacked an update for wound care. Review of the resident electronic progress notes revealed the following entries: 11/1/2021 at 1:45 AM and signed by licensed nurse G- ...she was observed sitting on her buttocks on the carpeted floor next to her bed...blood observed on right sleeve of her night gown ...2 large skin tears observed to right forearm below right elbow. Skin flap of skin tear approximately 5 inches long vertical, skin flap of second skin tear approximately 4 inches long horizontal. Areas cleansed with normal saline, steri stripped and abdominal pad applied and wrapped with soft kerlex.....doctor, executive director, resident care coordinator and family notified.	S3026		

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S3026	Continued From page 2 11/1/2021 at 8:19 PM signed by licensed nurse H - resident on fall follow up and had no complaints just with noted yelling.... 11/2/2021 at 9:17 AM signed by licensed nurse I- resident continues on fall follow up. Resident denies pain and discomfort. 11/2/2021 at 8:00 PM signed by licensed nurse H - resident on fall follow up and is completed this night. has no complaints... 11/2/2021 at 9:23 PM and signed by licensed nurse H - this nurse called to room 309 for bleeding arm and it was assessed that the right arm extra-large wound in 2 areas was bleeding and resident complained of pain. Wound cleansed ... by upon assessment this nurse felt it needed a doctor to see extra-large open elbow wound...resident left via ambulance stretcher at 9:20 PM to hospital. 11/3/2021 at 3:16 AM and signed by licensed nurse H - resident returned from hospital ...right arm with large bandage on and steri strips in place unable to suture at this time (per report from nurse and doctor due to being 2 days old) and bandaged after being irrigated with normal saline. Tetanus given for deep laceration. To start on Cephalexin 500 milligrams by mouth 4 times a day for 10 days. Doctor at hospital said to follow up with primary doctor for daily wound care treatment. Review of the facility provided Fall Response and Procedures Policy revised 2.2022 revealed the Negotiated service agreement is to be updated as needed with interventions.	S3026		

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S3026	Continued From page 3 Interview on 3/30/2022 at 5:00 PM with licensed nurse's C and D confirmed the resident negotiated service agreement lacked an update for wound care interventions after the wound was obtained. The administrator failed to ensure resident #153 was not subjected to neglect after the negotiated service agreement was not updated to include interventions for the newly obtained skin tears to the left arm resulting in an evaluation and treatment by an emergency room physician.	S3026		
S3101 SS=D	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: K.A.R.26-41-202 (h) The facility reported a census of 103 residents. The sample included 6 residents (#'s 112, 117, 123, 136, 141, 153, 164 and 171). Based on record review and interview the administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement for 4 (#'s 112, 117, 141 and 153) of the 6 sampled residents. Findings Included;	S3101		

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S3101	Continued From page 4 - Record review for resident #112 revealed an admission date of 1/31/2022 with diagnoses of clostridium difficile, cognitive changes/impairment, gait disturbance, hypertension, muscle weakness and Parkinson's disease. The functional capacity screen dated 3/4/2022 was signed by licensed nurse D. The negotiated service agreement dated 2/4/2022 revealed a blank signature page. Record review for resident #117 revealed an admission date of 1/31/2022 with diagnoses of anxiety disorder, delusional disorder, depressive disorder, falls and heart disease. The functional capacity screen dated 3/4/2022 was signed by licensed nurse D. The negotiated service agreement dated 2/4/2022 revealed a blank signature page. Record review for resident # 141 revealed an admission date of 7/12/2021 with diagnoses of benign and innocent cardiac murmurs, chronic obstructive pulmonary disease, cognitive changes, dementia and Parkinson's disease. The functional capacity screen dated 3/4/2021 was signed by licensed nurse D. The negotiated service agreement dated 7/12/2021 revealed a blank signature page.	S3101		

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S3101	Continued From page 5 Record review for resident #153 revealed an admission date of 8/27/2021 with diagnoses of anxiety disorder, bilateral hearing loss, major depressive disorder, and history of falls. The functional capacity screen dated 3/4/2022 was signed by licensed nurse D. The negotiated service agreement dated 8/27/2021 revealed a blank signature page. Interview with licensed nurse D on 3/30/2021 at 5:00 PM confirmed the negotiated service agreements for resident's #112, 117, 141 and 153 lacked the completed signature page. The administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement for 4 (#'s 112, 117, 141 and 153) of the 6 sampled residents.	S3101		
S3165 SS=D	26-41-204 (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: K.A.R. 26-41-204 (d) Findings included;	S3165		

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S3165	Continued From page 6 - Record review for resident #112 revealed an admission date of 1/31/2022 with diagnoses of clostridium difficile, cognitive changes/impairment, gait disturbance, hypertension, muscle weakness and Parkinson's disease. The functional capacity screen dated 3/4/2022 was signed by licensed nurse D. The negotiated service agreement dated 2/4/2022 revealed the name of the nurse responsible for the implementation and supervision of the health care service plan is not identified. Record review for resident #117 revealed an admission date of 1/31/2022 with diagnoses of anxiety disorder, delusional disorder, depressive disorder, falls and heart disease. The functional capacity screen dated 3/4/2022 was signed by licensed nurse D. The negotiated service agreement dated 2/4/2022 revealed the name of the nurse responsible for the implementation and supervision of the health care service plan is not identified. Record review for resident #136 revealed an admission date of 6/15/2017 with diagnoses of dementia, Alzheimer's disease, generalized weakness, history of falls. The functional capacity screen dated 6/17/2021 was electronically signed by licensed nurse J.	S3165		

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S3165	Continued From page 7 The negotiated service agreement dated 6/17/2021 2022 revealed the name of the nurse responsible for the implementation and supervision of the health care service plan is not identified. Record review for resident # 141 revealed an admission date of 7/12/2021 with diagnoses of benign and innocent cardiac murmurs, chronic obstructive pulmonary disease, cognitive changes, dementia and Parkinson's disease. The functional capacity screen dated 3/4/2021 was signed by licensed nurse D. The negotiated service agreement dated 7/12/2021 revealed the name of the nurse responsible for the implementation and supervision of the health care service plan is not identified. Record review for resident #153 revealed an admission date of 8/27/2021 with diagnoses of anxiety disorder, bilateral hearing loss, major depressive disorder, and history of falls. The functional capacity screen dated 3/4/2022 was signed by licensed nurse D. The negotiated service agreement dated 8/27/2021 revealed the name of the nurse responsible for the implementation and supervision of the health care service plan is not identified. Interview with licensed nurse D on 3/30/2021 at 5:00 PM confirmed the negotiated service agreements for resident's #112, 117, 136, 141	S3165		

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S3165	Continued From page 8 and 153 lacked the name of the nurse responsible for the implementation and supervision of the health care service plan is not identified. The administrator failed to ensure the name of the licensed nurse responsible for the implementation and supervision of the health care service plan for 5(# 112, 117, 136,141 and 153) of the 6 sampled residents.	S3165		
S3310 SS=D	26-41-207 (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 annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' 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.26-41-207(c) The facility reported a census of 103 residents. The sample include 6 residents, 2 focused reviews and 5 newly hired employees. Based on interview and record review for 4 out of 6	S3310		

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S3310	Continued From page 9 residents sampled (# 123, 136, 141, and 153) and 2 of the newly hired employees (CNA A and licensed nurse B), the administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings Included; - Review of newly hired employee certified nurse aide A revealed she began employment on 1/27/2022. The personnel record lacked the evidence of the 2-step tuberculin (TB) skin test within 7 days of employment. Review of newly hired employee licensed nurse B revealed she began employment on 2/9/2022. The personnel record lacked the evidence of the 2-step TB skin test within 7 days of employment. Record review for resident #123 revealed an admission date of 11/12/2021 the record included step 1 of the TB skin test read negative on 11/14/2021. The record revealed the 2nd step was implanted on 11/22/2021 and lacked the entry for a read date to ensure the test was read within the required 48 to 72 hours. Record review for resident #136 revealed an admission date of 6/15/2017 the record lacked the current required annual TB symptom screening questionnaire. Record review for resident #141 revealed an admission date of 8/15/2019 the record lacked the current required annual TB symptom screening questionnaire. Record review for resident #153 revealed an	S3310		

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S3310	Continued From page 10 admission date of 6/15/2018 the record lacked the current required annual TB symptom screening questionnaire. Review of the undated facility provided TB Testing policy revealed the following; Upon move in, residents with an anticipated length of stay greater than 7 days must have the required, state specific tuberculin screening/testing. All new employees and volunteers who interact with residents on a regular basis (more than 10 hours per month) must have the required, state specific tuberculin screening/testing. Interview on 3/30/2022 at 4:30PM with licensed nurses C and D revealed the personnel records for CNA A and licensed nurse B records lacked the required 2 step TB skin test. Licensed nurses C and D confirmed that resident # 123 records lacked the completion of the 2nd step of the required 2-step TB skin test, and resident records for residents #'s 136, 141 and 153 lacked the current required TB symptom screening questionnaire. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 for 4 out of 6 residents sampled (# 123, 136, 141, and 153) and 2 of the newly hired employees (CNA A and licensed nurse B).	S3310		