STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046083	A. BUILDING: _____ B. WING _____	03/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE PLACE	6921 W 81ST STREET OVERLAND PARK, KS 66204

(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 attached complaint #'s 168512, 167605, 167549, 167514, 166517, 166296, 164444,164028, 163823, 163739, & 162827, at the above named facility conducted on 3/15/2022, 3/16/2022, 3/17/2022, 3/21/2022 & 3/22/2022.	S 000		
S 140 SS=F	26-39-103 (i) Resident Right Privacy and Confidentiality (i) Privacy and confidentiality. The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records. (1) The administrator or operator shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. (2) The administrator or operator shall ensure that the personal and clinical records of the resident are maintained in a confidential manner. (3) The administrator or operator shall ensure that a release signed by the resident or the resident's legal representative is obtained before records are released to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law. This STANDARD is not met as evidenced by: K.A.R. 26-39-103 (i) (1) The facility reported a census of 64 residents. Based on observation the administrator failed to	S 140		

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

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S 140	Continued From page 1 ensure the electronic medication administration records were maintained in a confidential manner. Findings included; - Observation on 3/16/2022 at 5:15 PM revealed a medication cart sitting outside the dining room entrance with an open lap top with the facility resident's pictures and medication information present on the screen with no staff present. Outside the dining room were residents and family members. Certified medication aide C came to the medication cart and locked the screen. Interview with licensed nurse H at the time of the observation the resident electronic medication administration record should not be left open if the certified medication aide is not present.	S 140		
S3211 SS=D	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.	S3211		

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S3211	Continued From page 2 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-205 (g)(3) The facility reported a census of 64 residents. Based on observation and interview, the facility failed to place the full name of the residents on the package of over-the-counter medications with the potential to affect all residents being administered the wrong medication. Findings included: - Observation on 03/15/22 at 04:24 PM revealed Certified Medication Aide (CMA) G opened medication cart one. The following bottles lacked the resident's first and last name: Immune Support, Summers Elderly calcium/magnesium/butyrate, acetaminophen softgels, two bottles of melatonin, magnesium oxide, trace mineral tablets, probiotic 30 billion, vitamin D3 with K2, AZO Cranberry, two bottles of B12 1000 micrograms (mcg), St. Joseph aspirin 81 milligrams (mg), One-a-Day vitamins, vitamin D 1000 international units (IU), folic acid 800 mcg, fiber capsules, vitamin B1, 2 bottles of melatonin 5 mg, melatonin 200 mg, B complex, Robitussin Cough and Chest DM sugar-free, and iron 65 mg. CMA G then opened medication cart two. The following bottles lacked the resident's first and last name: vitamin B12, acid controller, two bottles of Systane Dry Eye, stool softener 100 mg, vitamin D3 50 mcg, two bottles of Women's Health 50 plus, cranberry 500 mg, and mucus DM. On 03/15/22 at the time of observation, CMA G and Licensed nurse H confirmed the medication bottles lacked resident's first and last names.	S3211		

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S3211	Continued From page 3 The facility failed to place the full name of the residents on the package of over-the-counter medications with the potential to affect all residents being administered the wrong medication.	S3211		
S3215 SS=F	26-41-205 (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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. 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 facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer '	S3215		

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S3215	Continued From page 4 s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (h) (1) The facility reported a census of 64 residents. Based on observation and interview the administrator failed to ensure licensed nurses and certified medication aides stored the non-controlled medications and biological's in a locked medication cart, and the controlled medications in a separately locked compartment within a locked medication cart. Findings included: - Observation on 3/16/2022 at 5:15 PM observation of medication cart sitting outside of the dining room with residents going into and out of the dining room for the evening meal, and 2 family members standing across from the cart. Observation of the drawer containing the separate compartment for the controlled medications revealed the drawer was opened with keys in the lock of the compartment. Observation of certified medication aide C revealed she came to the cart and removed the keys from the compartment and closed the compartment drawer. Interview with licensed nurse H at the time of the observation revealed the medication carts are to be locked when the certified medication aide is not at the cart, and the keys are not to be left unattended in the lock of the controlled medication compartment.	S3215		

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S3215	Continued From page 5 Observation on 3/21/2022 at 2:00 PM revealed the medication cart out sitting outside of the nursing office had the locking bolt in the out position, and the drawers freely opened. Observation on 3/21/2022 at 2:15 PM certified mediation aide G walked by the cart and noticed it was unlocked and pushed in the bolt and locked the cart. Interview on 3/21/2022 at 3:00 with licensed nurse H confirmed the medication carts are to be locked with the licensed nurse or certified medication aide is not present at the cart. The administrator failed to ensure licensed nurses and certified medication aides stored the non-controlled medications and biological's in a locked medication cart, and the controlled medications in a separately locked compartment within a locked medication cart.	S3215		
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;	S3248		

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S3248	Continued From page 6 (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: K.A.R. 26-41-102 (d) (2) The facility reported a census of 64 residents. Based on interview and record review, the administrator failed to have supported documentation for a criminal background check for facility staff A pursuant to K.S.A. 39-970 and amendments thereto. Findings included; - Record review on 3/16/2022 at 2:00 PM of non-certified A personnel file revealed she began employment with the above-named facility on 1/31/2022. The employee record lacked evidence of the required criminal background check pursuant to K.S.A 39-970. Interview on 3/16/2022 at 2:00 PM with human resources staff D revealed the personnel file lacked the required criminal background check.	S3248		

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S3248	Continued From page 7 The administrator failed to have supported documentation for a criminal background check for facility staff A pursuant to K.S.A. 39-970 and amendments thereto.	S3248		
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 64 residents. The sample included 6 residents and 5 newly hired staff. Based on interview and record review the administrator failed to ensure the facility followed the department's guidelines for tuberculosis for adult care homes adopted by reference in K.A.R. 26-39-105 for 1 newly hired non-certified/licensed facility staff A. Findings included:	S3310		

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S3310	Continued From page 8 - Record review on 3/16/2022 at 2:00 PM of non-certified A personnel file revealed she began employment with the above-named facility on 1/31/2022. The employee record lacked evidence of the required 2 step TB screening being performed within 7 days of employment as outlined in the Tuberculosis Guidelines for Adult Care Homes. Interview on 3/16/2022 at 2:00 PM with human resources personnel D confirmed the personnel record lacked evidence of the required 2 step TB screening being performed within 7 days of employment as outlined in the Tuberculosis Guidelines for Adult Care Homes. The administrator failed to ensure the facility followed the department's guidelines for tuberculosis for adult care homes adopted by reference in K.A.R. 26-39-105 for 1 newly hired non-certified/licensed facility staff A.	S3310		
S3320 SS=D	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes	S3320		

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S3320	Continued From page 9	S3320		

and standards:

(1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and

(2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.

This REQUIREMENT is not met as evidenced by:
K.A.R. 28-39-254 (a)

The facility reported a census of 64 residents. Based on observation and interview, the facility failed to maintain cleanliness to protect the health and safety with potential to affect all residents.

Findings included:

- Observation 03/17/22 at 09:48 AM revealed Resident (R) 100 sleeping in a wheelchair in the living room. Non-certified staff F pushed R100 to her room 411 and was unable to awaken her. A mechanical lift was sitting next to the bed. The floor in the room had a large amount of debris all over which was worse under the bed, furniture, and around the floor edges. The large laundry basket was overflowing with dirty clothes.

Observation on 03/17/22 at 09:58 AM revealed the floor in resident room 507 had a large amount of debris all over which was worse under the bed, furniture, and around the floor edges. The large laundry basket was overflowing with dirty clothes. The bathroom also had debris on the floor. There was brown matter on the toilet seat and on the left-side-front of the toilet. There was a large spot

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S3320	Continued From page 10 of brown matter on the outside of the toilet cleaning brush container. Observation on 03/17/22 at 10:05 AM revealed the floor in resident room 203 had a large amount of debris all over with an increased amount of large brown crumbs under the bed. On 03/17/22 at 10:05 non-certified staff F stated the crumbs under the bed in room 203 were from the many snacks the resident likes to eat. Staff kept bite-sized candy bars in the room to give the resident to encourage her cooperation during cares. On 03/17/22 at 10:08 AM Staff E, environmental services director, stated it took housekeeping staff one and half weeks to get around to cleaning each resident room. Observation on 03/21/22 at approximately 01:10 revealed resident room 411 floor had the same large amount of debris all over which was worse under the bed, furniture, and around floor edges as on 03/17/22. The facility failed to maintain cleanliness to protect the health and safety with potential to affect all residents.	S3320		