

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

PRINTED: 02/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/10/2022
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - OLATHE			STREET ADDRESS, CITY, STATE, ZIP CODE 20705 W 151ST STREET OLATHE, KS 66061		
(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 The following citations represent the findings of a Health Resurvey and Complaint Investigations #KS00168661 and KS00159952.	F 000			
F 550 SS=D	The 2567 was sent electronically on 02/23/22 Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the	F 550			

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

TITLE

(X6) DATE

02/23/2022

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 550	Continued From page 1 resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: The facility reported a census of 108 residents with 22 sampled including one reviewed for an indwelling catheter. Based on observation, interview, and record review the facility failed to promote dignity when staff failed to provide a privacy bag for the indwelling urinary catheter (insertion of a catheter into the bladder to drain the urine into a collection bag) drainage bag for Resident (R) 22. This placed R22 at risk for impaired dignity and psychosocial wellbeing. Findings included: - Review of 22's "Physician Order Sheet" documented the following diagnoses of hydronephrosis (swelling of a kidney due to a build-up of urine) and obstructive uropathy (disorder of the urinary tract that occurs due to obstructed urinary flow). The 05/28/21 "Admission Minimum Data Set" (MDS) documented a staff assessment indicated long and short-term memory problem with severely impaired cognition. R22 had an indwelling catheter. The "Urinary Incontinence and Indwelling	F 550			

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F 550	Continued From page 2 Catheter Care Area Assessment" (CAA) dated 05/28/21 documented the resident had a permanent indwelling urinary catheter in place on admission. The "Care Plan" dated 02/14/21 revealed staff assisted R22 with catheter care every shift and more often as needed. On 02/07/21 at 01:06 PM observed R22 in bed with an indwelling catheter drainage bag hung on the side of her bed with no privacy covering. On 02/08/22 at 08:27 AM observed R22 in bed with an indwelling catheter drainage bag hung on the side of her bed with no privacy covering. On 02/09/22 at 03:57 PM observed R22 in bed with an indwelling catheter drainage bag hung on the side of her bed next to the privacy covering bag hung on the side of the bed. On 02/08/22 at 03:21 PM Certified Nurse Aide (CNA) H revealed a resident with a catheter would have a leg strap in place, a privacy cover, and it would always be kept below the bladder. On 02/09/22 at 07:36 AM CNA J revealed she expected the catheter drainage bag to always be in a privacy bag. On 02/09/22 at 07:53 AM Licensed Nurse (LN) I revealed any resident with a catheter would need to have a privacy bag covering the drainage bag while in bed or up in a chair. Upon entrance into R22's room LN I stated the catheter drainage bag should be in a privacy bag. Interview on 02/09/22 at 09:02 AM with	F 550			

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F 550	Continued From page 3 Administrative Nurse B revealed she expected staff to cover all catheter drainage bags with a dignity bag. Review of the facilities "Resident Dignity" policy revised on 10/19/21 documented that staff were to maintain the dignity of all residents. The facility failed to promote dignity for R22 when staff did not provide a privacy bag for her indwelling catheter drainage bag while in bed.	F 550			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to	F 690			

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F 690	Continued From page 4 prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: The facility reported a census of 108 residents with 22 sampled including one for an indwelling catheter. Based on observation, interview, and record review the facility failed to provide safe, sanitary, and hygienic catheter (insertion of a catheter into the bladder to drain the urine into a collection bag) care by allowing Resident (R) 22's indwelling catheter drainage bag to touch the floor. This placed the resident at risk for improper catheter care. Findings included: - Review of 22's "Physician Order Sheet" documented the following diagnoses: hydronephrosis (swelling of a kidney due to a build-up of urine) and obstructive uropathy (disorder of the urinary tract that occurs due to obstructed urinary flow). The 05/28/21 "Admission Minimum Data Set" (MDS) documented a staff assessment indicated long and short-term memory problem with severely impaired cognition. R22 had an indwelling catheter. The "Urinary Incontinence and Indwelling			F 690			

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F 690	Continued From page 5 Catheter Care Area Assessment" (CAA) dated 05/28/21 documented the resident had a permanent indwelling urinary catheter in place on admission. The "Care Plan" dated 02/14/21 revealed staff assisted R22 with catheter care every shift and more often as needed. On 02/08/22 at 10:15 AM observed R22 in bed with an indwelling catheter drainage bag lying on the floor under her bed. On 02/08/22 at 03:21 PM Certified Nurse Aide (CNA) H revealed a resident with a catheter would have a leg strap in place and it would always be kept below the bladder and off the floor. On 02/09/22 at 07:36 AM CNA J revealed she expected the catheter drainage bag to not be on the floor. On 02/09/22 at 07:53 AM Licensed Nurse (LN) I revealed staff should not place resident's catheter drainage bags on the floor. Interview on 02/09/22 at 09:02 AM with Administrative Nurse B revealed she expected staff to keep all catheter drainage bags off the floor at all times. Review of the facilities "Catheter Care, Insertion, and Removal, Drainage Bags, Irrigation, Specimen" policy revised on 05/27/21 instructed staff that catheter tubing should never be allowed to touch the floor. The facility failed to provide safe, sanitary, and	F 690			

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F 690	Continued From page 6	F 690			
F 695 SS=D	hygienic catheter care for R22. Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: The facility reported a census of 108 residents with 22 sampled with three residents reviewed for respiratory care. Based on observation, interview, and record review the facility failed to provide safe and sanitary care for oxygen tubing to help prevent the development and transmission of diseases and infections for one Resident (R) 63. This placed R63 at risk for infections. Findings Included: - R63's "Electronic Health Record" (EHR) under the medical diagnosis tab documented the diagnosis of hypoxemia (abnormal deficiency in the concentration of oxygen in arterial blood). The 07/02/21 "Admission Minimum Data Set" (MDS) documented R63 had a Brief Interview for Mental status (BIMS) score of 15, indicating intact cognition, with no use of oxygen noted. The 02/02/21 "Care Plan" documented R63 had altered respiratory status. Staff were to monitor	F 695			

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F 695	Continued From page 7 R63 for signs or symptoms of acute respiratory insufficiency and respiratory infection. R63 had oxygen (O2) therapy, as needed (PRN). The "EHR" documented a "Physician Order" on 12/04/21 for albuterol sulfate (bronchodilator-works by relaxing and opening air passages to the lungs) nebulization (electrically powered machine that turns liquid medication into a mist) solution 2.5 milligrams (mg)/milliliter (ml). On 12/29/21 R63 had an order for oxygen (O2) therapy PRN, O2 tubing care, and level of O2 to be used. On 02/08/22 at 03:42 PM observation revealed R63's O2 mask for nebulized medication sat with no barrier on the countertop, and her O2 tubing laid on the floor next to the concentrator with no storage bag noted on the concentrator. On 02/09/22 at 07:57 AM, observation revealed R63's O2 mask for nebulized medication sat on her rocking chair with no barrier and with no bag for storage. On 02/10/22 at 08:29 AM Certified Medication Aid (CMA) L revealed that O2 and nebulizer tubing and masks should be stored in a plastic bag when not in use. On 02/10/22 at 11:10 AM Licensed Nurse (LN) I stated all nebulizer as well as O2 tubing and masks should be stored in a plastic bag when not in use. On 02/10/22 at 09:15 AM Administrative Nurse B confirmed all tubing should be kept in a storage bag on the back of the concentrator when not in use. Nebulizer tubing should be stored the same	F 695			

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F 695	Continued From page 8 with the dates on both. Review of the facility's "Oxygen Administration, Safety, Mask Types" policy revised 05/19/21 documented when oxygen was not in use, store cannula, face mask, or face tent and tubing in a zip-lock bag/plastic bag secured to oxygen cylinder or concentrator. The facility failed to provide respiratory care consistent with professional standards of practice for R63.	F 695			
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: The facility reported a census of 108 residents with 22 sampled including one for dialysis care. Based on observation, record review, and interview the facility failed to monitor Resident (R) 258's dialysis (procedure where impurities or wastes were removed from the blood) treatments appropriately by not sending or collecting the dialysis communication forms. This placed the resident at risk for complications and health decline. Findings include: - Review of Resident (R) 258's "Physician Order Sheet" documented the diagnosis of end stage (a	F 698			

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F 698	Continued From page 9 terminal disease because of irreversible damage to vital tissues or organs) renal (kidney) disease (ESRD). The 11/29/21 "Admission Minimum Data Set" (MDS) documented R258 had a Brief Interview for Mental Status (BIMS) score of 11, indicating moderately impaired cognition. The resident required staff assistance with all her activities of daily living (ADLs) except eating which she could do with some set up help. R258 required dialysis. The 11/29/21 "ADL Functional/Rehab Care Area Assessment" (CAA) documented R258 had ESRD and received dialysis three times a week. The 12/06/21 "Care Plan" documented R258 went to dialysis three times a week and staff were to follow protocol for assessments. The "Electronic Health Record" (EHR) documented a "Physician Order" on 11/15/21 for staff to prepare and collect the dialysis communication forms with vital signs, weights before and after process, and any other notes from dialysis or facility. The "EHR" lacked dialysis communication forms for the following dates: 12/03/21, 12/06/21, 12/15/21, 12/17/21, 12/24/21, 12/27/21, 12/29/21, 12/31/21, 01/05/22, 01/17/22, 01/21/22, 02/04/22, and 02/07/22. On 02/08/22 at 03:20 PM R258 sat in her room watching tv and looked out the window following dialysis with staff assessing shunt dressing on her leg and obtaining vital signs. On 02/08/22 at 01:40 PM Licensed Nurse (LN) K	F 698			

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F 698	Continued From page 10 stated that it was the nurses' responsibility to send and gather the dialysis communication form for residents on dialysis. On 02/10/22 at 11:10 AM LN I stated that R258 required dialysis three times a week, the staff sent dialysis communication sheets with her, and the sheets were to be collected when she returned. On 02/10/22 at 09:15 AM Administrative Nurse B confirmed the missing documents and stated she expected the staff to send and collect the dialysis communication forms. The facilities "Dialysis Services" policy revised on 09/17/21 instructed staff to monitor the resident receiving dialysis. The facility failed to prepare and collect the dialysis communication forms for R258 as ordered.	F 698			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.	F 812			

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F 812	Continued From page 11 (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: The facility reported a census of 108 residents. Based on observation, record review and interview, the facility failed to store food in accordance with professional standards for food service safety, when kitchen observation revealed numerous expired food items. This placed the residents who received meals from the facility kitchen at risk for foodborne illness. Findings included: - On 02/07/22 at 08:15 AM, during initial tour of the main kitchen revealed the following items were expired: House Recipe Quick Grits (five containers, expired on 01/15/22) Thickened Cranberry Cocktail 46 ounce container (one container, expired on 01/18/22) light molasses one gallon container (three containers, expired on 12/22/17) Potato Pearls 29.3 ounce box (six boxes, expired on 11/06/21) Carnation Breakfast Essentials Pack (19 packs, expired on 09/09/21), Gelatin Mix Assorted Flavors three ounce pack (11 packs, with expiration dates of 06/2018, 07/2018, 08/2018, and 01/2021) Drink Mix Assorted Flavors 1.27 ounce pack (30 packs, with expiration dates of 12/2020 and 01/2021) Mousse Mix Assorted Flavors nine ounce pack	F 812			

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - OLATHE			STREET ADDRESS, CITY, STATE, ZIP CODE 20705 W 151ST STREET OLATHE, KS 66061		
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F 812	Continued From page 12 (13 packs, with expiration dates on 06/2020 and 07/2020) lemonade drink mix 24 ounce pack (two packs, undated) French's Crisp Fried Onions (one package, opened and expired on 06/12/21) Interview with Certified Dietary Manager (CDM) C on 02/07/22 at 09:00 AM revealed items were used on a first in, first out basis. CDM C expected the dietary staff members to follow this process and dispose of expired items. CDM C also expected the dietary staff members to use food items within 30 days that did not have a listed expiration date. The 05/03/21 "Date Marking-Food and Nutrition" policy documented all food items would be discarded when the container or package did not bear a date and/or when the food item was beyond the "use by" or "expires on" date. The facility failed to store food in accordance with professional standards for food service safety when observations revealed expired food in the facility kitchen.	F 812			