

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B089093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/28/2021
NAME OF PROVIDER OR SUPPLIER OUR HOME SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5745 ROSEHILL RD SHAWNEE, KS 66216		
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S 000	INITIAL COMMENTS The following citations represent the findings of an initial survey at the above named Home Plus facility conducted on 9/22,23,27,28/2021.	S 000		
S5080 SS=E	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a)(b) The facility reported a census of 7 residents. The sample included 3 residents and 1 closed record. Based on interview and record review the operator failed to ensure the admission screening for determination of functional capacity for 2 (#922 and #923) of 3 sampled residents recorded all findings on the screening form. The operator also failed to ensure a licensed nurse assessed 2	S5080		

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

TITLE

(X6) DATE

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S5080	Continued From page 1 (#922 and #923) of 3 sampled residents whose functional capacity screen indicated the need for health care services. Findings included: - Review of resident #922's medical record revealed the resident moved into the facility on 7-1-21 with a diagnosis of syncope and history of stroke. Review of the resident's functional capacity screen dated 6-29-21 revealed the resident required physical assistance with bathing, toileting, dressing, transfers and walking/mobility. The resident also could not manage his own medications or medical treatments. The functional capacity screen identified the resident had cognitive impairment and was at risk for falls. The functional capacity screen did not have any findings under medications and the support section was not fully completed. It also failed to be signed by a nurse as evidence a licensed nurse assessed the resident since he required health care services. - Review of resident #923's medical record revealed she moved into the facility on 1-22-21 with diagnoses of dementia with behavioral disturbances, major depressive disorder and rheumatoid arthritis. Review of the resident's admission functional capacity screen dated 1-6-21 revealed the resident required physical assistance with bathing, dressing, toileting, transfers, and walking/mobility. The resident also could not manage her medications, had bladder incontinence, impaired cognition and was at risk	S5080		

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S5080	Continued From page 2 for falls. Review of the residents negotiated service agreement dated 3-19-21 revealed the resident was unable to bathe, dress, transfer, toilet and walk. She also had bladder incontinence, impaired cognition, communication difficulties, had a fall risk and socially inappropriate behaviors. The functional capacity screen did not include any findings under medications and was not signed by a licensed nurse as evidence a licensed nurse assessed the resident since she required health care services. The functional capacity had signatures of the operator on 3-9-21 and licensed nurse B signed it on 5-16-21. On 9-27-21 at 1:33 PM operator A reported she initially completed the functional capacity screens for residents and would have the nurse review them later. She also confirmed the FCS did not include medications the resident took under the medication section. The operator failed to ensure the admission screening for determination of functional capacity for 2 (#922 and #923) of 3 sampled residents recorded all findings on the screening form. The operator also failed to ensure a licensed nurse assessed 2 (#922 and #923) of 3 sampled residents whose functional capacity screen indicated the need for health care services	S5080		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident,	S5105		

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S5105	Continued From page 3 based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1)(2) The facility reported a census of 7 residents. The sample included 3 residents and 1 closed record review. Based on record review for 3 (#922, #923, #924) of 3 sampled residents and interview for all residents in the facility the operator failed to ensure the written negotiated service agreement was based on the resident's functional capacity screen and included a description of the services the resident would receive and failed to identify the provider of those services. Findings included: - Review of resident #922's medical record revealed the resident moved into the facility on 7-1-21 with a diagnosis of syncope and history of stroke. Review of the resident's functional capacity screen dated 6-29-21 revealed the resident	S5105		

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S5105	Continued From page 4 required physical assistance with bathing, dressing, toileting, transfers and walking/mobility. It also identified the resident could not manage his own laundry or housekeeping. Review of the residents negotiated service agreement dated 7-1-21 failed to identify the resident would be provided services for completion of his laundry and cleaning of his room by facility staff. - Review of resident #923's medical record revealed she moved into the facility on 1-22-21 with diagnoses of dementia with behavioral disturbance, major depressive disorder, and rheumatoid arthritis. Review of the resident's functional capacity screen dated 3-19-21 revealed the resident required total assist of activities of daily living except for eating and she could not manage her own laundry or housekeeping. Review of the residents negotiated service agreement dated 1-22-21 failed to identify the resident would be provided services for completion of his laundry and cleaning of his room by facility staff. - Review of resident #924's medical record revealed the resident moved into the facility on 12-23-20 with diagnoses of Dementia and diabetes type 2. Review of the resident's functional capacity screen dated 8-23-21 revealed the resident required physical assistance with all activities of daily living and could not manage his own laundry	S5105		

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S5105	Continued From page 5 and housekeeping. Review of the resident's negotiated service agreement dated 8-23-21 failed to identify the resident would be provided services for completion of his laundry and cleaning of his room by facility staff. On 9-23-21 at 12:55 PM operator A confirmed that the resident's negotiated service agreements did not include services related to housekeeping and laundry services. On 9-27-21 at 4:25 PM Operator A reported all residents in the facility had the same template for a negotiated service agreement. The operator failed to ensure each residents negotiated service agreement was based on the residents functional capacity screen and included a description of the services the resident would receive and identification of the provider of each service.	S5105		
S5116 SS=D	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	S5116		

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S5116	Continued From page 6 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 7 residents. The sample included 3 resident's and one closed record. Based on interview and record review the operator failed to ensure designated staff reviewed/ revised 1(#922) of 3 sampled residents negotiated service agreement following any significant change in condition, as defined in KAR 26-39-100. Findings included: - Review of resident #922's medical record revealed the resident moved into the facility on 7-1-21 with a diagnosis of syncope and history of stroke. Review of the resident's functional capacity screen dated 6-29-21 revealed the resident required physical assistance with bathing, toileting, dressing, transfers and walking/mobility. Review of the residents negotiated service agreement dated 6-30-21 identified the resident had a risk for falls due to left sided weakness, and unsteady gait. It also revealed staff needed to use a gait belt with transfers, had to help get his legs into the bed, but failed to identify the resident used a bed cane as an assistive device on his bed. Review of the resident's medical record included physical therapy notes from 7-28-21 to 9-7-21.	S5116		

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S5116	Continued From page 7 The service notes (nurses notes) included an entry that therapy went to the resident's home for a home evaluation. The negotiated agreement failed to include revisions as to the start and stop of physical therapy and failed to be revised when the resident started using an assistive device attached to the resident's bed. On 9-23-21 operator A confirmed that the resident's negotiated service agreement had not been revised when the resident started on physical therapy or when it was discontinued. The operator failed to ensure designated staff reviewed/revised resident #922's negotiated service agreement when he started and stopped physical therapy services.	S5116		
S5155 SS=D	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (a) The facility reported a census of 7 residents. The	S5155		

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S5155	Continued From page 8 sample included 3 residents and 1 closed record review. Based on observations, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of 1 (#922) of 3 sampled residents related to the use of an assistive device attached to the resident's bed. Findings included: - Review of resident #922's medical record revealed the resident moved into the facility on 7-1-21 with a diagnosis of syncope and history of stroke. Review of the resident's functional capacity screen dated 6-29-21 revealed the resident required physical assistance with transfers and walking/mobility. Review of the residents negotiated service agreement/health care service plan identified the resident had a risk for falls due to left sided weakness, and unsteady gait. It also revealed staff needed to use a gait belt with transfers, had to help get his legs into the bed, but failed to identify the resident used a bed cane as an assistive device on his bed. Observation on 9-22-21 at 2:05 PM the resident had an upside down U shaped hand cane attached to his bed. The hand cane fit the bed tightly and there was not a gap between the hand cane and the mattress, however the gap between the bars of the hand cane was greater than 4 3/4 inches. Review of the residents medical record on	S5155		

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S5155	Continued From page 9 9-27-21 lacked evidence the facility had conducted an assessment for the safety and resident use of the assistive device. On 9-27-21 at 2:21 PM operator A reported the resident had used the hand cane at home and therapy had him bring it in. Staff A stated if an assessment was done it was done by therapy staff. Review of the resident's therapy notes lacked evidence of doing an assessment for safety or resident use of the bed assistive device. The operator failed to ensure a licensed nurse provided or coordinated services associated with the use of an assistive device attached to a bed including assessing the resident's ability to use an assistive device correctly and assess the device for safety (gaps/restraint).	S5155			
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a	S5215			

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S5215	Continued From page 10 secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (d)(3) The facility reported a census of 7 residents. Based on record review and interview for all residents in the facility, the operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan with residents. Findings included: - On 9-22-21 at 3:45 PM operator A provided information to review for disaster preparedness. Review of the information provided by the operator for reviewing the emergency management plan with residents included a packet on fire and evacuation. It did not include all 8 required possible disasters for review. At 3:55 PM operator A reported that she reviewed the emergency management plan with the resident's and their legal representative upon admission and then does it with each resident's legal representative based on the resident's move in date. She stated she did not do reviews of the emergency management plan with the resident's. The operator failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan with residents.	S5215		

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S5313	Continued From page 11	S5313		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of 7 residents. Based on observation and interviews for all residents regarding over the counter medications, the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on the package or if the package contained a container, bottle, or tube that could be removed from the original package a licensed pharmacist or licensed nurse placed the full name of the resident on both the original manufacturer's medication package and the medication container. Findings included: - Observation of the medication cart on 9-22-21 at 3:21 PM with licensed nurse B revealed the	S5313		

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S5313	Continued From page 12 following medications that were labeled house supply: Peg 3350, Tylenol 500 mg, aspirin 81 mg, maximum stomach relief, acetaminophen 325 mg, bisacodyl 10 mg suppository, 6 boxes of lidocaine patches, and ibuprofen 200 mg. At 3:23 PM licensed nurse B stated staff used the medications when a resident was ordered the medication and did not have their own supply. Staff would call the resident's family and have them bring it in later. Nurse B confirmed multiple residents may have taken medications out of the "house supply". The operator failed to ensure all over-the-counter medications were labeled with the resident's full name.	S5313		
S5335 SS=F	28-39-437 Construction (a) Each home-plus 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. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a) The facility reported a census of 7 residents. Based on observation and interview the administrator failed to ensure staff secured all chemicals to maintain the safety of all residents,	S5335		

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S5335	Continued From page 13 personnel, and the public Findings included: - Review of the resident roster indicated all 7 residents had impaired cognition. Observation on 9-22-21 during initial tour the following chemicals with a warning label on them to keep out of reach of children were observed accessible to cognitively impaired residents: At 2:03 PM in an unlocked restroom in an unlocked cabinet was a spray can of disinfectant cleaner - 2 containers of Prospray disinfectant wipes, a spray bottle of glass cleaner - on the shelf is 2 packages of Disinfecting wipes 75% alcohol - all have warning labels to keep out of reach of children. At 2:12 PM - In an unlocked closet labeled "Linens" surveyor observed 9 cans of hand sanitizer (Cheese whiz style) - and 9 containers of the Prospray disinfectant wipes. At 2:24 PM another unlocked restroom had 2 packages of the magic care disinfecting wipes and 2 packages of the 75% alcohol wipes and 1 container of Prospray disinfectant wipes - all with warning labels. An Interview at 3:40 PM operator A confirmed the chemicals including the disinfectant wipes needed to be stored in a locked cabinet/closet. Review of the hazardous material policy provided on 9-28-21 failed to include storing of hazardous materials that could cause harm by inhalation, ingestion, skin absorption, or contact in a safe manner to keep residents, and the public safe.	S5335		

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S5335	Continued From page 14 The administrator failed to ensure staff kept chemicals locked for resident safety.	S5335		