

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/14/2021
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF OLATHE SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 751 N SOMERSET TERRACE OLATHE, KS 66062		
(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 163716, 152327, and 148247 for the above named facility conducted on 7/8/2021, 7/12/2021, 7/13/2021 and 7/14/2021.	S 000		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, 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 26-41-202 (a) (1) (2) The facility reported a census of 32 residents. The sample included 3 residents. Based on interview and record review the operator failed to ensure the negotiated service agreement provided a description of services to be provided for resident #117 from an outside provider for	S3085		

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

TITLE

(X6) DATE

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S3085	Continued From page 1 bathing needs. Findings included: - Record review for resident #117 revealed an admission date of 5/9/2018 with diagnoses of Major depressive disorder, hypertension, Vitamin D deficiency, unspecified dementia, chronic kidney disease, history of falls and weakness. The bi annual functional capacity screening (FCS) dated 2/4/2021 identified the resident with impaired cognition with short- and long-term memory, memory recall and decision making, and required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. She lacked the ability to manage own medications, used a mechanical Hoyer lift for transfers and used a Broda chair assistive device. The bi annual negotiated service agreement (NSA)/health service plan (HSP) dated 2/14/2021 included the following services and instructions provided by the facility: ensure resident skin is kept clean and dry, check resident every 2 hours for incontinence, coordinate care with the hospice staff to ensure all needs are being met..... 2 times week hospice home health aide....resident will need staff assistance to evacuate safely, resident can no longer feed self, staff to assist with feeding, resident prefers showers 2 times a week, resident uses a mechanical lift for all transfers, resident uses a Broda chair for ambulation, one person assistance to and from meals. Review of the hospice care notes revealed the hospice home health aide provided bathing on the following dates; 6/8/2021 6/10/2021	S3085		

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S3085	Continued From page 2 6/17/2021 6/21/2021 6/24/2021 6/30/2021 7/9/2021 Interview on 7/8/2021 at 1:55 p.m. with operator A and licensed nurse B confirmed the resident was to be bathed 2 times a week by the hospice home health aide. Operator A and licensed nurse B confirmed the negotiated service agreement section for hospice did not define the services the hospice home health aide would perform for the resident. The operator failed to ensure the negotiated service agreement provided a description of services to be provided for resident #117 from the outside provider for bathing needs.	S3085		
S3177 SS=D	26-41-205 (a) (2) Self Administration Assessment Content (2) Each assessment shall include an evaluation of the resident 's physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently or by using a prefilled medication container or prefilled syringe. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (a) (2) The facility reported a census of 32 residents.	S3177		

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S3177	Continued From page 3 The sample included 3 residents. Based on interview and record review the operator failed to ensure the licensed nurse perform an evaluation of resident # 223, for physical, cognitive, and functional ability to safely, accurately, and independently self-administer insulin using an insulin pen. Findings included: Review of the resident roster provided by licensed nurse B upon facility entrance identified resident #223 as an insulin injection. Record review for resident #223 revealed an admission date of 7/11/2019 with diagnoses of Rheumatoid arthritis, non-ST elevation myocardial infarction, muscle weakness and type 2 diabetes. The bi annual functional capacity screening (FCS) dated 6/24/2021 identified the resident with impaired cognition related to decision making, and required supervision assistance with bathing, dressing, and toileting. she lacked the ability to manage own medications and required a caregiver prepare medication and assist the resident to take medications. She had a fall risk and used a walker assistive device. The combined annual negotiated service agreement (NSA)/health service plan dated 9/16/2020 included the following services and instructions provided by the facility: staff are to check resident blood sugars and "give insulin per doctor's orders". Review of the facility assisted living admission/annual/bi annual/significant change assessment-V7 for "self-mediation (includes	S3177		

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S3177	Continued From page 4 insulin)" revealed the resident does not self-medicate. Review of the medication administration record for 7/2021 revealed the following order: HumuLIN N KwikPen suspension 100 unit per milliliter, inject 30 unit subcutaneously tow times a day for type 2 diabetes mellitus with hyperglycemia, supervised self-administration start date 6/30/20. Review of the facility competency check list for flex pen and flex touch insulin pens revealed the following statement: "a CMA (certified medication aide) may not inject a dose of insulin" The operator failed to ensure the licensed nurse perform an evaluation of resident # 223, for physical, cognitive, and functional ability to safely, accurately, and independently self-administer insulin using an insulin pen.	S3177		