

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

PRINTED: 05/11/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/29/2021
NAME OF PROVIDER OR SUPPLIER EVERGREEN COMMUNITY OF JOHNSON COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 11875 S SUNSET DRIVE, SUITE 100 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 investigation of KS00161932. The 2567 was sent to the facility on 5/10/21. A revised 2567 was sent to the facility on 5/11/21	F 000			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: The facility identified a census of 81 residents, with 22 identified in the sample. Based on observations, interviews, and record reviews the facility failed to accurately reflect the status of three residents in "Section O (special treatment, procedures and programs)" of their Minimum Data Set (MDS) assessments during the look back period of the Assessment Reference Date (ARD). This placed residents at risk for inappropriate care planning and care needs. Findings included: - A review of "Comprehensive MDS Assessment" with an ARD 8/25/20, revealed "Section O" question O0100J2 R17 received dialysis while a resident. Review of the Electronic Medical Record (EMR) lacked documentation to support coding O0100J2 as yes, received dialysis. A review of "Quarterly MDS Assessment" with an ARD of 11/25/20, revealed "Section O" question O0100J2 s received dialysis while a resident.	F 641			

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

TITLE

(X6) DATE

05/10/2021

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 641	Continued From page 1 Review of the EMR lacked documentation to support coding O0100J2 as yes, received dialysis. A review of "Quarterly MDS Assessment" with an ARD of 01/28/21, revealed "Section O" question O0100J2 R17 received dialysis. Review of the EMR lacked documentation to support coding O0100J2 as yes, received dialysis. A review of "Quarterly MDS Assessment" an ARD of 4/20/21, revealed "Section O" question O0100H2 R14 received Intravenous (IV-given through the veins) medication. Review of the EMR lacked documentation to support coding O0100H2 as yes, received IV medication. A review of "Comprehensive MDS Assessment" ARD of 04/19/21, revealed "Section O" question O0100K2 was coded no, R75 did not receive hospice services. Documentation in EMR revealed R75 was admitted to hospice services on 04/09/21. Interview on 4/29/21 at 1:51 PM with Administrative Nurse E revealed that the coding of R75 on the MDS assessment with an ARD of 04/19/21 question O0100K2 should have been coded yes, receiving hospice services. Administrative Nurse E stated that the coding of R14 on quarterly MDS Assessment with an ARD of 04/20/21 question O0100H2 should have been coded no, not on IV medication. Administrative Nurse E stated that the coding of R17 on the MDS Assessment with an ARD of 08/25/20, quarterly MDS Assessment with an ARD of 11/25/20 and quarterly MDS Assessment with an ARD of 01/28/21, question O0100J2 should have been coded no, not receiving dialysis.	F 641			

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F 641	Continued From page 2 The facility's "Coordination and Completion of Resident Assessment Instrument (RAI) Process by Interdisciplinary Team Plan of Care" updated on 09/11/19, section O is to be completed by the MDS Coordinator and is responsible for negotiating with the team to ensure the accuracy of the information contained on the MDS assessment. The facility failed to accurately reflect the status of R17's, R14's, and R75's assessments during the look back periods. This placed residents at risk for inappropriate care planning and care needs.	F 641			
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:	F 688			

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F 688	Continued From page 3 The facility identified a census of 81 residents. The sample included 22 residents; three residents were sampled for positioning and limited range of motion (ROM) of extremities. Based on observations, record reviews, and interviews, the facility failed to ensure restorative care (care provided to maintain a person's highest level of physical, mental, and psychosocial function in order to prevent declines that impact quality of life) was performed for Resident (R) 13, R42, and R67. Findings included: - The "Diagnoses" tab of R13's electronic medical record (EMR) documented diagnoses of generalized muscle weakness, hemiplegia (paralysis of one side of the body) affecting left nondominant side, and difficulty in walking. The "Admission Minimum Data Set" (MDS) dated 02/1/21 documented R13 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. R13 required extensive physical assistance with two staff with bed mobility, transfers, walking, dressing, and toileting; extensive physical assistance with one staff with personal hygiene. The "Quarterly MDS" dated 04/21/21 documented R13 had a BIMS score of 14 which indicated intact cognition. R13 required extensive physical assistance with two staff with bed mobility, walking, dressing, toileting, and personal hygiene; total physical dependence with two staff for transfers. The "Activities of Daily Living (ADL) Functional/Rehabilitation (Rehab) Potential Care	F 688			

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F 688	Continued From page 4 Area Assessment (CAA)" dated 02/01/21 documented R13 needed help with his ADLs. The "Care Plan" dated 02/04/21 documented R13 needed help with his ADLs and an intervention dated 03/03/21 directed R13 had a restorative program. The "Task" tab of R13's EMR documented two "Nursing Rehab" tasks with a start date of 03/03/21 for Active ROM (AROM- resident performs exercise unassisted): Arms and Legs AROM daily for 15 minutes for day and evening shift and Transfers: sit-to-stand trainer with no weighted assistance to help stand daily for 15 minutes for day and evening shift. Review of the "Documentation Survey Report" revealed missing documentation for "Nursing Rehab- AROM" for 16 out of 58 possible shifts for March 2021 and 32 out of 54 possible shifts for April 2021, missing documentation for "Nursing Rehab- Transfers" for nine out of 58 possible shifts for March 2021 and 12 out of 54 possible shifts for April 2021. In an observation on 04/28/21 at 01:36 PM, R13 laid in bed with his eyes open, he listened to music on his tablet. He appeared comfortable and without signs of distress. In an interview on 04/26/21 at 10:36 AM, R13 stated he had limited ROM in his left arm and left leg and that he had not been receiving restorative care like he should have been. In an interview on 04/29/21 at 12:58 PM, Certified Nurse Aide (CNA) P stated there were two restorative aides but the certified nurse aides	F 688			

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F 688	Continued From page 5 performed some restorative care too. In an interview on 04/29/21 at 01:28 PM, CNA Q stated there were two restorative aides and there was a list of people in the restorative book with who received restorative care and what restorative care they received. She stated they charted in the restorative book weekly but did not document after each restorative encounter. In an interview on 04/29/21 at 01:51 PM, Administrative Nurse E stated restorative program was updated as needed and was printed and reviewed monthly. She stated the restorative tasks were put into the Task tab in EMR for the aides to document on. In an interview on 04/29/21 at 02:18 PM, Administrative Nurse D stated she could not answer how the restorative program was completed as she was not in charge of it. The facility's "Restorative Nursing Program" policy, last updated 09/11/18, directed the facility believed each resident was provided the opportunity to regain skills and abilities lost due to illness and disability and directed that each resident received restorative services which included assistance with ADLs. The facility failed to provide restorative care for R13 which had the risk for a decline in functional mobility and ability to perform ADLs. - The "Diagnoses" tab of R42's electronic medical record (EMR) documented diagnoses of Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), essential tremors (neurological	F 688			

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F 688	Continued From page 6 disorder that causes rhythmic shaking mostly occurs in hands when doing tasks), and spasmodic torticollis (a condition causing asymmetrical head or neck position due to problem in the neck muscles). The "Annual Minimum Data Set" (MDS) dated 11/17/20 documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. She required limited assistance with bed mobility, transfers, and dressing, extensive assistance with toileting, supervision with personal hygiene, and was independent with eating. She required assistance to stabilize with transfers. She had no functional limitation in range of motion with her arms or legs. She received physical therapy two days and restorative services three days in the look back period. The "Quarterly MDS" dated 03/02/21 documented a BIMS score of 15. She was independent with bed mobility, transfers, personal hygiene, toileting, eating, and dressing and required supervision when she walked in her room. She was able to stabilize without assistance with transfers. She had no functional limitation in range of motion with her arms or legs. She received "Occupation and Physical Therapy" three days and restorative services seven days in the look back period. The "ADL Functional/Rehabilitation Potential Care Area Assessment" dated 11/19/20 documented R42 required assistance with her ADLs and was able to direct her care. The "Comprehensive Care Plan" revised 04/08/20 documented R42 was on a	F 688			

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F 688	Continued From page 7 "Restorative" program. She had opted out of having a surgical shoulder repair. The "Tasks" tab under "Nursing Rehab" reviewed from January 2021 to April 27th 2021 lacked documentation for restorative charting. Active "Range of Motion" (ROM- the full movement potential of a joint, usually its range of flexion and extension). Complete arm and leg seated exercises in her room lacked documentation for: January 2021 19 shifts out of 62 opportunities; February 2021 18 shifts out of 52 opportunities; March 2021 18 shifts out of 62 opportunities; April 2021 26 shifts out of 54 opportunities. Active ROM. Complete standing exercises at roller walker level with help from team for safety while maintaining toe touch weight bearing. Standing: left leg heel raise 1 x 10 times. Standing: right leg hip flexion 1 x 10 times. Standing: left leg squats 1 x 10 times. Standing: right leg/knee extension 1 x 10 times, lacked documentation for: January 2021 16 shifts out of 62 opportunities; February 2021 11 out of 52 opportunities; March 2021 16 shifts out of 62 opportunities; April 27th 2021 nine shifts out of 54 opportunities. ROM-R42 will do supine trunk stabilizer exercises following printed home exercise program with the restorative aide for guidance as needed lacked documentation for: January 2021 16 shifts. ROM-Exercise bike for 15 minutes daily lacked documentation for: April 2021 eight shifts out of 27 opportunities. Walk with walker to and from therapy room with supervision daily for at least 15 minutes lacked	F 688			

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F 688	Continued From page 8 documentation for: April 2021 nine shifts out of 27 opportunities. Observation on 04/29/21 at 12:59 PM R42 sat in her recliner beside the bed, ate her lunch with out assistance. She was in good spirits, as she reported that she had walked today with the restorative aide. In an interview on 04/29/21 at 12:58 PM, Certified Nurse Aide (CNA) P stated there were two restorative aides but the certified nurse aides performed some restorative care too. In an interview on 04/29/21 at 01:28 PM, CNA Q stated there were two restorative aides and there was a list of people in the restorative book with who received restorative care and what restorative care they received. She stated they charted in the restorative book weekly but did not document after each restorative encounter. In an interview on 04/29/21 at 01:51 PM, Administrative Nurse E stated restorative program was updated as needed and was printed and reviewed monthly. She stated the restorative tasks were put into the Task tab in EMR for the aides to document on. In an interview on 04/29/21 at 02:18 PM, Administrative Nurse D stated she could not answer how the restorative program was completed as she was not in charge of it. The facility's "Restorative Nursing Program" policy, last updated 09/11/18, directed the facility believed each resident was provided the opportunity to regain skills and abilities lost due to illness and disability and directed that each resident received restorative services which	F 688			

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F 688	Continued From page 9 included assistance with ADLs. The facility failed to provide restorative care for R42 which placed her at risk for a decline in functional mobility and ability to perform ADLs. - R67's electronic medical record (EMR) documented diagnoses of Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), encephalopathy (damage or disease that affects the brain), vitamin D deficiency (a deficiency of vitamin D in the blood) and urinary tract infection (an infection in any part of your urinary system). The "Significant Change Comprehensive Minimum Data Set (MDS)" dated 10/20/20 indicated a Brief Interview of Mental Status (BIMS) score of 99 which indicated unable to answer. Staff assessment of R67's cognition on the MDS indicated cognitive impairment. The MDS indicated R67 required extensive assistance of one to two staff members with bed mobility, transfers, dressing, toileting, personal hygiene and bathing. The MDS indicated that R67 required total assistance of locomotion in room and hall of one staff member. The MDS indicated the resident required limited assistance of one staff member with eating. The MDS indicated R67 was not steady and required staff assistance with sitting to standing, to and from the toilet and surface to surface transfers. The MDS indicated no falls since previous MDS assessment. The MDS indicated two deep tissue skin injuries. The MDS indicated R67 was incontinent of bladder and bowel. The "Quarterly MDS" dated 03/29/21 indicated a BIMS of 00 which indicated severe cognitive impairment. The MDS indicated the R67 required	F 688			

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F 688	Continued From page 10 extensive assistance of one to two staff members with bed mobility, transfers, dressing, toileting, personal hygiene and bathing. The MDS indicated R67 required total assistance with locomotion in room and hall of one staff member. The MDS indicated R67 required supervision of one staff member with eating. The MDS indicated R67 was not steady and required staff assistance with sitting to standing, to and from the toilet and surface to surface transfers. The MDS indicated no falls since previous MDS assessment. The MDS indicated no skin issues identified. The MDS indicated R67 was incontinent of bowel and bladder. R67's "Activity of Daily Living (ADL) Care Area Assessment (CAA)" was not triggered on the most recent comprehensive ADL assessment. R67's "Fall CAA" completed on 10/20/20 indicated R67 required two staff members for transfers but was able to stabilize with staff assistance. The CAA indicated that she had significant decline which put her at risk for falls. R67's "Care Plan" initiated on 02/13/19 indicated R67 needed to be repositioned every two hours and as needed. The "Care Plan" documented R67 relied on staff members to do her personal hygiene and dressing. It indicated R67 had a low air loss mattress and required her heels to be floated while in bed. The "Care Plan" indicated R67 was on a restorative program. It further indicated she required two staff members for transfers and while toileting. The "Nursing Rehab" program for active range of	F 688			

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F 688	Continued From page 11 motion (AROM), reviewed from January 2021 through April 2021 revealed lack of documentation ten days in January and one day in March. The "Nursing Rehab" program for dressing/grooming, reviewed from January 2021 through April 2021 revealed lack of documentation five days in January; one day in February; three days in March and one day in April. The "Nursing Rehab" program for walk to dine, reviewed from January 2021 through April 2021 revealed lack of documentation three days in January; two days in March and one day in April. In an interview on 04/29/21 at 12:58 PM, Certified Nurse Aide (CNA) P stated there were two restorative aides but the certified nurse aides performed some restorative care too. In an interview on 04/29/21 at 01:28 PM, CNA Q stated there were two restorative aides and there was a list of people in the restorative book with who received restorative care and what restorative care they received. She stated they charted in the restorative book weekly but did not document after each restorative encounter. In an interview on 04/29/21 at 01:51 PM, Administrative Nurse E stated restorative program was updated as needed and was printed and reviewed monthly. She stated the restorative tasks were put into the Task tab in EMR for the aides to document on. In an interview on 04/29/21 at 02:18 PM, Administrative Nurse D stated she could not	F 688			

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F 688	Continued From page 12 answer how the restorative program was completed as she was not in charge of it. The facility's "Restorative Nursing Program" policy, last updated 09/11/18, directed the facility believed each resident was provided the opportunity to regain skills and abilities lost due to illness and disability and directed that each resident received restorative services which included assistance with ADLs. The facility failed to provide restorative care for R67 which placed her at risk for a decline in functional mobility and ability to perform ADLs.	F 688			
F 695 SS=D	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 identified a census of 81 residents. The sample included 22 residents with two residents sampled for respiratory services. Based on observations, record reviews, and interviews, the facility failed to provide necessary respiratory care and services for Resident (R) 26. Findings included: - The "Diagnoses" tab of R26's electronic	F 695			

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F 695	Continued From page 13 medical record (EMR) documented diagnoses of chronic obstructive pulmonary disease (COPD - progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), sleep apnea (disorder of sleep characterized by periods without respirations), and heart failure (a condition with low heart output and the body becomes congested with fluid). The "Annual Minimum Data Set" (MDS) dated 09/03/20, documented R26 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition and he had received oxygen while a resident. The "Quarterly MDS" dated 02/10/21, documented R26 had a BIMS score of 13 which indicated intact cognition and he had received oxygen while a resident. The "Activities of Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment (CAA)" dated 09/03/20 documented R26 was alert and oriented and able to direct his own care. The "Care Plan" dated 04/14/16 documented R26 had a history of falls with an intervention dated 11/13/19 that directed R26 had as needed (PRN) oxygen that could be titrated up to five liters to keep his oxygen saturation (measure of how much oxygen the blood carried as a percentage of the maximum it could carry) greater than 90%. The "Orders" tab of R26's EMR revealed an order with a start date of 03/23/21, end date of 04/07/21 to change oxygen nasal cannula (device used to deliver supplemental oxygen or increased airflow	F 695			

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F 695	Continued From page 14 to a person in need of respiratory help) and tubing and clear plastic bag every two weeks on night shift for oxygen use; an order with a start date of 04/07/21 to change oxygen nasal cannula and tubing and clear plastic bag every two weeks on night shift for oxygen use; an order with a start date of 03/09/21, end date of 04/07/21 to change humidifier bottle monthly and to label, date, and initial the bottle; and an order with a start date of 04/20/21 to change humidifier bottle monthly and to label, date, and initial the bottle. The "Treatment Administration Record" (TAR) documented oxygen nasal cannula and tubing and plastic bag were changed on 04/07/21 and 04/21/21. The TAR did not document the humidifier bottle was changed in March or April 2021. An observation on 04/26/21 at 08:00 AM revealed R26's oxygen nasal cannula tubing dated 03/31/21 and humidifier bottle dated 03/09/21. An observation on 04/27/21 at 09:05 AM revealed R26 laid in bed with his eyes open, appeared comfortable without signs of distress. Oxygen nasal cannula tubing dated 03/31/21 and humidifier bottle dated 03/09/21. An observation on 04/28/21 at 01:43 PM revealed R26's oxygen nasal cannula tubing dated 03/31/21 and humidifier bottle dated 03/09/21. In an interview on 04/29/21 at 12:58 PM, Certified Nurse Aide (CNA) P stated the nurses changed the oxygen tubing but was unsure when it was changed. In an interview on 04/29/21 at 02:01 PM,	F 695			

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F 695	Continued From page 15 Licensed Nurse (LN) I stated the night shift nurse changed oxygen tubing every Sunday night along with the concentrator bottles and both were dated when changed. In an interview on 04/29/21 at 02:18 PM, Administrative Nurse D stated the night nurses changed the oxygen tubing when the order stated it was scheduled to be changed and stated the oxygen tubing was dated when it was changed. The facility failed to provide a policy on oxygen therapy. The facility failed to change oxygen tubing and humidifier bottle as ordered for R26. This deficient practice placed R26 at risk for infection and unwarranted physical complications.	F 695			
F 756 SS=E	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a	F 756			

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F 756	Continued From page 16 separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: The facility identified a census of 81. The sample included 22 residents; five residents were sampled for unnecessary medication review. Based on observations, record reviews, and interviews, the facility failed to ensure the Consultant Pharmacist (CP) identified and reported the facility's lack of notification to provider for blood pressure outside parameters as ordered for Resident (R) 70, the facility's lack of consistent behavior monitoring for R70, R12, and R45, the facility's failure to administer as needed (PRN) medications as ordered for constipation for residents who had not had a bowel movement for more than three days for R12 and R45, and the facility's administration of insulin given outside of ordered parameters for R14.	F 756			

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F 756	Continued From page 17 Findings included: - The "Diagnoses" tab of R70's electronic medical record (EMR) documented diagnoses of hypertension (high blood pressure) major depressive disorder (major mood disorder), and dementia (progressive mental disorder characterized by failing memory, confusion) with behavioral disturbances. The "Admission Minimum Data Set" (MDS) dated 01/19/21 documented a Brief Interview for Mental Status (BIMS) was not conducted for R70 due to her being unable to complete the interview. R70 had delusions during the assessment period. R70 received antipsychotic (class of medications used to treat psychosis and other mental emotional conditions) medications and antidepressant (class of medications used to treat mood disorders and relieve symptoms of depression) medications seven days in the seven-day look back period of the assessment. The "Quarterly MDS" dated 03/31/21 documented R70 had a BIMS score of two which indicated severe cognitive impairment and she had delusions during the assessment period. R70 received antipsychotic and antidepressant medications seven days in the seven-day look back period of the assessment. The "Cognitive Loss/Dementia Care Area Assessment" (CAA) dated 01/19/21 documented R70 had dementia with behavioral disturbances and was confused and forgetful. R70 was able to make her needs known at times but staff anticipated her needs much of the time.	F 756			

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F 756	Continued From page 18 The "Psychotropic Drug Use CAA" dated 01/19/21 documented R70 took a daily antipsychotic and antidepressant medication. The "Care Plan" dated 01/12/21 documented R70 was on a medication regimen with potential reactions and adverse side effects and directed staff to monitor for worsening depression and monitor blood pressure. The "Orders" tab of R70's EMR revealed an order with a start date of 02/15/20 for Coreg (antihypertensive- medication used to treat high blood pressure) 12.5 milligrams (mg) twice a day for hypertension with directions to hold medication and notify provider if systolic (the force your heart exerts on the walls of your arteries each time it beats) blood pressure was less than 110 millimeters of mercury (mmHg) or if pulse was less than 50 beats per minute, an order with a start date of 03/25/21 for Risperdal (antipsychotic) 0.5 mg twice a day for dementia with behavioral disturbances, and an order with a start date of 02/26/21 for venlafaxine hydrochloride (HCl) (antidepressant medication- used to treat depression) 100 mg twice a day for major depression. The "Task" tab of R70's EMR revealed a task for behavior monitoring every shift. Review of the "Medication Administration Record" revealed multiple dates where Coreg was held for blood pressure outside ordered parameters with no documentation in the "Notes" tab of the EMR that the provider was notified. The following were dates where Coreg was held with no documentation of provider notification in EMR from January 2021 to April 2021: 01/19/21 evening (PM), 01/26/21 morning (AM) and PM,	F 756			

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F 756	Continued From page 19 01/28/21 AM, 02/16/21 AM and PM, 02/17/21 PM, 02/18/21 AM and PM, 04/01/21 AM, 04/12/21 PM, and 04/15/21 PM. Review of the "Documentation Survey Report" revealed missing behavior monitoring 11 out of 59 possible shifts for January 2021, 15 out of 84 possible shifts for February 2021, 13 out of 93 possible shifts for March 2021, and 23 out of 81 possible shifts for April 2021. Review of the "Medication Regimen Reviews" for January 2021 to April 2021 lacked evidence the CP identified and reported the facility's failure of notification to provider when blood pressure was outside of parameters as ordered and lack of consistent behavior monitoring for January 2021 to April 2021. In an observation on 04/29/21 at 12:25 PM, R70 sat in her bed with her eyes open and head of the bed elevated while staff assisted her with eating lunch. R70 appeared comfortable with no behaviors observed. In an interview on 04/29/21 at 12:58 PM, Certified Nurse Aide (CNA) P stated behaviors were charted by the aides every shift. In an interview on 04/29/21 at 01:37 PM, Licensed Nurse (LN) I stated the nurses and aides charted on behaviors and the aides notified the nurse if there was a behavior so the nurse could document the behavior in a progress note. She stated the medication aides obtained blood pressures before they administered blood pressure medication and if there was a blood pressure outside parameters then they notified the nurse. She stated if a blood pressure was below the ordered parameters, the medication	F 756			

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F 756	Continued From page 20 aide held the medication and notified the nurse, the nurse then notified the provider of the blood pressure outside parameters and documented the notification in a progress note in EMR. In an interview on 04/29/21 at 01:57 PM, Certified Medication Aide (CMA) S stated she reviewed blood pressure parameters before she administered blood pressure medication and if there was a blood pressure outside of parameters, she notified the nurse and documented it in a progress note. In an interview on 04/29/21 at 02:18 PM, Administrative Nurse D stated she expected nursing to follow the doctor's orders. If a blood pressure was outside ordered parameters, then she expected staff to recheck the blood pressure and notify the doctor if the blood pressure was still outside ordered parameters. She stated she expected nursing staff to document in a progress note that the doctor was notified. She stated she expected the aides to chart every shift on behaviors. In an interview on 05/03/21 at 02:09 PM, CP GG stated she spot checked for notification to provider during pharmacy reviews, but she did not review every day of the medication. She stated she spot checked behavior charting and made recommendations with new medications as needed. The facility's "Managing and Monitoring Actions and Reactions" policy, last updated 01/03/17, directed the purpose of dementia care in the facility was to provide a quality of life with respect, dignity and caring in a friendly, clean, and non-abusive atmosphere and directed that	F 756			

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F 756	Continued From page 21 documentation of behaviors was recorded in the resident's medical record and in the "Tasks" tab of the EMR. The facility's "Notification of Physician or Nurse Practitioner" policy, dated 2008, directed licensed nurses were responsible for reporting to the resident's physician any time they believe the resident has a critical issue that requires physician notification and the nurse documented in the clinical record any attempts to notify the physician and the physician's response. The facility failed to ensure the CP identified and reported the facility's failure to notify the provider for blood pressure readings outside of parameters as ordered by a physician and inconsistent behavior monitoring for R70. This deficient practice had the risk for unnecessary medication use and unwarranted physical complications. - R12's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear). The "Significant Change Minimum Data Set" (MDS) dated 10/08/20 documented severely impaired cognition. The MDS documented R12 required extensive assistance of two staff members for "Activities of Daily Living" (ADL's). The MDS documented R12 received	F 756			

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F 756	Continued From page 22 antipsychotic medication (class of medications used to treat psychosis (major mental disorder characterized by a gross impairment testing) and other mental emotional conditions), and antidepressant medication (class of medications used to treat mood disorders and relieve symptoms of depression) for seven days during look back period. The "Quarterly MDS" dated 01/29/21 documented a severely impaired cognition for R12. The MDS documented R12 required extensive assistance of one staff member for ADL's. R12 received antipsychotic medication and antidepressant medication for seven days during the look back period. R12's "Psychotropic Drug Use Care Area Assessment" (CAA) dated 10/19/20 documented R12 received antipsychotic and antidepressant medications daily which put R12 at risk of negative side effects of the medication. R12's "Care Plan" dated 11/14/17 documented R12 received antipsychotic medication for hallucinations and directed staff monitored for side effects The "Physician's Order" tab listed orders for: Depakote (anticonvulsant medication used to prevent or reduce the severity of epileptic fits or other convulsions) delayed release 250 milligram (mg), give half tablet daily for psychotic disorder dated 10/23/20. Depakote delayed release 250 mg give one tablet daily for psychotic disorder dated 10/22/20.	F 756			

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F 756	Continued From page 23 Remeron (antidepressant) 15 mg at bedtime for anxiety dated 02/11/202. Risperdal (antipsychotic medication) 0.5 mg give two tablets daily for psychotic disorder with hallucinations dated 09/03/20. Senna plus (medication used to stimulate or facility evacuation of the bowels) 8.6-50 mg give two tablets two times a day for constipation dated 2/23/21. Review of the "Tasks" tab under "Bowel Elimination" reviewed from January 2021 to April 26th 2021 revealed no bowel movements documented between 01/04/21 to 01/08/21 (four days); 01/20/21 to 01/24/21 (four days); 02/08/21 to 02/15/21(eight days); 02/18/21 to 02/22/21 (four days); 02/24/21 to 02/27/21 (four days); 03/31/21 to 04/05/21 (six days); 04/08/21 to 04/12/21 (five days). Review of the "Tasks" under "Behavior Monitoring" reviewed from January 2021 to April 27th 2021 revealed lack of documentation for behavior monitoring. January 2021 lacked four out of 93 opportunities; February 2021 lacked four out of 84 opportunities; March 2021 lacked 11 out of 84 opportunities; April 2021 lacked 20 out of 81 opportunities. The "Monthly Medication Review" (MMR) reviewed for June 2020 through April 2021 did not address the lack of documentation for behavior and bowel monitoring. Observation on 04/28/21 at 08:54 AM R12 propelled her wheelchair down the hallway, no behavior noted.	F 756			

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F 756	Continued From page 24 On 04/29/21 at 01:25 PM during an interview with Certified Nurses Aide (CNA) M stated that the direct care staff chart the behaviors and bowel movements in the EMR every shift and every day. CNA M stated that if the behavior charting lacked documentation, then it had not been completed. On 04/29/21 at 01:45 PM during an interview with Licensed Nurse (LN) G stated that the nurses chart resident's behavior in the progress note. LN G stated that night shift monitored the EMR charting for resident's bowel movements and notified the next shift of the list of residents that had not had a bowel movement for three days. On 04/29/21 at 02:18 PM during an interview with Administrative Nurse D stated that the nurses monitor for behaviors and chart in the progress notes. Administrative Nurse D stated that if the behavior charting lacked documentation that meant it had not been done. Administrative Nurse D stated the nurses would complete a bowel assessment and notify the physician for any resident that had not had a bowel movement in three days. Administrative Nurse D stated that assessment would then be charted in the progress note. On 05/03/21 at 02:09 PM during an interview with CP GG stated that she reviews every resident's MAR monthly, spot checks behavior monitoring and did not review bowel monitoring because most facilities have EMR, which have systems in place with alerts that come up at the three day mark, so it would be redundant. The facility unable to provide a policy related consultant pharmacist review.	F 756			

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F 756	Continued From page 25 The facility failed to ensure the CP recognized and reported missing documentation of behavior monitoring and bowel movement monitoring for R12. This deficient practice placed R12 at risk for adverse consequences related to unnecessary medication and potential delay in identifying and treating constipation. - The "Diagnoses" tab of R45's electronic medical record (EMR) documented diagnoses of psychosis (any major mental disorder characterized by a gross impairment in reality-testing), depression abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and dementia (progressive mental disorder characterized by failing memory, confusion). The "Significant Change Minimum Data Set" dated 03/04/21 documented R45 had short and long-term memory deficits. She had delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue). R45 displayed physical and verbal behaviors directed to others and rejected cares one to three days in the look back period. The "Behavioral Symptoms Care Area Assessment" dated 03/11/21 documented R45 had dementia with behavioral disturbances. She wandered frequently and, at times, rejected cares. The "Care Plan" dated 05/22/17 documented staff will monitor for adverse side effects. The "Physician's Order" tab listed orders for:	F 756			

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F 756	Continued From page 26 Seroquel (medication used to treat psychosis) 100 milligrams (mgs.) at bedtime dated 04/23/21. Seroquel 50 mgs. one time daily dated 04/22/21. Senna-Docusate Sodium (medication used to treat constipation) 8.6 mgs.- 50mgs. daily for constipation dated 01/12/21. Milk of Magnesia (medication used to treat constipation) 30 milliliters every 24 hours as needed for constipation dated 01/15/21. Divalproex (anticonvulsant medication used to prevent or reduce the severity of epileptic fits or other convulsions) 250 mgs. twice daily for dementia with behaviors disturbances dated 04/16/21. Review of the "Tasks" tab under "Bowel Elimination" reviewed from February 2021 to April 2021 revealed no bowel movements documented between 02/08/21 to 02/14/21 (seven days); 02/19/21 to 02/24/21 (six days); 03/11/21 to 03/14/21 (four days); 03/18/21 to 03/21/21 (four days); 03/24/21 to 03/29/21 (six days). Review of the "Tasks" under "Behavior Monitoring" reviewed from January 2021 to April 26th 2021 revealed lack of documentation for behavior monitoring. January 2021 lacked eight out of 93 opportunities; February 2021 lacked four out of 84 opportunities; March 2021 lacked 14 out of 84 opportunities; April 2021 lacked 20 out of 78 opportunities. Review of the CP "Monthly Medication Review" from December 2020 to April 2021 revealed the	F 756			

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F 756	Continued From page 27 CP did not address the lack of behavior monitoring or the lack of Milk of Magnesia administration when R45 exceeded three days without having a bowel movement. Observation on 04/29/21 at 08:16 AM R45 sat in her wheelchair at the dining room table ate her breakfast with staff encouragement, no behaviors noted. On 04/29/21 at 01:45 PM during an interview with Licensed Nurse (LN) G stated that the nurses chart resident's behavior in the progress note. LN G stated that night shift monitored the EMR charting for resident's bowel movements and notified the next shift of the list of residents that had not had a bowel movement for three days. On 04/29/21 at 02:18 PM during an interview with Administrative Nurse D stated that the nurses monitor for behaviors and chart in the progress notes. Administrative Nurse D stated that if the behavior charting lacked documentation that meant it had not been done. Administrative Nurse D stated the nurses would complete a bowel assessment and notify the physician for any resident that had not had a bowel movement in three days. Administrative Nurse D stated that assessment would then be charted in the progress note. On 05/03/21 at 02:09 PM during an interview with CP GG stated that she reviews every resident's MAR monthly, spot checks behavior monitoring and did not review bowel monitoring because most facilities have EMR, which have systems in place with alerts that come up at the three day mark, so it would be redundant.	F 756			

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F 756	Continued From page 28 The facility unable to provide a policy related consultant pharmacist review. The facility failed to ensure the CP recognized and reported missing documentation of behavior monitoring and bowel movement monitoring for R45. This deficient practice placed R45 at risk for adverse consequences related to unnecessary medication and potential delay in identifying and treating constipation. - The "Diagnosis" tab in R14's electronic medical record (EMR) documented diagnoses of diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), congestive heart failure (a condition with low heart output and the body becomes congested with fluid), hemiplegia (paralysis of one side of the body), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear). The "Annual Minimum Data Set" (MDS) dated 09/08/20 documented a Brief Interview for Mental Status (BIMS) score of 14 which, indicated intact cognition. She required limited staff assistance with transfers, dressing, and personal hygiene. R14 required extensive assistance with toileting, bed mobility, and walking in room. She was able to stabilize without assistance with transfers. She had no functional limitations of her arms or legs and used a walker and wheelchair for mobility. She received insulin seven of the seven day look back period. The "Quarterly MDS" dated 02/03/21 documented a BIMS score of 15 which, indicated intact cognition. She required extensive staff assistance with bed mobility, transfers, dressing, toileting,	F 756			

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F 756	Continued From page 29 and personal hygiene. She required staff assistance with transfers. She had functional limitation in range of motion for one side of her arms and legs. She used a wheelchair for mobility. She received insulin seven of the seven day look back period. The "ADL Functional/Rehabilitation Potential Care Area Assessment" dated 09/02/20 documented R14 was alert, oriented and able to direct her care. She required assistance with her ADLs. The "Comprehensive Care Plan" dated 10/17/19 documented R14 goals related to her diabetes and blood sugar levels might change daily. R14's EMR documented orders for: Lantus Solostar (insulin-medication used to treat diabetes) 15 units at bedtime dated 12/09/20 Insulin Aspart solution 11 units three times a day hold if blood sugar was under 150 dated 01/19/21 and discontinued 03/02/21 Insulin Aspart solution 13 units three times a day hold if the blood sugar was under 150 dated 03/02/21 Review of the "Medication Administration Record (MAR) 01/19/21 thru 04/27/21 revealed the insulin spart was given outside of physician ordered parameters six times in February, and three times in April. Review of the CP's "Monthly Medication Review" from January 2021 through April 2021 lacked documentation regarding the insulins given outside of physician ordered parameters.	F 756			

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F 756	Continued From page 30 Observation on 04/28/21 at 07:40 AM of R14 revealed resident lying in bed with eyes closed. Dressing to left chest intact. R14 did not appear to have any signs or symptoms of pain. Interview on 04/29/21 at 12:39 PM with Licensed Nurse (LN) H, revealed that when a blood sugar value is below the parameter, she would hold the insulin and use the correct indicator on the MAR. Interview on 04/29/21 at 02:18 PM with Administrative Nurse D, revealed that her expectation for the nurses is when a blood sugar falls below the parameter on an order, they nurse should hold the insulin and call the physician. On 05/03/21 at 02:09 PM the CP stated that she reviewed every resident's MAR and only does random checks for medication parameter notifications. The facility's "Insulin Administration" Policy update 09/27/14, the type of insulin, dosage requirements, strength, and method of administration must be verified before administration, to assure that is corresponds with the order on the medication sheet and the physician's order. The facility failed to ensure the CP identified and reported when staff failed the physician orders to hold the insulin Aspart when R14's blood sugar readings were under 150. This had the potential for unwarranted side effects from unnecessary insulin administration.	F 756			
F 757 SS=E	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)	F 757			

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F 757	Continued From page 31 §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility identified a census of 81. The sample included 22 residents; five residents were sampled for unnecessary medication review. Based on observations, record reviews, and interviews, the facility failed to notify the provider for blood pressure outside parameters as ordered for Resident (R) 70, failed to administer as needed (PRN) medications as ordered for constipation for residents who had not had a bowel movement for more than three days for R12 and R45, and failed to ensure insulin was not given outside of ordered parameters for R14. Findings included:	F 757			

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F 757	Continued From page 32 - The "Diagnoses" tab of R70's electronic medical record (EMR) documented diagnoses of hypertension (high blood pressure). The "Admission Minimum Data Set" (MDS) dated 01/19/21 documented a Brief Interview for Mental Status (BIMS) was not conducted for R70 due to her being unable to complete the interview. The "Quarterly MDS" dated 03/31/21 documented R70 had a BIMS score of two which indicated severe cognitive impairment. The "Cognitive Loss/Dementia Care Area Assessment" (CAA) dated 01/19/21 documented R70 was confused and forgetful. R70 was able to make her needs known at times but staff anticipated her needs much of the time. The "Care Plan" dated 01/12/21 documented R70 was on a medication regimen with potential reactions and adverse side effects and directed staff to monitor blood pressure. The "Orders" tab of R70's EMR revealed an order with a start date of 02/15/20 for Coreg (antihypertensive- medication used to treat high blood pressure) 12.5 milligrams (mg) twice a day for hypertension with directions to hold medication and notify provider if systolic (the force your heart exerts on the walls of your arteries each time it beats) blood pressure was less than 110 millimeters of mercury (mmHg) or if pulse was less than 50 beats per minute. Review of the "Medication Administration Record" revealed multiple dates where Coreg was held for blood pressure outside ordered parameters with no documentation in the "Notes" tab of the EMR	F 757			

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F 757	Continued From page 33 that the provider was notified. The following were dates where Coreg was held with no documentation of provider notification in EMR from January 2021 to April 2021: 01/19/21 evening (PM), 01/26/21 morning (AM) and PM, 01/28/21 AM, 02/16/21 AM and PM, 02/17/21 PM, 02/18/21 AM and PM, 04/01/21 AM, 04/12/21 PM, and 04/15/21 PM. In an observation on 04/29/21 at 12:25 PM, R70 sat in her bed with her eyes open and head of the bed elevated while staff assisted her with eating lunch. R70 appeared comfortable with no behaviors observed. In an interview on 04/29/21 at 01:37 PM, Licensed Nurse (LN) I stated the medication aides obtained blood pressures before they administered blood pressure medication and if there was a blood pressure outside parameters then they notified the nurse. She stated if a blood pressure was below the ordered parameters, the medication aide held the medication and notified the nurse, the nurse then notified the provider of the blood pressure outside parameters and documented the notification in a progress note in EMR. In an interview on 04/29/21 at 01:57 PM, Certified Medication Aide (CMA) S stated she reviewed blood pressure parameters before she administered blood pressure medication and if there was a blood pressure outside of parameters, she notified the nurse and documented it in a progress note. In an interview on 04/29/21 at 02:18 PM, Administrative Nurse D stated she expected nursing to follow the doctor's orders. If a blood	F 757			

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F 757	Continued From page 34 pressure was outside ordered parameters, then she expected staff to recheck the blood pressure and notify the doctor if the blood pressure was still outside ordered parameters. She stated she expected nursing staff to document in a progress note that the doctor was notified. The facility's "Notification of Physician or Nurse Practitioner" policy, dated 2008, directed licensed nurses were responsible for reporting to the resident's physician any time they believe the resident has a critical issue that requires physician notification and the nurse documented in the clinical record any attempts to notify the physician and the physician's response. The facility failed to notify the provider when blood pressure was outside parameters as ordered by provider for R70. This deficient practice had the risk for unnecessary medication use and unwarranted physical complications. - R12's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear). The "Significant Change Minimum Data Set" (MDS) dated 10/08/20 documented severely impaired cognition. The MDS documented R12 required extensive assistance of two staff members for "Activities of Daily Living" (ADL's). The MDS documented R12 received antipsychotic medication (class of medications	F 757			

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F 757	Continued From page 35 used to treat psychosis (major mental disorder characterized by a gross impairment testing) and other mental emotional conditions), and antidepressant medication (class of medications used to treat mood disorders and relieve symptoms of depression) for seven days during look back period. The "Quarterly MDS" dated 01/29/21 documented a severely impaired cognition for R12. The MDS documented R12 required extensive assistance of one staff member for ADL's. R12 received antipsychotic medication and antidepressant medication for seven days during the look back period. R12's "Psychotropic Drug Use Care Area Assessment" (CAA) dated 10/19/20 documented R12 received antipsychotic and antidepressant medications daily which put R12 at risk of negative side effects of the medication. R12's "Care Plan" dated 11/14/17 documented R12 received antipsychotic medication for hallucinations and directed staff monitored for side effects The "Physician's Order" tab listed orders for: Senna plus (medication used to stimulate or facility evacuation of the bowels) 8.6-50mg give two tablets two times a day for constipation dated 2/23/21. Review of the "Tasks" tab under "Bowel Elimination" reviewed from January 2021 to April 26th 2021 revealed no bowel movements documented between 01/04/21 to 01/08/21 (four days); 01/20/21 to 01/24/21 (four days); 02/08/21	F 757			

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F 757	Continued From page 36 to 02/15/21(eight days); 02/18/21 to 02/22/21 (four days); 02/24/21 to 02/27/21 (four days); 03/31/21 to 04/05/21 (six days); 04/08/21 to 04/12/21 (five days). Observation on 04/28/21 at 08:54 AM R12 propelled her wheelchair down the hallway, no behavior noted. On 04/29/21 at 01:25 PM during an interview with Certified Nurses Aide (CNA) M stated that the direct care staff chart the bowel movements in the EMR every shift and every day. On 04/29/21 at 01:45 PM during an interview with Licensed Nurse (LN) G stated that the night shift monitored the EMR charting for resident's bowel movements and notified the next shift of the list of residents that had not had a bowel movement for three days. On 04/29/21 at 02:18 PM during an interview with Administrative Nurse D stated that the nurses would complete a bowel assessment and notify the physician for any resident that had not had a bowel movement in three days. Administrative Nurse D stated that assessment would then be charted in the progress note. The facility failed to provide a policy upon request related to medication monitoring. The facility failed to ensure constant bowel monitoring was done for R12 which put her at risk for adverse consequences related to unnecessary medication and potential delay in identifying and treating constipation. - The "Diagnoses" tab of R45's electronic medical	F 757			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/29/2021
NAME OF PROVIDER OR SUPPLIER EVERGREEN COMMUNITY OF JOHNSON COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 11875 S SUNSET DRIVE, SUITE 100 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 757	Continued From page 37 record (EMR) documented diagnoses of psychosis (any major mental disorder characterized by a gross impairment in reality-testing), depression abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and dementia (progressive mental disorder characterized by failing memory, confusion). The "Significant Change Minimum Data Set" dated 03/04/21 documented R45 had short and long-term memory deficits. She had delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue). R45 displayed physical and verbal behaviors directed to others and rejected cares one to three days in the look back period. The "Behavioral Symptoms Care Area Assessment" dated 03/11/21 documented R45 had dementia with behavioral disturbances. She wandered frequently and, at times, rejected cares. The "Care Plan" dated 05/22/17 documented staff will monitor for adverse side effects. The "Physician's Order" tab listed orders for: Senna-Docusate Sodium (medication used to treat constipation) 8.6 mgs.- 50mgs. daily for constipation dated 01/12/21. Milk of Magnesia (medication used to treat constipation) 30 milliliters every 24 hours as needed for constipation dated 01/15/21. Review of the "Tasks" tab under "Bowel Elimination" reviewed from February 2021 to	F 757			

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F 757	Continued From page 38 April 2021 revealed no bowel movements documented between 02/08/21 to 02/14/21 (seven days); 02/19/21 to 02/24/21 (six days); 03/11/21 to 03/14/21 (four days); 03/18/21 to 03/21/21 (four days); 03/24/21 to 03/29/21 (six days). Review of the CP "Monthly Medication Review" from December 2020 to April 2021 revealed the CP did not address the lack of behavior monitoring or the lack of Milk of Magnesia administration when R45 exceeded three days without having a bowel movement. Observation on 04/29/21 at 08:16 AM R45 sat in her wheelchair at the dining room table ate her breakfast with staff encouragement, no behaviors noted. On 04/29/21 at 01:25 PM during an interview with Certified Nurses Aide (CNA) M stated that the direct care staff chart the bowel movements in the EMR every shift and every day. On 04/29/21 at 01:45 PM during an interview with Licensed Nurse (LN) G stated that the night shift monitored the EMR charting for resident's bowel movements and notified the next shift of the list of residents that had not had a bowel movement for three days. On 04/29/21 at 02:18 PM during an interview with Administrative Nurse D stated that the nurses would complete a bowel assessment and notify the physician for any resident that had not had a bowel movement in three days. Administrative Nurse D stated that assessment would then be charted in the progress note.	F 757			

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F 757	Continued From page 39 The facility failed to provide a policy upon request related to medication monitoring. The facility failed to ensure constant bowel monitoring was done for R45 which put her at risk for adverse consequences related to unnecessary medication and potential delay in identifying and treating constipation. - The "Diagnoses" tab in R14's electronic medical record (EMR) documented diagnoses of diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), congestive heart failure (a condition with low heart output and the body becomes congested with fluid), hemiplegia (paralysis of one side of the body), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear). The "Annual Minimum Data Set" (MDS) dated 09/08/20 documented a Brief Interview for Mental Status (BIMS) score of 14 which, indicated intact cognition. She required limited staff assistance with transfers, dressing, and personal hygiene. R14 required extensive assistance with toileting, bed mobility, and walking in room. She was able to stabilize without assistance with transfers. She had no functional limitations of her arms or legs and used a walker and wheelchair for mobility. She received insulin seven of the seven day look	F 757			

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F 757	Continued From page 40 back period. The "Quarterly MDS" dated 02/03/21 documented a BIMS score of 15 which, indicated intact cognition. She required extensive staff assistance with bed mobility, transfers, dressing, toileting, and personal hygiene. She required staff assistance with transfers. She had functional limitation in range of motion for one side of her arms and legs. She used a wheelchair for mobility. She received insulin seven of the seven day look back period. The "ADL Functional/Rehabilitation Potential Care Area Assessment" dated 09/02/20 documented R14 was alert, oriented and able to direct her care. She required assistance with her ADLs. The "Comprehensive Care Plan" dated 10/17/19 documented R14 goals related to her diabetes and blood sugar levels might change daily. R14's EMR documented orders for: Lantus Solostar (insulin-medication used to treat diabetes) 15 units at bedtime dated 12/09/20 Insulin Aspart solution 11 units three times a day hold if blood sugar was under 150 dated 01/19/21 and discontinued 03/02/21 Insulin Aspart solution 13 units three times a day hold if the blood sugar was under 150 dated 03/02/21 Review of the "Medication Administration Record (MAR) 01/19/21 thru 04/27/21 revealed the insulin spart was given outside of physician ordered parameters six times in February, and three times	F 757			

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F 757	Continued From page 41 in April. Observation on 04/28/21 at 07:40 AM of R14 revealed resident lying in bed with eyes closed. Dressing to left chest intact. R14 does not appear to have any signs or symptoms of pain. Interview on 04/29/21 at 12:39 PM with Licensed Nurse (LN) H, revealed that when a blood sugar value is below the parameter, she would hold the insulin and use the correct indicator on the MAR . Interview on 04/29/21 at 02:18 PM with Administrative Nurse D, revealed that her expectation for the nurses is when a blood sugar falls below the parameter on an order, they nurse should hold the insulin and call the physician. The facility's "Insulin Administration" Policy update 09/27/14, the type of insulin, dosage requirements, strength, and method of administration must be verified before administration, to assure that is corresponds with the order on the medication sheet and the physician's order. The facility failed to follow the physician orders to hold the insulin Aspart when R14's blood sugar readings were under 150. This put R14 at risk for the potential for unwarranted side effects from unnecessary insulin administration.	F 757			
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include,	F 758			

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F 758	Continued From page 42 but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic	F 758			

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F 758	Continued From page 43 drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: The facility identified a census of 81. The sample included 22 residents; five residents were sampled for unnecessary medication review. Based on observations, record reviews, and interviews, the facility failed to provide consistent behavior monitoring for R70, R12, and R45 Findings included: - The "Diagnoses" tab of R70's electronic medical record (EMR) documented diagnoses of major depressive disorder (major mood disorder) and dementia (progressive mental disorder characterized by failing memory, confusion) with behavioral disturbances. The "Admission Minimum Data Set" (MDS) dated 01/19/21 documented a Brief Interview for Mental Status (BIMS) was not conducted for R70 due to her being unable to complete the interview. R70 had delusions during the assessment period. R70 received antipsychotic (class of medications used to treat psychosis and other mental emotional conditions) medications and antidepressant (class of medications used to treat mood disorders and relieve symptoms of depression) medications seven days in the seven-day look back period of the assessment. The "Quarterly MDS" dated 03/31/21 documented R70 had a BIMS score of two which indicated severe cognitive impairment and she had delusions during the assessment period. R70	F 758			

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F 758	Continued From page 44 received antipsychotic and antidepressant medications seven days in the seven-day look back period of the assessment. The "Cognitive Loss/Dementia Care Area Assessment" (CAA) dated 01/19/21 documented R70 had dementia with behavioral disturbances and was confused and forgetful. R70 was able to make her needs known at times but staff anticipated her needs much of the time. The "Psychotropic Drug Use CAA" dated 01/19/21 documented R70 took a daily antipsychotic and antidepressant medication. The "Care Plan" dated 01/12/21 documented R70 was on a medication regimen with potential reactions and adverse side effects and directed staff to monitor for worsening depression. The "Orders" tab of R70's EMR revealed an order with a start date of 03/25/21 for Risperdal (antipsychotic) 0.5 mg twice a day for dementia with behavioral disturbances, and an order with a start date of 02/26/21 for venlafaxine hydrochloride (HCl) (antidepressant medication-used to treat depression) 100 mg twice a day for major depression. The "Task" tab of R70's EMR revealed a task for behavior monitoring every shift. Review of the "Documentation Survey Report" revealed missing behavior monitoring 11 out of 59 possible shifts for January 2021, 15 out of 84 possible shifts for February 2021, 13 out of 93 possible shifts for March 2021, and 23 out of 81 possible shifts for April 2021. In an observation on 04/29/21 at 12:25 PM, R70	F 758			

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F 758	Continued From page 45 sat in her bed with her eyes open and head of the bed elevated while staff assisted her with eating lunch. R70 appeared comfortable with no behaviors observed. In an interview on 04/29/21 at 12:58 PM, Certified Nurse Aide (CNA) P stated behaviors were charted by the aides every shift. In an interview on 04/29/21 at 01:37 PM, Licensed Nurse (LN) I stated the nurses and aides charted on behaviors and the aides notified the nurse if there was a behavior so the nurse could document the behavior in a progress note. In an interview on 04/29/21 at 02:18 PM, Administrative Nurse D stated she expected the aides to chart every shift on behaviors. The facility's "Managing and Monitoring Actions and Reactions" policy, last updated 01/03/17, directed the purpose of dementia care in the facility was to provide a quality of life with respect, dignity and caring in a friendly, clean, and non-abusive atmosphere and directed that documentation of behaviors was recorded in the resident's medical record and in the "Tasks" tab of the EMR. The facility failed to provide consistent behavior monitoring for R70. This deficient practice had the risk for unnecessary psychotropic (any medication capable of affecting the mind, emotions, and behavior) medication use and unwarranted physical complications. - R12's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion), depression (abnormal emotional state characterized by exaggerated feelings of	F 758			

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F 758	Continued From page 46 sadness, worthlessness and emptiness), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear). The "Significant Change Minimum Data Set" (MDS) dated 10/08/20 documented severely impaired cognition. The MDS documented R12 required extensive assistance of two staff members for "Activities of Daily Living" (ADL's). The MDS documented R12 received antipsychotic medication (class of medications used to treat psychosis (major mental disorder characterized by a gross impairment testing) and other mental emotional conditions), and antidepressant medication (class of medications used to treat mood disorders and relieve symptoms of depression) for seven days during look back period. The "Quarterly MDS" dated 01/29/21 documented a severely impaired cognition for R12. The MDS documented R12 required extensive assistance of one staff member for ADL's. R12 received antipsychotic medication and antidepressant medication for seven days during the look back period. R12's "Psychotropic Drug Use Care Area Assessment" (CAA) dated 10/19/20 documented R12 received antipsychotic and antidepressant medications daily which put R12 at risk of negative side effects of the medication. R12's "Care Plan" dated 11/14/17 documented R12 received antipsychotic medication for hallucinations and directed staff monitored for side effects	F 758			

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F 758	Continued From page 47 The "Physician's Order" tab listed orders for: Depakote (anticonvulsant medication used to prevent or reduce the severity of epileptic fits or other convulsions) delayed release 250 milligram (mg), give half tablet daily for psychotic disorder dated 10/23/20. Depakote delayed release 250mg give one tablet daily for psychotic disorder dated 10/22/20. Remeron (antidepressant) 15mg at bedtime for anxiety dated 02/11/202. Risperdal (antipsychotic medication) 0.5mg give two tablets daily for psychotic disorder with hallucinations dated 09/03/20. Review of the "Tasks" under "Behavior Monitoring" reviewed from January 2021 to April 27th 2021 revealed lack of documentation for behavior monitoring. January 2021 lacked four out of 93 opportunities; February 2021 lacked four out of 84 opportunities; March 2021 lacked 11 out of 84 opportunities; April 2021 lacked 20 out of 81 opportunities. Observation on 04/28/21 at 08:54 AM R12 propelled her wheelchair down the hallway, no behavior noted. On 04/29/21 at 01:25 PM during an interview with Certified Nurses Aide (CNA) M stated that the direct care staff chart the behaviors in the EMR every shift and every day. CNA M stated that if the behavior charting lacked documentation, then it had not been completed. On 04/29/21 at 01:45 PM during an interview with	F 758			

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F 758	Continued From page 48 Licensed Nurse (LN) G stated that the nurses chart resident's behavior in the progress note. On 04/29/21 at 02:18 PM during an interview with Administrative Nurse D stated that the nurses monitor for behaviors and chart in the progress notes. Administrative Nurse D stated that if the behavior charting lacked documentation that meant it had not been done. The facility failed to provide upon request a policy related to behavior monitoring. The facility failed to ensure that behavior monitoring was documented for R12, which had the potential of unnecessary psychotropic medication administration, thus leading to possible harmful potential side effects. - The "Diagnoses" tab of R45's electronic medical record (EMR) documented diagnoses of psychosis (any major mental disorder characterized by a gross impairment in reality-testing), depression abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and dementia (progressive mental disorder characterized by failing memory, confusion). The "Significant Change Minimum Data Set" dated 03/04/21 documented R45 had short and long-term memory deficits. She had delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue). R45 displayed physical and verbal behaviors directed to others and rejected cares one to three days in the look back period. The "Behavioral Symptoms Care Area	F 758			

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F 758	Continued From page 49 Assessment" dated 03/11/21 documented R45 had dementia with behavioral disturbances. She wandered frequently and, at times, rejected cares. The "Care Plan" dated 05/22/17 documented staff will monitor for adverse side effects. The "Physician's Order" tab listed orders for: Seroquel (medication used to treat psychosis) 100 milligrams (mgs.) at bedtime dated 04/23/21. Seroquel 50 mgs. one time daily dated 04/22/21. Divalproex (anticonvulsant medication used to prevent or reduce the severity of epileptic fits or other convulsions) 250 mgs. twice daily for dementia with behaviors disturbances dated 04/16/21. Review of the "Tasks" under "Behavior Monitoring" reviewed from January 2021 to April 26th 2021 revealed lack of documentation for behavior monitoring. January 2021 lacked eight out of 93 opportunities; February 2021 lacked four out of 84 opportunities; March 2021 lacked 14 out of 84 opportunities; April 2021 lacked 20 out of 78 opportunities. Observation on 04/29/21 at 08:16 AM R45 sat in her wheelchair at the dining room table ate her breakfast with staff encouragement, no behaviors noted. On 04/29/21 at 01:45 PM during an interview with Licensed Nurse (LN) G stated that the nurses chart resident's behavior in the progress note.	F 758			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/29/2021
NAME OF PROVIDER OR SUPPLIER EVERGREEN COMMUNITY OF JOHNSON COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 11875 S SUNSET DRIVE, SUITE 100 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 758	Continued From page 50 On 04/29/21 at 02:18 PM during an interview with Administrative Nurse D stated that the nurses monitor for behaviors and chart in the progress notes. Administrative Nurse D stated that if the behavior charting lacked documentation that meant it had not been done. The facility failed to provide upon request a policy related to behavior monitoring. The facility failed to ensure that behavior monitoring was documented for R45, which had the potential of unnecessary psychotropic medication administration, thus leading to possible harmful potential side effects.	F 758			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual	F 880			

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F 880	Continued From page 51 arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and	F 880			

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F 880	Continued From page 52 transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: The facility reported a census of 81 residents. The sample included 22 residents. Based on observation, record review and interview, the facility failed to ensure staff practiced standard infection control precautions in order to prevent the spread of infection when staff failed to perform hand hygiene. This has the potential to increase the residents' risk for transmission of infectious disease. Findings included: - On 04/26/21 at 12:22 PM a female staff member prepared drinks in the 300-dining room. She washed her hands with soap and water, filled four glasses with ice and sodas from the soda machine, placed plastic wrap on top of the glasses, took a Sharpie pen from her pocket, wrote on the plastic wrap, did not sanitize her hands, took the plastic wrap off of the glasses, served two drinks to a resident, came back to the counter, did not sanitize her hands and served the remaining two glasses to another resident. On 04/26/21 at 12:34 PM, Certified Nurse Aide (CNA) M brought three glasses into the 100-hall dining area from hallway leading from the 200-hall dining area and filled the glasses with beverages. She left the 100-hall dining area towards 200-hall dining area with the uncovered, filled glasses.	F 880			

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F 880	Continued From page 53 On 04/27/21 at 10:13 AM, Licensed Nurse (LN) I performed a wound dressing change on R226. LN I removed the soiled dressing to R226's coccyx wound, doffed gloves then donned new gloves, no hand hygiene performed between doffing and donning. LN I cleansed coccyx wound with normal saline and gauze then used a sterile applicator to apply Santyl (a sterile enzymatic debriding ointment) ointment around the wound. She placed calcium alginate (highly absorbent, biodegradable dressing derived from seaweed that promotes healing and formation of tissue) in the wound, covered with two gauze dressings, then covered with bordered dressing. LN I then prepared R226 for a transfer from the bed to a wheelchair. On 04/27/21 at 10:20 AM, CNA P doffed gloves and exited R226's room to get a new lift sling (used to support a resident when transferred with a mechanical lift), no hand hygiene performed after doffing or exiting room. On 04/29/21 at 12:58 PM CNA O entered room 322 and did not perform hand hygiene. CNA O assisted the resident to the dining room via her wheelchair, obtained a cup from a cabinet, dispensed a drink from the soda fountain and gave the drink to the resident. CNA O did not perform hand hygiene. On 04/29/21 at 01:54 PM, Dietary BB stated she performed hand hygiene after any resident contact or after touching anything in the kitchen. On 04/29/21 at 01:37 PM, LN I stated hand hygiene was performed before donning and after doffing gloves, before and after any resident	F 880			

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F 880	Continued From page 54 cares, and after delivering trays. She stated drinks or cups were covered before leaving the dining room. On 04/29/21 at 02:16 PM Administrative Nurse D stated hand hygiene was performed before and after care and between donning and doffing gloves. Hand hygiene in-services were held at least annually and at random times. The facility's "Covid-19 (an infectious disease caused by a severe acute respiratory syndrome which caused an ongoing world-wide pandemic) Prevention and Management" policy dated 03/19/21 documented hand hygiene was performed upon entering community, before and after all resident contact, prior to donning and doffing PPE, including gloves, and prior to leaving community. The facility failed to ensure staff practiced standard infection control precautions in order to prevent the spread of infection when staff failed to perform hand hygiene. This has the potential to increase the residents' risk for transmission of infectious disease	F 880			