

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/20/2021
NAME OF PROVIDER OR SUPPLIER THE COTTAGES AT SHAWNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 13509 W 67TH STREET SHAWNEE, KS 66216		
(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 are the result of an initial licensure survey conducted on 1/12/21, 1/13/21, 1/19/21 and 1/20/21 at the above named home plus facility in Shawnee, KS.	S 000		
S5028 SS=D	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by:	S5028		

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

TITLE

(X6) DATE

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S5028	Continued From page 1 KAR 26-42-101 (f) (3) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 1(#113) sampled resident, the operator failed to ensure that allegation of abuse and neglect was reported to the department within 24 hours, an investigation was started when the operator was notified of an alleged violation, each allegation was thoroughly investigated, appropriate corrective action taken, and the department's complaint investigation reports was completed and submitted to the department within five working days of the initial report. Findings included: - Record review for resident #113 recorded an admission date of 6/26/20 with diagnoses including: chronic obstructive pulmonary disease, lumbar fracture, dementia, orthostatic hypotension, rhabdomyolysis, hypertension and Alzheimer's. Functional Capacity Screen (FCS) dated 6/26/20 recorded resident as unable to perform dressing, toileting, transfer, walk/mobility and management of medications and treatments, required physical assist with bathing, was occasionally incontinent and had problems with cognition. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 6/26/20 recorded [facility] staff and a private health care aide to assist with bathing, toileting, morning dressing, transfers, ambulating and medication management.	S5028		

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S5028	Continued From page 2 Nurses notes dated 7/20/20 at 8am recorded: "This writer and the resident's private care staff went into the resident's room to get him up for the day and found the resident lying on his right side on the floor with his cpap still on This writer as well as help from staff were able to get the resident back up into his bed, change his brief and get clothes back on him ... notified his daughter via text immediately" signed by licensed nurse #B Next nurses entry 11/4/20, no entries follow, no entries prior. Interview on 1/13/21 at 12:20pm with licensed nurse #B confirmed resident had an un-witnessed fall on 7/20/20 the resident was unable to say what happened. She confirmed an investigation was not conducted and the incident was not reported to the department. For resident #113, the operator failed to ensure that allegation of abuse and neglect was reported to the department within 24 hours, an investigation was started when the operator was notified of an alleged violation, each allegation was thoroughly investigated, appropriate corrective action taken, and the department's complaint investigation reports was completed and submitted to the department within five working days of the initial report.	S5028		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, 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	S5105		

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S5105	Continued From page 3 agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (a) The census equaled 5 the sample included 3 residents. Based on reviews of facility records for residents (#112, 113, 114), based on record review and interview, the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service. Findings included: - Record review for resident #112 recorded an admission date of 11/27/20 with diagnoses of candida cystitis/urethritis, reflex neuropathic bladder, constipation and adult failure to thrive. Functional Capacity Screen (FCS) dated 11/27/20 recorded resident as unable to perform bathing, dressing, toileting, transfer, walk/mobility, eating and management of medication and treatments.	S5105		

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S5105	Continued From page 4 Negotiated Service Agreement dated 11/27/20 recorded [facility] staff and [hospice] to provide bathing and incontinence care, feeding every meal, medication and treatment management. 7: services provided by outside agency [blank]. Hospice note date 12/10/20 recorded wound care for a pressure ulcer. Interview on 1/13/21 at 1:42pm with licensed nurse #B stated resident has a coccyx wound/ pressure ulcer since admission. Hospice does the dressing changes twice a week, she does them as needed in between. Hospice provided bed baths twice a week and catheter care and placement. She confirmed NSA lacked the services hospice provided. Negotiated Service Agreement (NSA) dated 6/26/20 recorded [facility] staff and a private health care aide to assist with bathing, toileting, morning dressing, transfers, ambulating and medication management. Observation on 1/13/21 at 12:15pm observed private sitter #G feed resident at the dining table. At 1:07pm observed her wheel resident out of his room. Interview on 1/13/21 at 12:10pm with licensed nurse #B confirmed resident has a private duty helper (#G) who is paid by the family and does not work for a company, she stated she is not certified or licensed. She helps feed him and assist staff with his incontinent brief changes and pushes his wheelchair. Additional interview at 2:15pm she confirmed NSA lacked payor of the outside services, name of the private helper and who is responsible for payment of those services.	S5105		

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S5105	Continued From page 5 - Record review for resident #114 recorded admission date of 12/22/20 with diagnoses including: pneumonia, congestive heart failure, adult failure to thrive, malnutrition, Erythma-multiforme, anxiety Gastro-esophageal reflux disease, dementia and repeated falls. Functional Capacity Screen (FCS) dated 12/23/20 recorded resident required supervision with bathing, physical assist with dressing, toileting, transfer and walk/mobility, unable to perform management of medications and treatments, was occasionally incontinent and had a history of falls. Negotiated Service Agreement (NSA) dated 12/22/20 recorded staff to assist resident with bathing, dressing, incontinence and medication management. 7. Services provided by an outside agency [blank]. Hospice records recorded 12/31/21 hospice orders for the resident. Interview on 1/12/21 at 2:30pm confirmed resident received cardiac hospice services and NSA lacked hospice name, services provided and payor for those services. For residents #112, 113, 114 the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service.	S5105		

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S5126	Continued From page 6	S5126		
S5126 SS=F	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: 5126 KAR 26-42-202(h) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review for 3 sampled residents (#112, 113, 114) the operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement. Findings included: - Record review for resident #112 recorded an admission date of 11/27/20 with diagnoses of candida cystitis/urethritis, reflex neuropathic bladder, constipation and adult failure to thrive. Functional Capacity Screen (FCS) dated 11/27/20 recorded resident as unable to perform bathing, dressing, toileting, transfer, walk/mobility, eating and management of medication and treatments. Resident was incontinent and had problems with cognition (short term and long-term memory, memory recall and decision making), she rarely was able to be understood or understand others. Negotiated Service Agreement/ Health Care	S5126 S5126		

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S5126	Continued From page 7 Service Plan (NSA/HCSP) dated 11/27/20 recorded [facility] staff and [hospice] to provide bathing and incontinence care, feeding every meal, medication and treatment management. NSA lacked signatures of each individual involved in the development of the NSA. - Record review for resident #113 recorded an admission date of 6/26/20 with diagnoses including: chronic obstructive pulmonary disease, lumbar fracture, dementia, orthostatic hypotension, rhabdomyolysis, hypertension and Alzheimer's. Functional Capacity Screen (FCS) dated 6/26/20 recorded resident as unable to perform dressing, toileting, transfer, walk/mobility and management of medications and treatments, required physical assist with bathing, was occasionally incontinent, had problems with cognition (short term and long term memory, memory recall and decision making), was sometimes understandable/ able to understand others and had problems with vision and hearing. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 6/26/20 recorded [facility] staff and a private health care aide to assist with bathing twice a week, toileting, morning dressing, transfers, ambulating and sensory aides. Staff to assist with medication management. NSA lacked signatures of each individual involved in the development of the NSA. - Record review for resident #114 recorded admission date of 12/22/20 with diagnoses including: pneumonia, congestive heart failure,	S5126		

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S5126	Continued From page 8 adult failure to thrive, malnutrition, Erythma-multiforme, anxiety Gastro-esophageal reflux disease, dementia and repeated falls. Functional Capacity Screen (FCS) dated 12/23/20 recorded resident required supervision with bathing, physical assist with dressing, toileting, transfer and walk/mobility, unable to perform management of medications and treatments, was occasionally incontinent and had a history of falls. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 12/22/20 recorded staff to assist resident with bathing, dressing, incontinence and medication management. NSA lacked signatures of each individual involved in the development of the NSA. Interview on 1/13/21 at 1:42pm with licensed nurse #B confirmed resident NSAs were not signed by the individuals involved in the development of the NSA, including the nurse, residents or resident's family. For all residents, based on review of records for residents #112, 113, 114, the operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement.	S5126		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional	S5155		

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S5155	Continued From page 9 capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 5 residents. The sample included 3 residents. For all residents, based on record review and interview for 3 sampled residents (#112, 113, 114), the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #112 recorded an admission date of 11/27/20 with diagnoses of candida cystitis/urethritis, reflex neuropathic bladder, constipation and adult failure to thrive. Functional Capacity Screen (FCS) dated 11/27/20 recorded resident as unable to perform bathing, dressing, toileting, transfer, walk/mobility, eating and management of medication and treatments. Resident was incontinent and had problems with cognition (short term and long-term memory, memory recall and decision making), she rarely was able to be understood or understand others. Negotiated Service Agreement/ Health Care	S5155		

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S5155	Continued From page 10 Service Plan (NSA/H CSP) dated 11/27/20 recorded [facility] staff and [hospice] to provide bathing and incontinence care, feeding every meal, medication and treatment management. Observation in resident's room on 1/13/21 at 12:52 with certified staff #D revealed resident unable to hold a conversation, in a hospital bed with an air mattress, the head of the bed was elevated 30 degrees, the bed had 2 half side rails in up position. Resident had a foley catheter to dependent drainage and was fed a pureed meal by staff. An oxygen concentrator was beside the bed. Interview with Certified staff #D stated resident does not get out of bed, she is turned by staff every 2 hours. She stated resident must be fed and eats a puree diet, carrots were baby food and the sweet potato in the meal she pureed in a nutria-bullet (blender). She stated resident received bed baths. HCSP lacked entries for bed baths, dressing, a pureed diet, bed bound status (mobility), turning every 2 hours, use of side rails, an air mattress and hospital bed, care and emptying of the foley catheter, cognition and communication interventions and an evacuation plan in case of emergency. Interview on 1/13/21 at 1:42pm confirmed HCSP lacked entries for bed baths (completed twice a week by Hospice), dressing, a pureed diet, bed bound status (mobility), turning every 2 hours, use of side rails, an air mattress and hospital bed, use of a catheter (Hospice does placement and care and staff empties the bag), resident had cognition and communication problems which were not addressed. She confirmed facility does	S5155		

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S5155	Continued From page 11 not conduct side rail assessments for safety and resident ability to use and did not address an evacuation plan for the resident. - Record review for resident #113 recorded an admission date of 6/26/20 with diagnoses including: chronic obstructive pulmonary disease, lumbar fracture, dementia, orthostatic hypotension, rhabdomyolysis, hypertension and Alzheimer's. Functional Capacity Screen (FCS) dated 6/26/20 recorded resident as unable to perform dressing, toileting, transfer, walk/mobility and management of medications and treatments, required physical assist with bathing, was occasionally incontinent, had problems with cognition (short term and long term memory, memory recall and decision making), was sometimes understandable/ able to understand others and had problems with vision and hearing. Negotiated Service Agreement/ Health Care Service Plan (NSA/H CSP) dated 6/26/20 recorded [facility] staff and a private health care aide to assist with bathing twice a week, toileting, morning dressing, transfers, ambulating and sensory aides. Staff to assist with medication management. Nurses notes dated 7/20/10 at 8am recorded an unwitnessed fall with resident still wearing a CPAP (device for breathing at night/ a treatment) Observation on 1/13/21 at 12:15pm observed private sitter #G feed resident at the dining table, he was in a high-back wheel chair. At 1:07pm observed her wheel resident out of his room in a high-back wheelchair with pressure reduction cushion. Resident wears a hearing aid and	S5155		

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S5155	Continued From page 12 eyeglasses. Resident would not hold a conversation. Resident's room revealed a twin hospital bed with a quarter side rail on the left side of the bed. HCSP lacked interventions for a toileting plan, evening dressing, transfers, use of a high backed wheelchair, care/placement of eyeglasses, hearing aide, placement/care of a CPAP (medical treatment), cognition and communication and falls. Interview on 1/13/21 at 2:15pm with licensed nurse #B confirmed resident HCSP lacked interventions for toileting plan (resident does not toilet self), evening dressing, transfers (staff use a sit to stand lift), used of a high back wheelchair with pressure reduction cushion, staff plan for care and placement of eyeglasses and hearing aides and CPAP (a medical treatment device), falls, cognition and communication, hospital bed and side rail use. She confirmed facility does not conduct side rail assessments for safety and resident ability to use and did not address an evacuation plan for the resident. - Record review for resident #114 recorded admission date of 12/22/20 with diagnoses including: pneumonia, congestive heart failure, adult failure to thrive, malnutrition, Erythma-multiforme, anxiety Gastro-esophageal reflux disease, dementia and repeated falls. Functional Capacity Screen (FCS) dated 12/23/20 recorded resident required supervision with bathing, physical assist with dressing, toileting, transfer and walk/mobility, unable to perform management of medications and treatments, was	S5155		

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S5155	Continued From page 13 occasionally incontinent and had a history of falls. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 12/22/20 recorded staff to assist resident with bathing, dressing, incontinence and medication management. Observation and interview with resident on 1/13/21 at 1:13pm in resident's room revealed resident transfer self to wheelchair with a pressure reduction cushion and wore 1 hearing aide. HCSP lacked entries for resident bathing (details), toileting plan, hearing aid assistance, use of a wheelchair with pressure reduction cushion and falls. Interview on 1/13/21 at 2:30pm with licensed nurse #B confirmed HCSP lacked interventions for resident toileting plan, transfers, falls, hearing aid assistance and use of a wheelchair with pressure reduction cushion. On 1/13/21 at 1:42pm she stated certified staff do not have access to the resident care plans. For residents #112, 113, 114 the operator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S5155		
S5160 SS=D	26-42-204 (c) Health Care Services (c) The health care services provided by or coordinated by a licensed nurse may include the	S5160		

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(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
S5160	Continued From page 14 following: (1) Personal care provided by direct care staff or by certified or licensed nursing staff employed by a home health agency or a hospice; (2) personal care provided gratuitously by friends or family members; and (3) supervised nursing care provided by, or under the guidance of, a licensed nurse. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(c)(1)(2)(3) The facility reported a census of 5 residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#113) of 3 residents sampled, The operator failed to ensure health care services provided by or coordinated by a licensed nurse only included personal care provided by direct care staff or by certified or licensed nursing staff employed by a home health agency or a hospice; personal care provided gratuitously by friends or family members; and supervised nursing care provided by, or under the guidance of a licensed nurse. Findings included: - Record review for resident #113 recorded an admission date of 6/26/20 with diagnoses including: chronic obstructive pulmonary disease, lumbar fracture, dementia, orthostatic hypotension, rhabdomyolysis, hypertension and Alzheimer's. Functional Capacity Screen (FCS) dated 6/26/20 recorded resident as unable to perform dressing,	S5160		

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S5160	Continued From page 15 toileting, transfer, walk/mobility and management of medications and treatments, required physical assist with bathing, was occasionally incontinent and had problems with cognition. Negotiated Service Agreement/ Health Care Service Plan (NSA/H CSP) dated 6/26/20 recorded [facility] staff and a private health care aide to assist with bathing, toileting, morning dressing, transfers, ambulating and medication management. Observation on 1/13/21 at 12:15pm observed private sitter #G feed resident at the dining table. At 1:07pm observed her wheel resident out of his room. Interview on 1/13/21 at 12:10pm with licensed nurse #B confirmed resident has a private duty helper (#G) who is paid by the family and does not work for a company, she stated she is not certified or licensed. She helps feed him and assist staff with his incontinent brief changes and pushes his wheelchair. For resident #113, the operator failed to ensure health care services provided by or coordinated by a licensed nurse only included personal care provided by direct care staff or by certified or licensed nursing staff employed by a home health agency or a hospice; personal care provided gratuitously by friends or family members; and supervised nursing care provided by, or under the guidance of a licensed nurse.	S5160		
S5161 SS=F	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services	S5161		

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S5161	Continued From page 16 to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 2-6-42-204(d) The facility reported a census of 5 residents. The sample included 3 residents. For all residents, based on record review and interview for 3 sampled residents (#112, 113, 114), the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. Findings included: - Record review for resident #112 recorded an admission date of 11/27/20 with diagnoses of candida cystitis/urethritis, reflex neuropathic bladder, constipation and adult failure to thrive. Functional Capacity Screen (FCS) dated 11/27/20 recorded resident as unable to perform bathing, dressing, toileting, transfer, walk/mobility, eating and management of medication and treatments. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 11/27/20 recorded [facility] staff and [hospice] to provide bathing and incontinence care, feeding every meal, medication and treatment management. The NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.	S5161		

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S5161	Continued From page 17 - Record review for resident #113 recorded an admission date of 6/26/20 with diagnoses including: chronic obstructive pulmonary disease, lumbar fracture, dementia, orthostatic hypotension, rhabdomyolysis, hypertension and Alzheimer's. Functional Capacity Screen (FCS) dated 6/26/20 recorded resident as unable to perform dressing, toileting, transfer, walk/mobility and management of medications and treatments, required physical assist with bathing, was occasionally incontinent and had problems with cognition. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 6/26/20 recorded [facility] staff and a private health care aide to assist with bathing, toileting, morning dressing, transfers, ambulating and medication management. The NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. - Record review for resident #114 recorded admission date of 12/22/20 with diagnoses including: pneumonia, congestive heart failure, adult failure to thrive, malnutrition, Erythma-multiforme, anxiety Gastro-esophageal reflux disease, dementia and repeated falls. Functional Capacity Screen (FCS) dated 12/23/20 recorded resident required supervision with bathing, physical assist with dressing, toileting, transfer and walk/mobility, unable to perform management of medications and treatments, was occasionally incontinent and had a history of falls.	S5161		

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S5161	Continued From page 18 Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 12/22/20 recorded staff to assist resident with bathing, dressing, incontinence and medication management. The NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan. Interview on 1/13/21 from 1:42pm to 2:30pm with licensed nurse #B confirmed all resident NSAs lacked the name of the licensed nurse responsible for the implementation and supervision of the health care service plan.	S5161		
S5185 SS=D	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by:	S5185		

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S5185	Continued From page 19 KAR 26-42-206(a)(c) The facility reported a census of 5 home plus residents. The sample included 3 residents. Based on record review and interview for 1 sampled resident (#112) receiving mechanically altered diet and/or thickened liquids, the operator failed to ensure provision or coordination of dietary service to the residents as identified in each resident's negotiated service agreement and a medical care provider's order shall be on file in the resident's clinical record and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. Findings included: - Record review for resident #112 recorded an admission date of 11/27/20 with diagnoses of candida cystitis/urethritis, reflex neuropathic bladder, constipation and adult failure to thrive. Functional Capacity Screen (FCS) dated 11/27/20 recorded resident as unable to perform eating. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 11/27/20 recorded [facility] staff and [hospice] to provide feeding every meal. Physicians or dated 12/14/21 recorded resident to receive pureed diet with thickened liquids nectar to pudding thick. Observation and interview on 1/13/21 at 12:52pm, revealed certified staff #D feed resident	S5185		

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S5185	Continued From page 20 a bowl of pureed food consisting of carrots and sweet potatoes. She gave her sips of a protein shake to drink in between bites. She stated she does not have preparation instructions, she blended the sweet potatoes in the nutra-bullet (a blender) and the carrots were baby food. She stated she gives her the protein shake because it is "thicker". Interview on 1/12/21 at 2:15pm with licensed nurse #B stated facility does not have physician or dietician instructions for a pureed diet. Confirmed resident #112 received a pureed diet, must be fed by staff but does not require thickened liquids. Confirmed resident received baby food to provide the consistency needed. For resident #112 who received a mechanically altered diet and/or thickened liquids, the operator failed to ensure provision or coordination of dietary service to the residents as identified in each resident's negotiated service agreement and a medical care provider's order shall be on file in the resident's clinical record and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.	S5185		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home 's emergency management plan; (2) education of each resident upon admission to the home regarding emergency	S5215		

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S5215	Continued From page 21 procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: 5215 KAR26-42-104 (d) (3) The census equaled 5 residents. Based on interviews and review of records, for all residents, the operator failed to ensure disaster and emergency preparedness when the operator failed to ensure quarterly reviews of the facility's emergency management plan with residents. Findings included: Review of the facility's disaster and emergency management plan on 1/12/21 at 2:23pm recorded fire drills with evacuation every month with staff and residents in 2020 and a tornado drill. Records lacked documentation of reviews of the emergency management plan with facility residents and staff. Interview on 1/5/21 at 12:40pm with licensed nurse #B confirmed records lacked documentation of quarterly reviews of the emergency management plan with staff and	S5215		

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S5215	Continued From page 22 residents.	S5215		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident 's food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home 's compliance with the department 's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: 5230 K.A.R 26-42-207 (c) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review, and interview, for all residents, the operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included:	S5230		

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S5230	Continued From page 23 - On 1/12/21 at 3:15pm, during personnel review with licensed nurse #B, facility records lacked documentation for tuberculosis (TB) skin tests according to guidelines for the following recent staff hired: Licensed nurse #B, hire date 2/17/20, record lacked evidence of a two- step TB test by the facility. Record lacked documentation of a TB symptom screen. Certified staff #C, hire date 1/5/21, record lacked evidence of a two- step TB test by the facility. Record lacked documentation of a TB symptom screen. Certified staff #D, hire date 8/14/20, symptom screen completed 8/1/20, first step TB testing completed on 8/8/20, record lacked the 2nd step TB skin test. Certified staff #E, hire date 7/13/20, symptom screen completed 7/3/20, first step TB testing completed on 7/10/20, record lacked the 2nd step TB skin test. Non-certified staff #F, hire date 3/2/20, symptom screen completed 2/24/20, first step TB testing completed on 3/13/20, record lacked the 2nd step TB skin test. The following residents' records lacked evidence of TB testing according to guidelines: Resident #112, admission date of 11/27/20, symptom screen completed 11/27/20, 1st step TB test completed on 11/30/20, record lacked a 2nd TB skin test. Resident #113, admission date of 6/26/20,	S5230		

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S5230	Continued From page 24 symptom screen completed 6/26/20, record lacked a TB skin test. Resident #114, admission date of 12/22/20, symptom screen completed on 12/22/20, 1st step TB test completed on 12/26/20, record lacked a 2nd TB test. Interview on 1/13/21 at 12:20pm with licensed nurse #B confirmed staff and resident records lacked TB skin testing according to guidelines. For all residents, the operator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(11) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 2 sampled residents (#112, 113), the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices	S5251		

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S5251	Continued From page 25 including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident #112 recorded an admission date of 11/27/20 with diagnoses of candida cystitis/urethritis, reflex neuropathic bladder, constipation and adult failure to thrive. Functional Capacity Screen (FCS) dated 11/27/20 recorded resident as unable to perform bathing, dressing, toileting, transfer, walk/mobility, eating and management of medication and treatments. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 11/27/20 recorded [facility] staff and [hospice] to provide bathing and incontinence care, feeding every meal, medication and treatment management. Resident record lacked nurses notes including admission note. Interview on 1/13/21 at 1:42pm with licensed nurse #B confirmed resident record lacked an admission note. - Record review for resident #113 recorded an admission date of 6/26/20 with diagnoses including: chronic obstructive pulmonary disease, lumbar fracture, dementia, orthostatic hypotension, rhabdomyolysis, hypertension and Alzheimer's. Functional Capacity Screen (FCS) dated 6/26/20	S5251		

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S5251	Continued From page 26 recorded resident as unable to perform dressing, toileting, transfer, walk/mobility and management of medications and treatments, required physical assist with bathing, was occasionally incontinent and had problems with cognition. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 6/26/20 recorded [facility] staff and a private health care aide to assist with bathing, toileting, morning dressing, transfers, ambulating and medication management. Nurses notes dated 7/20/20 at 8am recorded: " This writer and the resident's private care staff went into the resident's room to get him up for the day and found the resident lying on his right side on the floor with his cpap still on This writer as well as help from staff were able to get the resident back up into his bed, change his brief and get clothes back on him ... notified his daughter via text immediately" signed by licensed nurse #B Next nurses entry 11/4/20, no entries follow, no entries prior. Physician prescription dated 1/11/21 recorded "Albuterol nebulizer every 6 hours as needed for wheezing/dyspnea." Nurses notes lacked entries for resident admission on 6/26/20, notification of physician after a fall, and condition, evaluation for wheezing/dyspnea requiring a new medication. Interview on 1/13/21 at 12:20pm with licensed nurse #B confirmed resident record lacked documentation including admission note. She stated it is on a prior version of the electronic system. She later confirmed by email that prior resident records could not be accessed on the	S5251		

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S5251	Continued From page 27 system. For residents #112, 113, the operator failed to ensure documentation on residents in accordance with accepted professional standards and practices including all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action.	S5251		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be	S5315		

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NAME OF PROVIDER OR SUPPLIER THE COTTAGES AT SHAWNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 13509 W 67TH STREET SHAWNEE, KS 66216		
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S5315	Continued From page 28 stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer 's or pharmacy provider 's recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h) The facility reported a census of 5 residents. The sample included 3 residents. Based on observation and interview, the licensed nurses and medication aides failed to ensure all medications and biologicals were securely and properly stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. Findings included: - On 1/12/21 at 1:40pm observed in the locked refrigerator in the open concept nurses station, with licensed nurse #B the following medications: MSO4 liquid, Morphine sulfate, (narcotic for pain) 100mg/5ml (milligrams per milliliter)1 bottle open for resident #112. Box labeled to store at room temperature: 68-77F (degrees Fahrenheit.) Website: drugs.com recorded storage for the medication at room temperature 68-77F. Refrigerator temperature 40F.	S5315		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/20/2021
NAME OF PROVIDER OR SUPPLIER THE COTTAGES AT SHAWNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 13509 W 67TH STREET SHAWNEE, KS 66216		
(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
S5315	Continued From page 29 Medication not stored at manufacturers recommendations. Narcotic medication not double locked. Refrigerator also contained the following narcotic medications that were also not double locked as required: Ativan Liquid (narcotic for anxiety) 2mg/ml for resident #112 Hydromorphone (narcotic for pain) 2mg/ml for resident #114 Morphine/sollicite 10mg compound 85 grams (topical pain relief narcotic) for resident #112. Ativan tablets 3 cards, (narcotic for anxiety) 124 tablets, 0.5mg, #124 for resident #114. Interview on 1/12/21 at 1:40pm with licensed nurse #B confirmed narcotic medications were not stored properly. For all residents, the licensed nurses and medication aides failed to ensure all medications and biologicals were securely and properly stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations	S5315		
S5325 SS=F	26-42-205 (I) Medication Regimen Review Frequency (I) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by	S5325		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/20/2021
NAME OF PROVIDER OR SUPPLIER THE COTTAGES AT SHAWNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 13509 W 67TH STREET SHAWNEE, KS 66216		
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S5325	Continued From page 30 the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (I) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 3 residents (#112, 113, 114), the operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. Findings included: - Resident roster recorded all residents received services for management of medications and treatments. Record review for resident #112 admission date of 11/27/20 lacked medication reviews. Record review for resident #113, admission date of 6/26/20 lacked medication reviews. Record review for resident #114, admission date of 12/20/20 lacked medication reviews. Resident roster recorded all residents received medication administration/management by the facility.	S5325		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/20/2021
NAME OF PROVIDER OR SUPPLIER THE COTTAGES AT SHAWNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 13509 W 67TH STREET SHAWNEE, KS 66216		
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S5325	Continued From page 31 Interview on 1/13/21 at 12:20pm with licensed nurse #B stated they have not completed any pharmacy reviews for residents and confirmed the reviews were not available at the facility for any residents. For all residents, the operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition.	S5325		