

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/10/2020
NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF SHAWNEE OPERATIONS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 16207 MIDLAND DRIVE SHAWNEE, KS 66217		
(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 abbreviated survey conducted on 11/5/20, 11/9/20 and 11/10/20 at the above named assisted living facility in Shawnee, KS.	S 000		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 30 residents. The sample included 4 residents and 2 closed review residents. Based on observation, record review and interview for 1 closed review resident (#8), the operator failed to ensure all medications and treatments were administered in accordance	S3200		

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

TITLE

(X6) DATE

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S3200	Continued From page 1 with a medical care provider's written order and professional standards of practice. Findings included: - Record review for resident #8 recorded admission date of 2/27/18 with diagnoses including: bradycardia, cardiomegaly, hypertension, left bundle-branch block, depression, diabetes mellitus type 2 and aortic stenosis. Functional Capacity Screen dated 9/3/20 recorded resident required physical assistance with management of medications and treatments. Negotiated service agreement/ health care service plan dated 9/3/20 recorded staff to manage medications and resident to self-inject insulin. Physician's telephone order dated 8/26/20 recorded the following: Doxycycline (antibiotic) 100mg (milligrams) by mouth (PO) for 10 days for infection Lasix (edema) 80mg PO every day for edema Potassium (supplement) 40mg PO every day for supplement September 2020 MAR (medication administration record) recorded Doxycycline was initiated on 8/31/20 at 8pm, (5 days later) Lasix 80mg was initiated on 9/1/20 (6 days later) and the Potassium 40mg was initiated on 9/1/20 (6 days later).	S3200			

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S3200	Continued From page 2 Medications were not initiated upon receipt of physician's orders. Interview on 11/10/20 at 8:45am with licensed nurse #B confirmed medications were not initiated until 5-6 days after the order was received. She confirmed record lacked documentation of why the medications were not initiated upon order. For resident #8 the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice.	S3200		
S3261 SS=E	26-41-105 (f) (11) Resident Record 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 26-41-105(f)(11) The facility reported a census of 30 residents. The sample included 4 residents and 2 closed review residents. Based on record review and interview for 2 closed review residents (#8,#9) the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken	S3261		

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S3261	Continued From page 3 and results of the action. Findings included: - Record review for resident #8 recorded admission date of 2/27/18 with diagnoses including: bradycardia, cardiomegaly, hypertension, left bundle-branch block, depression, diabetes mellitus type 2 and aortic stenosis. Functional Capacity Screen dated 9/3/20 recorded resident required physical assistance with management of medications and treatments. Negotiated service agreement/ health care service plan dated 9/3/20 recorded staff to manage medications and resident to self-inject insulin. Physician's telephone order dated 8/26/20 recorded the following: Doxycycline (antibiotic) 100mg (milligrams) by mouth (PO) for 10 days for infection Lasix (furosemide) (edema) 80mg PO every day for edema Potassium (supplement) 40mg PO every day for supplement September 2020 MAR (medication administration record) recorded Doxycycline was initiated on 8/31/20 at 8pm, (5 days later) Lasix 80mg was initiated on 9/1/20 (6 days later) and the Potassium 40mg was initiated on 9/1/20 (6 days later).	S3261		

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S3261	Continued From page 4 Progress notes recorded the following entries: 8/25/20 at 6:43pm "Spoke with resident's family this evening about her wounds and she understood and had no more questions" Next entry was on 8/28/20 at 6:03pm "Notified on call of BS (blood sugar) 422. No new orders at this time." Record lacked documentation of resident need for an antibiotic and medication changes for edema. Record lacked entry for physician's orders on 8/26/20 and documentation of initiation and follow up for the results of the new medications. Interview on 11/10/20 at 8:45am with licensed nurse #B confirmed record lacked entry regarding the medications and resident condition. - Record review for resident #9 recorded admission date of 9/17/18 with diagnoses including: cerebrovascular accident, gastro-esophageal reflux disease, anxiety and hyperlipidemia. Functional Capacity Screen dated 9/12/19 recorded resident required physical assistance with management of medications and treatments. Negotiated Service agreement/ Health Care Service Plan dated 9/12/19 recorded staff to administer medications and treatments. Facility record of discharged residents recorded resident was discharged from the facility on 10/1/19.	S3261		

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S3261	Continued From page 5 Final progress note on record, dated 9/30/19 at 12:00pm recorded: "Nurse notified that resident was smoking in her room over the weekend by staff ..." Record lacked entry for resident discharge from the facility including date, time, condition on discharge and where resident was discharged to. Record lacked discharge letter with reason/date of discharge. Email from Regional staff #C confirmed facility was unable to locate a resident discharge letter for resident discharge on 10/1/20. For residents #8,9, the operator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S3261		