

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N105014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/29/2020
NAME OF PROVIDER OR SUPPLIER DELAWARE HIGHLANDS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 12600 DELAWARE PARKWAY KANSAS CITY, KS 66109		
(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 a survey for re-licensure with attached complaints #156316, 154588, 151356, 151260, 143199, 139072, 150645 conducted on 10/27/20, 10/28/20 and 10/29/20 at the above named assisted living facility in Kansas City, KS.	S 000		
S3215 SS=E	26-41-205 (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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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 stored by the facility. (4) A licensed nurse or medication aide shall not	S3215		

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

TITLE

(X6) DATE

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S3215	Continued From page 1 administer medication beyond the manufacturer 's or pharmacy provider 's recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-205(h) The facility reported a census of 100 residents. The sample included 6 residents and 3 closed chart review residents. For 12 residents, the administrator failed to ensure that licensed nurses and medication aides 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. Findings included: - Observation on 10/27/20 at 8:50am during facility tour with licensed nurse #G and environmental services director #H, in the nurse's room refrigerator, revealed medication refrigerator temperature as 42 (F) degrees Fahrenheit according to the Accu cold temperature monitoring system for the unit. Thermometer inside unit read 60F. Locked unit contained the following medications: Lorazepam Intensol liquid (anxiety) 2mg/ml, 2 bottles, fill dates of 10/25/20 and 9/24/20. Manufacturers recommendations according to www. PDR. com "Store between 36 degrees to 46 degrees"	S3215		

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S3215	Continued From page 2 Actemra (arthritis) Injection () 162 mg/ 0.9ml (milligrams/milliliters) 7 boxes total; 1box, filled 9/24/20, had a 3 inch slab of ice on the box end. Box reads Keep at 36F-46F, Do not freeze. 4 Boxes of Aplisol TPPD (tuberculin purified protein derivative) Filled 9/15/20, one opened on 10/3/20. Label on the box read "36 degrees to 46 degrees, store at cold temperature" Latanoprost 0.005% eye solution (glaucoma) Fill date 7/24/20. Manufacturer directions recorded to store unopened bottles in the refrigerator at 36-46 degrees Fahrenheit and open bottles at room temperature up to 77 degrees Fahrenheit for up to 6 weeks. Bottle labeled as opened on 7/30/20. Medication past destroy date. MSO4 (morphine sulfate for pain) solution. 100mg/ 5 ml, fill date 10/25/20, Manufacturer's recommendations according to website Dailymed.nlm.nih.gov: "Store at 77F, exclusions permitted to 59F to 86F. medication stored at an improper location (refrigerators function at approximately 40F). Refrigerator also contained 47 insulin pens for 12 residents. Unopened pens are to be stored at 36F-46F when sealed. Refrigerator temperature log for October 1-27, 2020 recorded temperatures between 41.2F to 50.9F. Department thermometer was left in the refrigerator from 9:00am to 10:05am, it recorded 59F, inside thermometer (facility) 60F and accu cold read 48.4F.	S3215		

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S3215	Continued From page 3 Interview on 10/27/20 at 10:05am with environmental services director #H stated the unit needed defrosted and confirmed the temperature results. Licensed nurse #G also confirmed the temperature results. Facility policy: Medication storage and destruction policy recorded: "Medications will be stored at the appropriate temperature recommended by the manufacturer." For 12 residents the administrator failed to ensure that licensed nurses and medication aides 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.	S3215		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or	S3248		

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S3248	Continued From page 4 exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) The census equaled 100 the sample included 6 residents and 3 closed chart review residents. Based on reviews of facility records, for 3 of 5 staff (#D, E, F) the administrator failed to ensure the employee record contained supporting documentation from the nurse aide registry and/or criminal background checks (KBI) upon hire. Findings included: - Review of personnel records on 10/27/20 at 11:45am with Licensed nurse #B, recorded: Certified staff #D: hire date 8/5/19, KBI check submitted on 8/9/19, 4 days after hire. Registry check completed on 8/12/19, 7 days after hire. Certified staff #E: hire date 5/22/19, KBI check produced on 11/17/19, 6 months after hire. Registry check completed on 10/10/19, 5 months after hire.	S3248		

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S3248	Continued From page 5 Certified staff #F, hire date 3/6/19, nurse aide registry check completed on 3/14/19, 8 days after hire. For all residents the administrator failed to ensure the employee record contained supporting documentation from the nurse aide registry and/or criminal background checks (KBI) upon hire.	S3248		
S3310 SS=F	26-41-207 (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; and (c) Each administrator or operator shall ensure the facility ' 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: KAR 26-41-207(c) The facility reported a census of 100 residents. The sample included 6 residents and 3 closed review residents. Based on record review, and interview, for all residents of the facility, the	S3310		

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S3310	Continued From page 6 administrator 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: - On 10/27/20 at 11:45am, during personnel review, facility records lacked documentation for tuberculosis (TB) 2 step TB skin tests for certified staff hired #D, #E, #I, Records lacked evidence of a 2 step TB test for certified staff #D hire date 8/5/19, TB symptom screen questionnaire was completed on 8/6/19. Records for certified staff #E, hire date 5/22/19 recorded symptom screen questionnaire on 9/26/19, 1st TB test on 5/22/29 and lacked evidence of the 2nd step TB test. Records lacked evidence of a 2 step TB test for certified staff #I hire date 10/10/19, TB symptom screen questionnaire was completed on 10/10/19. Interview on 10/27/20 at 11:45am with licensed nurse #B confirmed records lacked required TB documentation. For all residents of the facility the administrator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		

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